



2022-2023

ANNUAL HEALTH BULLETIN

**MINISTRY OF HEALTH
SRI LANKA**

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2022-2023



**Ministry of Health
Sri Lanka**

Medical Statistics Unit

Ministry of Health

385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10.

Telephone : +94 11 2695734

E-mail : medicalstatisticsunit@gmail.com

Web-site : www.health.gov.lk

Preface

Annual Health Bulletin 2022-2023, published by the Ministry of Health of Sri Lanka is the 37th of the series of Annual Health Bulletins, which is being published since 1980. The Annual Health Bulletin, which is the main publication for overall health data; provides information and indices which illustrate health situation of the country and make available data for various purposes such as planning and management of health care services, monitoring and evaluation of health and health related projects and programs, providing data for disease surveillance activities, etc.

Annual Health Bulletin (AHB) was restructured in the year 2016 in order to improve the quality and coverage of the health statistics as well as the methodology of presentation of the information in AHB. The new structure presents health information on four major areas; Health Status of the country, Health Risk Factors among the population, Health Service Coverage and Health System inputs and outputs. In addition to that, AHB contains data of four major areas; morbidity, mortality, resource availability and provision of services.

The officials who have given their generous support by providing data of their institutions, programs and surveys are greatly appreciated and their continuous support is expected in the future as well. My sincere appreciation is extended to the staff of Medical Statistics Unit for their dedication and commitment in preparation of this publication.

Dr. Anil Jasinghe
Secretary
Ministry of Health
December, 2024.

Message from the Director General of Health Services

Annual Health Bulletin (AHB) is the main comprehensive document of the Ministry of Health that represent an overall picture of the government health sector of Sri Lanka. AHB 2022-2023 is structured based on four sections: Health Status, Risk Factors, Service Coverage and Health System which facilitated the provision of health services. It is expected that the information and data in the AHB 2022-2023 will be used by the policy makers, health planners, health administrators and the development partners as the main reference for their strategic decision-making.

Medical Statistics Unit of the Ministry of Health is responsible for collecting and compiling the health data and presenting in the Annual Health Bulletin in a meaningful way. I would like to extend my sincere gratitude to Ms. S.T.C. Gaveshika, Director of the Medical Statistics Unit and her staff for their hard work in completing this publication.

Finally, I thank all the Directors and other health staff, who gave their support by sharing the data, information and the write-ups for this publication without which it would not have a success.

I hope that readers will provide their feedback to make this valuable publication more useful and improve the quality in the future.

Dr. Asela Gunawardena
Director General of Health Services
December, 2024.

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Key Health Indicators 2022-2023

Indicator	Year	Data	Source	
Demographic Indicators				
Total population (in thousands)	2022* 2023*	22,181 22,037	Registrar General's Department	
Land area (sq. km)	1988	62,705	Survey General's Department	
Population density (persons per sq. km)	2022* 2023*	354 351	Registrar General's Department	
Crude birth rate (per 1,000 population)	2022* 2023*	12.4 11.2	Registrar General's Department	
Crude death rate (per 1,000 population)	2022* 2023*	8.1 8.2		
Socio-economic Indicators				
GNI per capita at current prices (Rs.)	2022*	1,060,654	Department of Census and Statistics	
Human development index	2022	0.780	Human Development Report 2022/2023	
Unemployment rate	Total	2022	4.7	Department of Census and Statistics
	Female		6.5	
	Male		3.7	
	Total	2023	4.7	
	Female		6.5	
	Male		3.7	
Pupil teacher ratio	Government Schools	2022	17	Ministry of Education
	Private Schools		18	
	Pirivena		10	
	Government Schools	2023	16	
	Private Schools		17	
	Pirivena		10	

Indicator		Year	Data	Source
Health and Nutrition Indicators				
Life expectancy at birth (years)	Female	2011-2013	78.6	Department of Census and Statistics
	Male		72.0	
Neonatal mortality rate (per 1,000 live births)		2019	5.0	Registrar General's Department
Infant mortality rate (per 1,000 live births)		2019*	7.4	
Under-five mortality rate (per 1,000 live births)		2019*	8.7	
Maternal mortality ratio (per 100,000 live births)		2019*	22.6	Registrar General's Department
		2022	33.0	Family Health Bureau
Low-birth-weight rate per 100 live births in government hospitals		2022	19.3	Medical Statistics Unit
		2023	20.0	
Percentage of under five children	Underweight (weight-for-age)	2016	20.5	Demographic and Health Survey, 2016
	Wasting (Acute under-nutrition or weight-for-height)		15.1	
	Stunting (Chronic malnutrition or height-for-age)		17.3	
Primary Health Care Coverage Indicators				
Percentage of pregnant women attended by skilled personnel		2016	99.5	Demographic and Health Survey, 2016
Percentage of live births occurred in government hospitals		2022 2023	84.7 82.2	Registrar General's Department and Medical Statistics Unit
Current contraceptive usage of currently married women age 15-49 years (%)	Modern method	2016	53.6	Demographic and Health Survey, 2016
	Traditional method		11.0	

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Indicator	Year	Data	Source
Health Resource Indicators			
Government health expenditure as a percent of GNI	2022 2023	1.45 1.54	Ministry of Health - Appropriation Account, 2022-2023
Government health expenditure as a percent of total government expenditure	2022 2023	5.66 3.86	
Per capita health expenditure (Rs.)	2022 2023	15,270 18,685	
Medical Officers per 100,000 population	2022 2023	106 109	Medical Statistics Unit
Population per Medical Officer	2022 2023	947 918	
Dental Surgeons per 100,000 population	2022 2023	7.6 7.3	
Nurses per 100,000 population	2022 2023	227.7 241.8	
Supervising Public Health Midwives/Public Health Midwives per 100,000 population	2022 2023	29.0 30.6	
Number of hospitals	2022 2023	651 672	
Number of hospital beds	2022 2023	89,903 90,392	
Hospital beds per 1,000 population	2022 2023	4.1 4.1	
Number of MOH Divisions	2022 2023	358 358	

* *Provisional*

2022



105.6

Medical
Doctors



7.6

Dental
Surgeons



277.7

Nurses



27.8

Public Health
Midwives

Per 100,000 population



123

Base and above
Hospitals



485

Divisional
Hospitals



545

Primary Medical
Care Units



358

MOH
Offices



6,350,347

Hospital
Admissions



25,426,259

Clinic
Visits



44,404,543

OPD
Attendance



89,903

Hospital
Beds



4 beds per 1000 population

2023



108.9

Medical
Doctors



7.3

Dental
Surgeons



241.8

Nurses



29.2

Public Health
Midwives

Per 100,000 population



123

Base and above
Hospitals



491

Divisional
Hospitals



543

Primary Medical
Care Units



358

MOH
Offices



6,949,732

Hospital
Admissions



31,619,855

Clinic
Visits



55,219,549

OPD
Attendance



90,392

Hospital
Beds



4 beds per 1000 population

1. Introduction

Democratic Socialist Republic of Sri Lanka is an island close to the southernmost tip of India. The island has a central mountainous region, 'Hill country' which peaks as high as 2,524 meters above sea level and is surrounded by a plain known as 'Low country' which is narrow in the East, West and South and broadens in the North. Many rivers spring up from mountain peaks and flow towards the Indian Ocean through low lying plains following a radial pattern. These topographical features affect wind pattern, rainfall, temperature, humidity, and other climatic features. The climatic condition of the country is also affected by its proximity to the equator as well as elevation above sea level and monsoons. Mean temperature ranges from 26.5°C to 28.5°C (79.7°F to 83.3°F) in low country and from 14°C to 24°C (58°F to 75°F) in hill country. Sri Lanka receives an average of 2,000 mm of rainfall annually, amounting to about 130 billion cubic meters of water. Both hill country and south west region, receive sufficient rain. The rest of the island, mainly the North, North Central and Eastern parts, remain dry for a considerable period of the year.

Sri Lanka has a parliamentary democratic system in which the sovereignty of the people and legislative powers are vested in parliament. Executive authority is exercised by a Cabinet of Ministers presided over by the Executive President. For central administration, Sri Lanka is divided into 9 provinces, 25 districts and 339 divisional secretary areas and 14,007 GN divisions (Annexure I: Detailed Table 1). Provincial administration is vested in Provincial Councils.

In the year 1931, the Universal Franchise was granted to Sri Lankan citizens above the age of 18 years and free education system was established in the year 1938. Following independence in 1948, the country adopted a public funded health system and provided health care services for all citizens. This helps to reach a higher Human Development Index compared to the other countries in the South Asian region.

Table 1.1 : Human Development Index (HDI) for South Asian Region, 2022

Country	HDI value
Sri Lanka	0.780
Maldives	0.762
Bhutan	0.681
India	0.644
Bangladesh	0.670
Nepal	0.601
Pakistan	0.540
Afghanistan	0.462

Source: United Nations Development Program

1.1. Sri Lankan Population Size and Growth

Estimated mid-year population of Sri Lanka for the year 2023 is 22.0 million¹ (Annexure I: Detailed Table 2). As shown in Figure 1.1, according to the Department of Registrar General's, the annual population growth rate was -0.65 percent during the year 2023, which subtracted around 144,000 persons during 2023 to the total population.

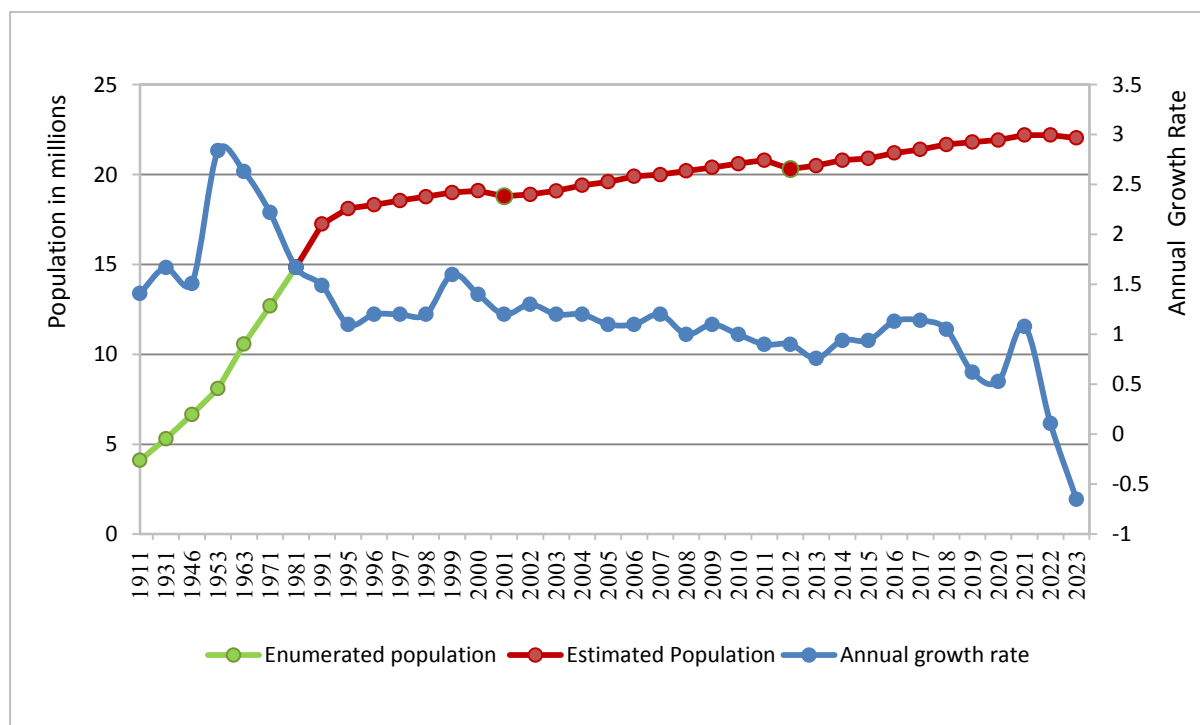


Figure 1.1: Population size and annual growth rate, 1911 - 2023

Source: Department of Census and Statistics, Department of Registrar General's

In Sri Lanka, the first significant Crude Birth Rate (CBR) decline began in 1950s; fertility decline gathered momentum in the year 1960 through to the year 2000 and has been relatively flat since then (Figure 1.2). CBR was 11.2 per 1,000 persons in 2023. Rapid mortality decline was observed during the post-World War II period in Sri Lanka and gradual decrease can be seen up to 1980s. Crude Death Rate (CDR) was somewhat steady during the last few decades with small fluctuations and CDR was 8.2 deaths per 1,000 populations in 2023. As a result of declining overall mortality and infant mortality rates, life expectancy has continuously risen. At the same time, low fertility rates and high life expectancy involve a declining share of children and an increasing share of the elderly.

¹ When estimating population for the year 2023, it was assumed that the age structure of the year 2023 remained as same age structure of the last Census of Population and Housing, which was held in the year 2012.

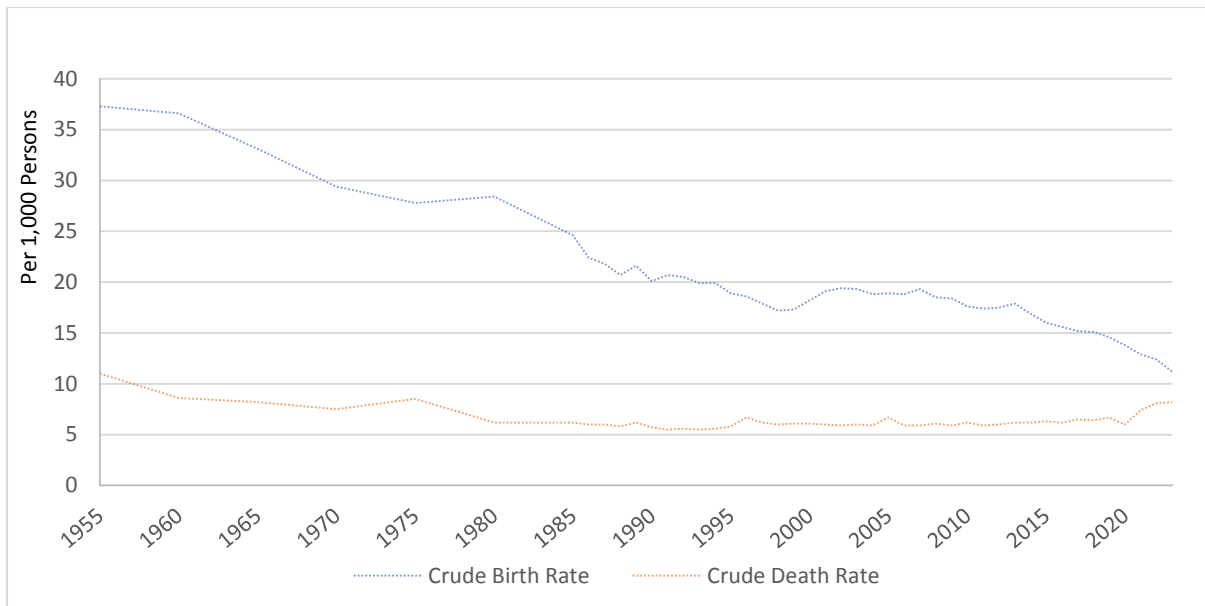


Figure 1.2: Crude birth and death rates, 1955 – 2023

Source: Department of Registrar General's

1.2. History of Health

“King Pandukabhaya built a great city where Anuradha Gama was located, named it “Anuradhapura”, and made it the capital city of Lanka. He built many villages, castles, sewer systems, hospitals, and cemeteries”

According to the Mahawansa, providing safe drinking water, garbage disposing and access to safe sanitation were among the responsibilities of the ancient monarchs. Throughout the history ancient kings contributed to build hospitals, provide medical facilities, and develop a culture for long lasting good health. Even during the colonial period, Portuguese and Dutch established several Western medical facilities in the island, primarily for their own citizens and for local workers. Under British rule in the 1800s, the government expanded its involvement and developed elements of a modern medical system, especially in major towns and plantation districts. In 1819, a 100 bed hospital was established in Colombo. The first bacteriology laboratory (now the Medical Research Institute) was founded in 1900. As medical facilities expanded, including some private facilities, the country needed doctors and nurses. Beginning in 1839, Sri Lankan medical students went Calcutta. Later in 1870, the British governor opened the Colombo Medical College, the island's first medical school, with 25 students. In 1878, the General's Hospital, which had employed British nurses, started a local nursing school.

In 1887, the United Kingdom allowed Colombo Medical College graduates to register and practice in Britain, a decision that acknowledged the school's quality. In 1892, women were admitted to the Colombo Medical College for the first time. During this period, Sri Lanka made progress in tracking basic health information. Apart from that, civil registration system for births and deaths began in 1867, and few years later, in 1871 the first population census was conducted in Sri Lanka.

1.3. Health System and Structure of Service delivery

Sri Lanka has a pluralistic health system comprising of diverse providers of medicine namely; Traditional, Western, Ayurvedic, Unani, Siddha, Homeopathy and Acupuncture. Of these, Western or Allopathic medicine is the leading sector catering to the needs of the majority of population.

Health services provided by the Government of Sri Lanka are operated under a Cabinet Minister who will be usually assisted by a Deputy Minister. The line Ministry of Health is committed towards safeguarding the health status of citizens of Sri Lanka by providing quality healthcare services through preventive, curative, promotive, administrative, and rehabilitative sectors with the vision for a healthier nation that contributes to it's economic, social, mental, and spiritual development. The line Ministry of Health is responsible for formulating health policies, setting standards, providing strategic direction for healthcare delivery in the country, allocating resources, training, and management of staff at all healthcare delivery agencies and providing healthcare to all its citizens free of charge at the point of delivery through an extensive network of healthcare institutions.

With the implementation of the Provincial Council Act in 1989, the health services were devolved creating the line Ministry of Health at the national level and Provincial Ministries of Health in the 9 provinces. Accordingly, nine Provincial Directorates of Health Services (PDHS) and 26 Regional Directorates of Health Services (RDHS) were established. Each RDHS area is sub divided in to Medical officer of Health (MOH) areas. MOH areas are further sub divided into Public Health Inspector areas and Public Health Midwife areas. Grass root level preventive and health promotional activities are carried out by Public Health Inspectors and Public Health Midwives.

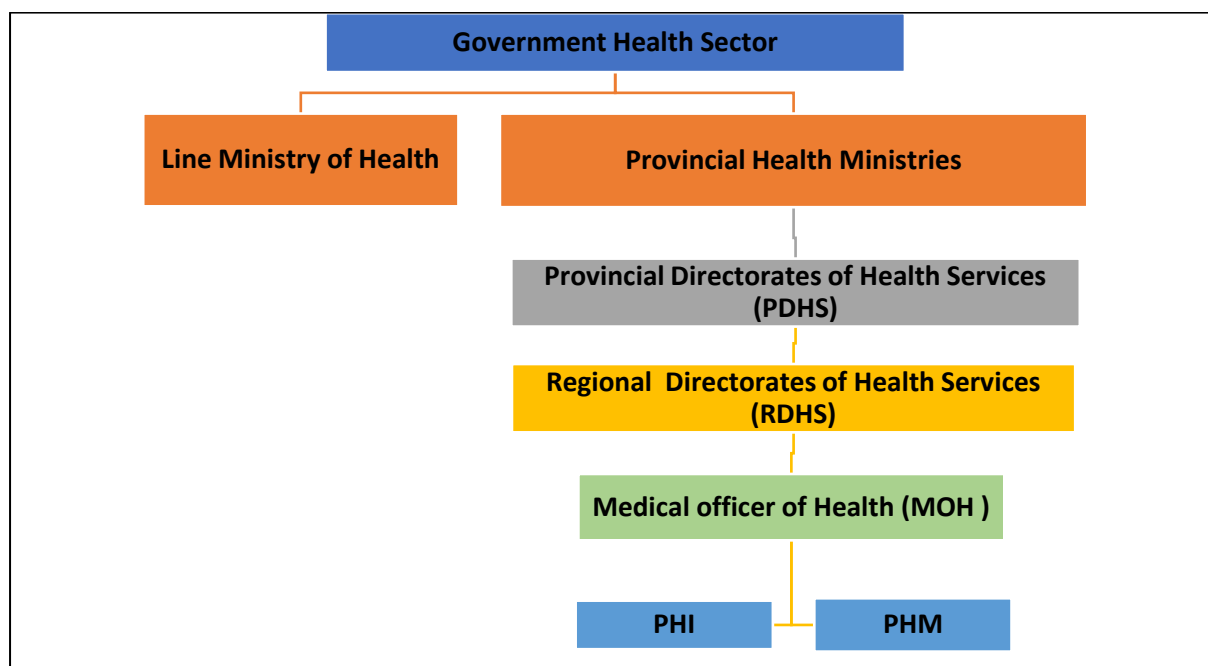


Figure 1.3: Map of government sector distribution structure of health services

Allopathic medical care is provided through both the public and private sectors. The public sector provides 95 per cent of inpatient care and 50 per cent of outpatient care services. In addition to the Ministry of Health, Ministry of Defence, Department of Police, Department of Prisons and Department of Motor Traffic provide health services as per the requirement. Few local government authorities, such as selected municipal councils, are responsible for providing preventive and curative care services to their taxpayers.

The Ministry of Health of the central government is the leading agency providing stewardship to health service development and regulation. It is also responsible for ensuring resources for health such as trained human resources, drug supply and major health infrastructure development. The delivery of care in the public sector is decentralized and management of primary care in some specialized allopathic hospitals are done by the provincial health authorities.

Objectives of Ministry of Health

- Strengthen service delivery to achieve preventive health goals
- Appropriate and accessible high-quality curative care for all Sri Lankan citizens
- Promotion of equitable access to quality rehabilitation care
- Strengthen evidence-based service delivery to support journey along the continuum of care
- Develop new strategies to reduce out-of-pocket spending and reduce financial risk
- Ensure a comprehensive health system through a better re-structuring including Human Resource Management
- Develop strategic partnership with all providers of health care

A range of health care institutions are functioning under the Line Ministry and Provincial Ministries to provide health service.

Table 1.2: Number of health care institutions under Line Ministry and Provincial Ministries by category, 2023

Category	Line Ministry	Provincial Ministry	Total
NHSL	2	-	2
TH	19	-	19
DGH	13	7	20
BHA	7	30	37
BHB	1	44	45
DHA	1	67	68
DHB	1	147	148
DHC	1	274	275
Other hospitals			17
PMCU			543

Source: Medical Statistics Unit

1.4. Main Divisions of Ministry of Health

Primarily, Ministry of Health provides curative services and preventive services. Other than that wide range of supportive health services are functioning under the Ministry to provide island wide 24hour health services to the public. Under the close administration, supervision and technical guidance of the Secretary of Health, key responsibilities of the Ministry of Health has delivered to Additional Secretaries, Director General of Health Services and Deputy Director General. Main health services are categorised as follows.

Curative care services

- Hospitals under the line ministry
- Oral Health Services
- Estate and Urban Health Services

Preventive care services

- Control of Communicable Diseases
- Control of Vector-Borne Diseases
- Control of Non-Communicable Diseases
- Maternal and Child Health Services
- Nutrition
- Environmental and Occupational Health and Food Safety
- Health Promotion
- Services for Youth, Elderly and Disabled Persons
- Public Health Veterinary Services
- Disaster Preparedness and Response
- Tobacco and Alcohol Control

Other services

- Education, Training and Research
- Laboratory Services
- Blood Transfusion Services
- Quality and Safety of Health Services
- Medical Supplies
- Biomedical Engineering Services
- Management Development and Planning Services
- Human Resource Development
- Financial Services
- Medical Statistical Services
- Regulation of Private Health Services
- Regulation of Medicines and Cosmetics

1.5. Organization structure of MOH

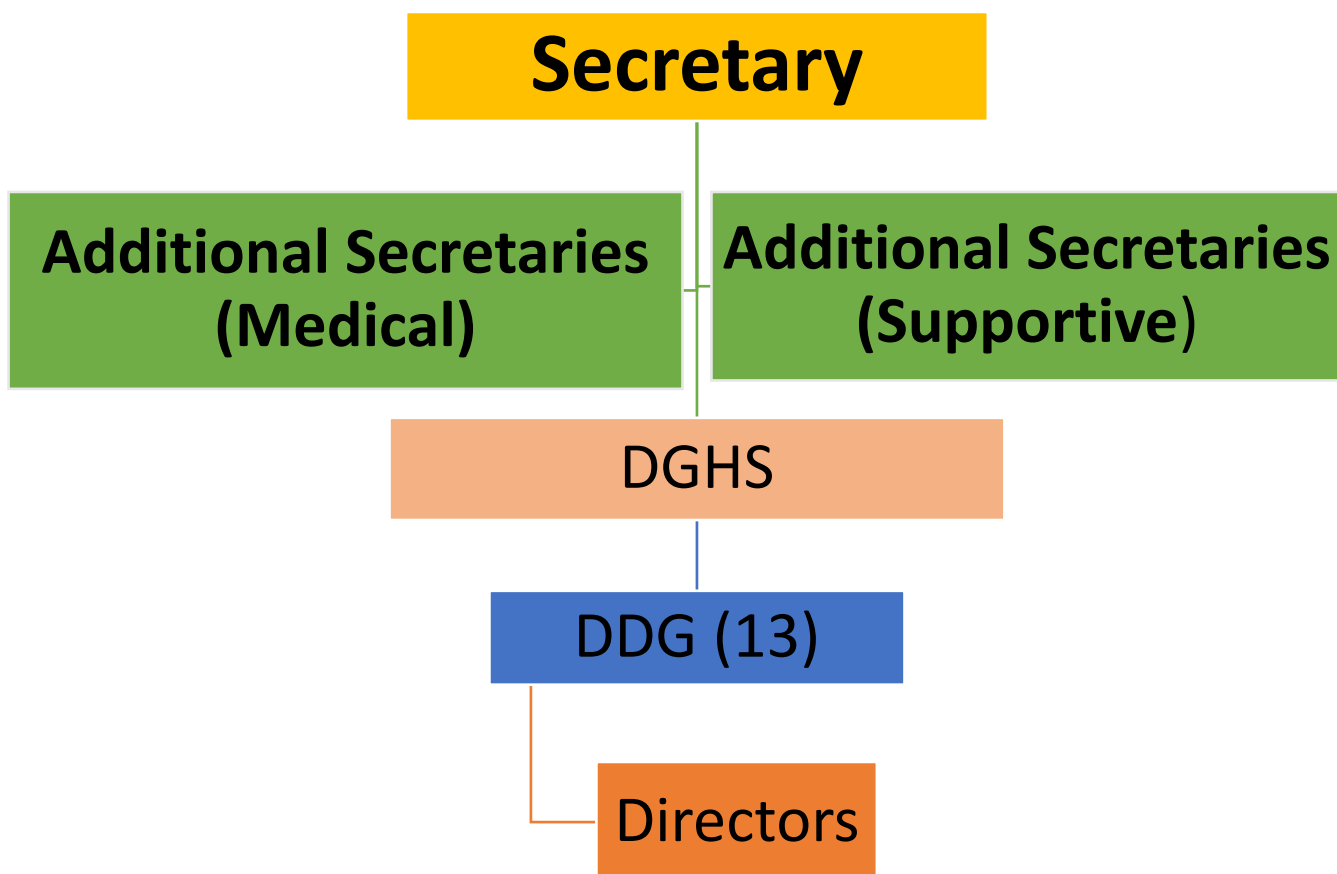


Figure 1.4: Organization structure of Ministry of Health

Source: Medical Statistics Unit

1.6. Health workforce

Sri Lanka has almost reached the WHO-identified minimum density threshold of skilled health personnel per 10,000 populations. Curative and preventive sector health work force comprises with medical officers, nursing officers, public health inspectors, and midwives and its composition is shown in Figure 1.5.

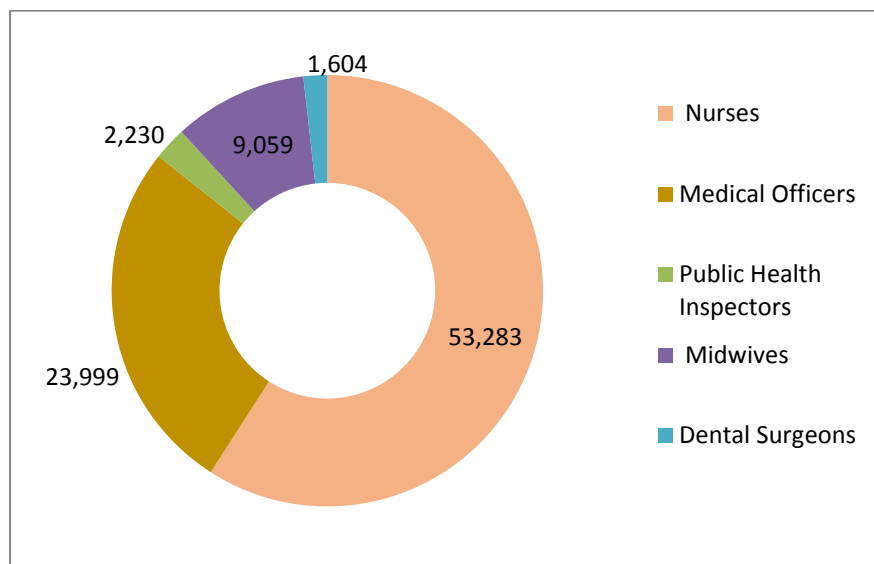


Figure 1.5: Composition of Health work force, 2023

Source: Medical Statistics Unit

Number of medical officers and nursing officers in the Ministry of Health has been steadily increasing and this lead to an improvement in the number of health workers per population. In year 2000, there were 41.1 medical officers per 100,000 populations and by 2023, the figure increased to 108.9 per 100,000 populations. For the nursing officers the figure was 76 per 100,000 populations in 2000 and 241.8 per 100,000 populations in 2023.

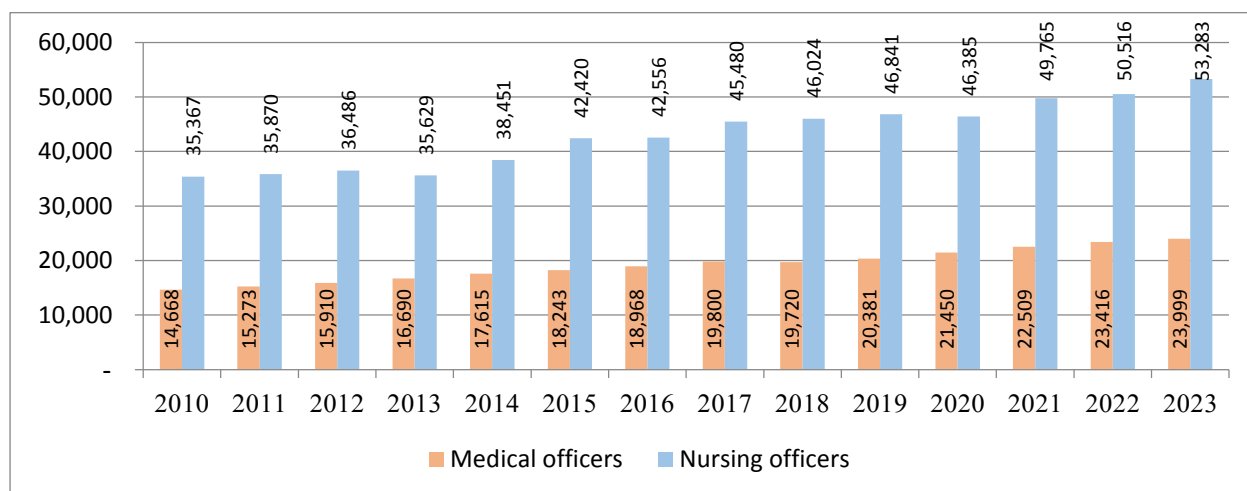


Figure 1.6: Number of medical officers and nursing officers, 2010-2023

Source: Medical Statistics Unit

1.7. Utilization of Hospital beds

Hospital Beds and Bed Strength

Inpatient capacity of the hospital system is measured by the hospital bed strength. From the reported government health institutions, total number of beds was reported as 90,392 in 2023. During the period from 2018 to 2023, approximately 15,000 beds were added to the health system. Indicators related to bed strength are shown in Table 1.3.

Table 1.3: Number of health institutions, hospital beds and bed utilization, 2018 – 2023

Item	2018	2019	2020	2021	2022	2023
Hospitals with indoor facility	641	643	646	648	651	648
Hospital Beds	84,728	86,589	87,280	90,240	89,903	90,392
Bed Occupancy Rate	61.1	61.2	48.4 ¹	47.81 ¹	52.99 ¹	57.66 ¹
Bed Turnover Rate	93.1	97.6	77.3 ¹	65.94 ¹	79.53 ¹	88.88 ¹
Hospital Beds per 1,000 Population	3.9	4.0	4.0	4.1	4.1	4.1
Inpatient Beds per 1,000 Population	3.6	3.6	3.6	3.8	3.8	3.8

¹Excluding non - reported hospitals

Source: Medical Statistics Unit,

Table 1.4: Number of health institutions and hospital beds range by type of institution, 2023

Type of institution	Number	Hospital beds (Range) ¹
NH	2	2745-3361
TH	19	346-2604
DGH	20	238 - 1137
BHA	37	35 - 576
BHB	45	43 - 375
DHA	68	8 - 219
DHB	148	12 - 123
DHC	257	1 - 92
PMCUs with Maternity beds	7	8 - 19
Other Hospitals	45	8 - 1336

¹Excluding non - reported hospitals

Source: Medical Statistics Unit,

Note: Out of 275 DHCs, 253 DHCs have indoor facility, 4 PMCUs functioning as DHC
Other hospitals include Military, Police, and Prison and Specialized hospitals.

1.8. Health Finance

Government tax revenue and out of pocket health expenditure of households are the two main sources of health financing in Sri Lanka. Government allocations for health services has increased in monetary terms over the years, however as a percentage of GDP health expenditure ranges between 1.4 - 1.8 per cent. Per capita health expenditure is Rs. 18,685 in year 2023 (Figure 1.7). Summary of health expenditure is shown in Table 1.5.

Table 1.5: Summary of Health Expenditure, 2015-2023

Year	National Expenditure (Rs. Million)	Government Health Expenditure (Rs. Million)	As a % of National Expenditure
2015	3,203,280	181,122	5.65
2016	3,106,443	192,535	6.20
2017	3,470,589	206,182	5.94
2018	3,970,636	234,899	5.92
2019	4,075,827	262,436	6.44
2020	4,457,390	250,813	5.63
2021	4,879,195	246,158	5.05
2022	5,985,984	338,712	5.66
2023	10,674,332	411,753	3.86

Source: Ministry of Finance and Planning

Note: *Excluding private health sector

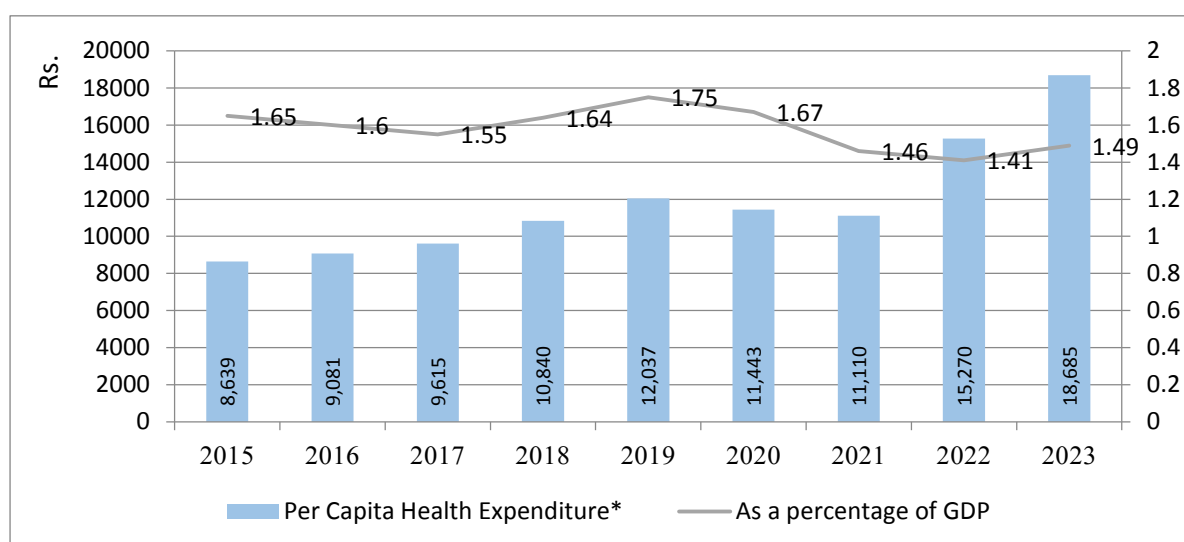


Figure 1.7: Per capita health expenditure and health expenditure as a percentage of GDP, 2015-2023

Source: Ministry of Finance and Planning

Note: *Excluding private health sector


Health Status



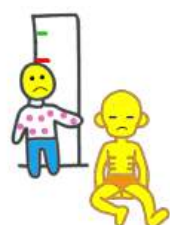
Leptospirosis deaths
142 in 2022
203 in 2023



Nearly 50% of the deaths that occurred in the hospitals were due to NCDs



89,799 cases
and
62 deaths
due to dengue
reported in 2023



growth faltering, underweight
and stunting in
children under 5 years
has increased

Anuradhapura District
reported the highest
incidence of
Leishmaniasis in 2022



2. Morbidity and Mortality

2.1. Concepts

Morbidity

Morbidity refers to the state of being diseased or unhealthy within a population. Morbidity statistics measure the extent of a nation's health and the provision of health facilities. Morbidity data could be used to measure which medical facilities are utilized and to investigate patterns of occurrence of illness.

Incidence and prevalence rates are the main morbidity indicators. Morbidity data is collected according to disease type, sex, age and location.

Mortality

Mortality refers to the incidence of death or the number of deaths in a population. Mortality indicators play a vital role in determining the size, growth and structure of population. It is considered the most striking demographic event all over the world.

Mortality trends reflect health status of a country. Mortality statistics are useful in public health administration to determine the requirements of the health sector and to evaluate the progress of public health programmes in different aspects of health.

Furthermore, the collection and analysis of mortality information helps:

1. to identify levels and trends of mortality
2. to identify patterns and trends in cause of death and their impact on mortality
3. to observe age patterns of mortality
4. to compare mortality patterns between sub populations
5. to identify demographic, social, economic, behavioral and environmental factors that influence levels and trends in mortality
6. to compare mortality levels between different populations

The main indicators computed using morbidity and mortality information are as follows,

1. Cause-specific death rates
2. Case fatality rates
3. Crude death rate
4. Maternal mortality ratio
5. Child mortality rate
6. Standardized mortality rates
7. Age specific mortality rates

In Sri Lanka, both morbidity and mortality data are collected using IMMR (Indoor Morbidity and Mortality Return) from all the government hospitals, processed and disseminated by the Medical Statistics Unit (MSU) of the Ministry of Health. This system has been collecting morbidity and mortality data since 1985. However, mortality data provided by IMMR is based only on government

hospitals. It is noteworthy that nearly 60 - 70 percent of the total deaths in Sri Lanka occur in a non-hospital setting. Therefore, the vital registration system, which was established in 1867, is preferred in retrieving information on all the deaths registered in Sri Lanka, irrespective of the place of occurrence.

Table 2.1: Number of deaths reported by Department of Registrar General's and Government hospitals, 2017 - 2023

Year	Death reporting source		
	Department of Registrar General's	Government hospitals	Percentage
2017	140,357	52,338	37.4
2018	139,498*	53,171	38.1
2019	146,397	58,976	40.4
2020**	132,431	47,830	36.1
2021	163,936	63,858	39.0
2022	179,792	66,498	37.0
2023	181,239	67,355	37.2

*Provisional

**Total number of deaths declined in 2020 due to transport restrictions, lock down conditions, good practices followed by people and facilities provided by health sector.

Source: Department of Registrar General's, Medical Statistics Unit

2.2. Data Collection

In Sri Lanka, morbidity data is available only on patients seeking treatment as inpatients from government hospitals that provide western medicine. Morbidity data of patients attending outpatient departments of government hospitals are not available. Indoor Morbidity and Mortality Return (IMMR) is the main source of morbidity data. The Medical Statistics Unit (MSU) collects this return quarterly from all the government hospitals with indoor facilities. Since 1996, IMMR is based on the 10th revision of the International Classification of Diseases (ICD-10th version).

Hospitals where computers and internet facilities are available send their data through a web-based system called eIMMR. Final diagnosis, as mentioned in Bed Head Tickets (BHTs) of patients, are recorded in a formal register, and then summarized to complete the IMMR return. Hospitals, which send data through eIMMR, can directly enter final diagnosis of a patient into the system and the system generates an IMMR report. It is a duty to be performed by Medical Recording Officer in the hospital record room or the hospital statistics unit.

It should be noted that repeat visits, transfers and multiple admissions of the same patient for the same disease are reflected in morbidity data as additional cases. Therefore, morbidity data available in Sri Lanka should be interpreted with caution, considering the above limitations.

2.3. Total Hospitalizations

Hospitalization episodes from 2017 to 2023 are shown in Table 2.2. Annual hospitalizations range is 6–7 million from 2017 to 2023. According to the 2023 data, male hospitalizations are higher than females and 14 per cent of all hospitalizations belong to age 70+ years.

Table 2.2: Total number of hospitalizations by sex and age groups, 2017 – 2023

Year	Total	Sex		Age group (Years)				U
		Male	Female	Less than 5	5-16	17-69	70+	
2017	6,910,249	3,448,273	3,461,976	579,279	720,814	4,821,387	783,099	5,670
2018	7,116,268	3,546,399	3,569,869	587,201	710,057	4,956,392	857,924	4,694
2019	7,477,860	3,740,535	3,737,325	585,622	727,950	5,214,168	945,026	5,094
2020*	5,785,147	2,913,586	2,871,561	358,153	487,362	4,183,218	752,869	3,545
2021*	5,314,193	2,740,319	2,573,874	298,849	392,348	3,957,241	661,854	3,901
2022*	6,350,347	3,266,832	3,083,515	462,833	574,124	4,439,079	870,322	3,989
2023*	6,949,732	3,581,722	3,368,010	491,394	679,246	4,771,292	1,004,386	3,414

*Hospitals mentioned in Appendix iii are not reported IMMR data

U means age unspecified hospitalizations

Source: Medical Statistics Unit

2.4. Trends in Hospital Morbidity and Mortality

On average 6.8 million live discharges were reported to the IMMR system in 2023. During the past seven years hospital deaths were increasing except in year 2020. Table 2.3 presents the data related to the live discharges and the deaths from the year 2017 to 2023.

Table 2.3: Live discharge episodes and number of hospital deaths by Sex, 2017 – 2023

Year	Live discharges			Hospital deaths		
	Total	Male	Female	Total	Male	Female
2017	6,857,911	3,417,870	3,440,041	52,338	30,403	21,935
2018	7,063,097	3,515,323	3,547,774	53,171	31,076	22,095
2019	7,418,884	3,706,458	3,712,426	58,976	34,077	24,899
2020*	5,737,317	2,885,697	2,851,620	47,830	27,889	19,941
2021*	5,250,335	2,702,814	2,547,521	63,858	37,505	26,353
2022*	6,283,849	3,228,220	3,055,629	66,498	38,612	27,886
2023*	6,882,377	3,542,668	3,339,709	67,355	39,054	28,301

*Hospitals mentioned in Appendix iii are not reported IMMR data

Source: Medical Statistics Unit

Data indicates that 50 per cent of the hospital admissions were reported to Teaching and District General Hospitals in 2023. Table 2.4 presents the percentage distribution of total hospitalizations by type of hospital from 2017 to 2023.

Table 2.4: Percentage distribution of total hospitalizations by type of hospital, 2017-2023

Type of hospital	2017	2018	2019	2020	2021	2022	2023
Teaching Hospitals	24	25	26	27	30	28	31
District General Hospitals	18	19	19	20	19	19	19
Base Hospitals - Type A	15	16	16	17	19	17	18
Base Hospitals - Type B	13	12	12	12	9	9	10
Divisional Hospitals - Type B	9	8	8	8	7	7	8
Divisional Hospitals - Type C	8	8	8	6	6	6	6
Provincial General Hospitals	6	4	4	2	2	2	
Divisional Hospitals - Type A	5	6	5	6	6	5	6
Other Hospitals	2	2	2	2	2	3	3
Total	100	100	100	100	100	100	100

Source: Medical Statistics Unit

2.4.1. Leading Causes of Hospitalization

Data presented in Table 2.5 describes top 10 causes of hospitalizations in 2022 and 2023. Traumatic injuries (S00–T19, W54) were the most frequent cause of hospitalizations.

Table 2.5: Number of hospitalizations by cause of hospitalization, 2022-2023

Causes of hospitalization	2022	2023
Traumatic injuries	925,153	942,526
Symptoms, signs and abnormal clinical and laboratory findings	652,860	780,451
Diseases of the urinary system	386,524	445,053
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	340,276	440,294
Diseases of the gastro-intestinal tract	308,033	341,105
Viral diseases	285,071	256,604
Direct and indirect obstetric causes	214,421	194,955
Diseases of skin and subcutaneous tissue	199,089	219,023
Diseases of the eye and adnexa	168,617	178,134
Diseases of the musculoskeletal system and connective tissue	159,170	185,860

Source: Medical Statistics Unit

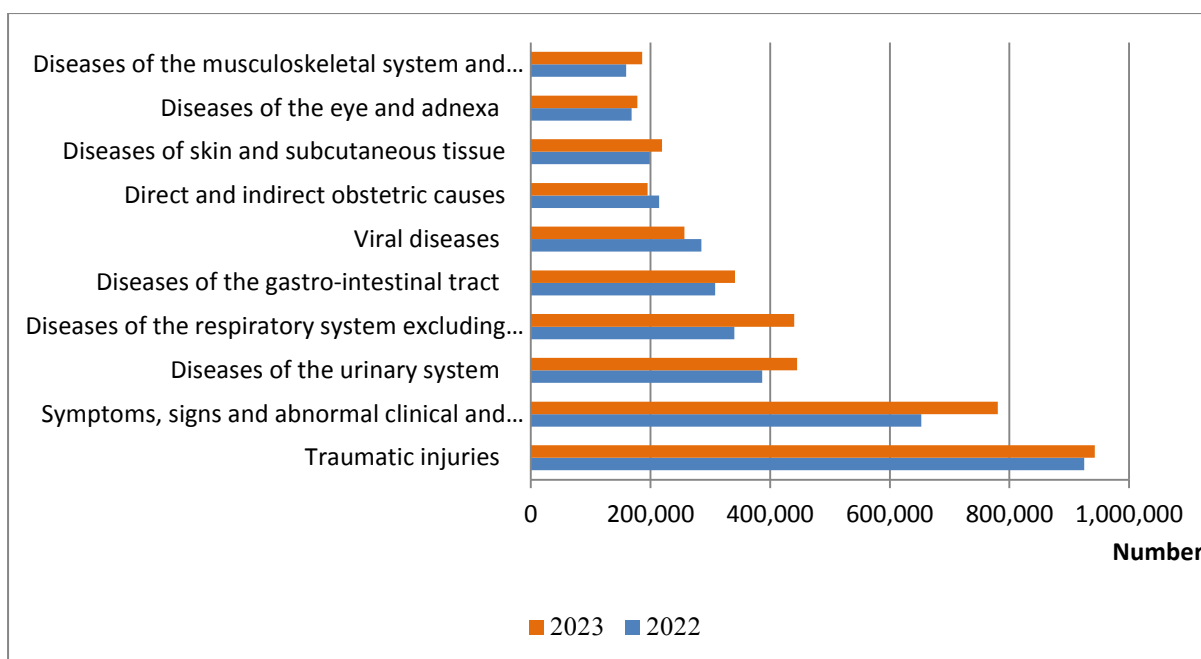


Figure 2.1: Number of hospitalizations by cause of hospitalization, 2022-2023

Source: Medical Statistics Unit

2.4.2. Leading Causes of Hospital Deaths

Total number of government hospital deaths reported in year 2022 and 2023 were 66,498 and 67,355 respectively. Out of them, 13 per cent of the hospital deaths occurred due to Ischaemic heart diseases (I20-I25). According to the data, more than half of the hospital deaths occurred due to the Ischaemic heart disease, Zoonotic and other bacterial diseases (A20-A49), Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza, Neoplasms (C00-D48) and Pneumonia (J12-J18).

Table 2.6: Number of hospital deaths by cause of death, 2022-2023

Causes of death	2022	2023
Ischemic heart disease (I20-I25)	8,550	8,518
Zoonotic and other bacterial diseases (A20-A49)	8,243	9,139
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	6,769	7,761
Neoplasms (C00-D48)	5,734	5,887
Pneumonia (J12-J18)	5,215	6,145
Cerebrovascular disease (I60-I69)	4,611	4,601
Pulmonary heart disease and diseases of the pulmonary circulation (I26-I51)	4,501	4,760
Diseases of the gastro-intestinal tract (K20-K92)	4,054	4,216
Diseases of the urinary system (N00-N39)	3,681	3,597

Source: Medical Statistics Unit

3. Health Related Sustainable Development Goals (SDG)

SDG 3 aims to ensure healthy lives and promote well-being for all individuals at all ages, In May 2016, a national workshop was conducted to identify core health indicators relevant to Sri Lanka and determine the best data sources for these indicators. The workshop also discussed whether routine data or special surveys would be required to obtain the necessary data and emphasized the need for equity stratification.

Based on the outcomes of the workshop, the Ministry of Health in Sri Lanka identified and finalized 46 indicators that are relevant to health. These indicators included 38 health indicators, with the 13 core indicators of SDG 3 further subdivided into 38 health indicators. Among these, 16 indicators were specifically selected to measure progress towards achieving Universal Health Coverage (UHC). Additionally, there were 8 indicators that were non-SDG 3 but still related to health.

To oversee and support the progress of achieving SDG 3 Core Health Indicators (CHI) in Sri Lanka, the Ministry of Health established a National Steering Committee on SDG 3 in January 2017. In 2021, National Steering Committee Meetings were held to discuss and guide the efforts towards achieving the SDG 3 targets.

Another important milestone in 2021 was the development of a strategic plan aimed at achieving the targets set for 2030. In June 2019, a two-day residential consultative workshop was held to initiate the development of the Strategic Plan and National Action Plan for SDG 3 Subsequently, a two-day follow-up meeting took place in December 2019 to finalize the National Action plan, during which respective directorates presented their action plans.

With the establishment of the SDG Council, a consultative meeting was organized to develop a strategic framework and assign responsibilities for monitoring the indicators. Additionally, specific SDG indicators were entrusted to other organizations for reporting, reflecting the collaborative approach and shared responsibility in achieving the targets of SDG 3 in Sri Lanka.

Overall, the concerted efforts of the Ministry of Health the National Steering Committee on SDG 3, and other relevant organizations have laid a solid foundation for monitoring and achieving the targets of Sustainable Development Goal 3 in Sri Lanka. This Progress aims to improve the health and well-being of all individuals across the country.

Responsibility of reporting the following SDG indicators were entrusted to other organizations.

3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	WHO
3.4.2	Suicide mortality rate	Sri Lanka Police
3.6.1	Death rate due to road traffic injuries	Sri Lanka Police
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	DCS
3.9.1	Mortality rate attributed to household and ambient air pollution	WHO
3.9.3	Mortality rate attributed to unintentional poisoning	RGD
3.b.2	Total net official development assistance to medical research and basic health sectors	OECD

Table 3.1: Baseline values, targets set for 2030 and the current values for the SDG 3 indicators

Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
3.1.1	Maternal mortality rate (per 100,000 live births)	FHB	33.7 (2015)	32	29.2	29.5	47	33	-	16
3.1.2	Births attended by skilled health personnel (%)	DHS	99.5(2016)	-	-	-	-	-	-	100
		FHB		99.9	99.9	99.9	99.9	99.9	99.9	
3.2.1	Children under-five mortality rate (per 1,000 live births)	RGD	9.8 (2013)	-	8.7	-	-	-	-	5
		FHB		10.6	11.0	9.8	10.5	12	12.5	
3.2.2	Neonatal mortality rate (per 1,000 live births)	RGD	5.9 (2013)	-	5.0	-	-	-	-	3
		FHB		6.5	6.6	6.3	6.5	7	7.2	
3.3.1	HIV incidence rate (per 1,000 population)	NSACP	0.01	0.01	0.01	0.01	0.01	0.01	0.01	<0.01
3.3.2	TB incidence rate (per 100,000 population)	NPTCCD	65 (2015)	40.1 64 (WHO estimate)	37.8	32.2	29.7	36.6	41.6	13
3.3.3	Malaria Incidence per 1,000 population	AMC	0	0	0	0	0	0	0	0
3.3.4	Hepatitis B incidence per 100,000 children 5 years of age	Survey has been done and the baseline and targets are yet to be finalized								

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Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
	i)Number of people requiring interventions against Neglected Tropical Diseases (NTD)									
3.3.5	Dengue - incidence of dengue cases per 100,000 population in a given year (number receiving treatment for dengue - reported cases)	DCP	41,819 (2012 to 2016)	54,532	105,049	34,411	35,924	76,689	89,799	21,000
	Rabies - number of deaths due to human rabies	PHVS	23 (2017)	25	26	26	25	27	16	0
	Filariasis - Number of new lymphedema cases due to filariasis receiving treatment per year	AFC	753 (2016)	736	871	523	322	553	908	0
	Leprosy - Number receiving treatment for leprosy per year	ALC	1,973 (2016)	1,821	1,657	1,137	993	1,327	1,580	1000
	Leishmaniasis - incidence reported cases of leishmaniasis per year per 100,000 population	Epidemiology Unit	1,113(2016) 7.2	3,273	4,066	3,162	2,637	3,417	4,277	<1
3.5.2	Alcohol per capita consumption(Aged 15 years and older) with in a calendar year in litres of pure alcohol(litres per person)	NATA	4.3 (2016)	3.88	3.92	3.56	4.63	2.23	-	3.8
3.7.1	Proportion of women of reproductive age (aged 15 - 49 years) who have their need for family planning satisfied with modern methods. (%)	DHS	74.2 (DHS)	-	-	-	-	-	-	81
		RHMIS	78.5 (2016)	79.1	79.6	79.5	79.9	80.3	80.6	
3.7.2	Adolescent fertility rate per 1,000 women in the 15-19 years age group	DHS	30 (2016)	-	-	-	-	-	-	25

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Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
3.8.1	ii) Reproductive,maternal,newborn and child health Coverage of essential health services – 14 tracer indicators									
3.8.1.1	Family Planning: Percentage of women of reproductive age (%)	DHS	74.2 (2016)	-	-	-	-	-	-	-
(Same as 3.7.1)	(15-49 years)who have their need for family planning satisfied with Modern methods	RHMIS	78.5 (2016)	79.1	79.6	79.5	79.9	80.3	80.6	81
3.8.1.2	Pregnancy and delivery care: Antenatal care coverage - at least four visits (%) (This indicator is not reported annually)	DHS	98.8(2016)	-	-	-	-	-	-	>99
3.8.1.3	Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine(Instead of DPT, Sri Lanka is giving PENTA 3.) (%)	Epidemiology Unit	DPT 3 - 97 (2016) Instead of DPT 3, Sri Lanka is giving PENTA 3	95	98	96	97	98	98	100
3.8.1.4	Child treatment: Care-seeking for symptoms of Acute Respiratory Infections (ARI) (%) (This indicator is not reported annually)	DHS	52.3(2016)	-	-	-	-	-	-	-
	iii) Infectious diseases									
3.8.1.5	Tuberculosis: TB treatment success rate (%)	NPTCCD	84.6(2016)	84.1	84.1	84.2	79.4	78.1	-	> or = 90
3.8.1.6	HIV/AIDS: Antiretroviral Therapy (ART) coverage (%)	NSACP	15.3 (spectrum software) (2016)	44.53	51.0	51.72	58.4	68.2	71.0	>90.0

Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
3.8.1.8	Population using safely managed sanitation services (%) (This indicator is not reported annually)	DHS	91.2 (2016)	-	-	-	-	-	-	-
	Population using safely managed drinking-water service (%) (This indicator is not reported annually)	DHS	90.4 (2016)	-	-	-	-	-	-	-
<u>iv) Non communicable diseases</u>										
3.8.1.9	Hypertention: Age-standardized prevalence of non-raised blood pressure (among adults aged 18+ regardless of treatment status (%) (This indicator is not reported annually)	STEPS	74 (2015)	-	-	-	-	65.2	-	80
3.8.1.10	Diabetes: Age-standardized mean fasting plasma glucose (mg/dl) for adults aged 18 to 69 years (%) (This indicator is not reported annually)	STEPS	81.6 (2015)	-	-	-	-	104	-	80
3.8.1.11	Tobacco: Age-standardized prevalence of adults >=15 years not smoking tobacco in last 30 days (%) (This indicator is not reported annually)	STEPS	74.2 (2015)	-	-	-	-	73.8	-	90
<u>v) Service capacity and accesses</u>										
3.8.1.12	Hospital access: Hospital beds per 10,000 population (relative to a maximum threshold of 18 per 10,000 population)	Medical Statistics Unit	38.5 (100%)	39.1 (100%)	39.7 (100%)	39.8 (100%)	40.7 (100%)	40.5 (100%)	41 (100%)	Maintain at same level

Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
3.8.1.13	Health workforce: Health worker density and distribution (per 1,000 population) Threshold values: Physicians - 0.9 per 1,000 population Psychiatrists - 1 per 100,000 population Surgeons - 14 per 100,000 population	Medical Statistics Unit	Physicians - 0.895 Psychiatrists - 0.32 Surgeons - 2.26 (2016)	Physicians - 0.910 Psychiatrists - 0.40 Surgeons - 2.42	Physicians - 0.935 Psychiatrists - 0.46 Surgeons - 2.64	Physicians - 0.978 Psychiatrists - 0.46 Surgeons - 2.74	Physicians - 1.015 Psychiatrists - 0.47 Surgeons - 2.83	Physicians - 1.06 Psychiatrists - 0.39 Surgeons - 2.81	Physicians - 1.09 Psychiatrists - 0.42 Surgeons - 2.80	Physicians - 1.79 Psychiatrists - 1.2 Surgeons - 3.8
3.8.1.14	Health security: International Health Regulations (IHR) core capacity index (%)	Quarantine Unit	43 (2018)	43	54	62	64	66.36	70.67	70
3.a.1	Age standardized prevalence of current tobacco use among persons aged 18-69 years (%) (This indicator is not reported annually)	STEPS	25.8 (2015)	-	-	46.41	-	26.2	26.2	10
3.b.1	Proportion of the target population covered by all vaccines included in their national program (HPV immunization started in 2017 September) (%)	Epidemiology Unit	BCG (99.2) DPT3 (97) Polio 3 (96) MCV 2 (99.0) TT (96.2) HPV 2 (0)	BCG (96) PENTA 3 (95) Polio 3 (97) MCV 2 (96) TT (95) HPV 2 (65)	BCG (99) PENTA (98) Polio 3 (98) MCV 2 (97) TT (98) HPV 2 (58)	BCG (99) PENTA (96) Polio 3 (96) MCV 2 (97) TT (97) HPV 2 (32)	BCG (100) PENTA (96) Polio 3 (96) MCV 2 (97) DPT (97) DT (96)	BCG (99) PENTA3 (98) Polio 3 (98) DPT4 (99) DT (97) TT (98)	BCG (99) PENTA3 (98) Polio 3 (98) DPT4 (99) TT (98) MCV2(98)	BCG (100) PENTA 3 (100) Polio 3 (100) MCV 2 (100) TT (100) HPV 2 (100)

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Indicator number	Indicator	Primary data source	Baseline	2018	2019	2020	2021	2022	2023	Target for 2030
3.b.3	Availability of essential medicines and commodities(SARA) (This indicator is not reported annually)	SARA	50% - Public - 100.0 Private - 95.29 75% - Public - 82.16 Private - 80.26 90% - Public - 21.44 Private - 53.04	-	-	-	-	-	-	Maintain at same level
3.c.1	Health worker density and distribution per 10,000 population	MSU	Physicians – 8.95 Dental surgeons - 0.87 Midwives/ Nurses – 24.28 Pharmacists - 1.42 (2016)	Physicians - 9.10 *Dental surgeons - 0.90 Midwives/ Nurses - 25.32 Pharmacists - 1.59	Physicians - 9.35 *Dental surgeons - 0.90 Midwives/ Nurses – 25.46 Pharmacists - 1.61	Physicians – 9.79 Dental surgeons – 0.71 Midwives/ Nurses – 25.18 Pharmacists – 1.68	Physicians – 10.16 Dental surgeons – 0.79 Midwives/ Nurses – 26.68 Pharmacists - 1.68	Physicians – 10.56 Dental surgeons – 0.76 Midwives/ Nurses – 26.88 Pharmacists - 1.66	Physicians – 10.89 Dental surgeons – 0.73 Midwives/ Nurses – 28.29 Pharmacists - 1.64	Physicians - 17.9 Dental surgeons - 1.4 Midwives/ Nurses – 38.2 Pharmacists - 4.7
3.d.1	IHR capacity and health emergency preparedness (%)	Quarantine Unit	43 (2018)	43	54	62	64	66.36	70.67	70
3.d.2	Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (%)		-	-	-	-	46.41	-	-	-

*Included all Dental Care Service Providers such as dental technician and school dental therapist.
From 2020 onwards, ISCO -08 (International Classification of Occupations) is followed.

- Data Not Available

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4. Maternal and Child Mortality

4.1. Maternal Mortality

Maternal Mortality Rate (MMR) is the globally accepted indicator to quantify the burden of maternal deaths in a country. MMR evaluates obstetric risk, or the possibility that a woman could die during pregnancy. It is calculated as the number of maternal deaths per 100,000 live births. MMR is also used as an indicator to assess the overall maternal health and health status of a country.

In the year 2022, out of all reported deaths, 91 deaths were categorized as maternal deaths giving a national Maternal Mortality Rate (MMR) of 33.0 per 100,000 live births. Live births reported by the Registrar Generals' Department for the year 2022 was taken as the denominator (275,321) which showed a reduction from the 2021 figure of 284,848 (9527). It is notable that, experiencing post COVID-19 and economic crisis implications may have led to the inability to reach the pre COVID level of MMR in 2022. There were no maternal deaths due to COVID -19 in the year 2022.

Total Live Births	=	275,321*
Maternal deaths	=	91
MMR	=	33.0 (per 100,000 live births)

**Department of Registrar General data*

Number of confirmed maternal deaths from 2002 – 2022 is shown in Figure 4.1. A gradual reduction in the number of maternal deaths can be seen up to 2020 however 2021 with the height of the COVID-19 pandemic in Sri Lanka, there was a sudden and drastic uptick in the number of maternal deaths. In 2022 the number dropped back to the pre COVID trend despite the post pandemic effect and the financial crisis effect in the country.

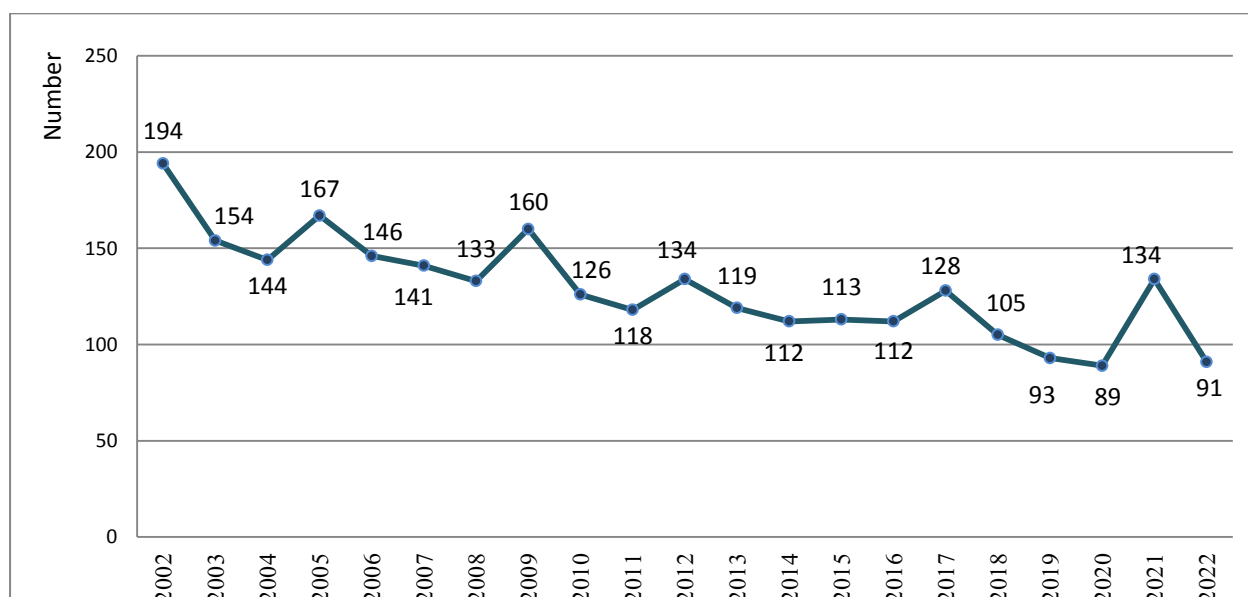


Figure 4.1: Number of maternal deaths, 2002 – 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Figure 4.2 shows the declining trend of MMR from 2002 – 2022. Though the gradual reduction of the country’s Maternal Mortality Rate (MMR) showed a drastic increase was noticed in year 2021 due to COVID-19 effect, in the year 2022 the situation returned almost to the pre-pandemic status. Even with the reduction of maternal deaths to 91, the MMR has not displayed the same reduction due to the reduction of the number of live births (denominator) over the years.

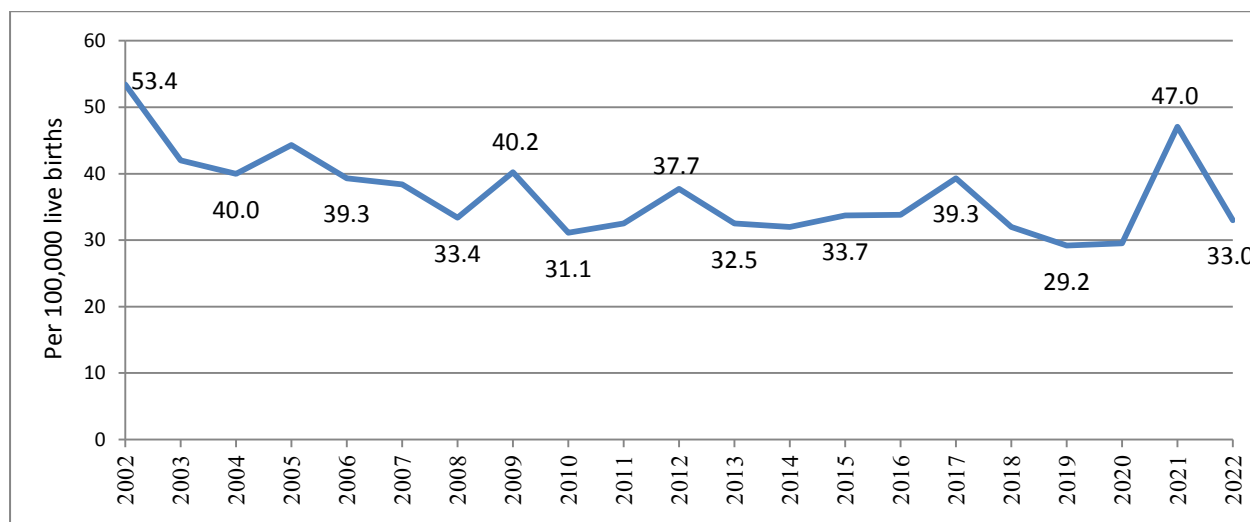


Figure 4.2: Maternal mortality rate, 2002- 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Location of Maternal deaths

Figure 4.3 shows Maternal Mortality Rate of each RDHS division. When considered the RDHS division variability, the highest MMR was reported from Matale while the lowest MMR was reported in Kalmunai.

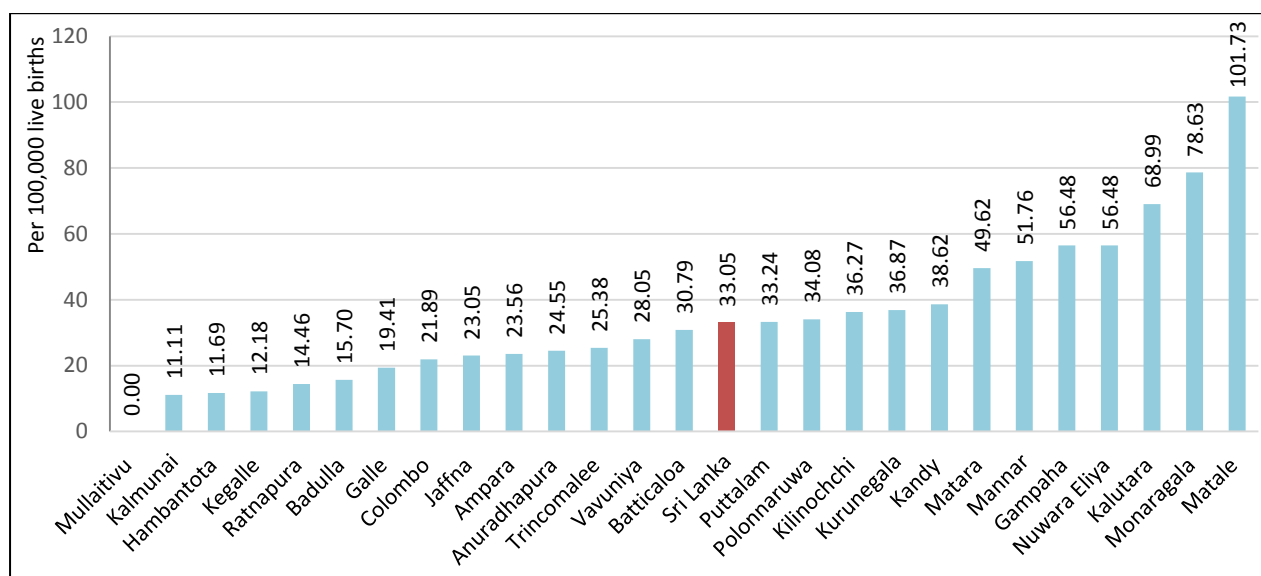


Figure 4.3: Maternal mortality rate by RDHS division, 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

In year 2022, the highest number of maternal deaths was reported from Gampaha (Table 4.1).

Table 4.1: Number of Maternal deaths by RDHS division, 2021-2022

District	2021	2022
Colombo	18	9
Gampaha	18	11
Kalutara	6	7
Kandy	3	8
Matale	3	7
Nuwara Eliya	7	4
Galle	2	3
Matara	4	4
Hambantota	5	1
Jaffna	7	2
Kilinochchi	3	1
Mannar	1	1
Vavuniya	2	1
Mullaitivu	0	0
Trincomalee	2	2
Batticaloa	3	3
Ampara	0	1
Kalmunai	6	1
Kurunegala	7	7
Puttalam	6	4
Badulla	3	2
Monaragala	3	4
Anuradhapura	5	3
Polonnaruwa	4	2
Ratnapura	8	2
Kegalle	8	1
Total	134	91

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Cause of Maternal deaths

Maternal deaths are classified into two distinct categories: direct and indirect. Direct obstetric deaths arise from complications related to the pregnant state, encompassing pregnancy, labor, and the puerperium. These fatalities may stem from interventions, omissions, incorrect treatment, or the cascading consequences of any such actions. Indirect obstetric deaths occur due to pre-existing diseases or conditions that emerged during pregnancy, independent of direct obstetric causes, but exacerbated by the physiological effects of pregnancy.

Majority of maternal deaths in 2022 were indirect maternal deaths (60%). Table 4.2 shows number of maternal deaths reported in 2021 and 2022 by cause of death. In 2022, one third of maternal deaths occurred due to respiratory diseases including viral and bacterial pneumonias, Heart diseases

and CNS related disease conditions. Comparative increase of CNS diseases related maternal deaths is a notable issue. There were no deaths reported due to COVID-19 in 2022.

Table 4.2: Number of Maternal deaths by cause of death, 2021-2022

Causes of death	2021	2022
COVID-19	60	0
Heart disease	16	10
Obstetric embolism	9	5
Obstetric Haemorrhage	8	8
Abortion	6	4
Ruptured Ectopic Pregnancy	5	5
Medical Disorders - other	5	5
Sepsis - other	5	7
Hypertensive disorders	4	5
CNS disease	4	10
Sepsis - Reproductive	3	3
Other	2	3
Other respiratory diseases	2	13
Malignancy	2	2
Intentional self-harm	2	3
Liver Disease in Pregnancy	1	5
Dengue Haemorrhagic fever	0	3
Total	134	91

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

According to the data, majority of maternal deaths were occurred in a tertiary care institution (Figure 4.4). Rest of the deaths was occurred at home or on the way to hospital or on-admission.

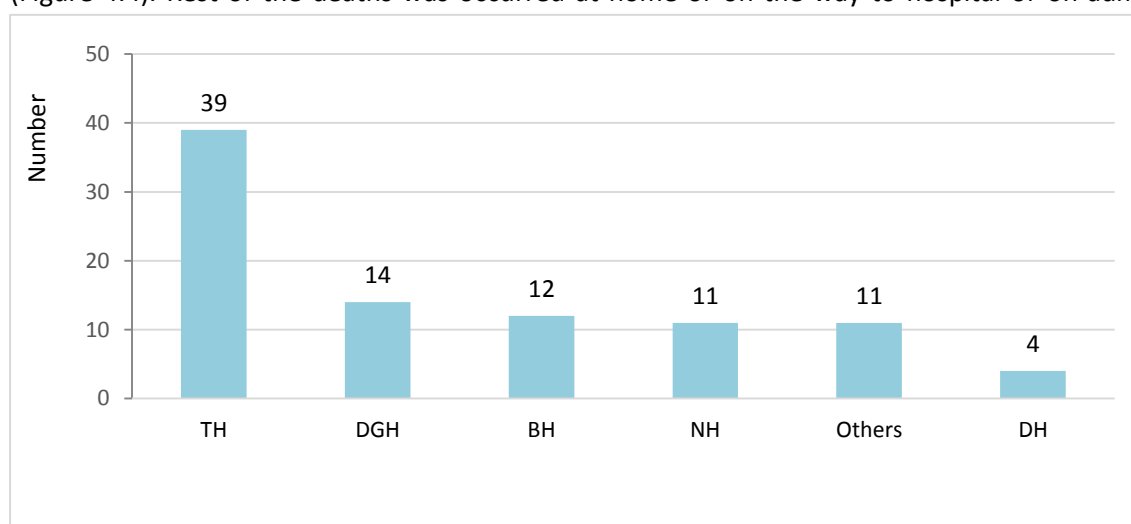


Figure 4.4: Number of maternal deaths by place of occurrence, 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Other background characteristics of maternal deaths are shown in Table 4.3.

Table 4.3: Number of Maternal deaths by background characteristics, 2021-2022

Background characteristic		2021	2022
Total maternal deaths		134	91
Sector	Urban	79	64
	Rural	51	25
	Estate	4	2
Ethnicity	Sinhala	78	61
	Tamil	25	10
	Muslims	31	20
Marital status	Married	129	86
	Living together	2	0
	Unmarried	3	5
Age group	Less than 20 years	1	2
	20-35	97	76
	35+	36	23

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Out of all maternal deaths one fourth of mothers were primi mothers. Figure 4.5 shows timing of maternal deaths. According to the data, one third of deaths occurred during antenatal period (32.6%) and 59.8 per cent deaths occurred during post-partum. Out of the post-partum and post-abortion maternal deaths 24 per cent occurred within the first 24 hours of delivery while the other deaths occurred during the period between post-partum day 2 and day 42.

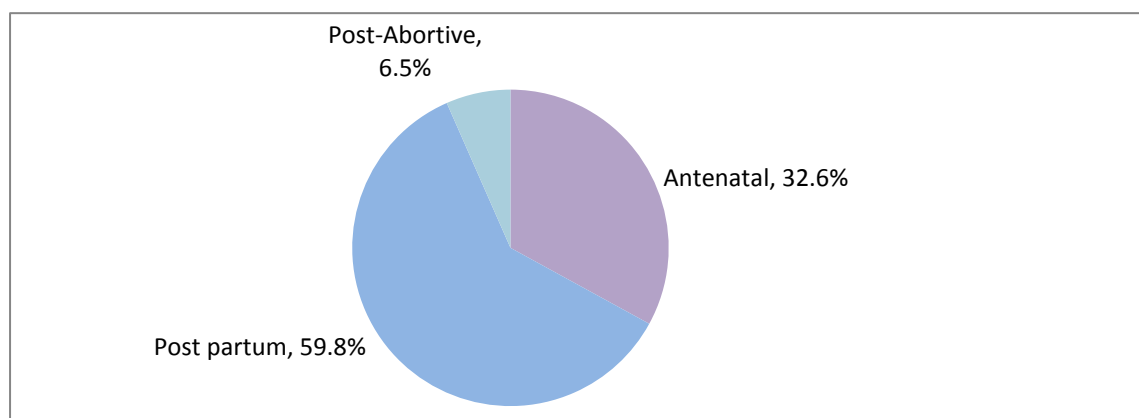


Figure 4.5: Percentage of maternal deaths by time - 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Figure 4.6 shows the mode of delivery which the deceased mothers had undergone. Cesarean section was reported as the commonest mode of delivery among the mothers who ended up as a

maternal death. Further, 62 per cent was reported as emergency and 38 per cent was performed as elective sections. In a majority of maternal deaths the present pregnancy ended up in a live birth and 16.3 per cent was ended with a still birth. Of all maternal deaths 18 mothers died without delivering a baby.

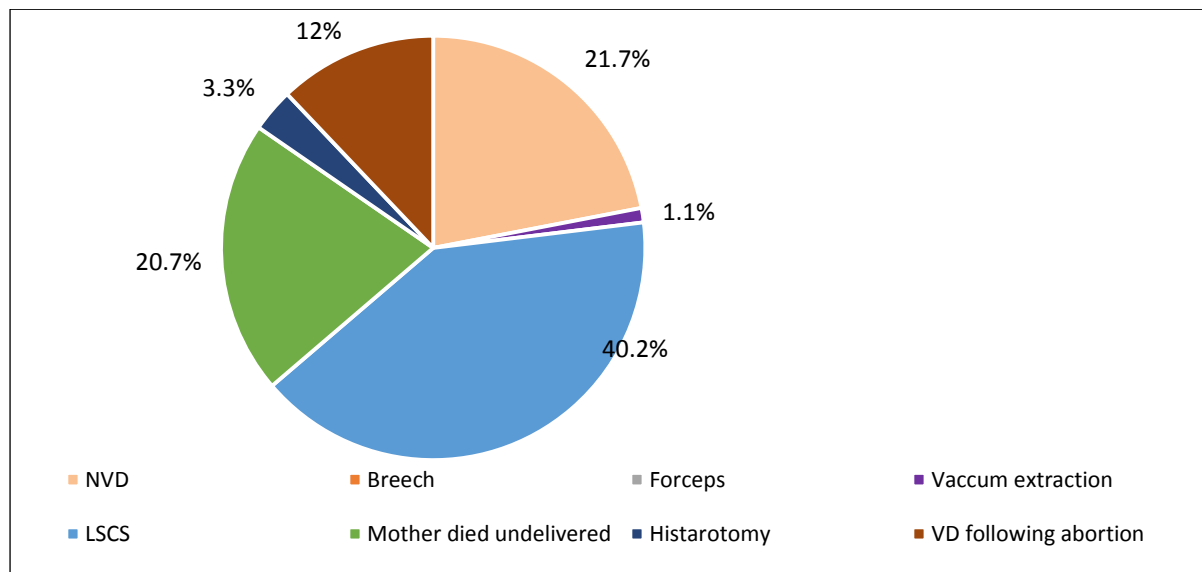


Figure 4.6: Percentage of maternal deaths by mode of delivery, 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

All maternal deaths are non-preventable. One of the main objectives of maternal mortality surveillance is to identify the preventability of maternal deaths. The national and global target is to achieve zero prevalence of preventable maternal deaths. Over the years the preventable portion of maternal deaths was in a reducing trend till 2021 when COVID-19 maternal deaths increased the preventable portion to a very high figure. In 2022, preventable portion of maternal deaths was 53 per cent while the non-preventable causes contributed to 22 per cent. Preventability was inconclusive for one fourth of the maternal deaths. Preventability was assessed using criteria and by a multidisciplinary team of experts considering all aspects of the cause of death and the sequence of events.

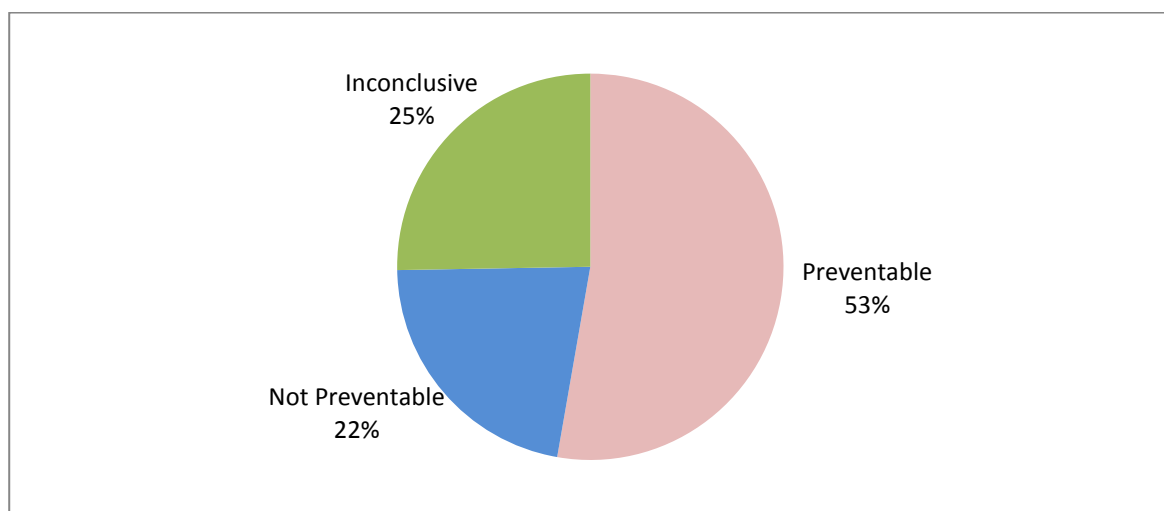


Figure 4.7: Percentage of preventability of maternal deaths - 2022

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

4.2. Child Mortality

Still Births

In order to reduce the still birth rate from 6.4 per 1000 births in 2013 to 3.5 per 1000 births by the end of 2025 as given in Every Newborn Action plan (WHO 2014) an interim target of 4.5 per 1000 was set for 2020. However, the stillbirth rate remained stagnant fluctuating between 5.9 to 6.6 since 2014. This stagnant poses a challenge to achieving the SDG target of reducing the still birth rate of 2.2 per 1000 births by 2030. In 2023 the still birth rate reported through e-RHMIS was 6.4 per 1000 births, highlighting the need for greater emphasis on improving the antenatal and intrapartum care.

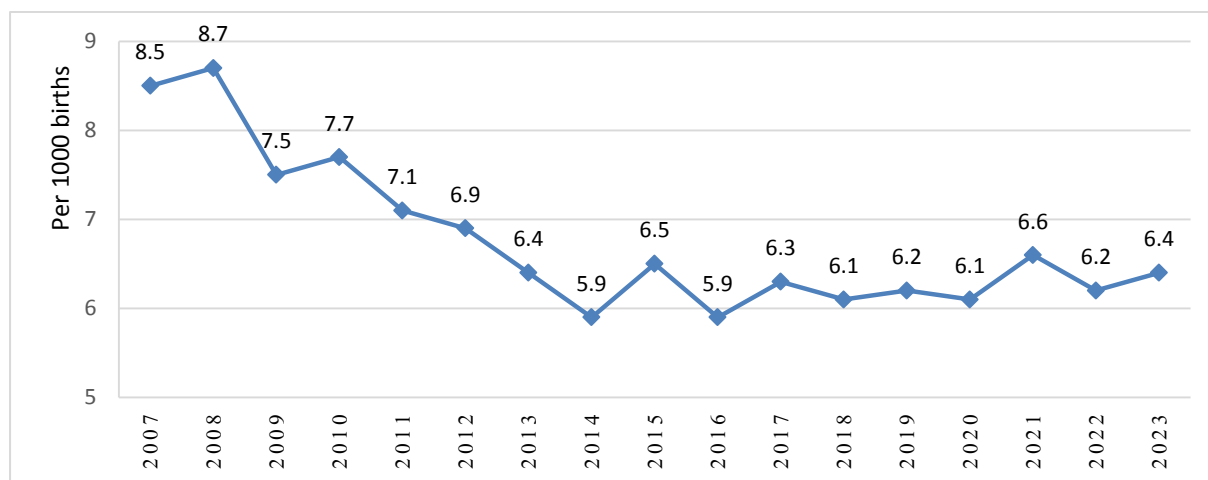


Figure 4.8: Still birth rate, 2007-2023

Source: Family Health Bureau

Early Neonatal Mortality Rate (ENMR) and Neonatal Mortality Rate (NMR)

The ENMR for 2023, as reported by e-RHMIS, is 5.3 per 1000 live births. Reducing early neonatal deaths is crucial to achieving further reductions in infant mortality rates. According to the e-RHMIS data, there has been a rising trend in both ENMR and NMR since 2020. In line with the national strategic directions to achieve the SDG target by 2030, Sri Lanka needs to achieve an NMR of 2.2 per 1000 live births by 2030.

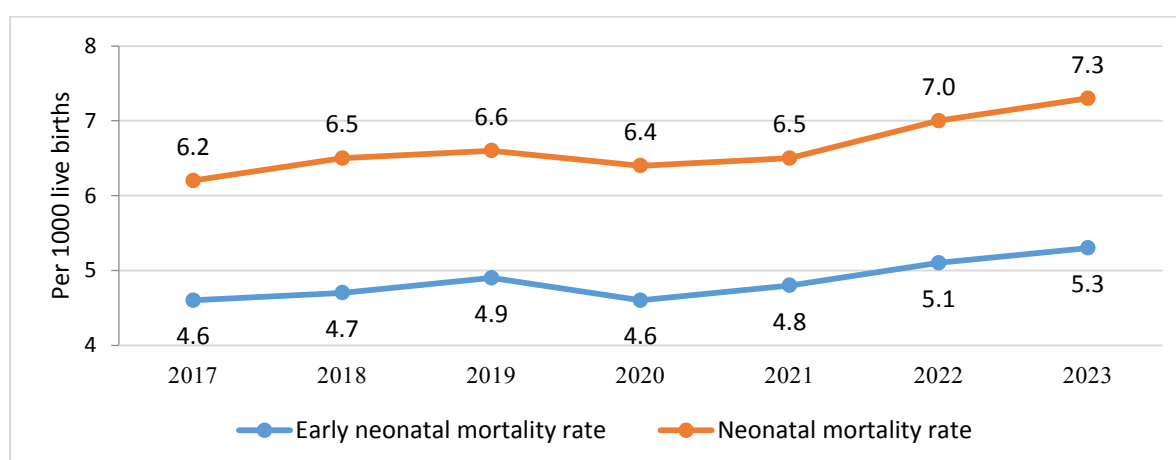


Figure 4.9: Neonatal mortality rate, 2017-2023

Source: Family Health Bureau

To achieve the targets set for ENMR in 2030, and Still Birth Rate priority packages of interventions have been identified to strengthen care during labour and child birth, essential newborn care, care of the sick and small newborn and care beyond newborn survival. More investments are needed in improving this area.

Infant Mortality Rate (IMR)

Infant Mortality Rate is a sensitive indicator of the health status of children and the social and economic conditions under which they live. It is also a good indicator of the availability, use and effectiveness of health care. The e-RHMIS reports an IMR of 10.5 per 1000 live births in 2023, showing a rising trend of IMR since 2020.

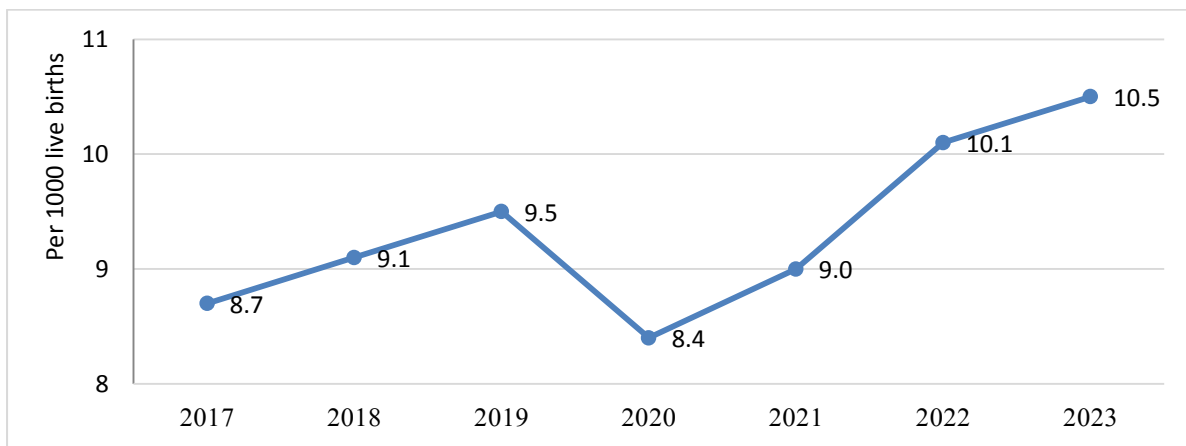


Figure 4.10: Infant mortality rate, 2017 - 2023

Source: e-RHMIS, Family Health Bureau

Under Five Mortality Rate

Sri Lanka has made remarkable progress in reducing under-five mortality rates over recent decades, largely due to a strong public health system, widespread immunization programs, and comprehensive maternal and child health services. The e-RHMIS reports under five mortality rate of 12.5 per 1000 live births in 2023, showing a rising trend of under-five mortality since 2020.

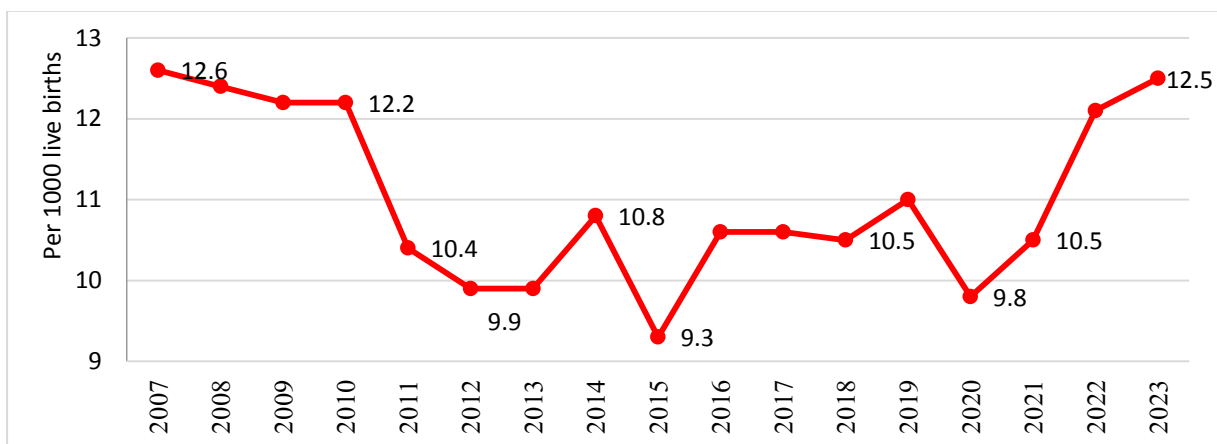


Figure 4.11: Under five mortality rate, 2007 - 2023

Source: Family Health Bureau

5. Infectious Diseases/ Communicable Diseases

This chapter presents the most common infectious diseases in Sri Lanka. According to the Indoor Morbidity and Mortality Returns (IMMR), nearly 5 per cent of hospitalizations are due to communicable diseases.

5.1. Dengue Fever/ Dengue Haemorrhagic Fever

Dengue is one of the major public health problems in Sri Lanka and is endemic in all districts. In 2023, Sri Lanka reported third largest recorded outbreak with 89,799 cases and 62 deaths after the outbreaks in 2017 (186,101 cases and 440 deaths) and 2019 (105,049 cases and 157 deaths) as shown in Figure 5.1.

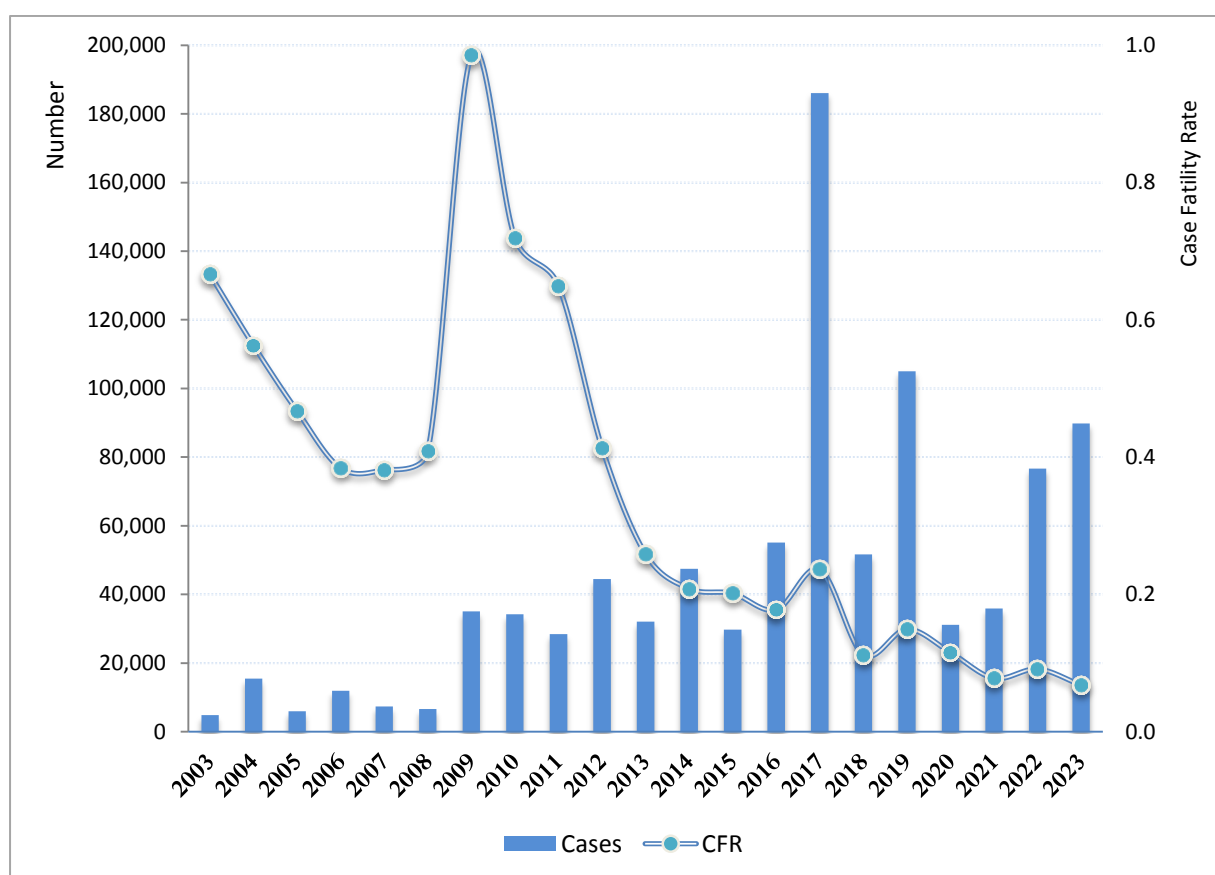


Figure 5.1: Number of reported dengue cases and Case Fatality Rate, 2003-2023

Source: Epidemiology Unit

Seasonality of Dengue

Dengue has a perineal transmission in Sri Lanka, with two seasonal peaks with South-West and North-East monsoonal rains in May-August and October-January, respectively.

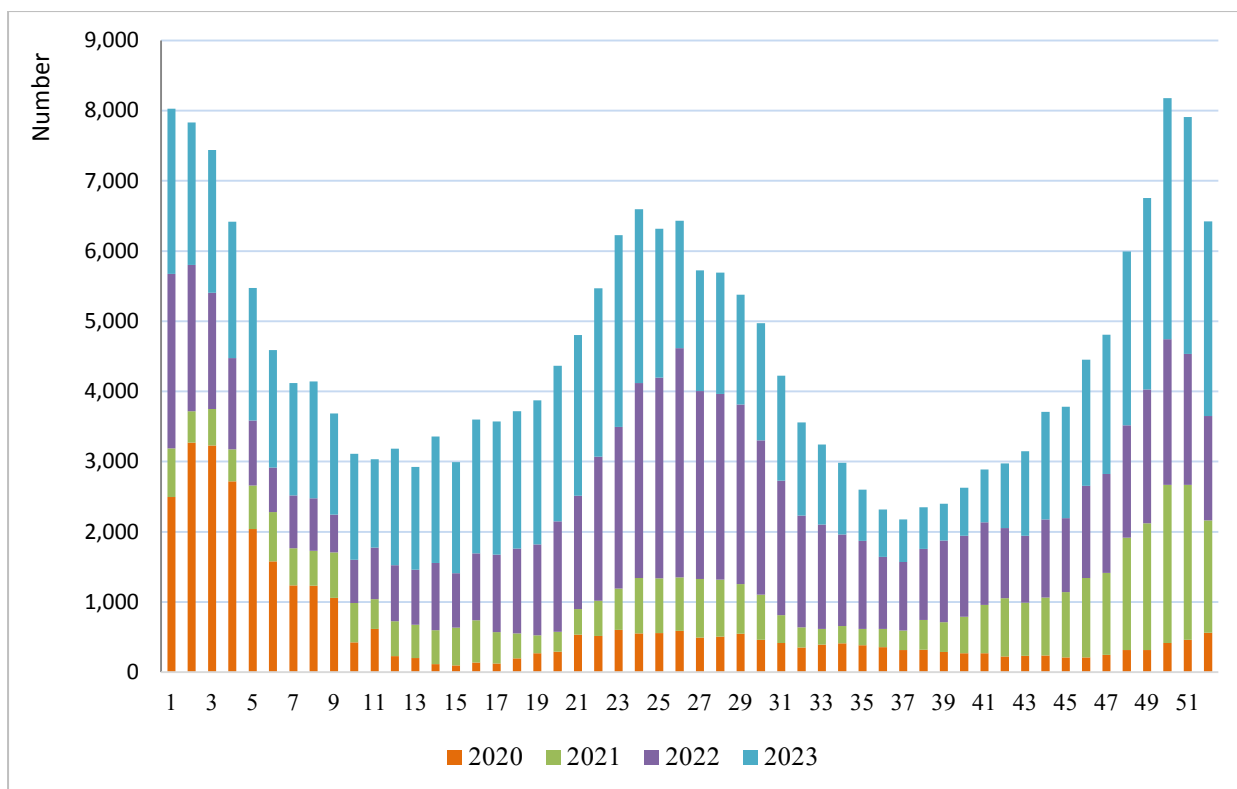


Figure 5.2: Number of reported dengue cases by week and year, 2020-2023

Source: Epidemiology Unit

The monthly distribution of reported dengue cases in 2022 and 2023 are given in Table 5.1

Table 5.1: Number of reported dengue cases by month, 2022 - 2023

Month	Number	
	2022	2023
January	7,702	8,963
February	2,962	6,709
March	3,040	6,419
April	4,019	7,617
May	6,483	9,696
June	11,218	9,916
July	11,437	7,369
August	6,907	5,189
September	4,527	2,605
October	4,781	4,010
November	5,416	7,995
December	8,197	13,311
Total	76,689	89,799

Source: Epidemiology Unit

Situation analysis 2022 - 2023

National Dengue Control Unit (NDCU) aimed to achieve case incidence below 100 per 100,000 population and reduce and maintain case fatality rate (CFR) below 0.1 per cent by the year 2023. In 2022, a total of 76,689 suspected dengue cases were reported with an incidence of 345.7 per 100,000 population and CFR of 0.09 per cent. Notably, several districts reported outbreaks in varying intensities.

In year 2023, 89,799 suspected dengue cases were reported, a 17.1 per cent increase from 2022. The incidence in 2023 was 407.5 cases per 100,000 and the CFR was 0.07 per cent. The lowest number of cases in 2023 was reported in month of September. However, a rapid increase of cases in subsequent months was experienced, reporting the highest number of cases in December 2023. A significant escalation of case reporting in Northern and Eastern provinces was observed in December, especially in the Jaffna district.

The number of reported dengue cases and the proportion of contribution to the total caseload from each province and district is given in Table 1 in Annexure ii.

Deaths related to dengue

Irrespective of the number of cases reported each year, since 2010, there has been a consistent declining trend of case fatality rate until 2023. The case fatality rate of 0.07 per cent reported in 2023 was the lowest ever reported since 2003 (Figure 5.1).

In 2022, among deaths related to dengue, 38 deaths (52.8%) were females and 34 deaths (47.2%) were males. In 2023, number of females and male deaths were 32 deaths and 30 deaths respectively. Table 5.2 shows the age breakdown of deaths related to dengue in 2022 and 2023.

Table 5.2: Number and Percentage of deaths related to dengue by age group, 2022 - 2023

Age	2022		2023	
	Number	%	Number	%
Below 1 year	-	-	2	3.3
1-4 years	3	4.2	3	5.0
5-19 years	14	19.4	7	11.7
20-34 years	15	20.8	19	28.3
35-49 years	23	31.9	17	26.7
50-64 years	12	16.7	7	11.7
65 and above	5	6.9	8	13.3
Total	72	100.0	62	100

Source: Epidemiology Unit

Deaths related to dengue by province and RDHS area in 2022 and 2023 are given in Table 2 in Annexure ii.

5.2. Tuberculosis

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is the national level organization responsible for tuberculosis control activities in the country, which are executed through District Chest Clinics (DCC). The NPTCCD coordinates and provides technical guidance and other support to district-level staff to ensure the provision of good quality diagnostic and treatment services for patients without any interruptions.

In the years 2022 and 2023, the NPTCCD remained steadfast in its pursuit of achieving significant milestones in the fight against tuberculosis and chest diseases. With clear goals and objectives set forth, the program aimed to reduce the incidence and prevalence of TB, enhance early detection and diagnosis, ensure prompt and effective treatment, and strengthen public awareness and education efforts.

Respectively, in year 2022 and 2023, a total of 8,342 and 9,538 TB cases were notified through the 26 DCCs, with overall TB Case Notification Rate (CNR) of 37.7 and 41.6 per 100,000 population and treatment coverage rate of 57.9 per cent and 67 per cent for incident TB cases. In comparison to preceding years, the year to year change (YR2YR) in TB notification rate for all forms of TB between 2022 and the preceding year showed an increase contrary to historical annual decline. This surge in TB notification suggests good recovery from the COVID-19 pandemic impact on TB case notification, effectiveness of ongoing interventions such as active case finding and mobile screening activities using digital X-rays and GeneXpert, and the adoption of GeneXpert as the entry point of TB.

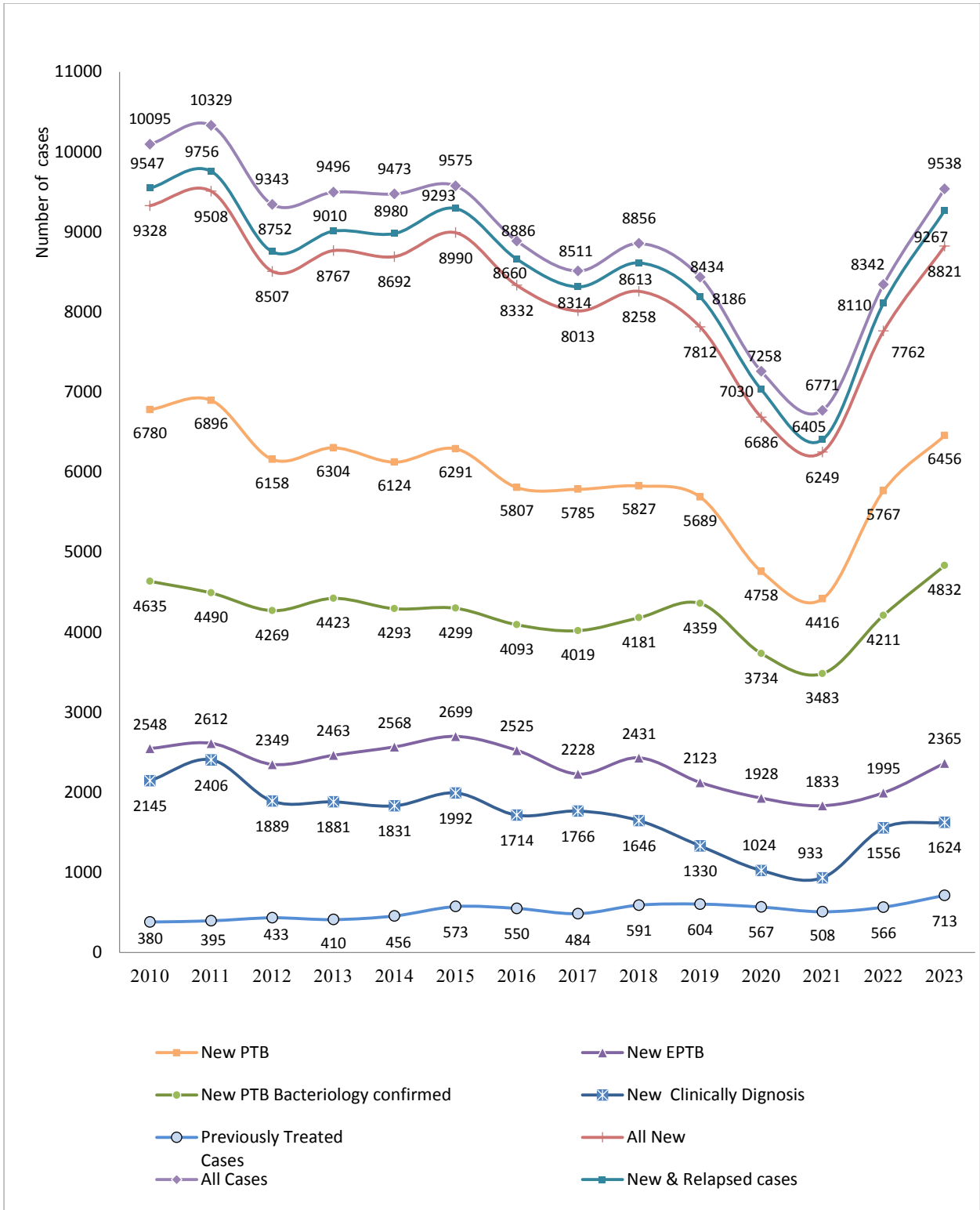


Figure 5.3: Number of TB cases by type and year, 2010-2023

Source: Quarterly reports of District Chest Clinics

Throughout this period, the program focused on several key achievements.

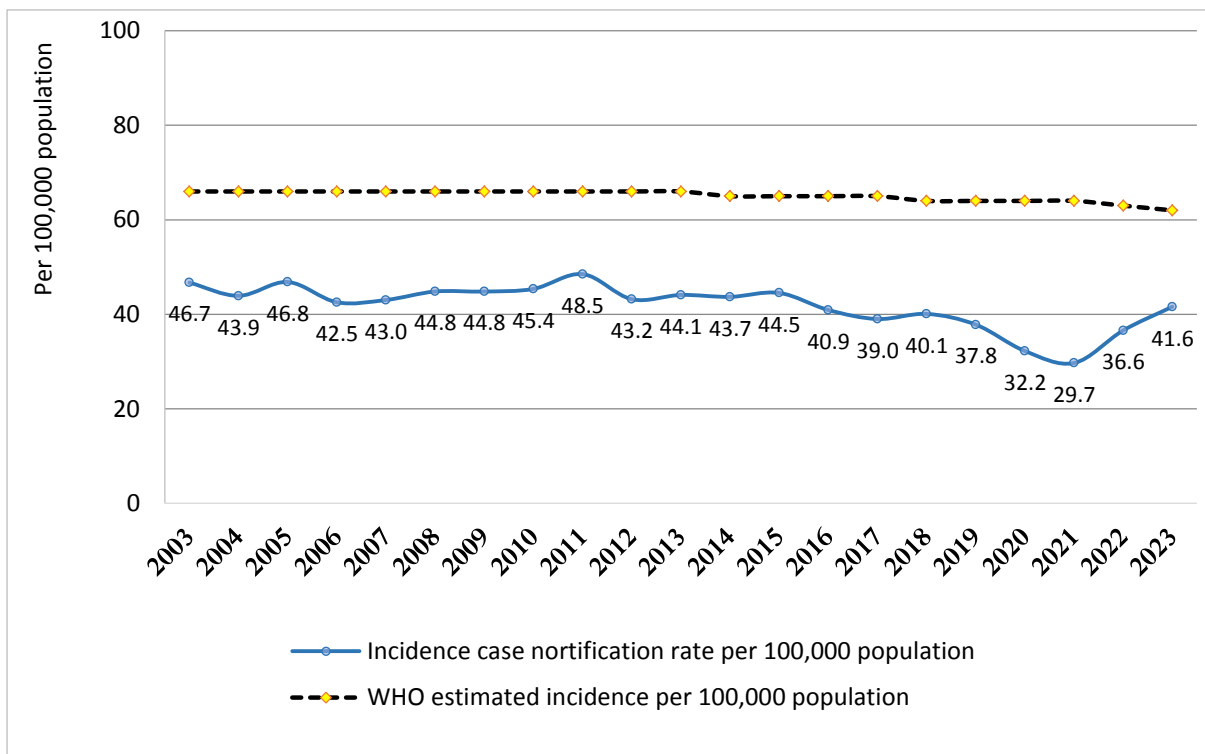


Figure 5.4: Incidence case notification rate and WHO estimated incidence rate, 2003-2023

Source: National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

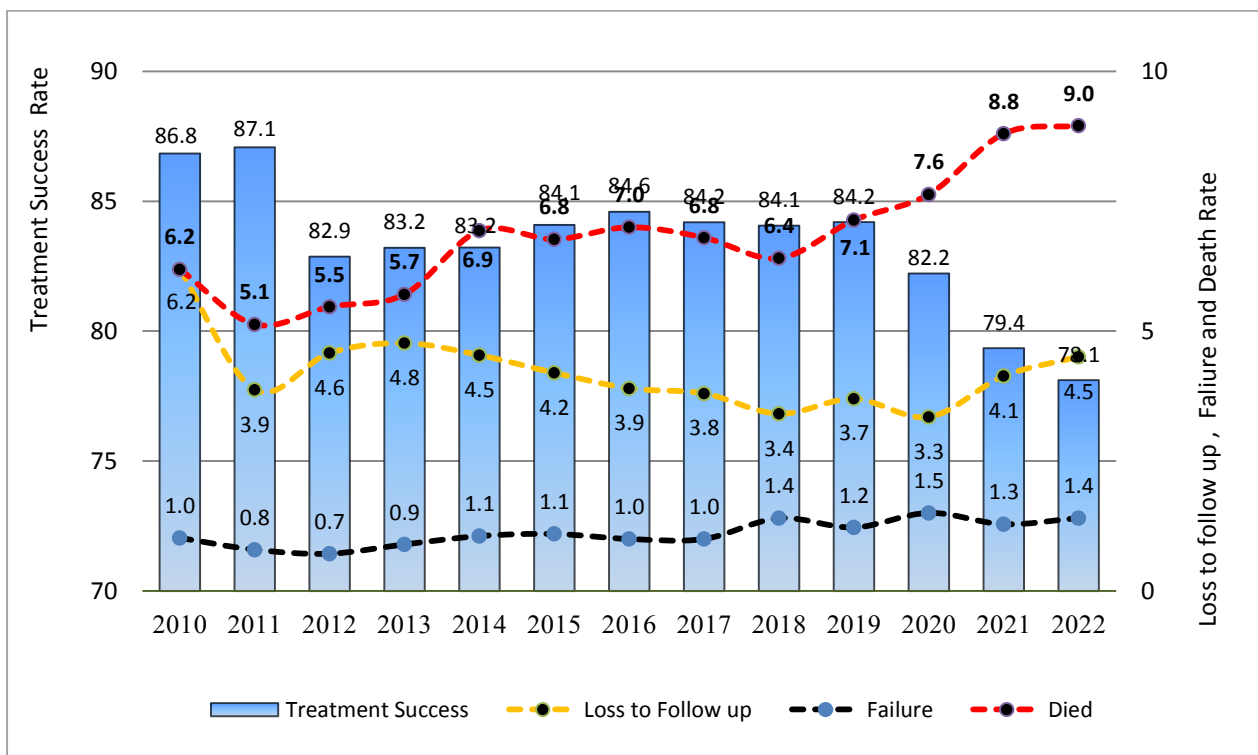


Figure 5.5: Treatment Success Rate and Defaulter Rate, 2010-2022

Source: National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

5.3. Vaccine Preventable Diseases

5.3.1. Measles

On achieving certification of measles elimination in 2019 and rubella elimination in 2020, the country maintained measles and rubella elimination status during the year 2022. The fever and maculopapular rash surveillance activities have been strengthened during the year to identify all possible imported cases without interfering with other compulsory notifiable fever-rash diseases such as dengue, and typhus fever. Efforts have been made to sustain sensitive surveillance despite the economic hardships and the COVID-19 pandemic control measures.

As priority monitoring indicators, non-measles, non-rubella discarded cases, timeliness of reporting, and laboratory confirmation rate were closely monitored for final categorization to identify any imported cases and the possible transmission in the country.

A total of 77 fever and maculopapular rash cases were notified through routine and active surveillance and the requirement of further strengthening the case detection rate with a low discarded rate 0.34 per 100,000 population. All cases were investigated epidemiologically in a timely manner. The cases that could get samples on timely as nasal and throat swabs for virus detection within 7 days and serum samples collected within 28 days of the onset of rash were subjected to be tested at the National Reference Laboratory at MRI and the testing rate was 100 per cent (77 specimens).

None of the cases were identified as laboratory-confirmed cases during 2022 and no imported cases were found. The measles-containing vaccine was given as MMR at the age of 9 months and 3 years and coverage was maintained at 99 per cent for MMR 1 and 98 per cent for MMR 2 during the year 2022. As a measure to sustain post-elimination sustainability, field-level vaccination coverage was reviewed during the subnational level reviews and identified minimum COVID-19 impact for maintaining the population immunity.

5.3.2. Rubella

Regional Measles-Rubella Verification Committee for South East Asia Region (SEAR-RVC) certified Sri Lanka as eliminated for endogenous rubella in 2020 amidst of COVID-19 pandemic. Measles and rubella surveillance is carried out as a combined surveillance for “fever and maculopapular rash” surveillance in detecting measles and rubella cases as a sensitive case definition in detecting cases.

A total of 77 fever and maculopapular rash cases were subjected to investigation for rubella and discarded. The key monitoring indicator of the discarded rate was 0.34 per 100,000 population, with a laboratory testing rate of 100 per cent.

Minimum COVID-19 impact was identified for the population immunity for rubella and the rubella-containing vaccine MMR 1 and MMR 2 have been achieved as 99 per cent (for MMR1) and 98 per cent (for MMR 2).

5.3.3. Congenital Rubella Syndrome (CRS)

Congenital Rubella Syndrome is a notifiable condition with the final classification that would be done after thorough investigations. Surveillance was continued with both routine notifications and a “zero reporting” mechanism of active surveillance, initiated by the healthcare institutions.

Additionally, newborn screening mechanisms for congenital infections under TORCH were reviewed regularly to detect rubella IgM-positive cases or any suspected CRS cases and were discarded.

In the year 2022, 1171 suspected cases were investigated under TORCH became negative for rubella disease and discarded as non-CRS cases. Confirmed CRS cases were not found and maintained the required elimination target of zero CRS cases per 1000 live births after 2014.

5.3.4. Poliomyelitis

The Poliomyelitis eradication programme is continuing in the country and the polio-free status is maintained following the last case of wild poliovirus in 1993. Acute Flaccid Paralysis (AFP) surveillance is conducted among children less than 15 years of age with satisfactory surveillance indicators and without any positive poliomyelitis cases among them, and zero suspected adult cases.

The AFP rate for the 100,000 under 15-year population is the core monitoring indicator that assesses the sensitivity of AFP surveillance, and the target for countries in South East Asia is at least 2 AFP cases per 100,000 under 15-year population. A total of 86 AFP cases were reported from all healthcare institutions for 2022 based on routine and active case surveillance, giving an AFP rate of 1.5 and for the year 2023, the number reported was 99, and the AFP rate was 1.8 per 100,000 under 15 year population.

Each suspected AFP case undergoes full clinical, laboratory and epidemiological investigation for poliomyelitis. Laboratory testing for poliomyelitis was done for all notified cases for 2022 and 2023, and the timely adequate stool collection rate was 72 per cent and 80 per cent respectively. Percentage of AFP cases with 2 stool specimens collected at last 24 hours apart and within 2 weeks of the onset of paralysis, arriving in the laboratory by reverse cold chain and with proper documentation. All stool specimens were tested at the Regional Reference Laboratory for poliomyelitis at the Medical Research Institute. All AFP cases notified in 2022 were excluded as non-polio cases, while one Vaccine Associated Paralytic Poliomyelitis (VAPP) case was confirmed in 2023.

All hospitals where consultant physicians and consultant pediatricians are available function as sentinel sites for active surveillance to ensure strengthened surveillance. These hospitals send weekly reports of AFP, measles, rubella, and CRS cases in the hospitals, including nil reports. In addition, the Regional Epidemiologists send a monthly summary of AFP, measles, rubella, and CRS cases for the sentinel sites in their respective districts.

Polio vaccination is continued as bivalent OPV given at 2, 4 , 6, 18 months and 5 years of age, together with fractional dose IPV at 2 and 4 months. A population serosurvey was done in 2018 ensured adequate population immunity to different polio types and ensured adequate serum immunity to poliovirus type 2 from two fractionated doses (87.2 %). The national coverage for OPV 1

and OPV 3 was maintained at 98 per cent for both doses during the year 2022. The national coverage for both OPV1 and OPV3 doses in 2023 was 99 per cent.

5.3.5. Other Vaccine Preventable Disease

Information related to other vaccine-preventable diseases is shown in Table 5.3.

Table 5.3: Information related to vaccine preventable diseases, 2022 - 2023

Disease	Year	Suspected cases	Clinically confirmed cases	Districts reported the highest number of cases	Remarks
Encephalitis	2022	79	26	Batticaloa (15)	
Mumps	2022	238	181	Ampara(12) Jaffna(9) Kurunegala(8) Badulla(8)	Maximum cases in 21 - 30 years age group (33.3%), Male (58.3%), No complications (89.6%)
	2023	217	159	Anuradhapura (20) Kandy (19) Kegalle (18) Gampaha (16) Galle (14)	Majority (88.8%) had no complication
Whooping Cough	2022	3	2		2 male patients of 6 years and 8 years of age
	2023	7	3		22 days, 2 months, 9 months old children
Tetanus	2022	11	9		All above 50 years of age,
	2023	6	6		Within 55-80 age group, No neonatal / during pregnancy cases
Chickenpox	2022	2047	1947	Kalutara (155) Jaffna (154) Kurunegala (146) Kegalle(145) Galle(116) Ratnapura(115)	Maximum cases in 21 - 40 years age group (49.4%), Male (50.1%), Majority had no complications (82%)
	2023	5253	4871	Kurunegala (511) Kegalle (450) Kalutara (437, Galle (364) Colombo (360)	Maximum cases 21-40 years of age (50%), Males (52%) Majority had no complications (82%)
Rabies	2022	32		Gampaha (5) Jaffna (5) Kalutara (5)	
	2023	17		Jaffna,Galle, Rathnapura, Matara, Batticaloa, Anuradhapura	2 cases from these district

Source: Epidemiology Unit

5.4. Leptospirosis

A total of 7001 cases of leptospirosis were notified to the Epidemiology Unit in 2022 and 9927 in 2023. Throughout the past years, the case incidence rate has been fluctuating with a higher number of cases being reported in 2022 and 2023 than in 2021. Reporting of leptospirosis cases has shown an annual seasonal pattern with peaks during rainy seasons of two monsoons in the country. There were 142 deaths due to leptospirosis in 2022 and 203 in 2023 indicating a Case Fatality Rate of 2 per 100 cases. Deaths due to leptospirosis have also been on the rise during the past years.

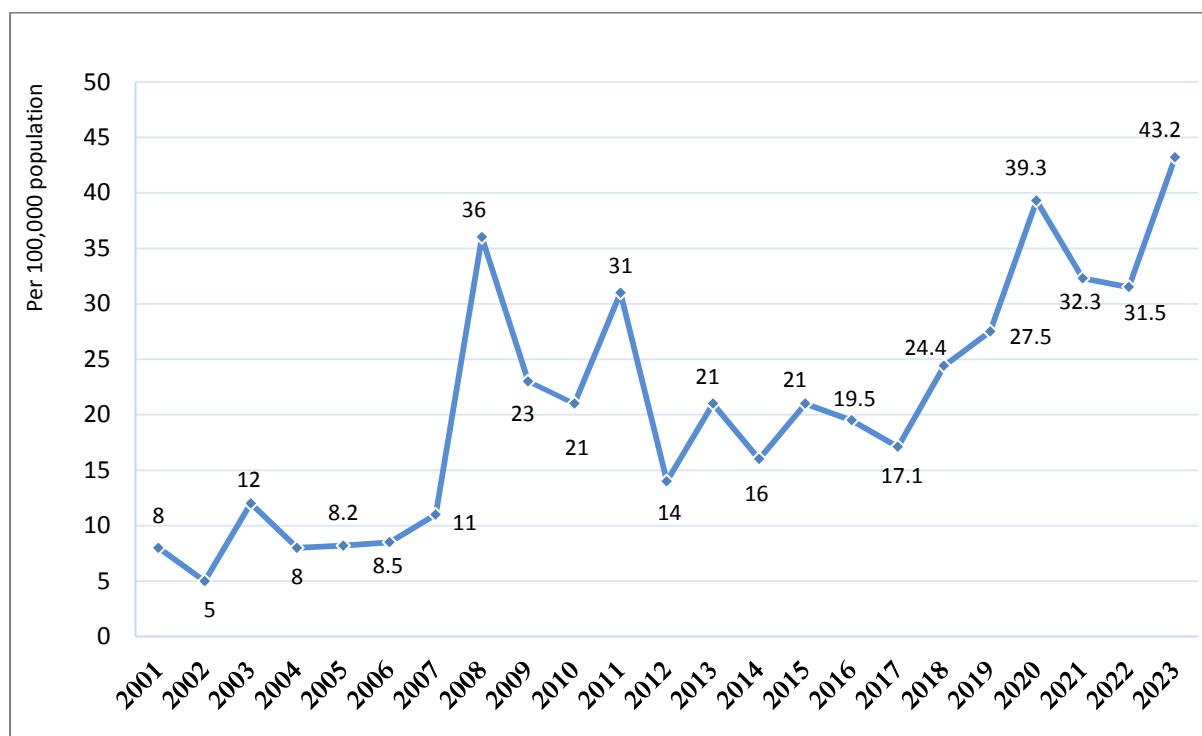


Figure 5.6 : Leptospirosis incidence rate ,2001-2023

Source: Epidemiology Unit

Leptospirosis is a zoonotic disease of great public health importance in Sri Lanka. Recent surveillance data received at the Epidemiology Unit indicate that paddy farming is the major source of exposure. Therefore, increased reporting is observed during the rainy seasons which coincide with the 'Yala' and 'Maha' paddy cultivation seasons. Hence each year with the objective of controlling and preventing leptospirosis, activities are conducted at the Medical Officer of Health (MOH), district and central level to increase community awareness, strengthen intersectoral coordination and provide chemoprophylaxis to the identified high-risk individuals.

Table 5.4: Number of Leptospirosis deaths and CFR , 2008 – 2023

Year	Deaths	CFR
2008	207	2.8
2009	145	2.9
2010	123	2.7
2011	100	1.5
2012	52	2.0
2013	80	1.8
2014	41	1.3
2015	71	1.6
2016	62	1.5
2017	52	1.4
2018	108	2.0
2019	120	2.0
2020	104	1.2
2021	83	1.2
2022	142	2.0
2023	203	2.0

Source: Epidemiology Unit

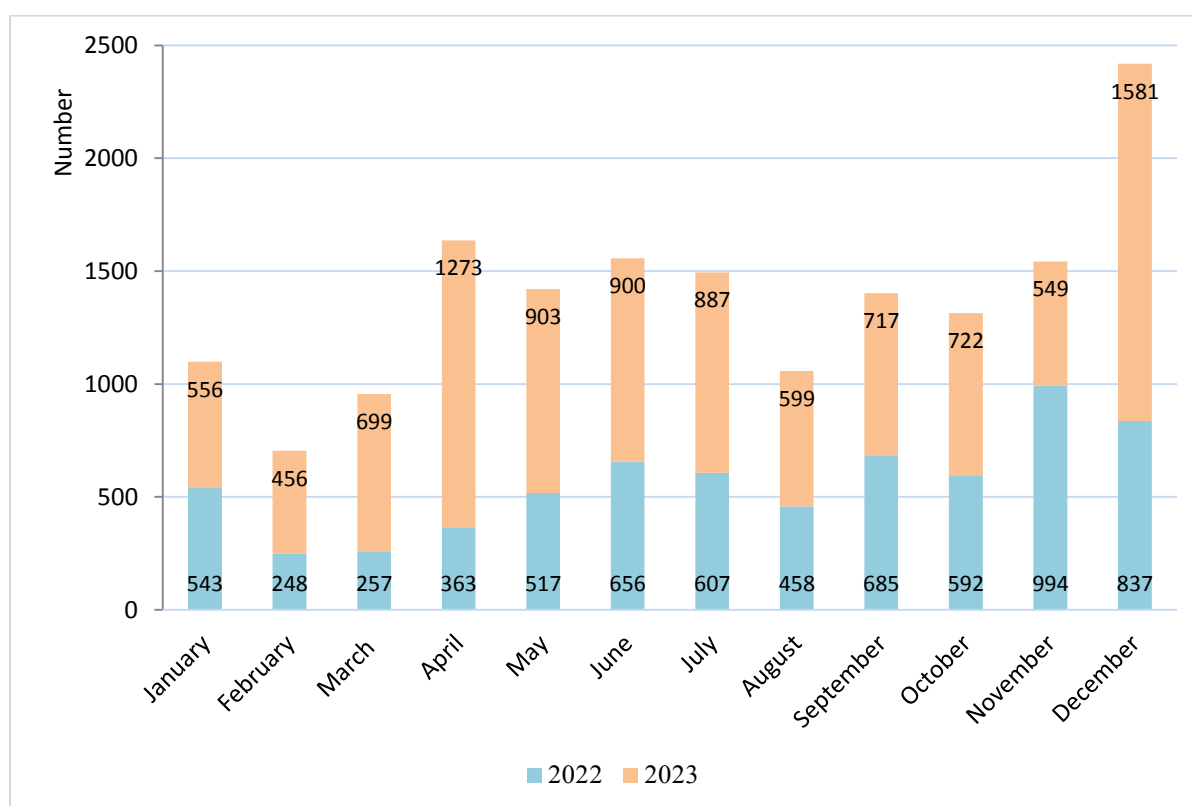


Figure 5.7: Number of reported Leptospirosis cases by month and year, 2022-2023

Source: Epidemiology Unit

5.5. Influenza

Influenza surveillance in humans

- Influenza surveillance in humans had been established complementary to influenza surveillance in animals by the Department of Animal Production and Health (DAPH) as a part of the pandemic preparedness activities initiated in the country for Avian/Pandemic Influenza. Both these activities are supervised by the National Technical Committee for Avian/Pandemic Influenza Preparedness which convenes quarterly basis.
- Human and animal influenza surveillance activities are considered the early warning system for a possible Avian/Pandemic Influenza outbreak in the country.
- Human influenza surveillance is conducted in selected sentinel hospitals under the guidance and supervision of the Epidemiology Unit of the Ministry of Health.
- This surveillance comprises 2 components; Influenza Like Illness (ILI) surveillance and Severe Acute Respiratory Infections (SARI) surveillance.
- The ILI surveillance is established in 19 sentinel sites within the country namely, the National Hospital-Colombo, Colombo South Teaching Hospital, National Institute for Infectious Diseases, Lady Ridgeway Hospital, Colombo North Teaching Hospital, TH Peradeniya, DGH Nuwara Eliya, TH Karapitiya, TH Badulla, TH Kurunegala, DGH Chilaw, DGH Ampara, TH Jaffna, DGH Vavuniya, TH Anuradhapura, DGH Polonnaruwa, TH Ratnapura, DGH Matara and TH Batticaloa. The surveillance activities are carried out in the OPD settings of these hospitals.
- SARI surveillance is carried out among the inward patients of four sentinel sites established for SARI surveillance, namely Lady Ridgeway Hospital, Colombo North Teaching Hospital, TH Peradeniya, and DGH Matara.
- For the year 2022, 105,945, and year 2023, 230,175 ILI visits have been reported from all sentinel sites, which accounts for 5.9 per cent and 6.9 per cent of total OPD visits to the 19 sentinel sites respectively.
- Figure 5.8 depicts the proportions of ILI patients from 2021 to 2023. Two peaks are observed for each year; during the period of May- July, and the period of December - January.
- The sentinel sites for SARI surveillance reported 3,261 SARI visits for 2022 and 4,808 for 2023, which were 4.2 per cent and 4.1 per cent of all admitted patients to the medical and paediatric wards of these four sentinel hospitals. Figure 5.9 depicts the proportions of SARI patients from 2021 to 2023.
- Virological surveillance is carried out at the Medical Research Institute which is the National Influenza Centre (NIC) in Sri Lanka for human influenza surveillance. In addition to the NIC, virological surveillance was carried out at the virology laboratories TH Kandy, TH Karapitiya and TH Anuradhapura in the year 2022 and 2023.
- Data management of influenza surveillance is conducted at the Epidemiology Unit via 'FluSys', an online data management system.

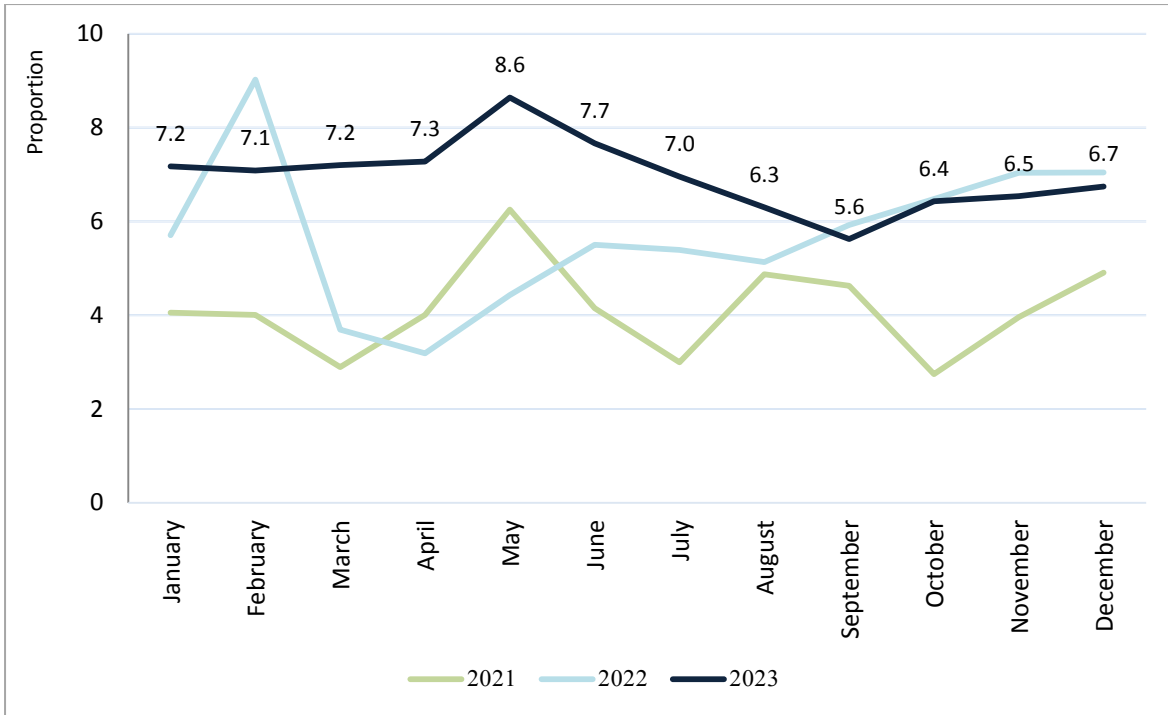


Figure 5.8: Proportion of reported Influenza like Illness (ILI) patients from sentinel sites, 2021-2023

Source: Epidemiology Unit

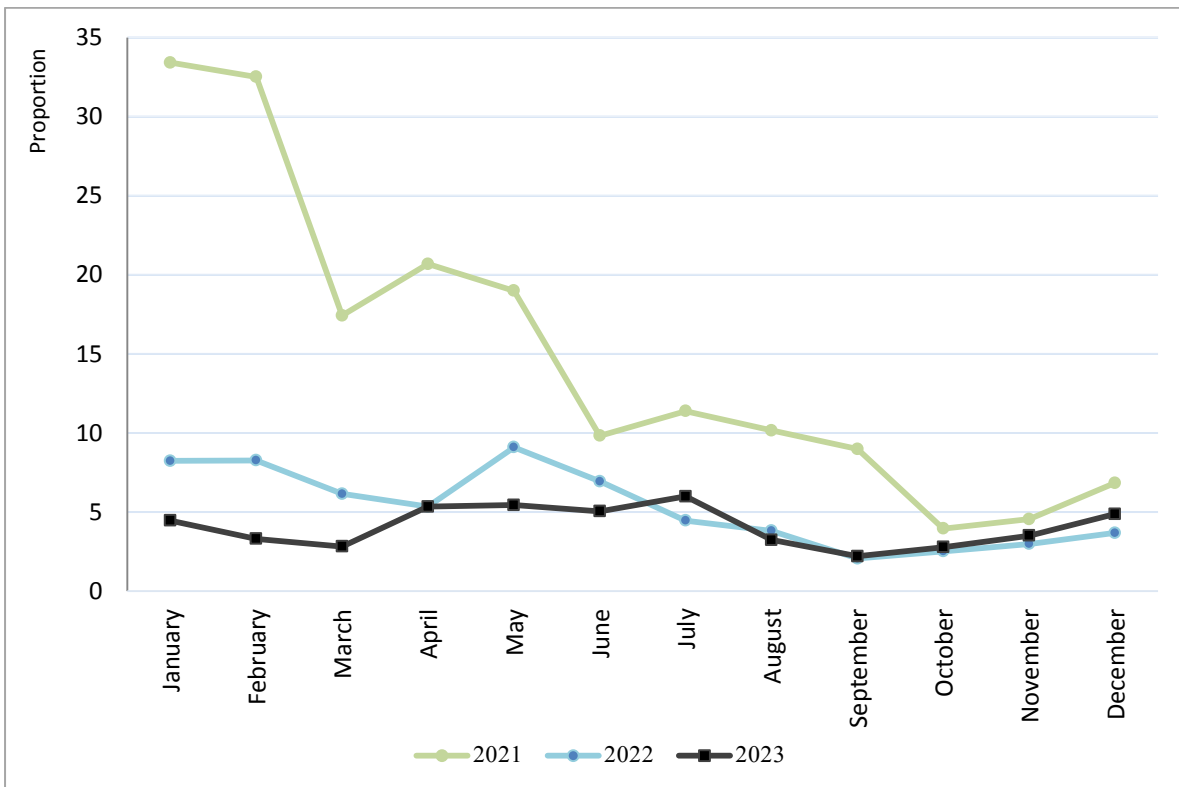


Figure 5.9: Proportion of reported Severe Acute Respiratory Infection (SARI) patients from sentinel sites, 2021-2023.

Source: Epidemiology Unit

5.6. Malaria

Sri Lanka was certified by the World Health Organization as a malaria free country on 6th September 2016, at the 69th session of the Regional Committee for South East Asia in Colombo after continuous effort over four decades by the Anti-malaria Campaign. Currently, Sri Lanka is in the phase of prevention of the re-introduction of malaria.

A Total of 37 microscopically confirmed cases were reported in 2022 and a total of 62 microscopically confirmed cases were reported in 2023. All cases are imported malaria cases. One death due to malaria was reported during the year 2023.

An.culicifacies continued to be the principal vector of malaria and *An. subpictus*, *An. stephensi* secondary vectors of malaria in Sri Lanka were encountered in the year 2023.

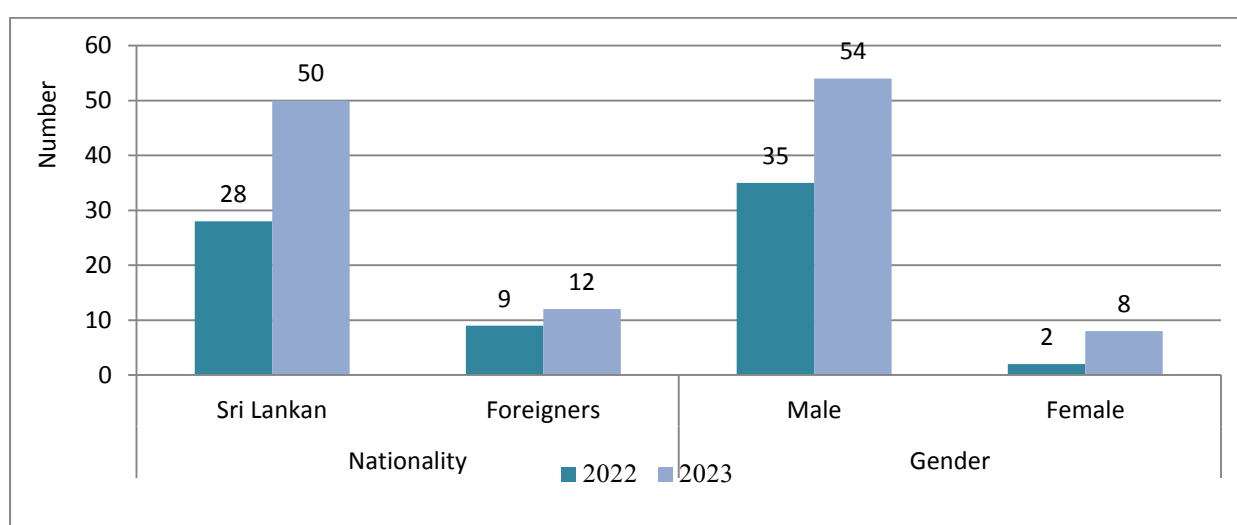


Figure 5.10: Number of microscopically confirmed malaria cases by nationality and sex, 2022 -2023
Source: Anti Malaria Campaign

District blood smear examination for malaria in 2022 is shown in Table 5.5.

Table 5.5: Number of blood smear examination for Malaria by Province, 2022

Province	Number
Western Province	153,761
Central Province	89,019
Southern Province	69,471
Northern Province	88,870
Eastern Province	127,374
North Western Province	76,298
North Central Province	56,670
Uva Province	74,091
Sabaragamuwa Province	53,058
Total	788,612

Source: Anti Malaria Campaign

5.7. Lymphatic Filariasis

Lymphatic filariasis is a neglected tropical disease caused by filarial parasites transmitted through mosquitoes. Two parasites are reported in Sri Lanka; *Wucheraria bancrofti* transmitted through *Culex quinquefasciatus* mosquitos and *Brugia malayi* transmitted through *Mansonia* species of mosquitoes. The adult worms live in the human lymphatic system and cause damage to it. Lymphatic filariasis is one of the leading causes of permanent disability around the world. The initial infection may be asymptomatic, but the parasites in the lymphatic system cause silent damage to the lymphatic vessels which manifests as complications later in life. Lymphoedema progressing to elephantiasis and scrotal swelling are the intense and disfiguring manifestations of the disease that can lead to permanent disability. The disease is common among people living with socially disadvantageous living conditions. Poor environmental sanitation, poor self-care and exposure to mosquitoes may have contributed to their vulnerability to the disease.

Microfilaria rate is defined as the proportion of patients who become positive per 100 individuals screened. Figure 5.11 shows the microfilaria rate from 1981 until validation as a country eliminated lymphatic filariasis in 2016. The main intervention to reach low levels of microfilaria rate was the mass drug administration with 2 drugs (Diethylcarbamazine and Albendazole). Since the stopping of MDAs routine parasitological and vector surveillance has continued in endemic districts to identify positive patients and treat.

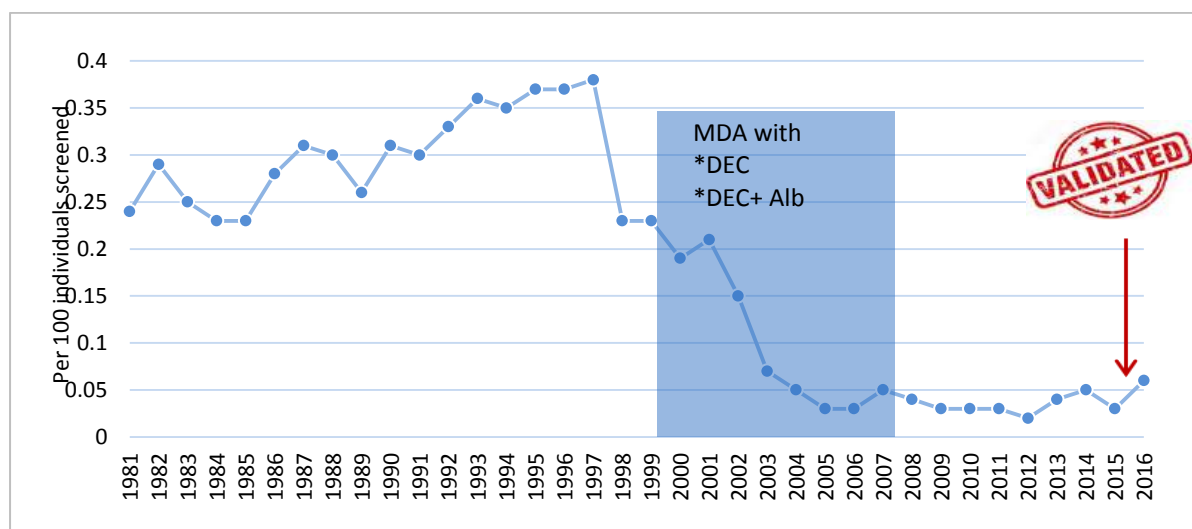


Figure 5.11: Microfilaria rate from 1981 since validation in 2016

Source: Anti Filariasis Campaign

Now Sri Lanka is in the post-validation surveillance phase of elimination and the surveillance is carried out through three main arms; parasitology, entomology and disease surveillance. The main parasitological surveillance activity that conducts is night blood film surveys in combination with community awareness. There is a gradual reduction in MF rates since validation and it was 0.006 in 2023. Sri Lanka is now in the final stage of total transmission interruption of the disease by 2030. Figure 5.12 presents the number of slides taken and the microfilaria rates after validation in 2016.

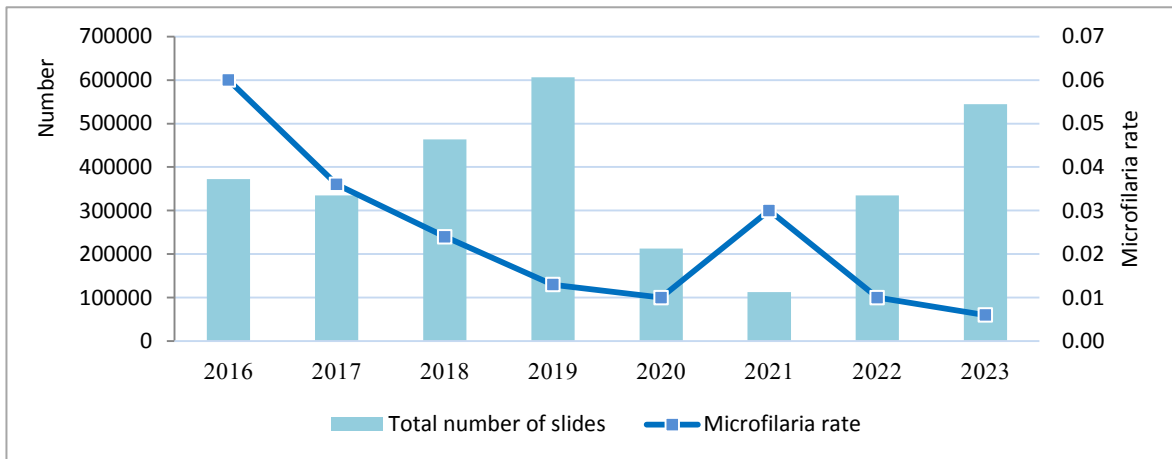


Figure 5.12: Number of slides taken vs microfilaria rate, 2016-2023

Source: Anti Filariasis Campaign

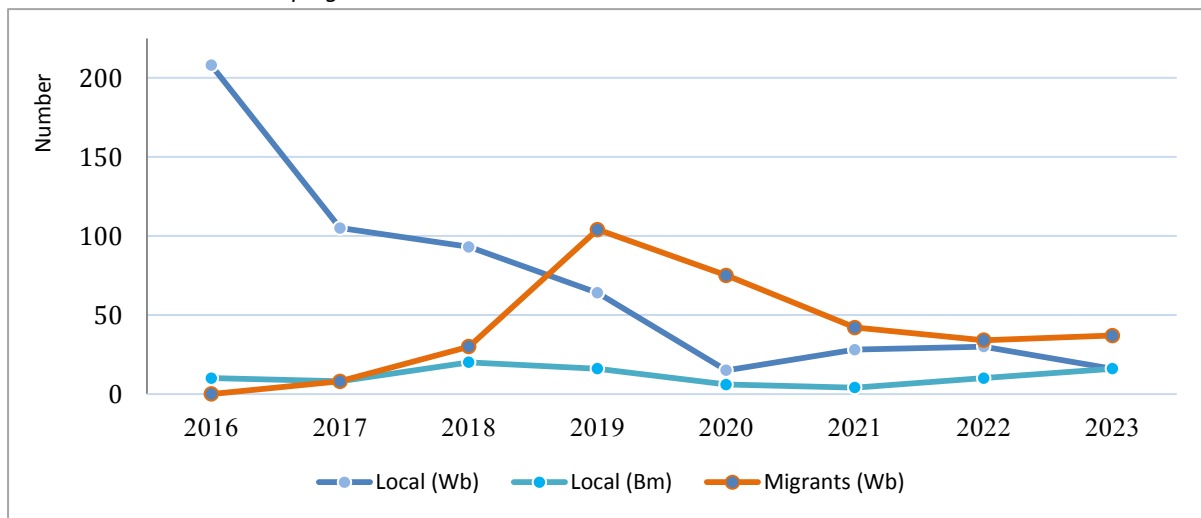


Figure 5.13: Number of microfilaria positive cases by species, 2016-2023

Source: Anti Filariasis Campaign

Figure 5.13 shows the distribution of microfilaria-positive cases from 2016 to 2023. All the cases are distributed along the coastal border in Sri Lanka. This graph shows the contribution of Indigenous and migrant cases to the total caseload. There is a reduction in *W. bancrofti* (Wb) cases but not with *B. malayi* (Bm). All these migrant cases had *W. bancrofti* infection.

However, there is an increasing trend of brugian filariasis cases which indicates an impending re-emergence of the disease condition that had been eliminated for decades. Due to the zoonotic transmission of brugian filariasis, it is challenging to control without screening and treating the animals. Removal of aquatic plants was the main strategy used to eliminate the disease in the past.

Data over the recent years show that local cases have been replaced by migrant cases. This trend is alarming since these migrants tend to have high microfilaria count and they can pose a threat to sustain elimination status.

In 2023, total number of new patients with chronic complications of filariasis; lymphedema reported from the eight endemic districts was 908. When lymphedema patients are considered, around 600-

700 new patients are reported to the lymphoedema management clinics functioned in endemic districts. Morbidity management and disability prevention services are provided through 25 clinics distributed in endemic districts and as home-based care in some districts. Patients are referred to these clinics by public health staff during their field visits, general practitioners, local hospitals and even by themselves. Figure 5.14 shows the new lymphedema patients reported from 2016.

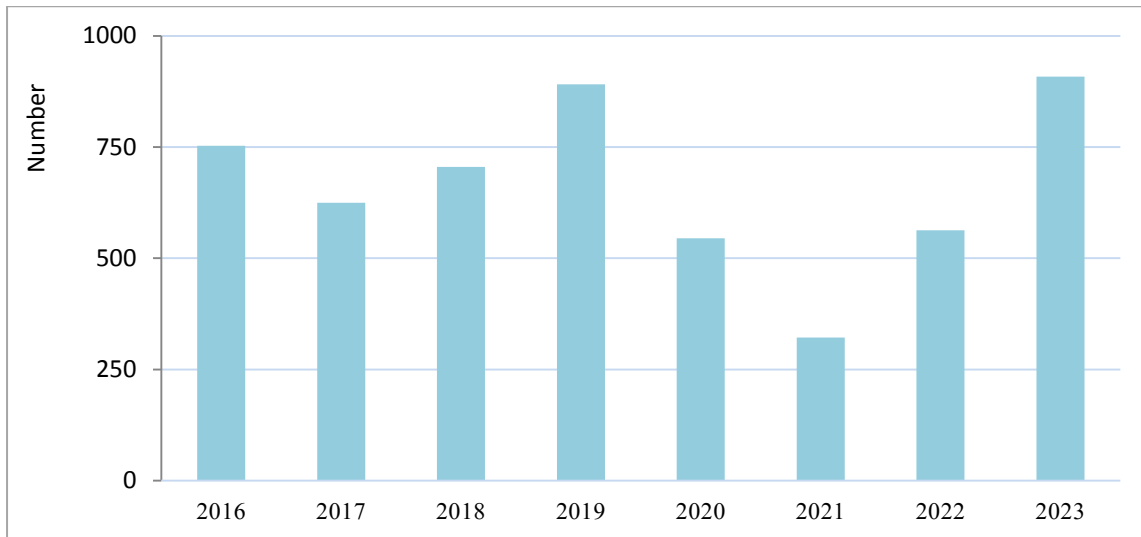


Figure 5.14: Number of new lymphoedema patients reported, 2016-2023

Source: Anti Filariasis Campaign

Entomological indices showed a downward trend of infection rates for both mosquitoes that transmitted filariasis parasites. Figure 5.15 and Figure 5.16 show the infective and infection rates of *Mansonia* species of mosquitoes and *Culex Quinquefasciatus* species of mosquitoes.

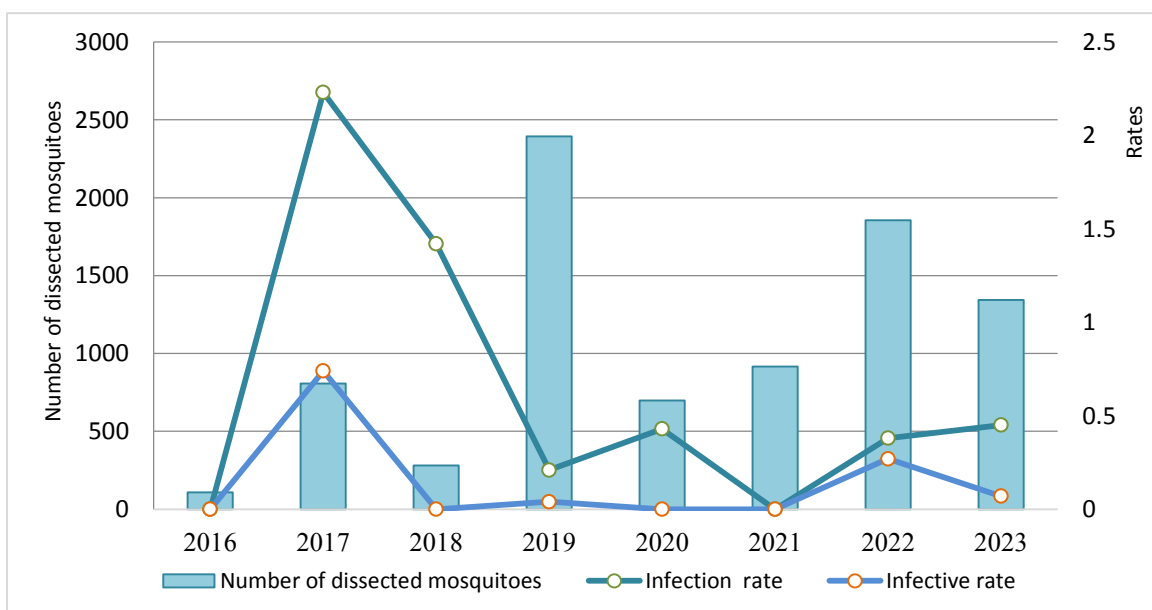


Figure 5.15: Entomological indices for lymphatic filariasis transmitted through *Mansoni spp.*, 2016-2023

Source: Anti Filariasis Campaign

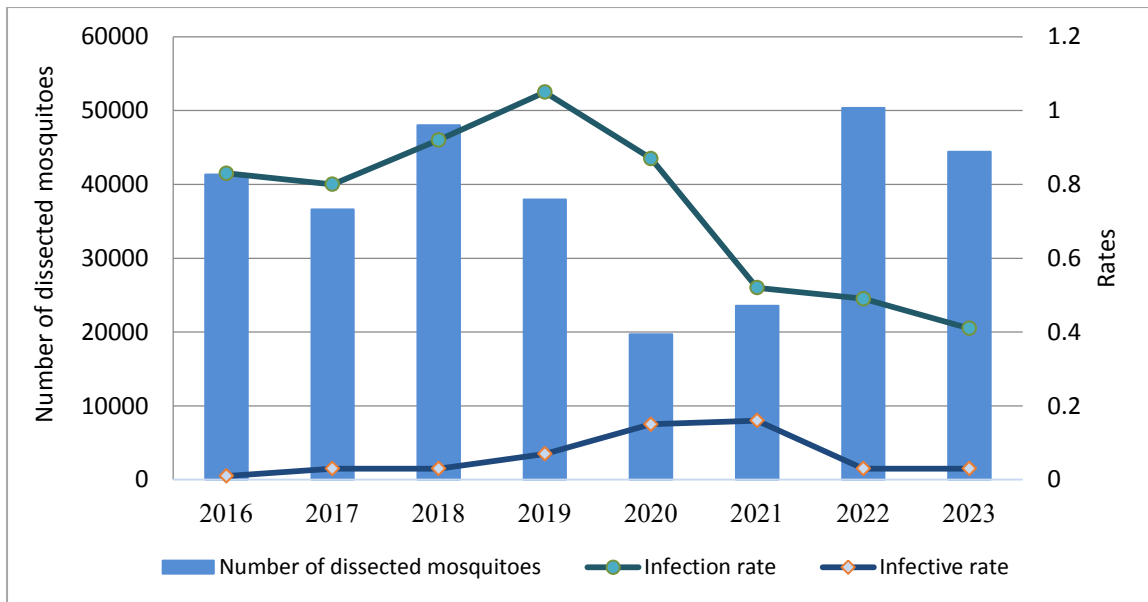


Figure 5.16: Entomological indices for lymphatic filariasis transmitted through *Culex quinquefasciatus*, 2016-2023

Source: Anti Filariasis Campaign

5.8. Leprosy

Leprosy is a neglected tropical disease which is curable with Multi Drug Therapy (MDT). Sri Lanka has successfully achieved the elimination target for leprosy in 1995 as a public health problem with successful implementation of a social marketing campaign along with MDT. However; Sri Lanka is stagnating at same incidence level for more than a decade for Leprosy. It is about 6-10 per 100,000 populations. Usually around 2,000 new patients are reported in every year in last decade. In 2022 and 2023, total number of reported cases was 1404 and 1520 respectively. There was a reduction noticed in new case detection in 2020 and 2021 due to the COVID-19 pandemic.

Also, static rate of new child cases and Grade 2 deformities among new Leprosy cases are reported during last decade.

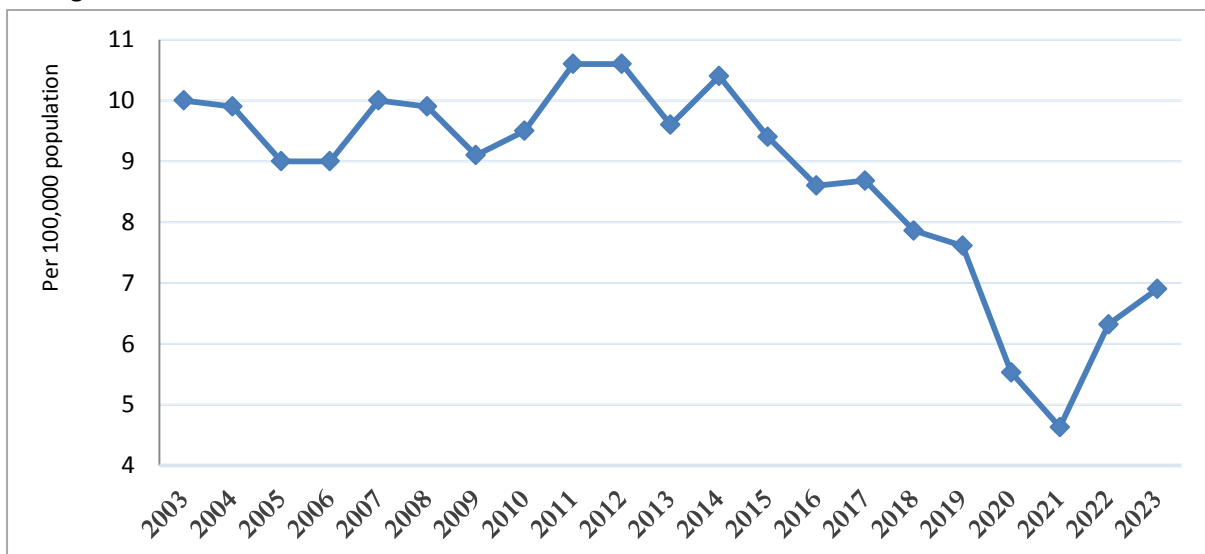


Figure 5.17: New Case Detection Rate (NCDR) of leprosy, 2003 -2023

Source: Anti Leprosy Campaign

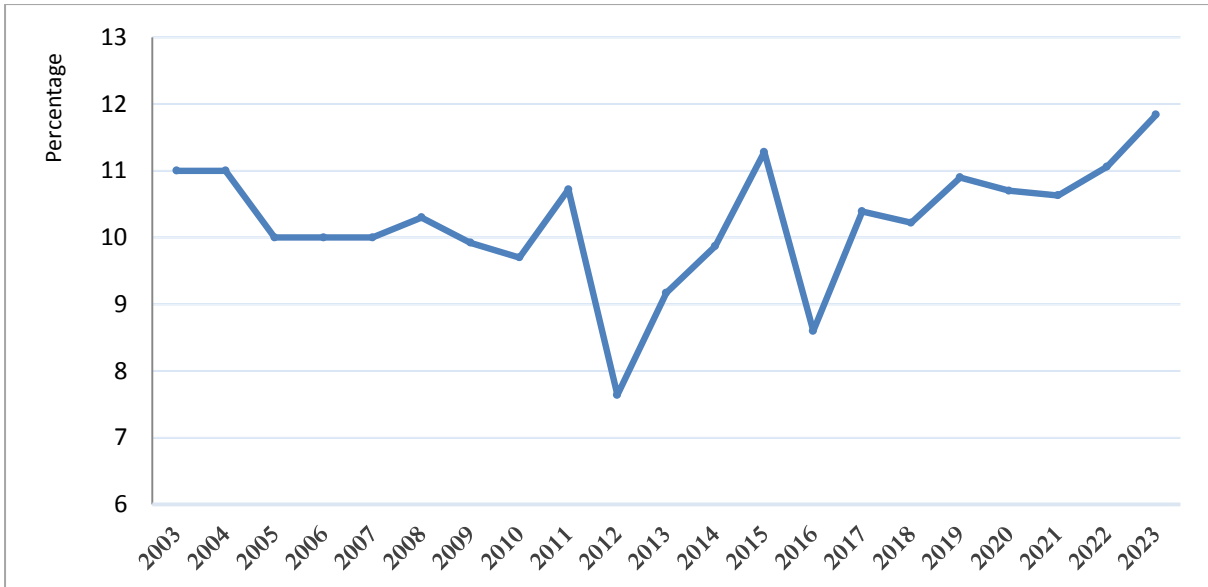


Figure 5.18: Percentage of child cases percentage among new leprosy cases, 2003 - 2023

Source: Anti Leprosy Campaign

New child case percentage was fluctuated around 10 per cent from 2003 to 2011 and it has dropped to 7.64 per cent in year 2012. Then, an increasing trend was shown till year 2015. In year 2016, there is a drastically drop of the value up to 8.6 per cent and after that the value fluctuates around 10 per cent.

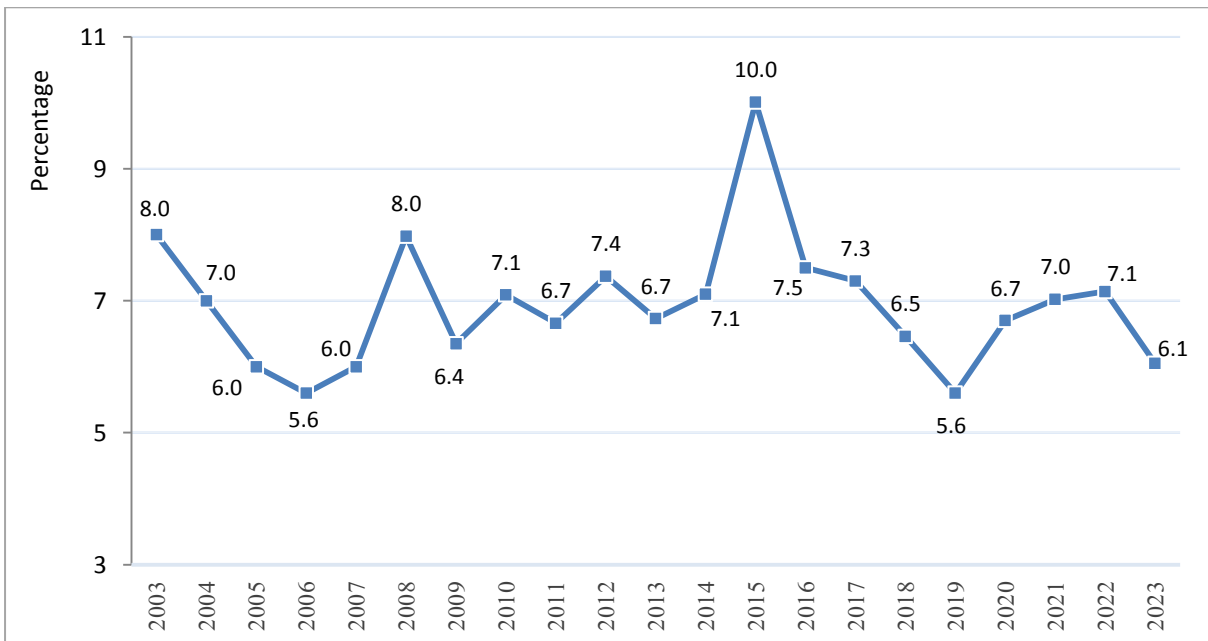


Figure 5.19: Percentage of grade 2 deformity at the time of diagnosis, 2003 - 2023

Source: Anti Leprosy Campaign

In 2015; the highest value of deformity percentage was reported which was 10 per cent. This may be due to the improvement in detection of deformities following introducing “Patient File” in the same year.

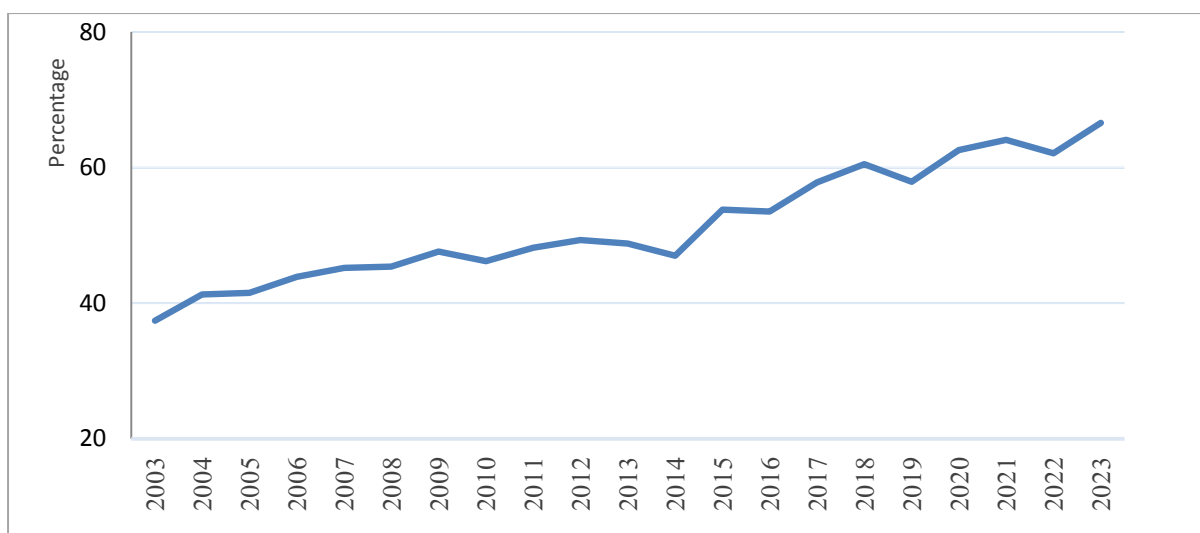


Figure 5.20: Percentage of Multi-Bacillary (MB) at the time of diagnosis, 2003 to 2023

Source: Anti Leprosy Campaign

MB Leprosy is the infective type; hence it is very important to detect them early to prevent the spread the disease. These patients are at more risk of developing deformities in their later lives too. An increasing trend of MB percentage can be seen during past years.

In 2023, New Case Detection Rate (NCDR) was highest in Eastern province and least in Central province. Most MB patients are reported from Western province. The highest percentage of leprosy patients with G2 deformities are reported in Northern province while least percentage was reported in Eastern province. The highest number of child cases is seen in Western province while highest percentage was reported in Northern province.

Table 5.6: Number of new cases and detection rates by province, 2023

Province	Number of New Cases	New Case Detection Rate	Child Cases		Number of Grade 2 Deformity cases	Percentage of Grade 2 Deformity cases
			Cases	%		
Western Province	590	9.6	74	12.5	30	5.1
Eastern Province	248	14.0	34	13.7	10	4.0
Southern Province	198	7.4	15	7.6	9	4.5
North Western Province	140	5.4	18	12.9	7	5.0
North Central Province	102	7.3	16	15.7	11	10.8
Sabaragamuwa Province	82	3.9	5	6.1	5	6.1
Central Province	59	2.1	5	8.5	4	6.8
Northern Province	55	4.7	9	16.4	12	21.8
Uva Province	46	3.3	4	8.7	4	8.7

Source: Anti Leprosy Campaign

5.9. Food and Water-borne Diseases

Viral hepatitis, dysentery, food poisoning and enteric fever notified to the Epidemiology Unit, depicts a downward trend in the past few years. However, there was a component of underreporting during the pandemic. The numbers increased in the 2022 and 2023 which could be due to the reporting of

cases being back to normal and the escalation of movements due to the relaxation of COVID- 19 restrictions. Following are the districts which report the highest number of food and water-borne diseases in 2022 and 2023.

Table 5.7: Districts reported the highest number of food and water-borne diseases, 2022- 2023

Districts	Enteric Fever		Food Poisoning		Dysentery		Hepatitis A	
	2022	2023	2022	2023	2022	2023	2022	2023
Trincomalee				√				
Batticaloa		√	√		√	√		
Kalmunae	√				√	√		
Jaffna	√	√	√		√	√	√	
Kilinochchi			√					
Kandy	√	√						
Nuwara eliya	√	√		√		√		
Galle		√						
Matara				√				
Hambanthota					√			
Gampaha								√
Kurunegala								√
Rathnapura			√	√	√	√	√	√
Kegalle							√	
Badulla				√			√	√
Monaragala	√		√				√	√

Source: Epidemiology Unit

Community water supply schemes are the main source of drinking water in most of these districts and tested water samples from these sources showed bacteriological contamination. Due to the economic crisis that prevailed in the country in the year 2022 and 2023, water quality testing activities also had to be curtailed. In addition, preserving the catchment areas of the water sources, proper purification of drinking water; especially community water schemes and wells, and strict law enforcement for food establishments could help to further reduce food-borne diseases in Sri -Lanka.

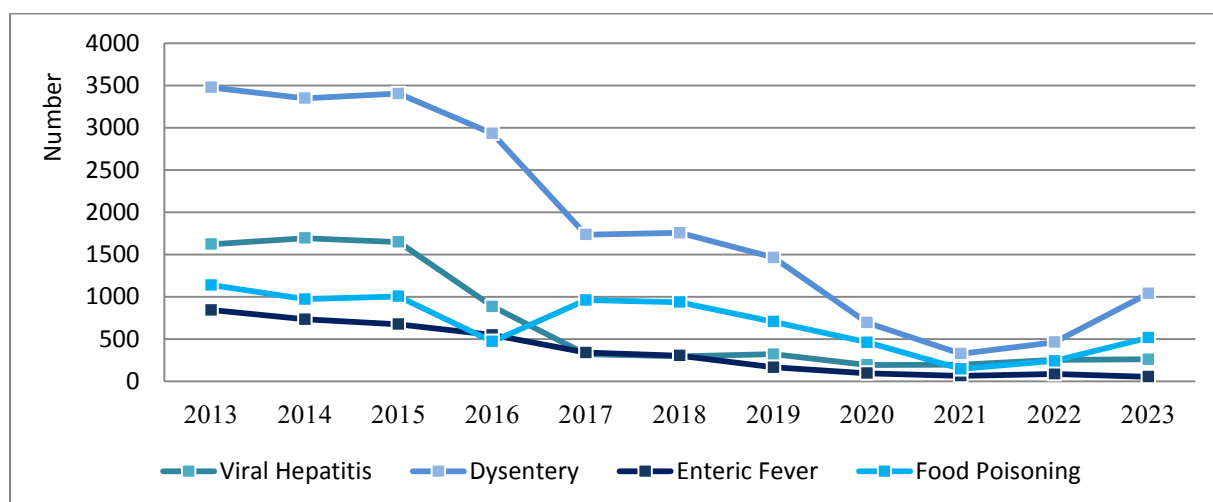


Figure 5.21: Number of cases reported by type of most prevalent food and waterborne diseases, 2013-2023

Source: Epidemiology Unit

6. Non-Communicable Diseases

6.1. Major Chronic Non-Communicable Diseases

According to Indoor Morbidity and Mortality Return (IMMR) data, nearly 50 per cent of the total deaths occurred in the government hospitals in Sri Lanka were due to major Non-Communicable Diseases (NCDs) such as cardiovascular disease, cancer, chronic respiratory diseases, and diabetes mellitus. In 2023, proportionate mortality for ischemic heart disease was 12.6 per cent, for cancers 8.6 per cent, for diseases of the respiratory system (excluding pneumonia, upper respiratory illnesses, and influenza) 11.5 per cent, for Cerebro-vascular disease 6.8 per cent, for hypertensive diseases 0.9 per cent and for diabetes mellitus 0.8 per cent.

Number of deaths and admissions due to major chronic NCDs in government hospitals from 2019–2023 is shown in Tables 6.1 and 6.2.

Table 6.1: Number of deaths among all ages due to major NCDs in government hospitals, 2019 - 2023

Major NCD	ICD code	2019	2020	2021	2022	2023
Cardiovascular diseases	I00-I99	17,159	14,484	15,282	18,521	18,715
Cancer	C00-D48	6,296	5,353	5,112	5,734	5,892
Chronic respiratory diseases	J40-J47	2,077	1,042	973	6,769	2,133
Diabetes mellitus	E10-E14	714	590	743	651	529

Source: Medical Statistics Unit

Table 6.2: Number of admissions due to selected NCDs in government hospitals, 2019-2023

Major NCD	ICD code	2019	2020	2021	2022	2023
Cardiovascular diseases	I00-I99	415,666	346,144	289,050	381,687	419,934
Cancer	C00-D48	162,998	141,817	133,910	156,458	169,755
Chronic respiratory diseases	J40-J47	231,019	133,231	82,482	185,462	210,239
Diabetes mellitus	E10-E14	107,336	82,565	61,443	67,040	66,223

Source: Medical Statistics Unit

6.2 Injuries

Injuries are the number one cause of hospitalization in Sri Lanka. In year 2022 and 2023 injury admissions to government hospitals were reported as 2.14 and 1.13 million respectively. Crude projections based on Indoor Morbidity and Mortality data over the last 13 years revealed that the number of casualties in all public hospitals could increase by 0.086 million by 2027, if the current trend continues (Figure 6.1). On average, 18 per cent of all admissions to government hospitals are due to injuries. Data reported to Injury surveillance found that the highest number of injuries is reported during Sinhala and Tamil New Year period.

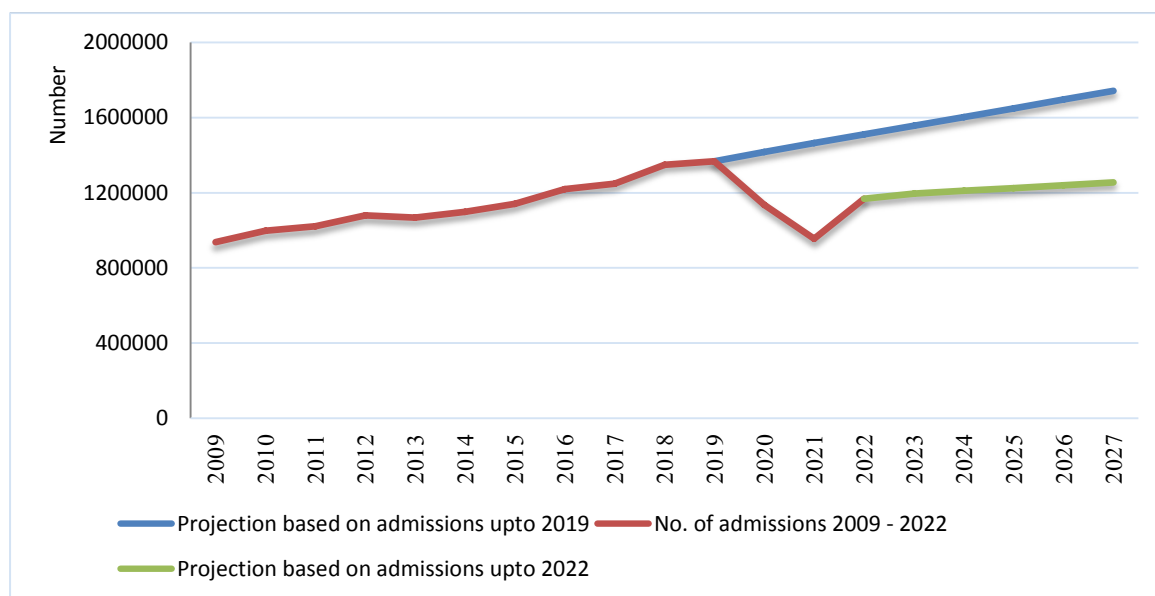


Figure 6.1: Number of injury admissions to government hospitals, 2009-2027

Note: Comparison of projected average number of admissions (crude) due to injuries to government hospitals from 2022 to 2027, based on admissions from 2009 to 2019 and 2022

Source: Medical statistics unit,

Table 6.3: Number of injury related inward admissions, 2020-2023

Year	Inward admissions
2020	1,136,047
2021	956,074
2022	2,145,933
2023	1,132,566

Source: Medical statistics unit

Table 6.4: Percentage of reported injury related OPD attendance by cause of injury, 2020-2023

Year	Cause of injury (%)						
	Animal bite	Fall	Struck/hit by object	Stab/cut	Transport injuries	Animal attack	Other
2020	69.4	7.0	9.3	4.8	2.6	2.8	4.1
2021	65.5	9.2	9.1	6.6	2.9	2.5	4.2
2022	67.8	7.9	8.7	4.6	2.9	2.9	5.2
2023	68.0	8.0	9.0	5.0	3.0	3.0	4.0

Source: National Injury Surveillance System

Table 6.5: Percentage of reported injury related inward admissions by type of injury, 2020-2023

Year	Type of injury (%)							
	Fall	Transport injuries	Animal bite	Struck/hit by object	Stab/cut	Poisoning	Animal sting	Other
2020	25.1	15.9	14.4	15.1	8.7	2.9	1.5	5.2
2021	24.1	17.0	13.9	24.8	9.3	3.3	1.6	6.0
2022	26.6	16.6	12.4	13.6	8.4	3.0	1.8	17.6
2023	27.0	14.0	17.0	15.0	8.0	-	-	19.0

Source: National Injury Surveillance System

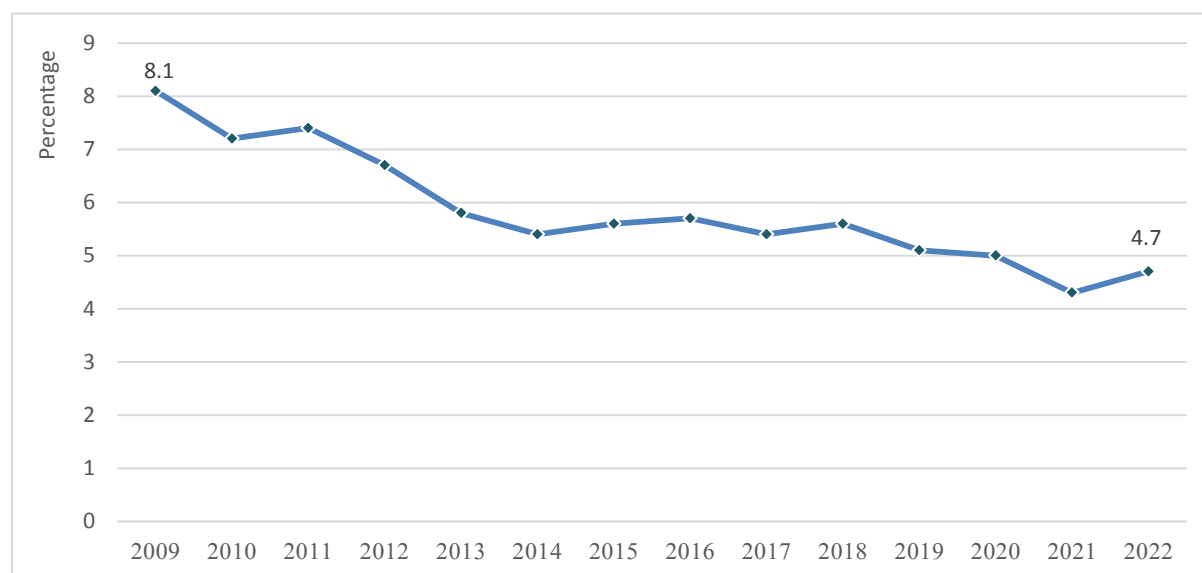


Figure 6.2: Percentage of injury related deaths out of the total deaths in government hospitals, 2009 - 2022

Source: Medical statistics unit

6.3. Chronic Kidney Diseases

The National Renal Disease Prevention and Research Unit (NRDPRU) was established in 2015. The unit is currently facilitating the prevention of Chronic Kidney Disease (CKD) / Chronic Kidney Disease unknown origin (CKDu) and the promotion of the community to have healthy kidneys from young age.

Average number of CKD/CKDu new patients presented to the healthcare institutions in 2023 is shown in Figure 6.3.

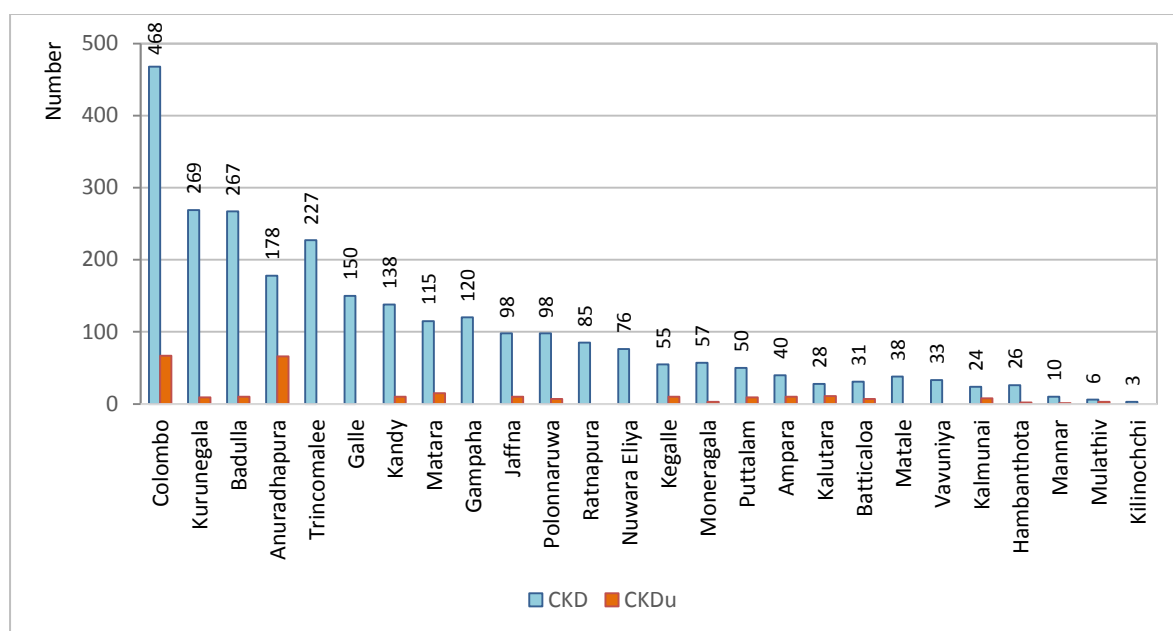


Figure 6.3: Average number of CKD and CKDu new patients presented to the healthcare institutions, 2023

Source: National Renal Disease Prevention and Research Unit

6.4. Cancer

Cancer Incidence

Cancer incidence data in Sri Lanka can be obtained through the National Cancer Registry Programme which is coordinated by the National Cancer Control Programme. Information on newly diagnosed cancers was collected from point of diagnosis (pathology laboratories) and point of treatment (cancer treatment centres). Through the process of cancer registration, duplicate entries within the same year or previous years are eliminated¹(Figure 6.4).

¹ Detailed information on cancer incidence data can be obtained through www.nccp.health.gov.lk

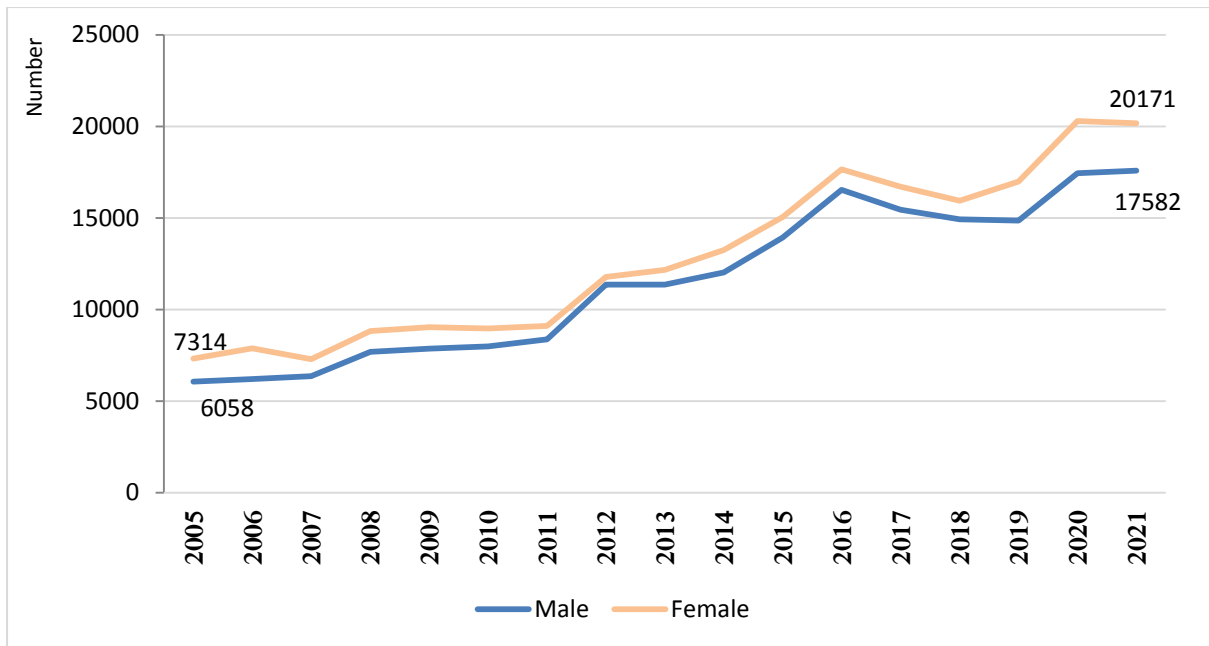


Figure 6.4: Number of newly diagnosed cancers, 2005 – 2021

Source: National Cancer Registry Programme

Crude cancer incidence rates of males and females has increased between 2005 and 2021. According to the data, female incidence is higher than male incidence. Therefore, when implementing measures to minimize preventable cancers, early detection, diagnostic and treatment services for cancer care need to be expanded to cater to the increasing demand for care (Figure 6.5).

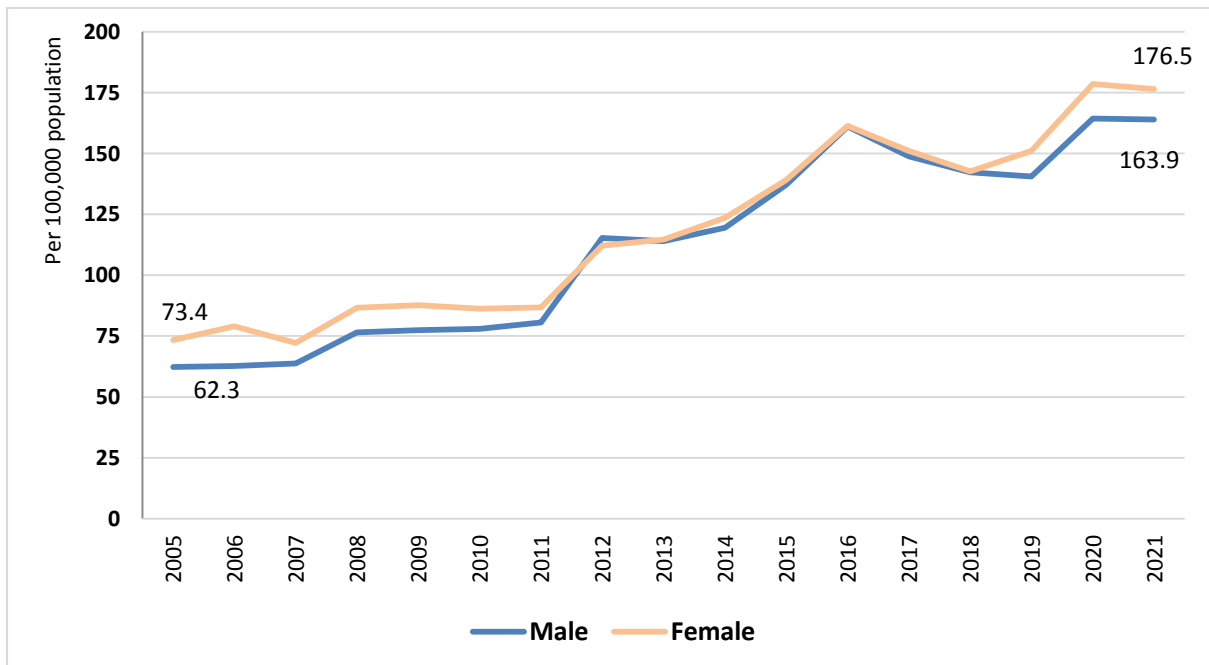


Figure 6.5: Crude Cancer Incidence, 2005 -2021

Source: National Cancer Registry Programme

Leading Cancer types

Lip, tongue and mouth cancers were the highest incident cancer among males. Crude incident rate has increased from 8.9 per 100,000 (2005) to 25 per 100,000 (2021). Both primary prevention programmes and early detection programmes for lip, tongue and mouth cancers need to be further strengthened.

Lung cancer remains second highest incident cancer among males during the time period from 2005 to 2021 and crude incident rate has increased from 6.9 per 100,000 (2005) to 14.4 per 100,000 (2021). Therefore, while continuing smoking prevention and cessation programmes, measures to prevent indoor and outdoor air pollution need to be strengthened

Third highest incident cancer among males from year 2015 was colo-rectal cancers. Early diagnosis and early treatment programme need to be prioritized interventions in cancer control in Sri Lanka

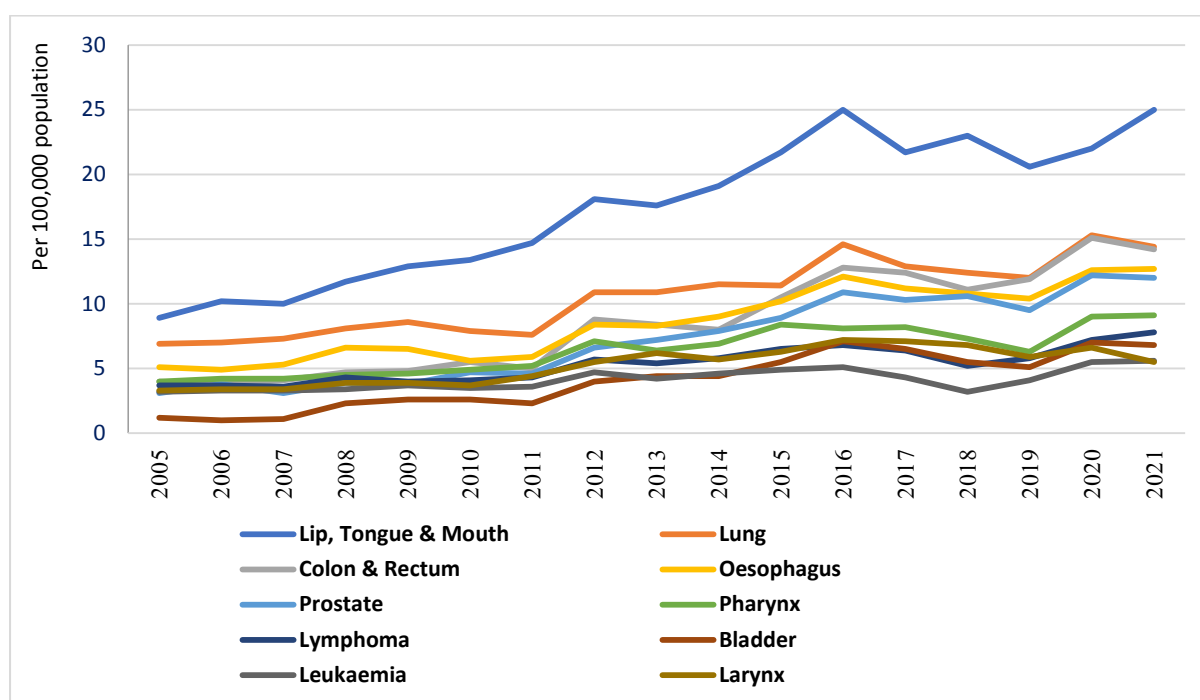


Figure 6.6: Leading crude cancer incidence rates for males, 2005-2021

Source: National Cancer Registry Programme

Out of 10 highest incident cancers among males lip, tongue and mouth, lung, colo rectal, oesophagus, pharynx, bladder and larynx cancers were tobacco related cancers. Therefore, it is essential to further strengthen both smoking and smokeless tobacco prevention programmes.

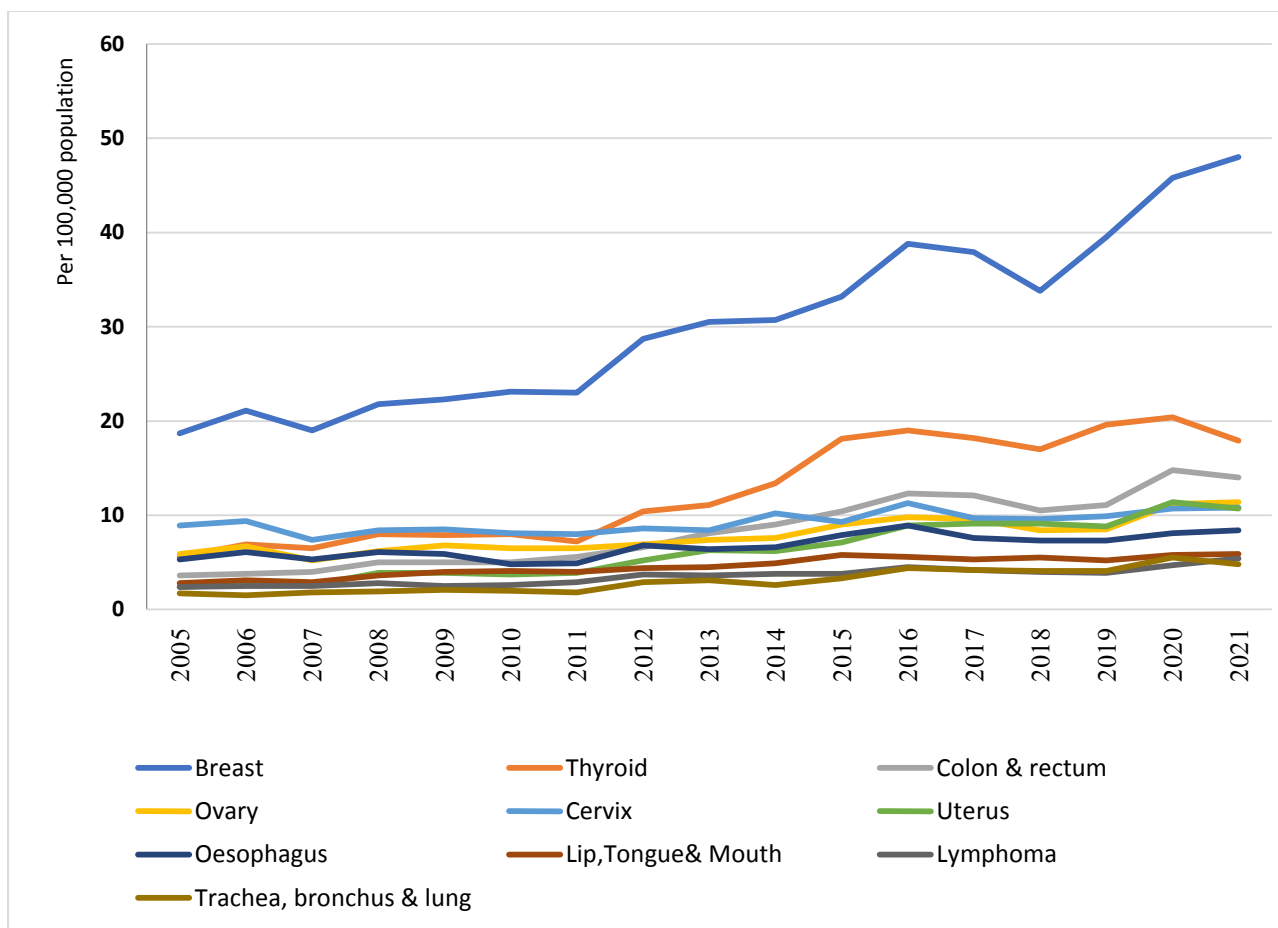


Figure 6.7: Leading crude cancer incidence rates for females, 2005-2021

Source: National Cancer Registry Programme

Breast cancer was the highest incident cancer among females in Sri Lanka throughout 2005-2021. The crude incidence rate of breast cancers among females has increased from 18.4 per 100,000 in year 2005 to 48.0 per 100,000 in year 2021. Therefore, early detection and prompt treatment programme for breast cancer care at each level need to be further strengthened.

Cervical Cancer was second highest incident cancer among females in year 2005. In year 2021 it was fifth highest incident cancer among females. However, the crude incidence rate varies between 7.4 - 11.3 per 100,000 without showing marked reduction of incidence over the years during 2005 to 2021. Therefore, cervical cancer screening programme, cervical cancer early diagnosis programme and the cervical cancer treatment programme need to be further strengthened while sustaining HPV vaccination programme for primary prevention of cervical cancer as a long term strategy.

Thyroid cancer was the second highest incident cancer among females in Sri Lanka from year 2012 onwards and crude incidence rate has increased over the years. Therefore, early diagnosis and evidence-based treatment programme need to be further strengthened.

As among males third highest incident cancer among females in year 2021 was colo-rectal cancers. Early diagnosis and early treatment programme need to be prioritized interventions in cancer control in Sri Lanka

In addition to cervical cancer, ovarian cancer and uterine cancer were among the highest incident cancers among females in Sri Lanka. Therefore, early diagnosis and treatment programmes for common gynaecological cancers need to be strengthened at all levels of care.

Cancer Mortality

Information on deaths occurred due to cancers throughout the country are obtained through the cause of death data reported to vital registration system of Sri Lanka².

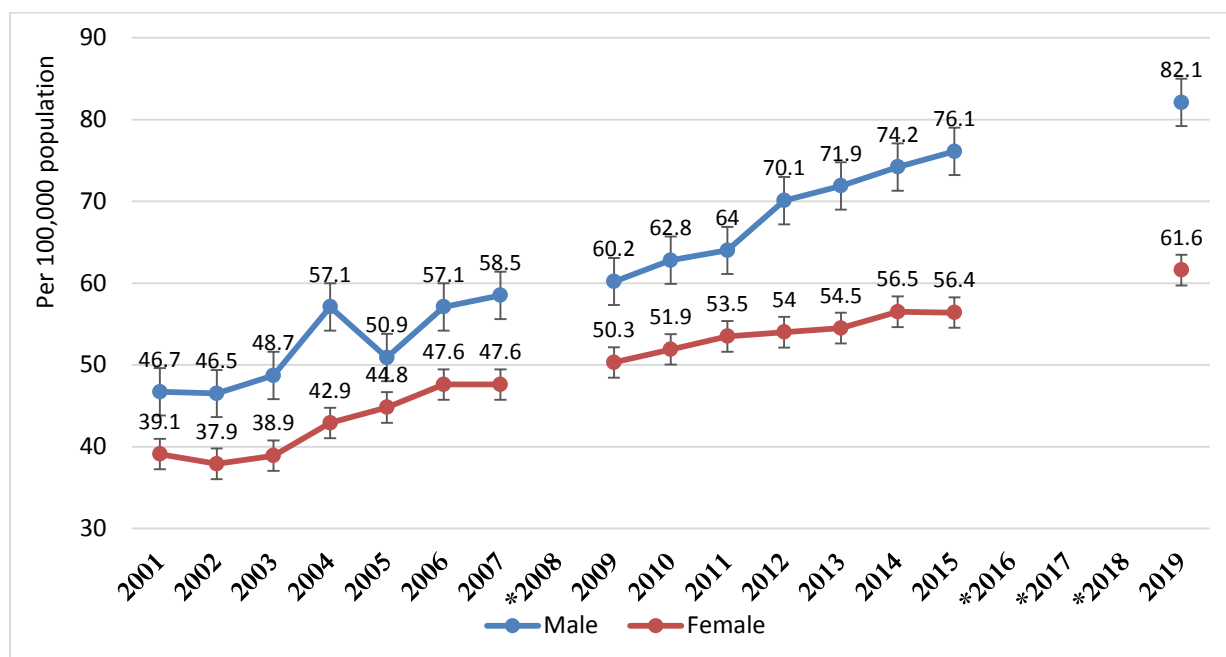


Figure 6.8: Crude death rate due to cancers by sex based on deaths reported to vital registration system of Sri Lanka, 2001 – 2019

Source: National Cancer Registry Programme

² Cause of death data of year 2019 is the latest available information.

(http://www.statistics.gov.lk/Population/Vital_Statistics-2019)

Table 6.6: Number of deaths and crude death rate due to cancers by sex and site of cancer, 2019

ICD- 10 Code	Site of Cancer	Male		Female		Total	
		Number	CDR	Number	CDR	Number	CDR
C00-C14	Lip,oral cavity and pharynx	972	9.2	264	2.3	1236	5.7
C15	Oesophagus	457	4.3	336	3.0	793	3.6
C16	Stomach	245	2.3	169	1.5	414	1.9
C18-C21	Colon,rectum and anus	349	3.3	271	2.4	620	2.8
C22	Liver and intrahepatic bile ducts	644	6.1	300	2.7	944	4.3
C25	Pancreas	120	1.1	91	0.8	211	1.0
C32	Larynx	201	1.9	51	0.5	252	1.2
C33-C34	Trachea, bronchus and lung	1086	10.3	374	3.3	1460	6.7
C43	Melanoma of skin	3	0.0	5	0.0	8	0.0
C50	Breast	18	0.2	876	7.8	894	4.1
C53	Cervix uteri			190	1.7		
C54-C55	Uterus			329	2.9		
C56	Ovary			289	2.6		
C61	Prostate	267	2.5				
C67	Bladder	157	1.5	37	0.3	194	0.9
C70-C72	Meninges , brain and other parts of central nervous system	288	2.7	243	2.2	531	2.4
C82-C85	Non-Hodgkin s lymphoma	148	1.4	103	0.9	251	1.2
C90	Multiple myeloma and malignant plasma cell neoplasms	112	1.1	96	0.9	208	1.0
C91-C95	Leukaemia	356	3.4	280	2.5	636	2.9
Other C00 - C95	Remainder of malignant neoplasm	3161	29.9	2561	22.8	5722	26.2
DOO-D48	Remainder of neoplasms	85	0.8	65	0.6	150	0.7
COO-D48	All Neoplasms	8669	82.1	6930	61.6	15599	71.5

Source: National Cancer Registry Programme , Registrar Generals Department

6.5. Mental Health

Suicides

Number of suicides oscillate between 2500-3500. However, since 2018, reported number of suicides is gradually increasing. Further, the rate of suicides shows an increasing trend since 2020. Figure 6.9 shows that rate of suicides is 15.6 per 100,000 population in 2022 - 2023.

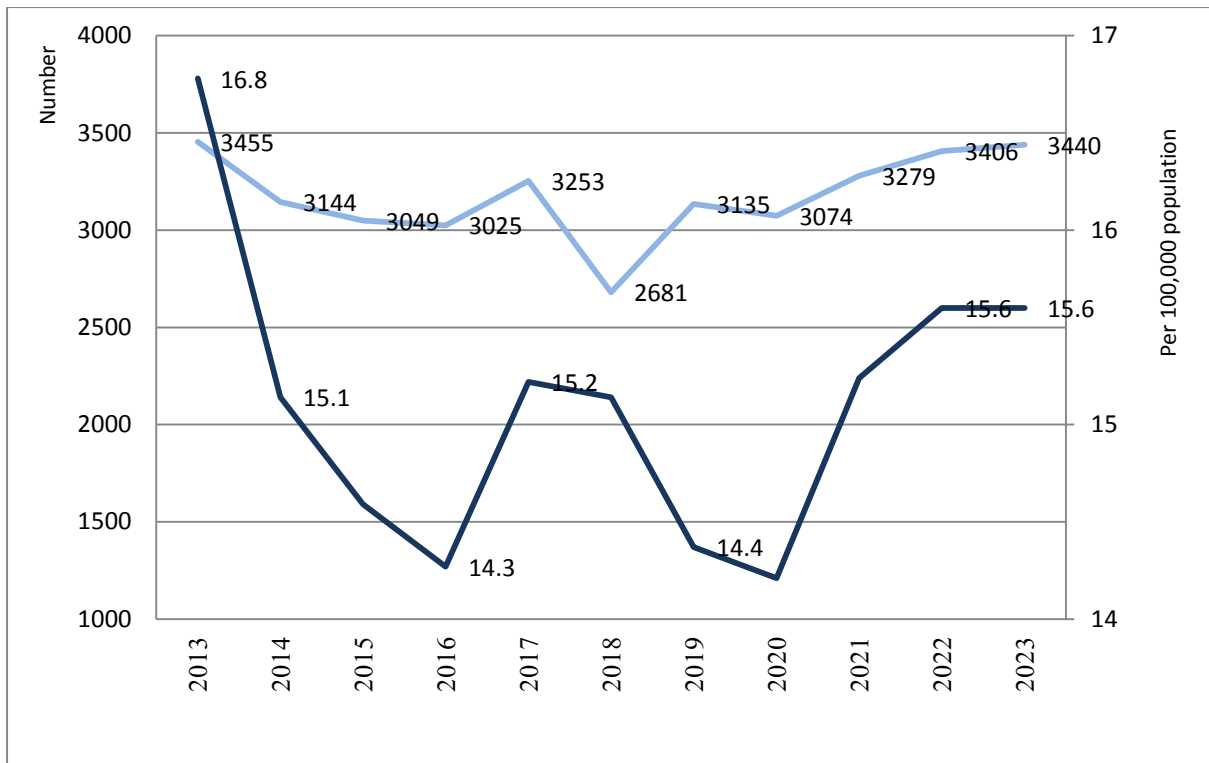


Figure 6.9: Number of reported suicide cases and suicides rate, 2013-2023

Source: National Mental Health Programme

According to the police department; Suicides among males were higher than females. The main method of suicides was hanging which was 69.8 per cent and 71.7 per cent in 2022 and 2023 respectively. The main reason for suicides was harassment by either spouse or family disputes (almost 17% in last two years). The next commonest reasons were mental disorders (12% in 2022 and 11.7% in 2023) and presence of chronic diseases and disabilities (11.4% in 2022 and 10% in 2023).

Mental disorders

According to the recent available data, hospital admissions due to Mental disorders have been decreasing since 2019 and increasing over past years. Mainly the mood disorders (n=16030) have become a critical issue in the Sri Lankan context. Further; persons with schizophrenia, mental and behavioral disorders due to use of alcohol and other psychoactive substance have also been increased. The increase is partly due to the improvement in the information system.

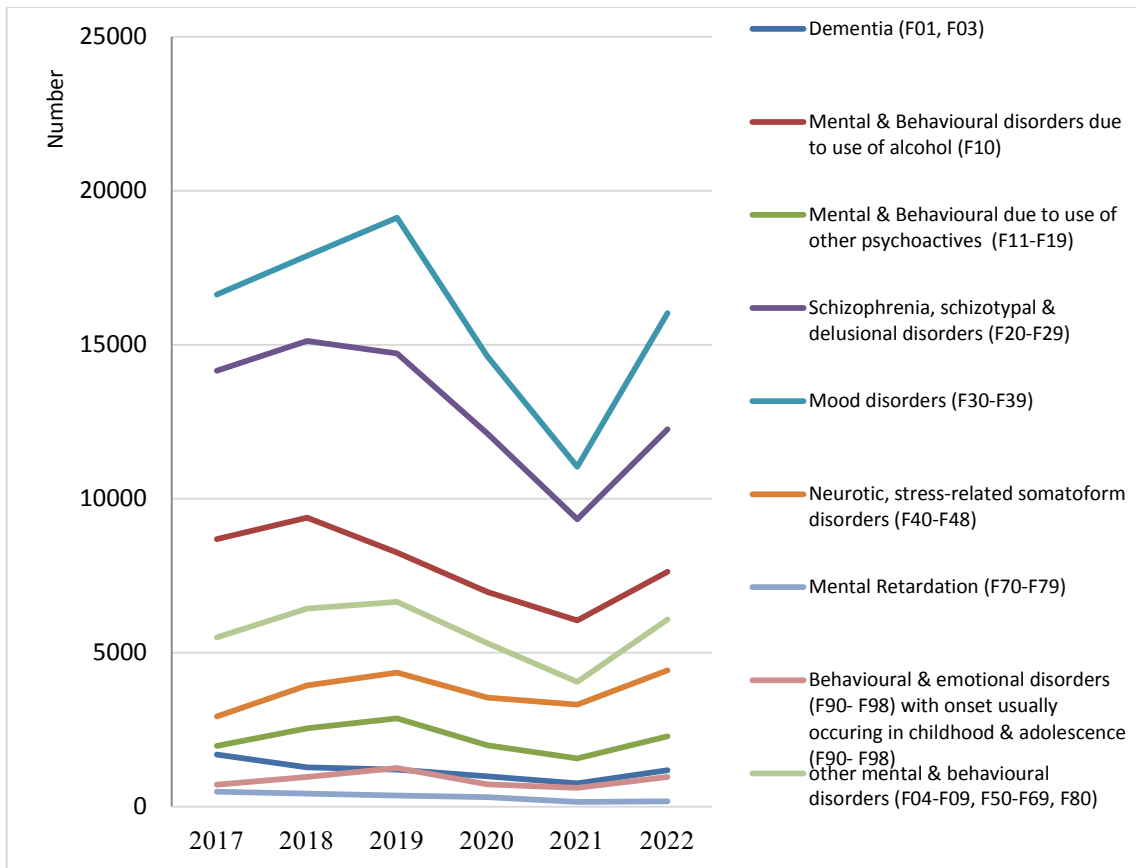


Figure 6.10: Hospital inward admissions due to mental disorders, 2017-2022

Source: Medical Statistical Unit

Neurological disorders

The services related to neurological disorders have recently incorporated under the Directorate of Mental Health. Disorders of nervous system are the leading cause of disability-adjusted life years (DALYs) and the second leading cause of death globally, accounting for 9 million deaths per year. A closely similar pattern is evident in Sri Lanka as well. Stroke is the third leading cause of premature mortality according to the Global Burden of Disease Study 2010. Premature mortality and morbidity due to disabilities due to those neurological disorders are an unbearable burden to the health system of low-income countries such as Sri Lanka. Therefore, a comprehensive approach to address the burden of neurological conditions will be followed including the promotion of healthy brain development in early life, optimization of brain health across the life course, prevention of avoidable neurological conditions, and a continuum of care for neurological conditions including diagnosis, treatment, rehabilitation, and palliative care through multidisciplinary and multi-sectoral approaches.

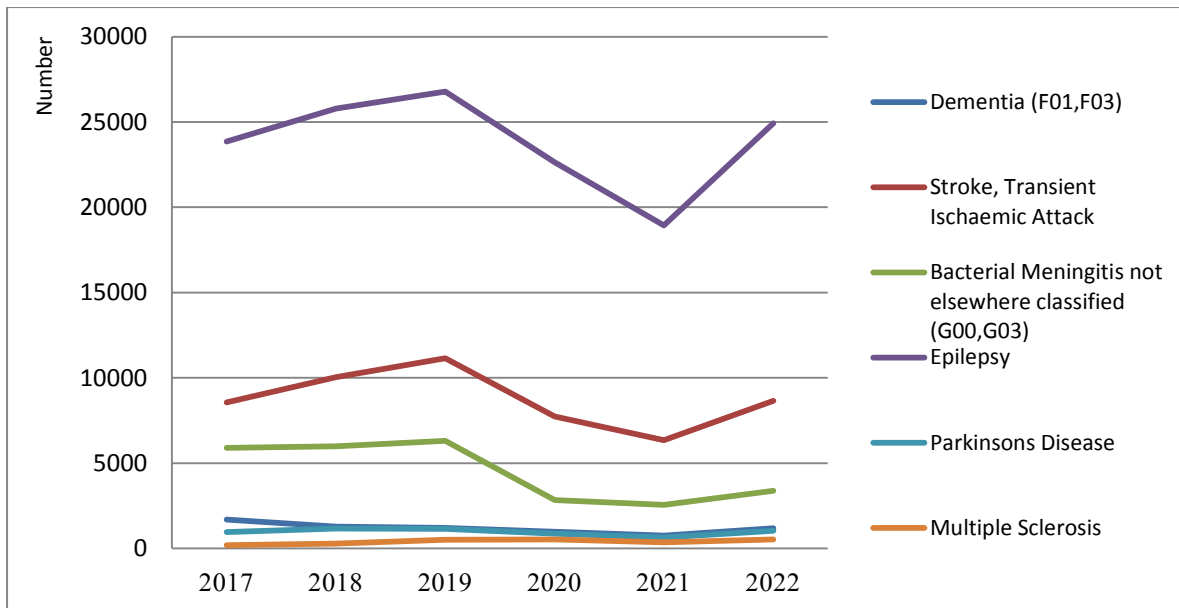


Figure 6.11: Hospital admission due to selected neurological disorders, 2017-2022

Source: Medical Statistical Unit

With the increasing stressors in life and other mental health conditions, people encounter with difficult situations which need delivery of quality mental health services. Thus, it is important to have trained medical officers in early diagnosis and management of mental health problems at the first contact level and also train other supportive staffs of mental health services.

Risk Factors



Nearly 35% of Sri Lankan adults aged 18-69 years of age are not engaged in sufficient physical activities

Discarded containers are the most common breeding sites for Aedes mosquitoes.



The number of teenage pregnancies is coming down



7. Risk Factors

This chapter describes the current status of several risk factors for maternal and child health and non-communicable diseases. Among risk factors, anemia, low/high BMI during pregnancy, risk factors related to nutritional status, risk factors related to adolescent health and gender based violence are highlighted.

7.1. Maternal and Child Health

Maternal nutrition is extremely important to ensure optimum short, medium- and long-term health outcomes for both the baby and the mother. Pregnant women with nutritional deficiencies should be identified as early as possible and intervened appropriately.

Anaemia in Pregnancy

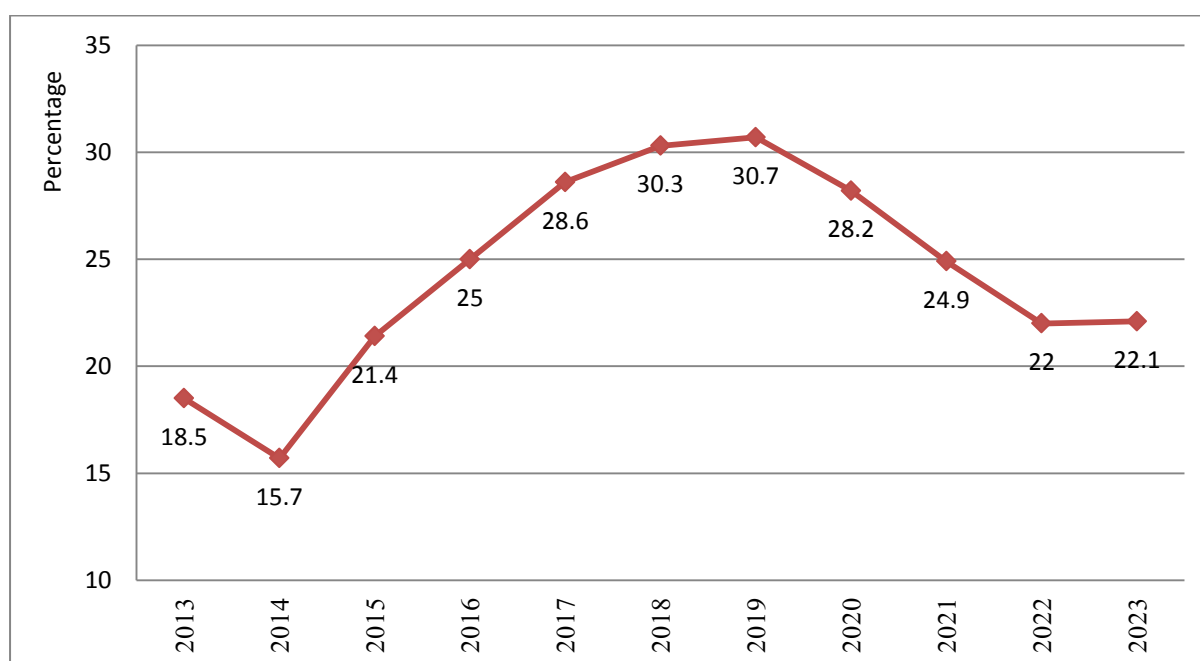


Figure 7.1: Percentage of pregnant mothers with anemia during 26th - 28th weeks of gestation, 2013 - 2023

Source: Family Health Bureau

There has been an upward trend in anaemia (Hb < 11 g/dl) reporting during the second trimester till 2019, which was reported as 30.7 per cent of pregnant women. This is comparable with the findings of the National Nutrition and Micronutrient Survey of Pregnant Women in Sri Lanka (2015), conducted by the Medical Research Institute, Ministry of Health, where the prevalence of anaemia among pregnant women in Sri Lanka was 31.8 per cent. Between 2016-2022 percentage was declined but in 2023 again slight increase could be seen.

Sri Lanka is experiencing a significant burden of maternal malnutrition. Prevalence of low body-mass index (BMI < 18.5 kg/m²) among first trimester pregnant women has decreased from 24.6 per cent in 2011 to 14.7 per cent in 2023. In contrast there has been an increase in overweight (BMI ≥ 25 kg/m²) from 15.2 per cent to 31.8 per cent.

The government health sector of Sri Lanka provides a package of nutrition specific interventions that are delivered through antenatal and postnatal care with a view of uplifting the nutritional status of pregnant women in the country. As part of a preventive approach, through pre-pregnancy care programme, newly married women are educated on achieving a healthy weight via diet and exercise before becoming pregnant.

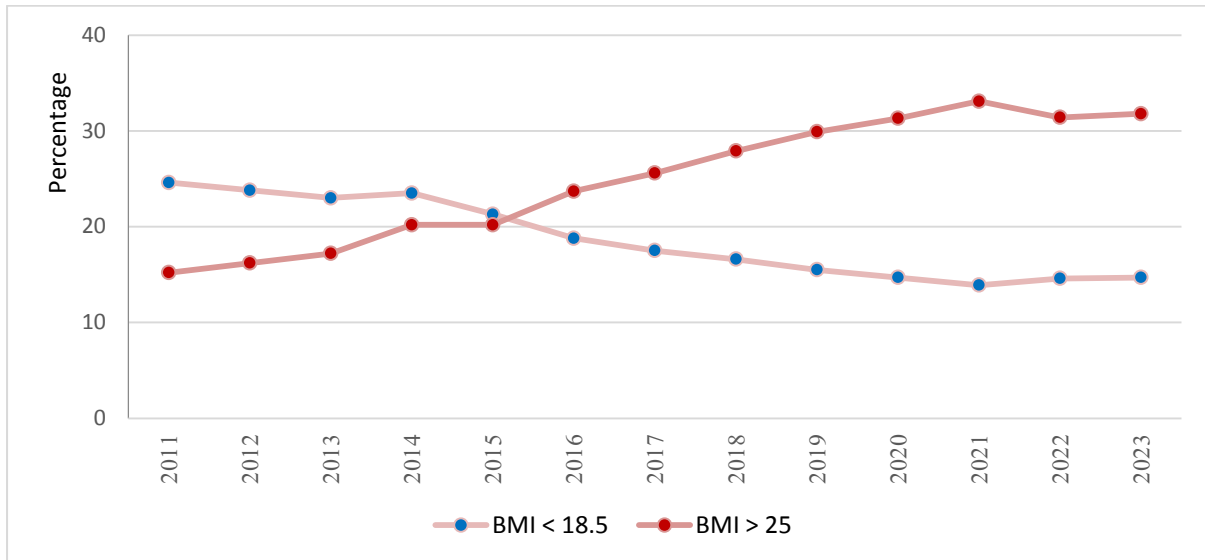


Figure 7.2: Percentages of pregnant mothers at risk BMI levels, 2011 - 2023

Source: Family Health Bureau

Inter-district variations have been observed in nutritional status among pregnant women and need to investigate underlying factors and develop plans at sub national levels.

Low Birth Weight among New-born babies

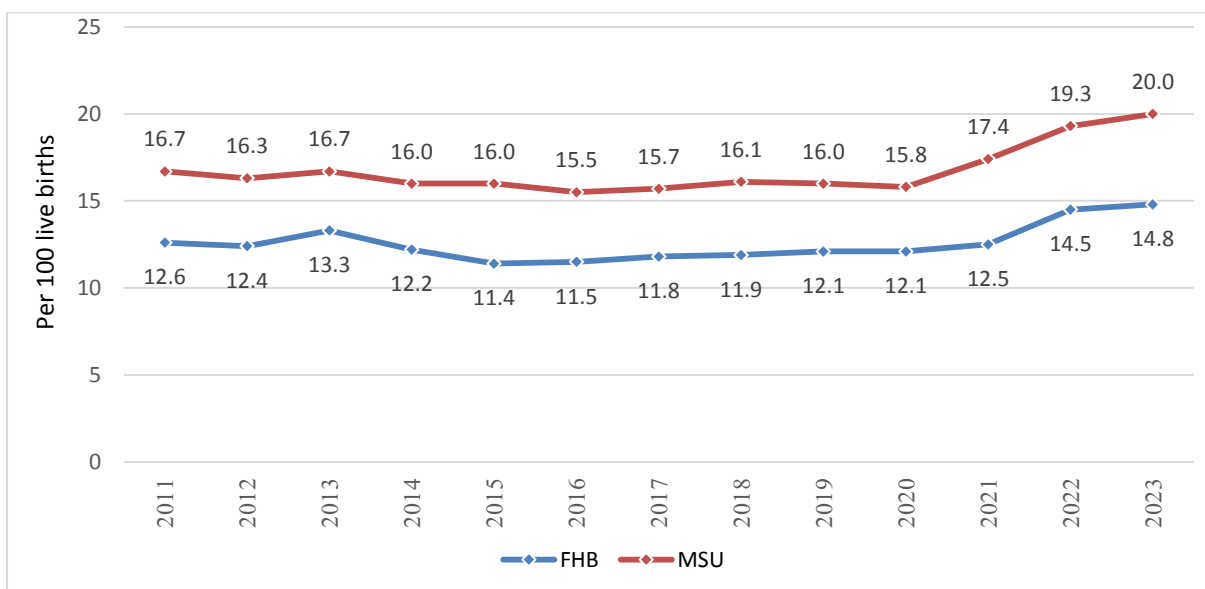


Figure 7.3: Low Birth weight rate of new-born babies by data source, 2011 - 2023

Source: Family Health Bureau and Medical Statistics

During the past 13 years, low birth weight rate reported by Medical Statistics Unit, is higher than the rate calculated using e-RHMIS data.

7.2. Nutrition Status

Nutrition Status of Children under five years

Family Health Bureau conducts a population-based survey of child nutrition status annually during the National Nutrition Month as a measure of rejuvenating the child nutrition services and as a measure of obtaining comprehensive prevalence data for malnutrition. According to data collected in month of June 2022 and 2023, percentages of children under 5 years with growth faltering, underweight and stunting has increased compared to 2021 where as a slight reduction is observed in wasting and overweight.

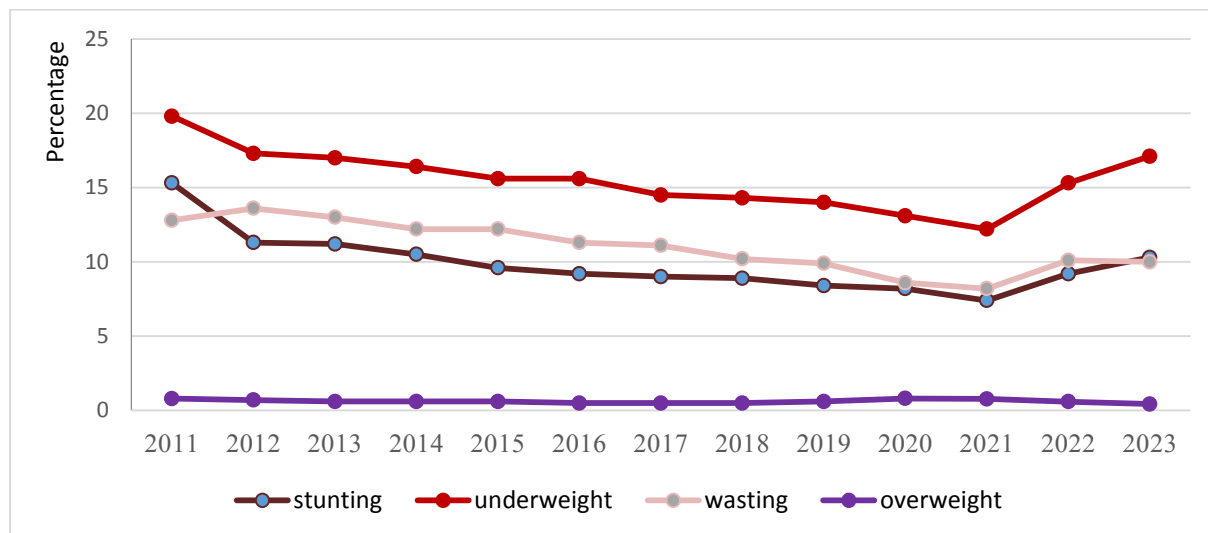


Figure 7.4: Malnutrition indicators of under five children, 2011 – 2023

Source: Nutrition Month Data, Family Health Bureau

Malnutrition among School Children

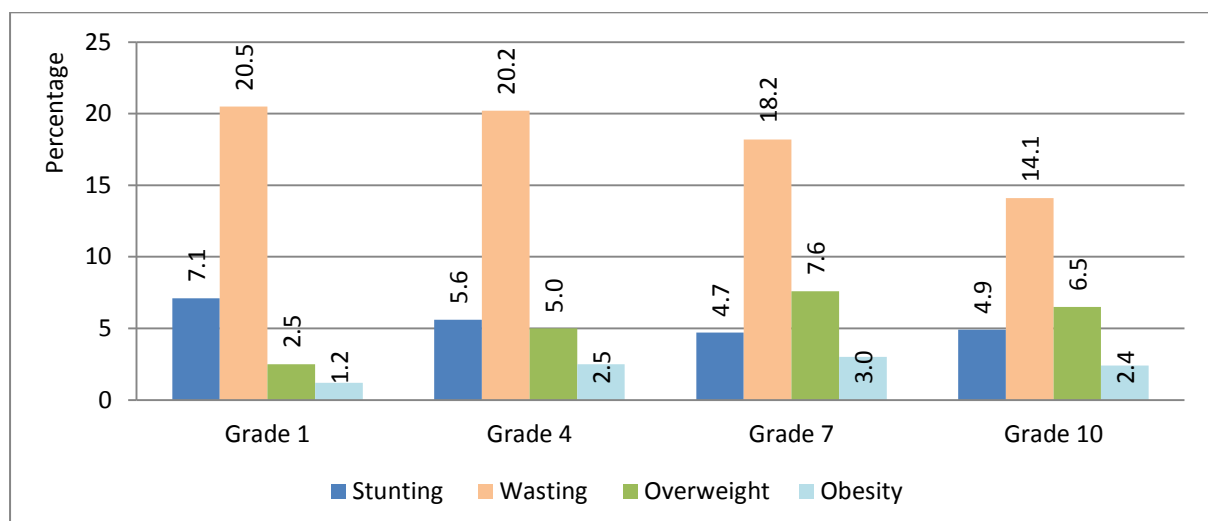


Figure 7.5: Malnutrition indicators of children, 2023

Source: Family Health Bureau

7.3. Adolescence Health

Teenage Pregnancies

Figure 7.6 shows percentages of teenage pregnancies out of all registered pregnancies from 2012 to 2023. During the period it has reduced from 6 per cent to 3.8 per cent. Table 7.1 shows that approximately 80 per cent of the teenage pregnancies were reported from 18–19 years age group. However, the most risky group, less than 16 years, still reports more than 200 pregnancies..

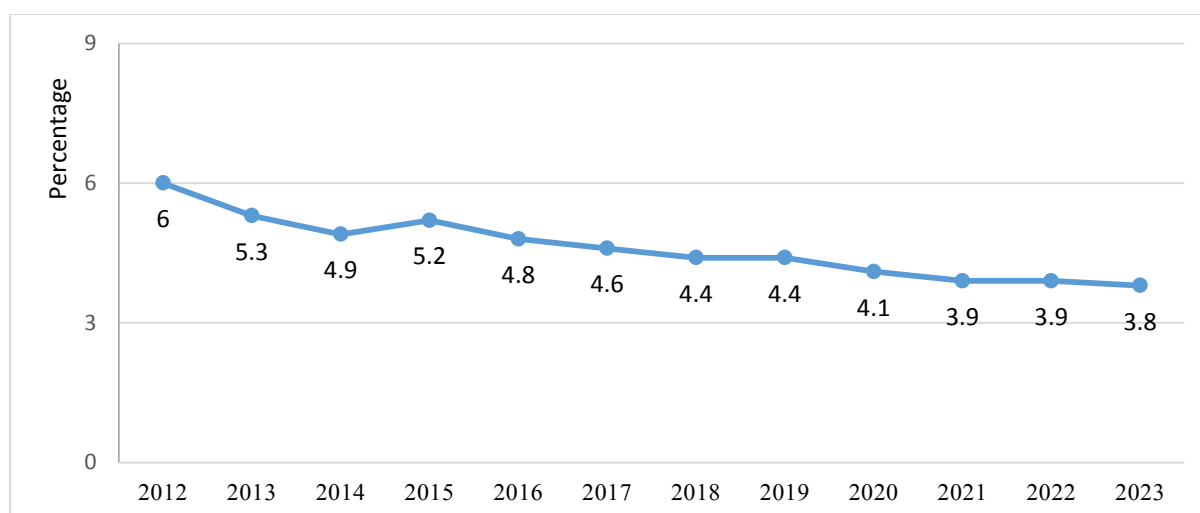


Figure 7.6: Percentages of teenage pregnant mothers out of all registered pregnancies, 2012 - 2023

Source: Family Health Bureau

Table 7.1: Number of registered teenage pregnant mothers by age group, 2019 – 2023

Years	Total	Age of pregnant mother		
		Less than 16 years	16-17 years	18-19 years
2019	14887	323	2540	12024
2020	13448	296	2361	10791
2021	11898	250	2099	9549
2022	11166	243	2044	8879
2023	9337	208	1733	7396

Source: e-RHMIS, Family Health Bureau

7.4. Gender-based violence

Gender-based Violence (GBV) is recognized as a major public health issue that results in a wide range of consequences to the survivors creating a negative impact on children, and acting as an inhibiting factor towards the family wellbeing. World Health Organization in a world report in 2004 has recognized GBV as a major cause of disability and death among women, and that every one-in-third woman all over the world suffers from Intimate Partner Violence (IPV). Although this is a common problem, it is also considered a hidden problem as most of the women do not reveal about their sufferings due to reasons such as culture, fear of reprisal, and concern over children, shame, and

internalizing the violence. It is also an ever-increasing burden to the health care services of the country. In addition, the social and economic burden to the country at the national level due to Domestic Violence (DV/IPV/GBV) is tremendous. It is currently estimated to be more than that due to malignancies.

Gender-based Violence during pregnancy which is a common occurrence leads to many negative pregnancy outcomes including miscarriages, stillbirths, and maternal deaths. Also, GBV in one generation can influence the behaviour of the next generation by a process of learned behaviour. When children are exposed to violence between their parents, boys learn violence as an approach to achieving control and eventually have a greater chance of being a perpetrator. On the other hand, girls learn to accept violence as inevitable and have a higher chance of being survivors in their adult life.

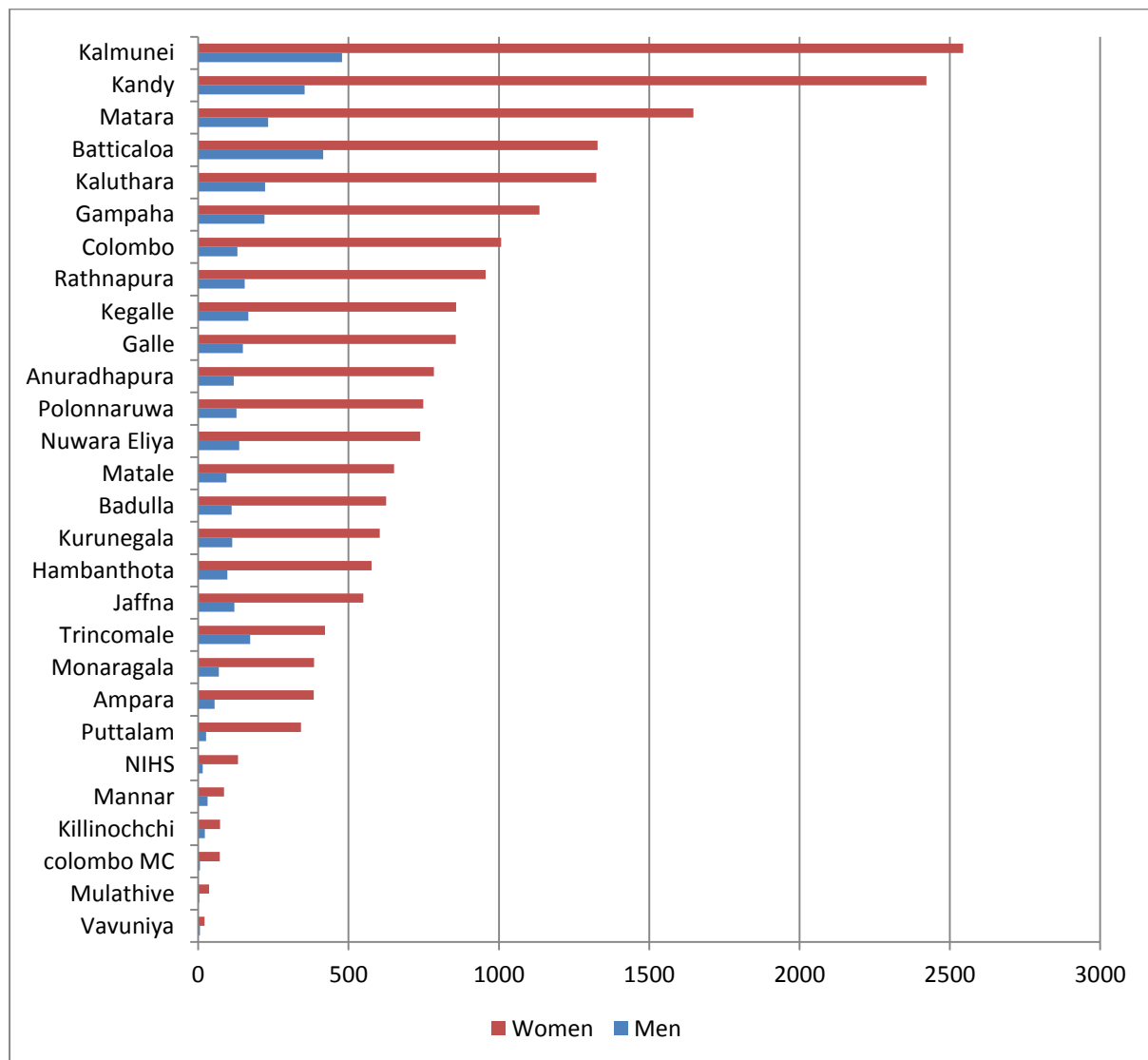


Figure 7.7: Number of reported cases by sex and RDHS division, 2023

Source: Family Health Bureau

Service Coverage

41 Yowun Piyasa centres at hospitals



8000 million rupees spent on procurement of new medical equipment in 2022



8. Health Service Coverage

Ministry of Health is responsible for providing health services for all the citizens of the country. The goal is to provide a sufficient quality service to people in need of promotive, preventive, curative, rehabilitative, or palliative healthcare that would achieve potential health gains.

8.1. Reproductive health

Family Health Bureau along with partners such as Family Planning Association and Population Services Lanka has contributed to sustain the modern contraceptive prevalence at favorable levels. Figure 8.1 shows the percentage of current users of any contraceptive (family planning) method and the unmet need for family planning from 2017 to 2023. As a result of improving the access for contraceptives, the overall contraceptive prevalence rate (CPR) for any method is gradually increasing.

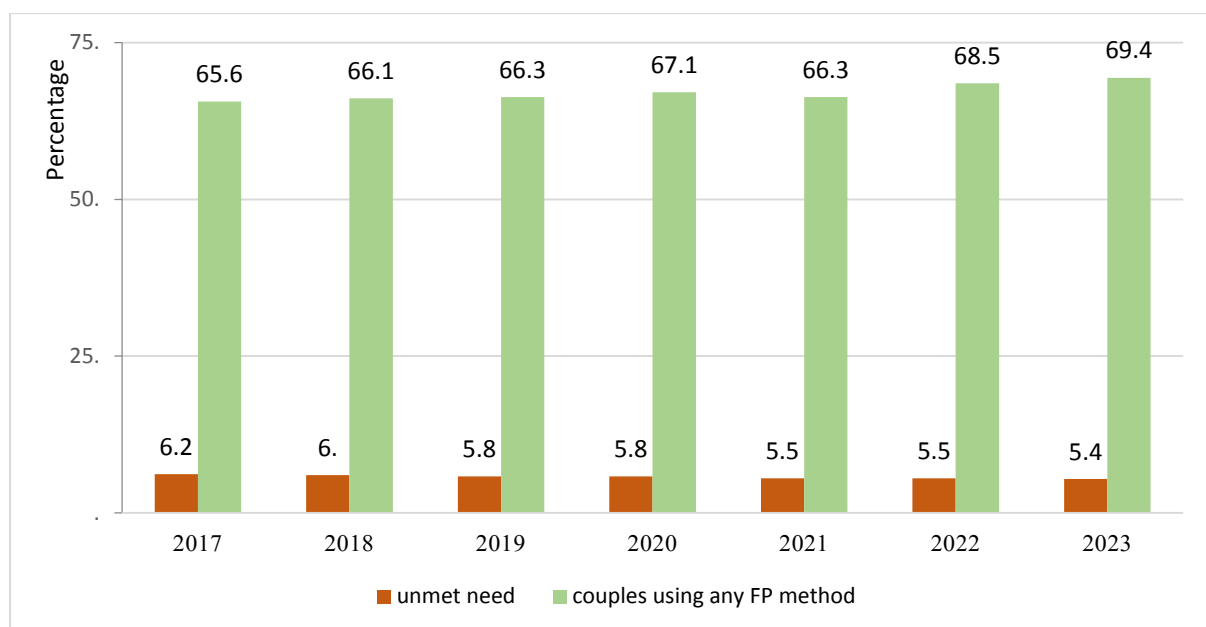


Figure 8.1: Percentage of current users of any family planning method and the unmet need for family planning, 2017 – 2023

Source: e-RHMIS 2020, Family Health Bureau

Method mix indicates the availability of different family planning methods. Figure 8.2 shows the method mix of modern contraceptives from 2017 to 2023. Until 2020, permanent methods were the highest method used but now it is on declining trend. According to the data, injectable has the highest usage while condom use, IUD, pill, and implant are also other common methods.

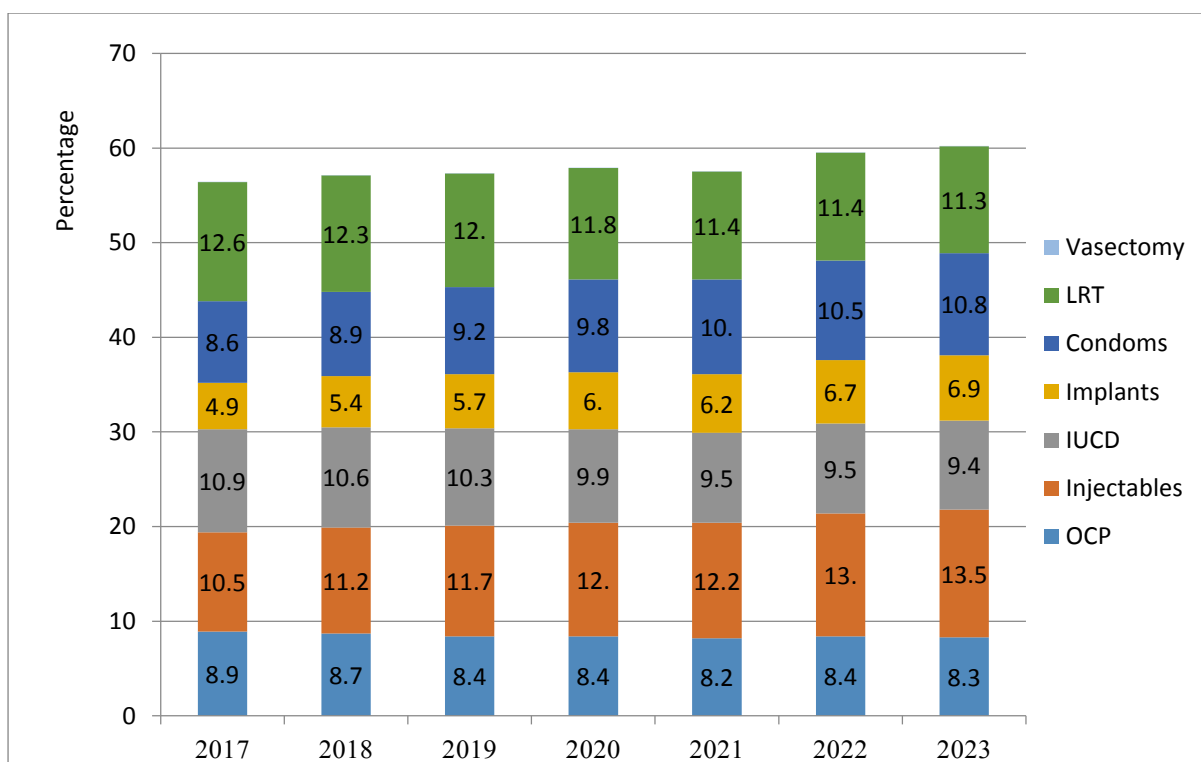


Figure 8.2: Percentages of using of modern family planning methods, 2017 - 2023

Source: e-RHMIS 2020, Family Health Bureau

8.2. Pre-Pregnancy Care Coverage

Sri Lanka is one of the countries in the region to commission a Pre-Pregnancy Care package which was initiated in 2012. The package includes creating awareness, health promotion, screening and other appropriate interventions to reduce risk factors that might affect future pregnancies of the reproductive aged women. According to the data, in 2023, out of all primi mothers registered by PHMs, 64.5 per cent of mothers were attended at least one session of pre-conception care. However, attendances to both sessions were 49.8 per cent.

Table 8.1: Percentages of primi mothers attended pre- conception care clinics, 2022 – 2023

Type of pre-conception care	2022	2023
Attended at least one session (%)	58.7	64.5
Attended both sessions (%)	39.9	49.8

Source: Family Health Bureau

8.3. Antenatal Care Coverage

According to the data, registration of pregnant mothers was 97 per cent in 2023. Out of all registered pregnant women, more than 80 per cent had registered for care before 8 weeks of amenorrhea. Home visits done by PHM for antenatal care was 97.5 per cent in 2023. Protection for Rubella with immunization before pregnancy, protection for Tetanus, antenatal screening for Syphilis and testing for blood group by the time of delivery has achieved almost universal coverage. Summary of antenatal care coverage is given in Table 8.2 and Table 8.3.

Table 8.2: Percentages of pregnant mothers registered at PHMs by type of antenatal care, 2019 – 2023

Indicator	2019	2020	2021	2022	2023
Pregnant mothers registered by PHMs out of estimated pregnancies (%)	92.4	98.7	96.3	96.0	97.0
Pregnant mothers registered before 8 weeks (%)	80.6	80.9	81.8	80.8	81.7
Pregnant mothers registered between 8-12 weeks (%)	13.0	12.6	12.1	12.6	11.7
Pregnant mothers protected with Rubella at registration (%)	98.5	98.5	98.5	98.7	99.1
Pregnant mothers tested for VDRL at the time of delivery (%)	99.5	99.4	99.4	98.5	98.6
Pregnant mothers' blood group tested at the time of delivery (%)	99.7	99.7	99.6	99.6	99.6
Pregnant mothers protected for Tetanus out of reported deliveries (%)	99.6	99.6	99.5	99.4	99.5

Source: e-RHMIS, Family Health Bureau

Table 8.3: Percentages of mothers received antenatal service coverage by public health staff, 2019 - 2023

Indicator	2019	2020	2021	2022	2023
PHM done at least one home visit (%)	94.3	94.2	93.9	96.2	97.5
Registered pregnant mothers attended at least one field clinic visit (%)	95.4	95.6	95.2	96.9	96.6

Source: e-RHMIS, Family Health Bureau

8.4. Post-Natal Care Coverage

During the first 10 postpartum days, more than 75 per cent of mothers were visited by PHMs.

Table 8.4: Percentages of mothers received postpartum care provided by PHM, 2019 - 2023

Indicator	2019	2020	2021	2022	2023
Average number of home visits during the first 10 postpartum days	1.7	1.7	1.7	1.7	1.8
At least 1 home visit during the first 10 days (%)	82.6	80.9	76.0	76.6	77.9
Postpartum visits by PHM around 42 days (%)	73.5	70.0	66.3	69.8	73.8

Source: e-RHMIS, Family Health Bureau

Table 8.5: Pregnancy outcome of registered mothers, 2019 - 2023

Indicator	2019	2020	2021	2022	2023
Pregnancy outcome reported out of registered pregnancies (%)	88.0	85.4	82.0	81.8	83.2
Deliveries reported out of total estimated births (%)	88.5	85.9	82.4	82.2	82.7
Institutional deliveries out of total reported deliveries (%)	99.9	99.9	99.9	99.9	99.9
Number of home deliveries	257	244	274	308	283
Home deliveries out of total reported deliveries (%)	0.09	0.09	0.10	0.12	0.13
Untrained deliveries out of total reported deliveries (%)	0.06	0.05	0.06	0.08	0.09

Source: e-RHMIS, Family Health Bureau

8.5 Infant and Child Care Service Coverage

Table 8.6: Infant and child care services provided by the field staff, 2019 - 2023

Indicator	2019	2020	2021	2022	2023
Infants registered by PHM out of estimated births (%)	93.8	90.8	85.9	86.3	87.1
Infants having at least 1 home visit after 42 days out of registered infants (%)	51.4	49.1	45.6	51.1	55.0
Average number of home visits per infant	7.6	7.5	7.6	7.7	8.6
Estimated infants given Vitamin A at 12 months (%)	78.0	81.0	83.9	79.0	87.2
Estimated children given Vitamin A at 3 years (%)	83.1	87.1	91.9	91.5	106.1
1-2 years old children weighed (%)	83.6	60.9	56.4	73.0	83.7
2-5 years old children weighed (%)	81.7	62.3	55.9	70.6	82.3

Source: e-RHMIS, Family Health Bureau

8.6 Child Health Service Coverage

Conducting School Health Surveys

Range PHI is responsible for conducting school health survey annually. It should be completed preferably within the first quarter of the year for timely action. During 2022 and 2023, school health surveys were conducted in over 98 per cent of the schools. Proper sanitation, hygiene and use of safe drinking water are vital in providing a safe school environment. According to the data, availability of safe drinking water was observed as 79.2 per cent of schools in 2022 and 80.7 per cent of schools in 2023. Usable toilets were available in 91.8 per cent of the schools in 2022 and in 91.3 per cent in 2023.

Conducting Health Promoting in Schools

This concept was initiated in 2007 but its coverage was moderate. A Health Promoting month was declared in 2023 in collaboration with the Ministry of Education to enhance its coverage which improved the figure up to 72.7 per cent by the end of 2023.

Conducting School Medical Inspections

During the COVID-19 period, school medical inspections were dropped significantly. However, year 2022 and 2023; coverage has again improved to 98.1 per cent and 99.1 per cent respectively.

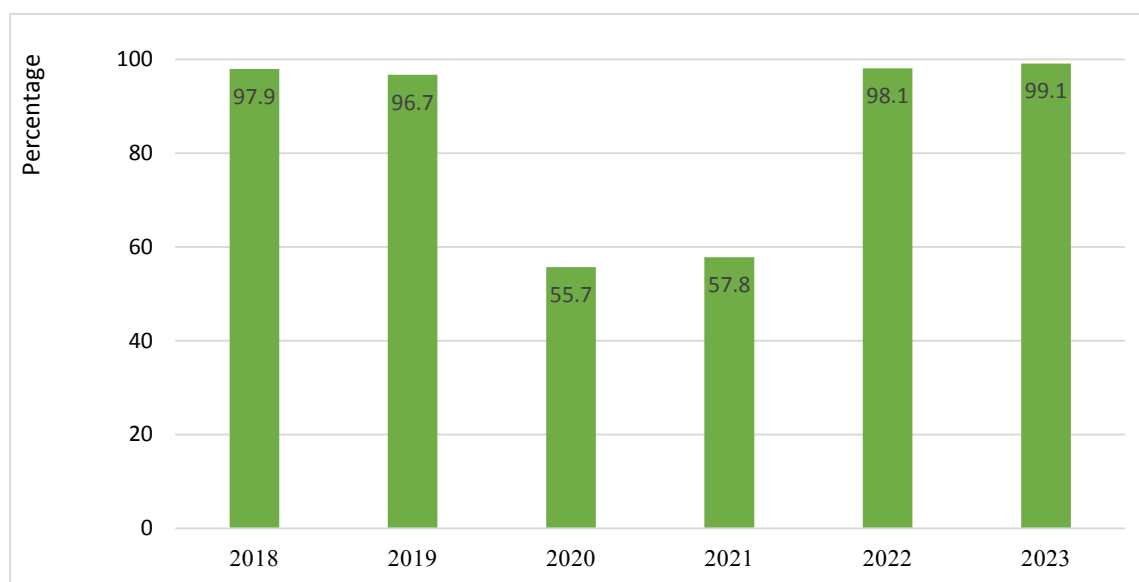


Figure 8.3: Percentages of school medical inspection coverage, 2018 - 2023

Source: eRHMIS, Family Health Bureau

Note: From 2018 Piriven and some international Schools also included

Follow up of defects identified during school medical inspection

The follow up of children with special needs, suspected heart disease, visual defects and hearing defects has been strengthened. The follow up visits by the PHI for the students identified with correctable defects is closely monitored at the monthly MOH meetings in order to increase the number of corrected defects. Re-establishment of specialized Saturday clinics in all referral hospitals was strengthened to complement this activity.

Table 8.7: Number of students identified with defects during school medical inspection, 2023

Defects identified	Number of students	
	Identified with defects	Examined by consultants
Heart problem	17,401	12,012
Behavioral problem	3,543	2,238
Visual defect	62,301	36,257
Hearing defects	787	N.A.

Source: e-RHMIS, Family Health Bureau

8.7. Adolescent Sexual and Reproductive Health Service Coverage

In contexts where adolescents face risks related to teenage pregnancy, sexually transmitted infections, and sexual violence, health services are available at both community level and hospitals. These services priorities the best interests of the adolescent, offering family planning, sexual and reproductive health education, parental guidance, counselling, and referrals as needed. Yowun Piyasa centres at 41 hospitals, and Yowun Piyasa clinics of the MOH areas provide services to adolescents and youth. This service package includes adolescent sexual and reproductive health service components. Public Health Midwives (PHM) register and provide care for adolescents during their domiciliary visits. PHMs provide antenatal care to pregnant adolescents and ensure special attention during and after delivery, offering breastfeeding and psychological support. They are also expected to refer complex cases to higher-care facilities.

8.8. Gender –based violence Service Coverage

Sri Lankan health sector has responded favorably to address gender-based violence. Gender and Women’s Health Unit of the Family Health Bureau (FHB) is the nodal agency at the national level responsible for addressing GBV in the health sector.

Table 8.8: Number of GBV Survivors identified and supported, 2018-2023

Service provision	2018	2019	2020	2021	2022	2023
New survivors identified - Men	2,766	2,560	3,628	2,692	2,995	3,844
- Women	8,495	11,235	13,961	11,687	15,358	21,310
Given emotional support	5,787	7,726	9,153	7,848	10,413	15,452
Referred for further care	3,016	3,636	3,946	3,687	4,299	6,333

Source: e-RHMIS, Family Health Bureau

Establishment of Gender Based Violence Care Centres named “Mithuru Piyasa/Natpu Nilayam” at hospitals, which are dedicated to provide essential medical care and basic emotional support to survivors of GBV is designed to respond to survivors in an effective manner. There were 84 “Mithuru Piyasa” centres established in the country by the end of year 2022.

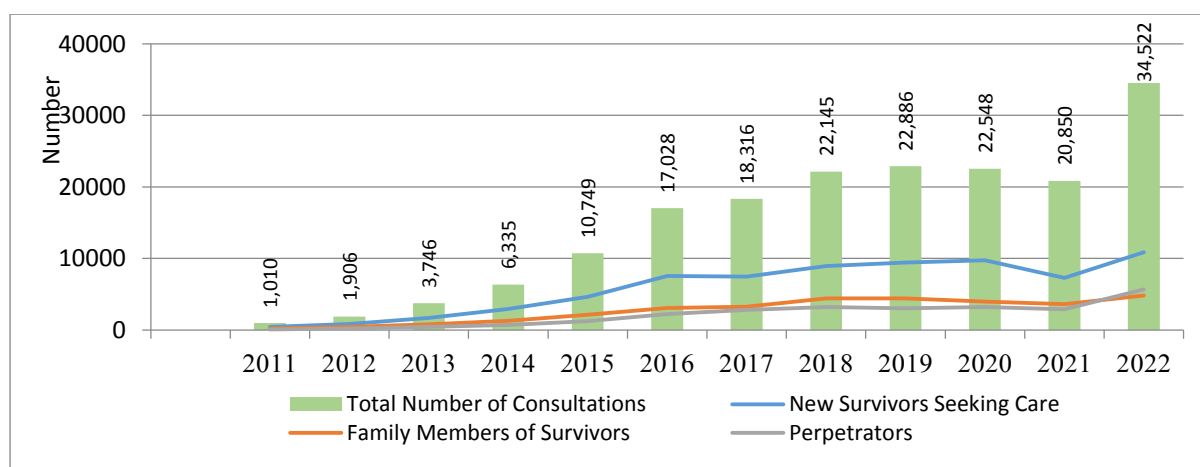


Figure 8.4: Number of consultations provided by Mithuru Piyasa Centres, 2011 – 2022

Source: Family Health

Health System

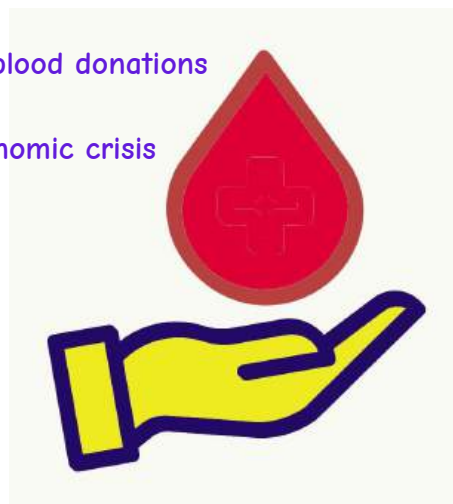
School Medical Inspection
coverage is
98.1% in 2022
99.1% in 2023



99.9% of births are attended by
skilled health personnel



100% voluntary blood donations
were maintained
despite the economic crisis



9. Curative Care Services

In Sri Lanka, curative care services are delivered by government and private sector. Government sector, curative care services are provided through a network of Primary, Secondary, and Tertiary care institutions. Curative care services available at health institutions are public funded and provided for every citizen, irrespective of patient's usual residence. Primary medical care services are given by island-wide Primary Medical Care Units (PMCU) and Divisional Hospitals (DH). PMCU delivers basic facilities such as OPD consultations, dressings, injections and drug dispensing. Majority of PMCUs do not have laboratory services, however some PMCUs have dental services. DH provides primary medical care services with inpatient care. Some divisional hospitals have laboratory facilities and are able to perform microscopic examinations. Further, DH conducts special clinics such as NCD clinics and mental health clinics. Both PMCUs and DHs usually have Healthy Life Centers (HLC), functional units for screening of selected NCDs and programs for health education. Base hospitals type A and B are secondary level institutions that provide at least four main specialties of Internal Medicine, Pediatrics, Obstetrics and Gynecology and Surgery. Base hospitals support services such as laboratory, radiology department, and pharmacy. Further Base hospitals are the first level of referral for primary health care institutions. Teaching hospitals, Provincial hospitals and District General hospitals provide tertiary care services. Apart from that there are several other highly specialized tertiary hospitals functioning under the line Ministry.

Other than above mentioned primary, secondary and tertiary level hospital network, curative care services are providing hospitals attached to tri-forces, police and prison. Table 9.1 shows the number of health institutions function from 2018 to 2023.

Table 9.1: Number of health institutions, by type 2018 - 2023

Type of Institutions	2018	2019	2020	2021	2022	2023
TH	17	18	18	20	20	21
PGH	2	2	2	1	1	-
DGH	19	19	20	19	20	20
BHA	28	29	33	38	37	37
BHB	48	48	50	45	45	45
DHA	51	50	67	67	68	68
DHB	132	131	147	147	147	146
DHC	299	299	267	269	270	275
Other Hospitals	36	38	35	35	36	56
PMCU & Maternity Homes	9	9	7	7	7	7
Primary Medical Care Units (PMCU)	515	522	523	528	545	545
Total	1,156	1,165	1,169	1,176	1,196	1,221

Source: Medical Statistics Unit

9.1. Out Patient Care, In Patient Care and Clinic Visits

OPD attendance was drastically dropped during COVID-19 period however, this was gradually increasing since 2022. In 2023, reported OPD attendance, clinic attendance and inpatient admissions were 55 million, 32 million and 7 million respectively.

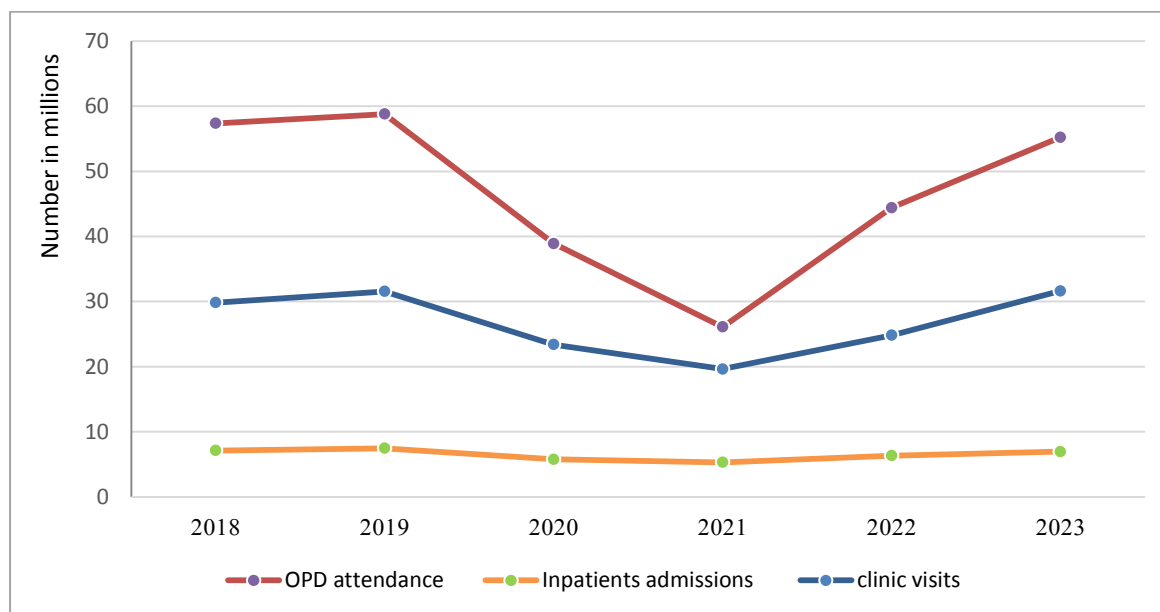


Figure 9.1: Number of OPD attendance, Inpatients admissions and Clinic visits, 2018-2023

Source: Medical Statistics Unit

Tables 9.2, Table 9.3 and Table 9.4 present OPD attendance, Inward admissions, and Clinic visits by type of institutions during the last six years.

Table 9.2: Number of OPD attendance by type of institutions, 2018 – 2023

Type of institutions	2018	2019	2020	2021	2022	2023
TH	5,465,832	5,811,240	3,355,416	2,407,910	3,867,867	5,554,473
PGH	873,517	897,506	439,502	112,514	271,712	3,500,829
DGH	4,893,237	4,574,690	2,939,792	1,760,756	2,888,308	4,783,888,
BHA	4,813,004	5,023,726	3,865,971	2,295,835	3,304,893	6,124,9994
BHB	6,600,840	6,515,994	4,160,456	2,190,008	4,574,044	5,528,813
DHA	4,703,746	4,600,260	3,594,219	2,217,366	4,334,265	8,572.,946
DHB	8,508,747	8,813,185	6,358,385	4,157,030	7,147,250	9,839,286
DHC	10,769,883	11,279,707	6,840,619	5,099,693	8,272,888	1,504,235
Other Hospitals*	1,794,434	2,166,019	1,056,421	817,500	1,316,219	384,836
PMCU	8,940,233	9,102,585	6,301,841	5,036,333	8,427,097	9,419,531
Total	57,363,473	58,784,912	38,912,622	26,094,945	44,404,543	55,219,549

Source: Medical Statistics Unit

* Includes: Institutions with Indoor Facility such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals.

Table 9.3: Number of inward admissions by type of institutions, 2018 – 2023

Type of institutions	2018	2019	2020	2021	2022	2023
TH	1,754,081	1,935,009	1,555,195	1,587,953	1,888,018	2,162,114
PGH	313,648	313,251	101,708	90,181	105,214	-
DGH	1,321,818	1,392,164	1,171,207	992,737	1,247,640	1,289,767
BHA	1,140,633	1,185,752	982,381	1,034,925	1,111,173	1,228,211
BHB	882,992	914,387	695,161	502,117	619,347	709,413
DHA	402,573	407,506	343,208	295,809	353,561	402,348
DHB	580,764	582,262	451,566	385,424	378,983	529,886
DHC	550,904	578,963	353,084	297,029	378,983	411,816
*Other Hospitals	168,855	168,566	131,637	128,018	174,348	216,177
Total	7,116,268	7,477,860	5,785,147	5,314,193	6,350,347	6,949,732

Source: Medical Statistics Unit

* Includes: Institutions with Indoor Facility such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals.

Table 9.4: Number of clinic visits by type of institutions 2018 - 2023

Type of institutions	2018	2019	2020	2021	2022	2023
TH	7,946,290	8,386,816	5,984,432	5,330,995	7,040,799	9,111,070
PGH	583,048	547,958	445,140	330,639	442,138	-
DGH	4,619,651	4,875,749	3,946,738	3,063,067	4,201,929	5,054,887
BHA	3,470,898	3,615,909	2,768,604	2,553,511	3,183,607	4,068,406
BHB	2,921,752	3,152,150	2,145,770	1,427,496	1,941,583	2,527,129
DHA	1,654,881	1,754,465	1,441,987	1,150,136	1,603,859	2,003,695
DHB	2,588,891	2,726,658	2,119,577	1,685,727	2,117,234	2,585,436
DHC	2,726,647	2,915,957	1,964,835	1,706,606	1,940,123	2,422,260
Other Hospitals *	1,316,262	1,436,557	868,733	742,577	1,042,509	1,490,078
PMCU	2,016,605	2,133,278	1,716,852	1,645,240	1,912,478	2,356,894
Total	29,844,925	31,545,497	23,402,668	19,635,994	25,426,259	31,619,855

Source: Medical Statistics Unit

* Includes: PMCUs with Maternity beds,

Institutions with Indoor Facility such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals,

Other Institutions without Indoor facility.

Table 9.5 presents the number of clinic visits by type of clinic. According to the Table 9.5, the highest number of clinic visits was made to medical clinics followed by dental clinics.

Table 9.5: Number of clinic visits by type of clinic 2018 – 2023

Type of clinic	2018	2019	2020	2021	2022	2023
Medical	13,609,792	14,586,731	10,932,051	9,160,491	11,423,863	14,727,217
Dental	3,441,489	3,636,278	2,336,293	1,766,506	2,779,122	3,410,512
Diabetic	1,460,036	1,625,611	1,278,758	1,048,956	1,281,679	1,556,584
Eye	1,589,141	1,664,924	1,128,594	925,876	1,356,274	1,709,283
Psychiatric	1,128,036	1,203,172	955,088	800,356	1,047,001	1,227,803
Surgical	1,193,304	1,264,560	914,236	761,030	1,035,401	1,257,080
Skin	999,218	1,101,265	800,114	635,264	879,258	1,090,607
Cardiology	879,116	863,805	665,940	608,578	798,254	994,420
Baby	640,686	605,790	476,404	470,789	454,206	498,094
Cancer	457,679	504,825	429,996	436,252	515,168	614,827
Gynecology and Obstetrics	1,775,922	1,721,838	1,432,991	1,266,516	1,337,891	1,417,987

Source: Medical Statistics Unit

* Includes: PMCUs with Maternity beds,

Institutions with Indoor Facility such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals, Other Institutions without Indoor facility.

9.2. Maternal Services

In 2023, total number of deliveries reported by government hospitals were 202,558. Out of these deliveries, 200,248 were single deliveries, 2237 were twin deliveries and 73 were other multiple deliveries. According to the data, almost all multiple deliveries reported from base and above hospitals.

Table 9.6: Number of deliveries by type of institutions, 2022-2023

Type of institution	Total deliveries 2022	2022			Total deliveries 2023	2023		
		Outcome of delivery				Outcome of delivery		
		Single	Twin	Other		Single	Twin	Other
TH	85,809	84,699	1,056	54	80,792	79,596	1,134	62
PGH	5,310	5,248	57	5				
DGH	62,844	62,215	617	12	54,237	53,677	552	8
BHA	61,251	60,725	521	5	50,645	50,197	445	3
BHB	17,075	16,947	126	2	14,976	14,878	98	-
DHA	662	660	2	-	451	449	2	-
DHB	801	800	1	-	508	507	1	-
DHC	592	589	3	-	484	482	2	-
Maternity	27	27	-	-	8	8	0	-
Special Hospitals	1,077	1,069	7	1	457	454	3	-
Total	235,448	232,979	2,390	79	202,558	200,248	2,237	73

Source: Medical Statistics Unit

Caesarean delivery rate is very high in Sri Lanka. In 2022 it was 40.4 per cent and it was further increased in 2023 (42%). District General Hospitals and Teaching Hospitals reported the highest rates. Further, special hospitals such as Military Hospital, Gen. Sir John Kotalawela Defense University Hospital also reported higher caesarean rate (46%), despite their lower number of deliveries.

Table 9.7: Number of deliveries by type of institutions, 2022-2023

Type of institution	2022			2023		
	Total deliveries	Caesarean deliveries		Total deliveries	Caesarean deliveries	
		Number	%		Number	%
TH	85,809	36,001	42.0	80,792	34,877	43.2
PGH	5,310	2,333	43.9			
DGH	62,844	26,250	41.8	54,237	23,058	42.5
BHA	61,251	23,717	38.7	50,645	20,934	41.3
BHB	17,075	6,347	37.2	14,976	5,836	39.0
DHA	662	-		451	-	
DHB	801	-		508	-	
DHC	592	-		484	-	
Maternity Homes	27	-		8	-	
Special Hospitals	1,077	505	46.9	457	210	46.0
Total	235,448	95,153	40.4	202,558	84,915	41.9

Source: Medical Statistics Unit

Out of all live births registered with the Department of Registrar General's, 82 per cent of live births were reported from government hospitals in 2023.

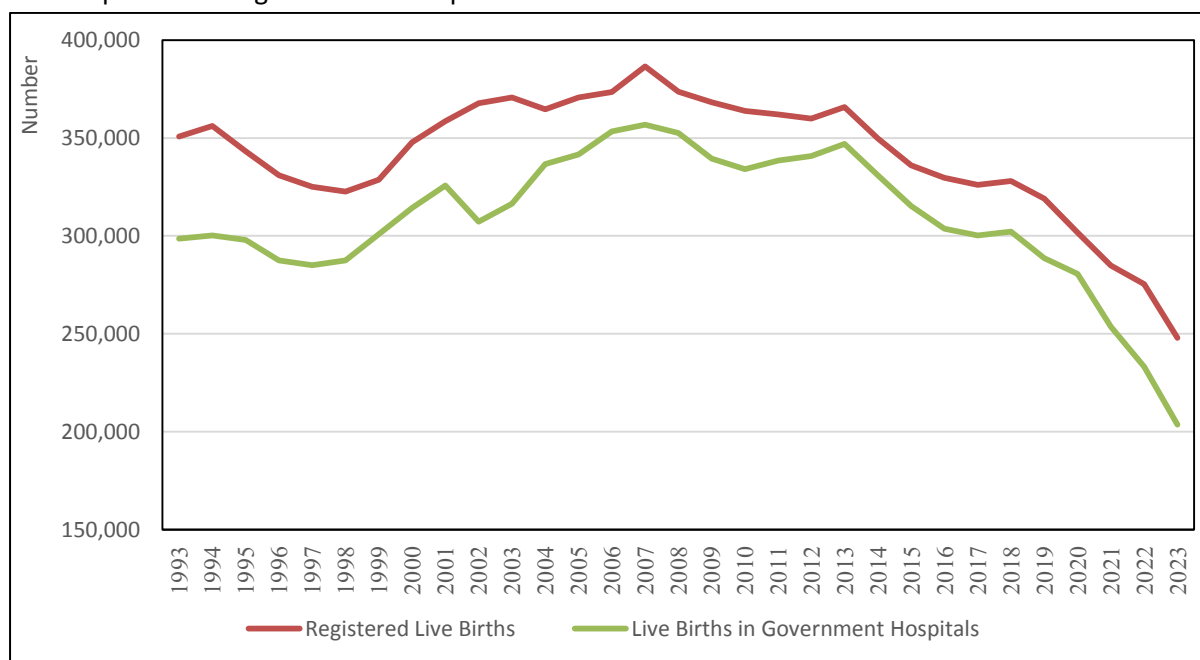


Figure 9.2: Number of registered births and live births occurred in government hospitals, 1993 - 2023

Source: Registrar General's Department and Medical Statistics Unit

10. Public Health Services (Preventive Health Services)

In Sri Lanka, public health services are provided by Medical Officers of Health (MOH) at the ground level, with one MOH responsible for each MOH division, which is roughly equal to a Divisional Secretariat (DS) division. There are 358 MOH divisions in 2022 and in 2023.

Each MOH is supported by various staff members including Public Health Nursing Sisters, Supervising Public Health Inspectors, Supervising Public Health Midwives, Public Health Inspectors and Public Health Midwives.

The management of public health services is the responsibility of the Provincial Health Authorities. At the national level, the responsibility of public health services is divided among two Deputy Director Generals.

10.1. Deputy Director General – Public Health Services 1 (DDG-PHS 1)

The main responsibility of the DDG-PHS I includes leading and managing the public health system related to communicable diseases.

The following directorates are under the purview of DDG-PHS 1.

1. Epidemiology Unit
2. National STD, AIDS Control Programme (NSACP)
3. National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)
4. Anti-Malaria Campaign (AMC)
5. Anti-Leprosy Campaign (ALC)
6. Public Health Veterinary Services (PHVS)
7. Quarantine Unit
8. National Dengue Control Unit (NDCU)
9. Anti-Filaria Campaign (AFC)
10. Principal Public Health Inspector (PPHI)

10.1.1. Epidemiology Unit

Epidemiology Unit is the Institute in the Ministry of Health responsible for the prevention and control of communicable diseases. Disease surveillance programme involves routine notification, and special surveillance on selected diseases such as vaccine-preventable diseases, leptospirosis, human rabies and dengue fever. In addition, sentinel site surveillance is being carried out for influenza-like illness and severe acute respiratory illness which have the potential to be endemic. The unit acts as the emergency response division for disease control activities in disasters, and emergencies and handles outbreak investigation and control.

Epidemiology Unit is also the focal point for the National Immunization Programme (NIP). It is responsible for developing policy and strategies for vaccine introduction, coordinating provision of

logistics, supply of vaccines and injection safety items and monitoring and evaluation of the NIP. The National Immunization Programme of Sri Lanka is one of the best-performing public health programmes in the region and the world as well.

In addition, the unit is involved in training medical postgraduates and health staff on activities related to communicable disease control and the National Immunization Programme. It also serves as an international training center on disease prevention and control and the childhood immunization programme.

Actions taken in 2022

1. COVID-19 Pandemic Control

The Omicron variant of COVID-19 hits the country in the first quarter of 2022. The highest caseload was reported in mid-February. After that, the daily reported new cases started to decline and came to very low levels in April 2022. Up to 31 December 2022, a total of 671,891 COVID-19 cases have been reported with 16817 deaths. The objective was to further contain the spread of the disease and save lives whilst maintaining livelihoods with minimal interruption. The official COVID-19 daily situation report of the Ministry of Health which was started by the Epidemiology Unit in 2020, continued throughout the year 2022.

2. COVID-19 Vaccination Campaign

The COVID-19 vaccination drive was carried forward with the help of multiple stakeholders in the second half of 2022. The Pfizer vaccine was given as the booster dose to all individuals above 20 years. Children over 12 years were vaccinated with the Pfizer vaccine mainly as a school-based campaign. The services were available in hospitals as well as the Medical Officer of Health (MOH) officers. The provision of the second booster dose with the Pfizer vaccine commenced in May 2022. It was carried out in a phased manner starting with the elderly, the immunosuppressed individuals and the general public. However, the uptake was not satisfactory.

By the end of the year 2022, 17,137,342 individuals had been given at least one COVID-19 vaccine and 14,768,419 individuals had completed the primary vaccination schedule. The first booster dose was given to 8,247,788 individuals and 203,396 individuals have taken the second booster dose. The COVID-19 vaccination campaign was carried out by the fully dedicated public health staff with the support of the curative sector and the tri-forces.

3. National Immunization Programme

The routine vaccination activities were guided and supervised by the Epidemiology Unit and further supplemented with a circular issued by the Ministry of Health stating that the COVID-19 prevention practices need to be strictly adhered to in the immunization clinics.

Regular monitoring of the programme is carried out at the district and central levels and necessary feedback and guidance were provided to the field staff. Further, subnational, and national EPI/VPD reviews were conducted annually to review and improve the programme.

4. Influenza control and prevention

There are 19 sentinel hospitals to carry out influenza surveillance throughout the country. Out of 1,736,480 total OPD visits, 104,475 Influenza-like Illness (ILI) cases have been reported to the National

Influenza Surveillance System during the year 2022. It represents 6.01 per cent of total OPD visits to the sentinel sites.

5. Hepatitis B sero-epidemiological survey

There is a global initiative to eliminate Viral Hepatitis by the year 2030. Since Sri Lanka is reporting a low number of Hepatitis B patients annually and has sound infection control and prevention systems in the hospital and the public health sector has a high potential to reach the elimination targets (< 0.1% HBsAg in children 5 years old) earlier than the stipulated time.

To fulfil this task, the Epidemiology Unit carried out a seroprevalence survey of Hepatitis B among pregnant mothers and 5-year-old children in the latter half of 2022. The following were the main reasons behind the survey.

1. Hepatitis B seroprevalence among 5-year-old children is an SDG indicator
2. The same is required for the verification process to get the “Hepatitis B controlled” status to the country
3. Pregnant mothers will be important as a proxy to the Hepatitis B prevalence among the general population as well as justify the absence of Hepatitis B Birth Dose in the national schedule.

The country-wide sample included 2538 five-year-old children and 1269 pregnant mothers. The results of the survey showed that none of the children nor pregnant mothers was positive for Hepatitis B surface antigen.

Actions taken in 2023

1. COVID-19 Vaccination Campaign

COVID-19 vaccination drive continued for the year 2023 with the Sinopharm vaccine. It was given to anyone above 18 years of age including pregnant mothers to complete the primary vaccination or anyone above 20 years as first or second booster dose. At the end of December 31st, 2023, the number of vaccinations carried out was reported as, at least a single dose – 17,143,761, 2nd dose – 14,752,827 first booster 8,220,788 and the second booster 202,751.

2. Disease Surveillance

Currently, the “e-Surveillance”, the web-based disease surveillance system, is implemented to minimize the errors encountered in the paper-based system in all 358 Medical Officers of Health divisions. The completeness of the system is near 100 per cent.

3. National Immunization Programme

During 2023, as with the other years, EPI/ VPD reviews were conducted in all 26 health districts to assess the performance of the NIP during the year 2022. Gaps in service provision were identified and relevant general and specific recommendations were made to improve the immunization service delivery.

Regional Epidemiologist quarterly reviews were held in the year 2023. Two were held at the Epidemiology Unit, while others were held at Nuwara Eliya and Negombo.

A new cold room complex was commissioned at the Epidemiology Unit in 2023.

4. Measles Outbreak

Along with the measles outbreaks that were being experienced in the year 2023 globally, Sri Lanka also started reporting measles cases in mid-2023. The first case was reported on 23rd May 2023 through the routine disease surveillance system from the Colombo Municipality Area. Transmission of the disease

was initially observed predominantly among vaccine refusals in the CMC area followed by Kolonnawa, Gothatuwa and Dehiwala MOH areas in the Colombo district. By the end of 2023, number of confirmed measles cases was 786 and cases reported from 161 MOOH areas out of a total of 358 MOOH areas. The majority of the cases were reported from Colombo district (40%) and Gampaha district (18.7%) followed by Jaffna district (10.9%). Among them, approximately 55 per cent of cases occurred among Sinhalese, 29 per cent belonged to the Moor ethnicity and 16 per cent to the Tamil ethnicity. Out of the total positive cases, 17 per cent were less than 9 months old aged infants while nearly 35 per cent of patients belonged to the 20 - 30 years age category.

A measles outbreak response plan was activated and the following activities were carried out around each confirmed patient:

- Contact tracing and follow-up of contacts for 2 incubation periods
- Conducting fever, and rash screening in households around a positive patient
- Vaccinating children of 9 months -15 years who have missed the routine vaccination
- Vaccinating contacts between 15 - 45 years, who do not have evidence of measles vaccination.

In addition, the Medical Officer of Health areas with a significant number of children with vaccine refusal implemented several measures to vaccinate them.

5. Hepatitis B Controlled Status

With the results of the national sero survey and the surveillance data, country applied for the verification of Hepatitis B “controlled status” from WHO. After a lengthy process of verification and final assessment, WHO has announced that Sri Lanka has reached the Hepatitis B controlled level.

6. Website of the Epidemiology Unit

A new website was developed and launched for the Epidemiology Unit in year 2023.

Actions to be taken in 2024

1. Supplementary Immunization Activity (SIA) for Measles

In order to protect infants under 9 months of age, who are not eligible for routine vaccination but are vulnerable to the disease and its complications, a supplementary immunization activity will be conducted in early January 2024, targeting infants between 6 to 9 months in selected 9 high-risk health districts. At the same time, a nationwide catch-up campaign will be conducted for children between 9 months to 15 years who have missed the routine vaccination.

2. EPI coverage survey in Kandy district

3. Temperature mapping study

4. Establishment of a new back-up generator for the Central Cold Stores at the Epidemiology Unit

5. Setting up of smoke and fire alarms for the Central Cold Store

6. Setting up of Steering Committee for the Prevention and Control of Leptospirosis in Sri Lanka

7. Setting up of Steering Committee for Water Quality Surveillance in Sri Lanka

10.1.2. National STD/AIDS Control Programme (NSACP)

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health coordinates the national response to HIV and sexually transmitted infections (STIs). It operates administrative, clinical, and laboratory sections along with dedicated units for strategic information management, multi sectoral collaboration and Global Fund project implementation. NSACP collaborates and provide technical guidance to 41 district STD clinics, providing full-time services. Of these, antiretroviral treatment (ART) services were provided in 33 clinics as of end 2022. Despite challenges like the COVID-19 pandemic and economic crises, NSACP remains dedicated to its goals, ensuring the provision of essential sexual health services across Sri Lanka.

The Health System in Sri Lanka on HIV and other sexually transmitted infections (STIs), is overseen by the National STD/AIDS Control Programme (NSACP), which operates under the Deputy Director General (Public Health-1) within the Ministry of Health. The director of NSACP and a senior management team provide leadership and technical guidance for both preventive and curative services.

The NSACP coordinates the national response to HIV and STIs, working closely with various national and international stakeholders. Administrative, clinical, and laboratory functions are centralized in Colombo, with strategic information management, multi-sectoral collaboration, and project implementation units. The national programme networks with 41 district STD clinics of which 33 clinics also provide antiretroviral treatment (ART). Additionally, the National Institute of Infectious Diseases (NIID) in Angoda serves as another ART facility.

The NSACP's responsibilities include staff training, guideline development, strategic planning, procurement of antiretrovirals and health products, and management of grants such as the Global Fund. It offers preventive, clinical, and laboratory services for key populations and the general public, while also prioritizing national and district-level surveillance and strategic information management. Despite challenges posed by the COVID-19 pandemic and economic crises, the NSACP remains committed to delivering high-quality sexual health services, working tirelessly to achieve its goals and support those affected by HIV and STIs.

Actions taken in 2022

1. Pre-Exposure Prophylaxis (PrEP) services were expanded through community clinics, enrolling 215 new clients, with options for both event-driven and daily PrEP.
2. Various techniques such as outreach workers, online orders, and hotlines were utilized for distributing HIV self-tests, resulting in the distribution of 7,657 kits, with 5,773 utilized, and 36 confirmed positives.
3. Services for monitoring and managing drug resistance in HIV/AIDS were set up at the National Reference Services.
4. Due to economic challenges ART, condoms, and HIV test kits were procured through an emergency fund, ensuring continuous access to essential supplies.
5. Enhanced coverage of STI services and improved ART adherence monitoring were achieved through training and meetings.

6. Quality laboratory services were scaled up including CD4 and Viral Load cartridges were procured, and Drug Resistance Services were established strengthening laboratory capacity for HIV testing and management.
7. Program monitoring and routine reporting systems, including Electronic Information Management System (EIMS) and Prevention Information Management System (PIMS), were implemented and maintained.
8. Programmes aimed at reducing human rights-related barriers to HIV services were implemented, fostering a more inclusive and supportive environment.
9. Vaccination services were provided, particularly targeting high-risk groups, contributing to preventive efforts against Hepatitis B.
10. Partner notification and defaulter tracing activities were conducted to ensure timely intervention and care.
11. Assessments for pre-employment and foreign employment medicals were conducted, ensuring the sexual health status of individuals entering the workforce or traveling abroad.
12. Outreach HIV testing and prevention activities were conducted targeting key population groups, vulnerable populations, and the general population.
13. School health programs were conducted to educate students about sexual health issues.
14. Various delivery models for HIV self-testing were implemented, ensuring convenience and accessibility.
15. Screening and treatment for tuberculosis (TB) among PLHIV were prioritized, ensuring comprehensive care for co-infected individuals.
16. Despite challenges, screening for hepatitis B and C was conducted, identifying new cases among PLHIV, and ensuring comprehensive care for co-infected individuals.
17. PrEP services were expanded through community clinics, offering both event-driven and daily PrEP, ensuring accessibility and flexibility.
18. Needle syringe exchange services (NSES) were scaled up, addressing the needs of PWID and contributing to harm reduction efforts.
19. Molecular testing facilities were expanded, allowing for more comprehensive testing for HIV and other STIs.
20. ART centers were expanded across all districts, ensuring widespread coverage. The "Treat All" policy was effectively implemented, minimizing mortality and morbidity.
21. National-level meetings and district reviews were held to assess the progress of the EMTCT program.
22. Educational and advocacy programs were conducted to reduce stigma and discrimination related to HIV services among police officers.
23. Leaflets and video clips were created to promote STD clinics and condom use among key populations and vulnerable groups, addressing stigma and discrimination barriers.
24. Condom vending machines were installed at railway stations, and lubricants were added to the National Formulary enhancing prevention efforts

Actions taken in 2023

1. Ten consultants received specialized training on the Chai Simple estimation method, enhancing their capabilities for impactful health interventions. The Chai Simple estimation method was employed for ART estimation, streamlining the assessment process for effective resource allocation and planning.
2. With financial support from the Global Fund, three peer counselors from PLHIV groups were enlisted to provide comprehensive support to patients, addressing treatment adherence and social challenges.
3. Quarterly review meetings were conducted for PLHIV organizations to assess progress and enhance community service capacity.
4. NSACP organized social awareness programs to combat stigma and discrimination surrounding HIV, promoting empathy within the community. Adherence counseling sessions were conducted for PLHIV groups to enhance treatment adherence and overall well-being.
5. Developed social media platforms aligned with know4sure.lk. Regular weekly updates of content on social media platforms.
6. Ongoing efforts to enhance Google Sheet for improved stock maintenance.
7. HIV testing procedures were enhanced, including confirming diagnosis using a three-test algorithm and implementing rapid blood testing centers.
8. Efforts were made to expand HIV self-testing initiatives and increase hospital-based testing.
9. EMTCT initiatives included antenatal screening and district reviews, along with providing refresher training for Maternal and Child Health (MCH) staff.
10. Training sessions were provided for undergraduate and postgraduate trainees, and workshops were conducted to reduce stigma and discrimination.
11. Various events, including an AIDS Day Walk, media conference, and social media campaign, were organized to raise awareness about HIV/AIDS prevention and treatment.

Actions to be taken in 2024

1. ART centers with vacant consultant Venereologists cadres will be visited by other consultants for optimal patient care.
2. With the support of the Global Fund, essential tests such as Cryptococcal antigens and CMV PCR will be conducted, ensuring continued access to vital healthcare services for those in need despite the economic crisis in Sri Lanka.
3. A pilot project is planned to enhance index case testing, evaluate its effectiveness, and establish a monitoring and evaluation system to ensure continuous improvement.
4. The TB/HIV advocacy committee was established to formulate strategies aimed at raising awareness, promoting collaboration, and advocating for improved services for individuals affected by TB and HIV co-infection.
5. Counseling workshops will be conducted for major staff, and NHSL staff will be trained in post-exposure prophylaxis.
6. Fifteen medical officers attached to STD clinics will undergo an accredited e-Learning programme on STD and HIV. Five major staff members attached to STD clinics will attend a training workshop at an ART center in India.

7. Utilizing low-cost, high-impact interventions, sexual health will be promoted through social media channels such as know4sure.lk.
8. Virtual outreach will be improved through dating apps and other innovative strategies.
9. Condom usage will be promoted through social media campaigns and within STD clinics.
10. The laboratory will undergo refurbishment to modernize facilities and enhance operational efficiency to meet evolving standards and requirements.
11. The refurbishment of peripheral laboratories aims to enhance their infrastructure and capabilities, ensuring improved service delivery and quality standards across decentralized healthcare settings.
12. A digital system will be developed to get the STD clinic attendee's feedback about the services they received.
13. A major software upgrade to the NSACP's electronic medical record system (EIMS) will be completed in 2024.

10.1.3. National Programme for Tuberculosis Control and Chest Diseases

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is the national level organization responsible for Tuberculosis control activities in the country, which are executed through district chest clinics (DCC). The NPTCCD coordinates and provides technical guidance and other support to district-level staff to ensure the provision of good quality diagnostic and treatment services for patients

Without any interruptions. It is led by a coalition of healthcare professionals, policymakers, and community stakeholders, this initiative underscores Sri Lanka's proactive stance in addressing one of the most persistent global health challenges. In addition, preventive services implemented by the NPTCCD include carrying out screening programs among high-risk groups for early case detection, implementation of TB preventive therapy among identified high-risk groups, improving awareness and health promotional behavior of the public on TB, as well as conducting TB-related service-oriented research to generate evidence for policy and activities.

In the years 2022 and 2023, the NPTCCD remained steadfast in its pursuit of achieving significant milestones in the fight against tuberculosis and chest diseases. With clear goals and objectives set forth, the program aimed to reduce the incidence and prevalence of TB, enhance early detection and diagnosis, ensure prompt and effective treatment, and strengthen public awareness and education efforts.

Respectively, in year 2022 and 2023, a total of 8,342 and 9538 TB cases were notified through the 26 DCCs, with overall TB case notification rate (CNR) of 37.7 and 41.6 per 100,000 population and treatment coverage rate of 57.9% and 67% for incident TB cases. In comparison to preceding years, the year to year change (YR2YR) in TB notification rate for all forms of TB between 2022 and the preceding year showed an increase contrary to historical annual decline. This surge in TB notification suggests good recovery from the COVID-19 pandemic impact on TB case notification, effectiveness of ongoing interventions such as active case finding and mobile screening activities using digital X-rays and GeneXpert, and the adoption of GeneXpert as the entry point of TB.

Actions taken in 2022

1. Improved Detection and Diagnosis

Through the expansion of diagnostic facilities and the adoption of advanced screening technologies, the program enhanced its capacity for early detection of TB cases. Compared to previous years this led to a higher rate of case detection, enabling prompt initiation of treatment and reducing the risk of transmission within communities.

2. Treatment Adherence and Success

Efforts were directed towards ensuring that individuals diagnosed with TB received comprehensive and effective treatment. Implementation of directly observed therapy (DOT) and patient support initiatives contributed to high rates of treatment adherence and success, thereby reducing the burden of drug-resistant TB and preventing relapses.

3. Expansion of Services

The program expanded its reach to underserved and remote areas, providing equitable access to TB diagnosis and treatment services. Community outreach program initiatives played a pivotal role in reaching vulnerable populations and facilitating timely care delivery.

4. Capacity Building and Training

Continuous investment in healthcare workforce development and training programs strengthened the skills and capabilities of healthcare professionals involved in TB management. Especially to District TB Control Officers (DTCOs), Chest clinic medical officers, nursing officers, MLTs, PHLTs, etc. This ensured standardized quality of care across healthcare facilities and improved patient outcomes.

5. Public Awareness and Advocacy

Robust advocacy campaigns and community engagement activities were conducted to raise awareness about TB prevention, symptoms, and treatment. These initiatives aimed to dispel myths, reduce stigma, and foster a supportive environment for individuals affected by TB.

6. Two significant reviews took place in 2023 through the support of the Global Fund to Fight AIDs, Tuberculosis, and Malaria (GFATM), and the Ministry of Health, Sri Lanka

Epidemiology Review

In 2023, the National Programme for TB Control and Chest Diseases underwent a comprehensive epidemiology review conducted by both international and local consultants. This review aimed to assess the current status of TB epidemiology in Sri Lanka, identify trends, challenges, and opportunities, development of an investment framework in line with the identified gaps in the surveillance and M& E systems, and provide recommendations for enhancing program effectiveness. Following the review, a detailed report was issued, informing strategic decision-making and guiding future interventions to address the evolving landscape of TB control.

Mid-Term Review

Additionally, a mid-term review of the program was conducted in 2023 by a panel comprising international and local consultants. This review assessed the progress made towards achieving program goals and objectives, evaluated implementation strategies, and identified areas for improvement. The insights gleaned from this review provided valuable feedback to refine programmatic approaches, optimize resource allocation, and ensure alignment with global best practices. The resulting report

served as a roadmap for recalibrating efforts and advancing towards the program's overarching objectives.

In summary, the National Programme for TB Control and Chest Diseases in Sri Lanka made significant strides in achieving its goals and objectives during the years 2022 and 2023. By prioritizing early detection, prompt treatment, and community engagement, the program is making progress towards reducing the burden of TB and outcomes across the nation.

Actions to be taken in 2024

Based on review recommendations, following key actions will be taken to streamline TB diagnosis, management and patient centered quality care:

1. Implementation of WHO recommended rapid diagnostic test (WRD) as the initial test in Central Chest Clinic. As per the recommendations of reviewers, country should adopt WRD as the initial diagnostic test in all the settings. However, it is planned to be implemented as stepwise starting from CCC and expanding it to Colombo district in 2025.
2. Intensified case finding in OPD settings: To improve OPD case finding it was suggested to screen all coughers through a triage and to filter presumptive TB patients and utilization of a more sensitive tool (Xray and sputum) for the diagnosis at the OPDs. This will be implemented in a secondary or tertiary care setting in each district.
3. TB inventory survey will be carried out to find the gaps related to case finding.
4. Decentralization of Mulli drug Resistance Treatment services and provision of ambulatory care for MDR patients at district level will be implemented in order to provide patient centered quality care and better treatment outcomes.
5. Private Public Partnership will be strengthened and TB champions will be identified from each district in order to improve referrals from private sector to diagnostic institutions. A special referral form had been developed and will be circulated in par with World TB Day 2024, that prioritize PPM as a key strategy in WTD 2024.
6. MDR survey (Multi Drug Resistant) will be carried out to estimate the proportion of drug resistant tuberculosis among all TB patients.

10.1.4. Anti-Malaria Campaign

1. Detecting and treatment of imported cases - During 2022, 37 and 2023, 62 imported cases were reported respectively, and majority were from African countries. There is shift in the gender males being predominant. The rise in people travelling to African countries may be attributed to this. AMC continued to support travelers through the online system of obtaining prophylactic drugs. Prophylactic drugs are provided free of charge.
2. Screening and following up of high-risk population – All returnees from tri forces are regularly screened. The public are given the option of screening. All returnees who were screened were given a screening card with scheduled dates for follow-up.
3. In 2022 Entomological surveys were conducted to study the bionomics of Anopheles vector mosquitoes monthly in 25 sentinel sites (Extended routine sentinel surveys) and quarterly in 34 sentinel sites (Routine sentinel sites). In July 2022 the number of sentinel sites was revised and

reduced to 17 sentinel sites and conducted every month and routine sentinel sites were discontinued. Proactive spot entomology surveys were conducted based on the availability of risk groups (vulnerability) in an area. Reactive entomology surveys were conducted whenever a malaria patient-reported, in each location where the patient had night stays. Vector control activities were carried out based on the results of the entomology surveys and the level of malaria transmission risk.

4. *Anopheles stephensi* which is considered as an urban malaria vector in India and has the potential to transmit malaria has been reported in three regions in 2021. But with the successful vector control activities mainly using the larvivorous fish, it has reduced to two regions in 2022. In 2022 it was reported only in Jaffna and Kalmunai regions
5. Malaria entomology Standard Operation Procedures were revised during the year with experts in the field and health staff.
6. In 2024, Monthly entomology surveys were conducted in 17 sentinel sites to monitor the *Anopheles* vector bionomics in the country. Proactive spot entomology surveys were conducted based on the availability of risk groups (importation risk) in an area. Proactive spot entomology surveys are also used to collect mosquitoes to conduct susceptibility testing. Reactive entomology surveys were conducted whenever a malaria patient-reported, in each location where the patient had night stays. Vector control decisions were taken based on the entomological survey results to minimize the risk of malaria transmission in the country.
7. Invasive potential malaria vector *Anopheles stephensi* was only reported in Jaffna and Kalmunai regions due to successful vector control measurements taken in each region. Larvivorous fish was mainly used to control this mosquito in reported areas which is considered as biological vector control method.
8. Refresher training on malaria entomology was conducted for Health Entomology Officers who are engaged in malaria in all the regions.
9. Malaria entomology guideline was revised during the year with the advice of experts in the field and health staff.
10. Pilot testing of the new P1 form (parasitological form 1) was completed. Printing of the new format commenced.
11. The National Strategic Plan (NSP) was developed for the period 2023-2027 was developed.
12. One External competence assessments of malaria microscopy and 3 National competence assessments of malaria microscopy (NCAMM)s were conducted during the year 2022.

Actions to be taken in 2024

In addition to routine activities planned in the annual strategic plan, following special development activities are being planned for prevention of reintroduction of malaria, in 2024

1. Introduction of DHIS 2 information system with data collected from the new P1 form will be fed to the system in 2024.
2. Improve facilities at regional level for RMOs for data collection.
3. RMO offices will be provided with IT equipment to facilitate the data collection and data entry to the system.

10.1.5. Anti-Leprosy Campaign

Anti-Leprosy Campaign (ALC) is the focal point of leprosy control activities at Ministry of Health which provides preventive, curative and rehabilitative services in Sri Lanka. Policy/ programme planning and implementation, monitoring and evaluation, collection and dissemination of leprosy related information and conducting research are some of the major activities lead by the ALC. In 1954, Anti Leprosy Campaign was started as a centrally controlled campaign, but now directorate of ALC consists of Director Office at Welisara, Central Leprosy clinic at NHSL Colombo and leprosy hospital at Hendala. Around 90 dermatology clinics in the country provide services to leprosy patients.

The National Leprosy Strategy 2021- 2025 is created to address the requirements for leprosy eradication with the consideration of WHO global strategies and National Health Policies.

Actions taken in 2022- 2023

1. Incorporation of ALC database in DHIS 2 Platform. District team was trained with the funding support of ADB PSSP Project.
2. Conduct Historical Contact Tracing of Patient in Medium Risk Districts
 - Developed Standard Operating Procedures for contact tracing of leprosy patients to improve the new case detection
 - Implemented retrospective active case detection after Capacity Building of Field Health Staff on Retrospective Active Case Finding in Galle, Matara Kurunagala Ampara and Kalmunei districts.
3. Developed Anti-Microbial (AMR) Resistance surveillance protocol based on the WHO guidelines on AMR surveillance for leprosy.
4. Conducted a Special Program for Leprosy Control in Batticaloa district 2022 due to high case detection rate.
5. Improved the awareness among village head masters (Grama Niladari) to increase the new cases detection and to minimize the stigma in leprosy– Commemorating World Leprosy Day 2023 in Colombo, Gampaha, Kalutara, Galle, Matara, Batticaloa, Kalmunai, Polonnaruwa, Hambantota, Rathnapura, Puttalam and Kurunegala districts.
6. Conducted capacity building programs for the public health inspectors in high-risk districts to increase the new cases detection and to minimize the stigma in leprosy - Commemorating World Leprosy Day 2023 in Colombo, Gampaha , Kaluthara, Galle and Matara.
7. Conducted capacity building programmes for the General Practitioners in the high-risk districts to increase the new cases detection and to minimize the stigma in leprosy - Commemorated World Leprosy Day 2023 in Colombo, Gampaha , Kalutara, Batticaloa and Kalmunai.
8. Facilitated Provision of quality service Delivery on Prevention and Case Management - Conducted consultancy meetings to facilitate policy decision on Post Exposure Prophylactic (PEP) treatment for the leprosy contacts in Sri Lanka.
9. Facilitated Provision of quality service Delivery on Prevention and Case Management - Development of the information sheet/leaflet for the newly diagnosed leprosy patients and for the contacts of the leprosy patients.

10. Conducted surveys among school children to find leprosy cases in high risk MOH areas in selected high risk districts in Colombo, Gampaha and Kalutara districts.
11. Conducted training of volunteer group's pilot programmes in selected high risk MOH areas on active case finding in Colombo and Gampaha districts.
12. Mapping of all Divisional Secretary Divisions of Sri Lanka according to new leprosy elimination indicators introduced by WHO was done. Activities were conducted according to the identified risk level.
13. Conducted training for the Public Health Inspectors – Leprosy Control (PHI LC) on Geographical Information System (GIS) to enhance the leprosy surveillance in Colombo, Gampaha, Kaluthara, Galle, Batticaloa, Colombo Municipal Council and Puttalam districts.
14. Conducted 27 Ring/House to house surveys to find new cases in 05 high-risk districts. (Colombo, Gampaha , Kaluthara, Galle and Matara)
15. Conducted 3 special monitoring and evaluation programmes on preventive and curative activities in Western province.
16. Streamlining of HR plan and job roles to facilitate working towards elimination – Development of PHI – LC job role.
17. Distributed MCR shoes for patients with grade 2 disabilities.
18. Provision of ulcer care kits, splints and gutters for needy leprosy patients.
19. Conducted monthly leprosy review meetings to streamline district leprosy control activities.
20. A stall on leprosy and its prevention was conducted in Medicare exhibition at BMICH in 2023
21. Several awareness programmes were broadcasted through mass media and several articles on leprosy were published in newspapers.
22. Conducted DHIS 2 training programme for leprosy control teams of all districts in Sri Lanka.
23. Launching of Life Sri Lanka social marketing campaign targeting enhancing awareness of leprosy.
24. Initiating a 'WhatsApp' number to identify suspected leprosy cases and provide an easily accessible, free and confidential platform to the public.
25. Designed and printed leprosy bill boards to be displayed in hospitals and general public places.
26. Development of Anti Leprosy Campaign Website with the funding support from WHO

Actions to be taken in 2024

1. ALC is planning to apply for WHO Sub-National Level certification of Child leprosy elimination
2. Start an Outpatient Department (OPD) at the Leprosy Hospital Hendala
3. Start a leprosy Museum at DH Hendala to preserve the history of leprosy in Sri Lanka
4. Increase the awareness on leprosy through boosting of leprosy messages in Social media with the support of NGOs working for leprosy elimination in Sri Lanka.

10.1.6. Public Health Veterinary Service (PHVS)

The Directorate of Public Health Veterinary Services (PHVS) within the Ministry of Health is the main operational center for overall coordination and responsibility for the prevention and control of rabies in Sri Lanka. Rabies is a 100% fatal viral zoonotic disease yet it is 100% vaccine-preventable. The theme of

the 2023 World Rabies Day was: "**ALL FOR ONE, ONE HEALTH FOR ALL**", highlighting the necessity of prevention of both human and animal Rabies for the elimination of the deadly disease.

With the conclusions made during the National Campaign evaluation using the Stepwise-Approach towards Rabies Elimination (SARE) in 2019, the national target was set to achieve zero-human deaths from Dog-mediated Rabies by 2025. PHVS together with relevant stakeholders directed to be committed to achieving the above national target through the One Health Approach.

Since the 1970s, the annually reported cases of human Rabies deaths have declined from 300-350 to the present level of less than 25 per year

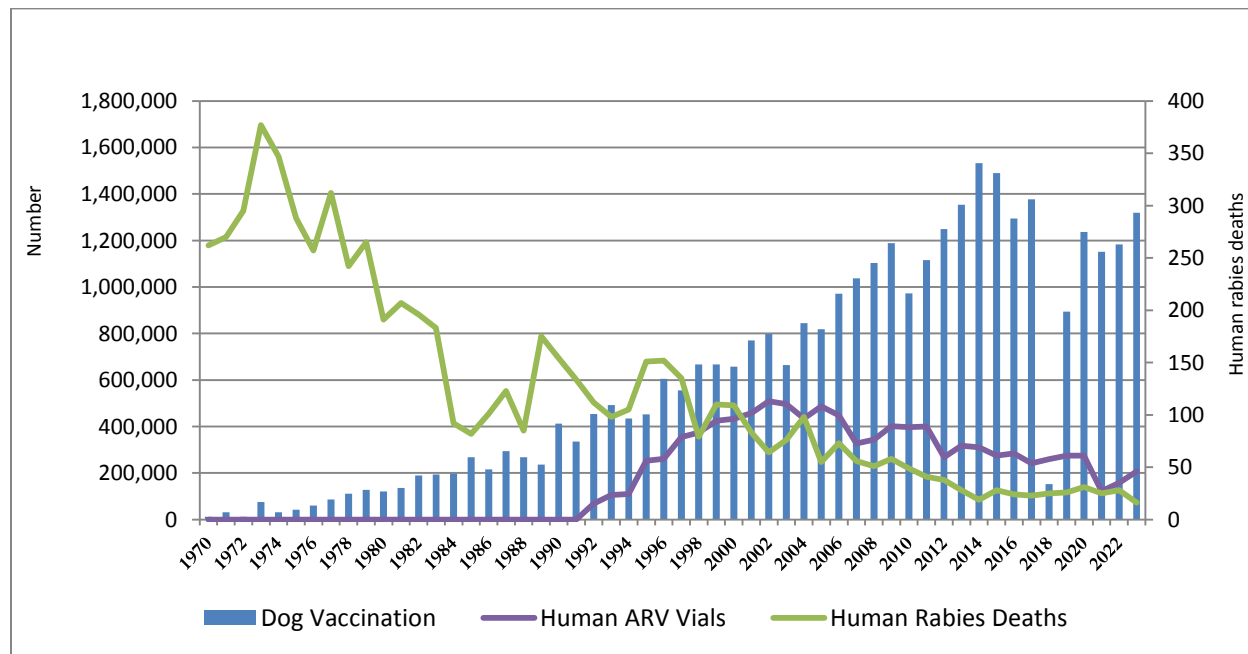


Figure 10.1: Number of vaccinated dogs, Human ARV vials and Human Rabies deaths, 1970-2023

Source: Public Health Veterinary Service

Current status of Human Rabies: In 2022 there were 28 laboratory-confirmed human rabies deaths reported and in 2023 it was further declined to 16 deaths. A considerable decline was observed in 2023.

In 2022 majority of human rabies mortalities were reported from the Jaffna, Kaluthara and Gampaha districts which were 5 deaths in each district. In 2023, highest number of deaths reported from Kurunegala.

Status of Animal Rabies: Dog are the primary sources responsible for nearly 90 per cent of the rabies related human deaths in Sri Lanka.

Based on animal samples received at MRI rabies laboratory, in 2022 out of 560 dog heads received at MRI 312 were positive for rabies. (55.71%) out of 450 heads of other animals 65 were positive for rabies. (14.44%).

Actions taken in 2022-2023

1. Activities Implemented by the national campaign

Following the continuous lockdowns and crisis situations of the country in at early 2022, the programme activities were severely impacted.

With the eventual stabilization of the country situation, the campaign activities were resumed.

Meetings were held with higher administrative officials of the Ministry of Provincial Councils and Local Governments to continue with rabies prevention activities with available resources and funds. Further multi-sectoral collaboration with the officials of the Wildlife sector and private organizations (NGOs) were strengthened to conduct joint activities with the partnership among key rabies controlling stakeholders.

The National Strategic Plan for elimination of dog mediated human rabies from Sri Lanka was finalized and launched on 21.06.2023. This is a game changing step in rabies control of Sri Lanka.

A “Standard operations protocol” (SOP) was developed for Rabies control field activities with the contribution of all experts of Rabies control in the country. This was another long-standing requirement which was achieved in 2023.

The routine dog population control activities conducted by the campaign and additional dog population control activities such as sterilization programmes which were severely impacted before 2022 was resumed. A series of special stray dog vaccination and sterilization programs were carried out in 2022 and 2023.

2. Under routine training and awareness programs

- A capacity building programme was conducted for all rabies control field staff. Training on effective cold chain maintenance and field vaccination was done. New equipment (Cool boxes, carrying bags, auto plungers) were obtained through WHO funds and distributed among the district rabies control units.
- A rabies progress review meeting was held during the year to evaluate district level rabies controlling activities and to review Human rabies deaths. (2022 and 2023)
- Three vaccinator training programmes were conducted in 2022 and four were conducted in 2023.

3. Activities Implemented with Regional Rabies units of at RDHS

Mass Dog Vaccination programs and female dog sterilization programs were carried out by regional rabies units under the technical supervision of the PHVS. According to the data presented in Table 10.1, total number of dogs vaccinated against rabies was over one million.

Table 10.1: Number of vaccinated and sterilized dogs by RDHS divisions, 2022-2023

RDHS	2022		2023	
	Mass Dog Vaccination	Sterilization	Mass Dog Vaccination	Sterilization
Kandy	101,827	1,242	112,320	660
Matale	81,608	1,248	62,484	657
Nuwara Eliya	23,498	744	23,084	480
Ampara	14,052	419	22,199	333
Batticaloa	19,319	723	29,335	666
Kalmunei	7,251	419	7,977	666
Trincomale	8,550	1,483	5,423	333
Anuradhapura	86,186	2,868	100,951	1,749
Polonnaruwa	58,405	2,777	66,865	1,524
Kurunegala	102,642	2,184	114,370	1,708
Puttalam	49,741	1,637	42,271	1,022
Jaffna	45,533	976	58,067	1,007
Killinochchi	5,841	1,024	11,517	335
Mannar	4,340	242	6,492	335
Mulathive	12,325	264	11,693	335
Vavuniya	30,547	454	35,625	334
Kegalle	60,930	1,191	63,455	1,001
Rathnapura	43,110	2,039	36,248	1,500
Galle	49,386	465	87,676	1,000
Hambanthota	46,240	697	46,656	1,000
Matara	45,731	465	66,433	1,000
Badulla	59,591	1,533	61,349	1,176
Monaragala	55,254	1,706	53,725	1,768
Colombo	51,541	604	113,125	500
Gampaha	82,888	2,049	37,989	1,666
Kaluthara	44,648	1,353	53,725	1,332
Total	1,190,984	30,806	1,331,054	24,087

Source: Mass dog vaccination program

Actions to be taken in 2024

To strengthen the future programme activities, following actions will be taken in the year 2024.

1. Updating of all policies and circulars on rabies control activities and implementation to be done in 2024.
2. Activation of the coasted National Strategic Plan (NSP) which was developed and launched by Public Health Veterinary services with collaboration of WHO in 2022 with the inputs of key stakeholders and experts of the relevant fields, with the target of further reducing the number of Human deaths due to Rabies and achieve the elimination target of zero human deaths by 2026.
3. Revision of current rabies legislations and taking steps to update them.
4. To initiate the dog population survey covering the entire island.

Areas of special attention

- Implementation of the standardized operations protocol which was developed at PHVS with expert opinion.
- Identification of new sources of Rabies disease (e.g.: - Wild animals) and take immediate action to address them.
- Update carder allocation at provincial level (Vaccinator carder) and provide logistics (instruments and vehicles) for Rabies control activities.
- Strengthen the collaboration and coordination between key stakeholders of Rabies control.
- Further strengthen dog population control activities and vaccination in the island and introduction of responsible pet ownership concept.
- Focus attention on Rabies sources apart from dogs (cats, other animals) and study the future trends on Rabies disease caused by them. Also identify and address the threat by these sources at early stages.

10.1.7. Quarantine Unit

Quarantine Unit of Ministry of Health is a main partner involved in maintaining border health security in Sri Lanka. The main responsibility of this unit is to limit and respond to the international spread of diseases and other public health threats while avoiding unnecessary interference with international traffic and trade. Protection measures seek to prevent harm to human health, including the health and wellbeing of international travelers, aircraft and ship crew, and the general public.

Quarantine Unit of Ministry of Health works with other agencies with border control responsibilities, including security, customs, biosecurity, maritime and aviation transport, animal health, agriculture, policing and immigration responsibilities and other relevant units of Ministry of Health.

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

diseases as well as public health risks specially when there are Public Health Emergencies of International Concern (PHEIC).

The Quarantine Unit and the Epidemiology Unit of Ministry of Health (MoH) are the Co-National Focal Points (NFP) of IHR-2005. NFP should be accessible at all times and coordinate with WHO IHR focal points. Activities related to implementation of IHR- 2005 in Sri Lanka are being carried out by both units in collaboration with other relevant health and non-health units in the country.

In Sri Lanka, Colombo Port and Bandaranaike International Airport (BIA), Katunayake are the designated Points of Entry (PoEs). Designated PoEs should have the core capacities to act during all times and during a PHEIC situations.

Following Offices are under the Quarantine Unit of Ministry of Health

1. Port Health Office, Colombo Port.
2. Airport Health Office, Bandaranaike International Airport (BIA), Katunayake.
3. Port Health Office, Galle.
4. Port Health Office, Magampura Rajapaksha International Port, Hambantota.
5. Airport Health Office, Mattala Rajapaksha International Airport (MRIA), Mattala.
6. Port Health Office, Trincomalee.
7. Port Health Office, Norochcholai.
8. Airport Health Office, Jaffna International Airport
9. Assistant Port Health Office, Medical Research Institute (MRI), Colombo-08.

This unit is involved with vaccination of travelers against Yellow fever, Meningococcal meningitis and Polio.

10. Immigration Health Unit

Ministry of Health with International Organization for Migration (IOM) conducts inbound Health assessment of resident visa applicants and screen them for Malaria, Filariasis, Tuberculosis and HIV. Immigration Health Unit of Quarantine Unit refers the positive applicants to relevant Public Health Campaigns of Ministry of Health and monitor their follow up.



Figure 10.2: Locations of port and airport health offices under the quarantine unit

Source: Quarantine Unit

Legal enactments for quarantine and border health security

At present the following legislations are being used to prevent, control and spread of diseases into Sri Lanka.

Quarantine and Prevention of Diseases Ordinance No. 3 of 1897 and its subsequent amendment No. 13 of 1936, No. 11 of 1939, No. 7 of 1917, No. 14 of 1919, No. 14 of 1920 No. 5 of 1941, No. 13 of 1943, Act No. 12 of 1952,

SARS Regulations of 2003 of Quarantine Regulations - 1960 (chapter 173).

International Health Regulations -2005 (IHR- 2005).

Main functions of the quarantine unit and port/airport health offices

- Programming, planning, implementation, supervision, and monitoring of activities of Public Health Offices at Points of Entry (Ports and airports).
- Providing technical guidance to staff of port/airport health offices at Points of Entry (PoEs).
- Inspection of vessels and cargo for prevention of contamination, to maintain in a condition that they are free of sources of infection or contamination, including vectors and reservoirs.
- Supervision of disinsection activities: disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels, or human remains
- Inspection of vessels and issuance of free pratique.
- Issuance of ship sanitation certificates through port health offices at authorized ports.
- Ensure the environment sanitation and vector control at PoEs.
- Provision of yellow fever vaccine, oral polio vaccine, meningococcal vaccine through Assistant Port Health Office at MRI and refer travellers visiting malarial endemic countries to Anti Malaria Campaign get anti-malaria prophylaxis
- Maintain IHR core-capacities at PoEs.
- Monitoring of implementation of IHR- 2005, Quarantine Ordinance, Food Act, National authority on tobacco and alcohol (NATA) Act, Nuisance Ordinance and Other relevant legislations.
- Training public health staff, undergraduate and post graduate students on border health security and IHR 2005.
- Conduct review meetings with the staff of the units under the Quarantine Unit
- Quarantine Unit and Epidemiology Unit act as Co-National Focal Points of IHR- 2005 to coordinate with WHO.

Other activities conducted in 2022- 2023

1. Conducted meeting to evaluate National Action Plan for Health Security 2019-2023 in Sri Lanka in 2022
2. Conducted consultative meetings to finalize the State Party Annual Reporting Tool in 2022 and 2023
3. Sri Lanka successfully concluded the International Health Regulation and Performance of Veterinary Services (IHR-PVS) National Bridging Workshop in February 2023 with the participation of key stakeholders from the animal health, human health and environment sectors of the country and WHO counterparts

4. Successfully completed the Strategic Tool for Assessing Risks (STAR) workshop in May 2023 in collaborating with WHO -A comprehensive toolkit for all hazard health emergency risk assessment workshop with the participation of more than 70 stakeholders in various entities.
5. Conducted the second Joint External Evaluation to monitor the implementation status of International Health Regulations-2005 in Sri Lanka in September 2023, in collaboration with WHO and stakeholders in Sri Lanka.
6. Malaria awareness programme was conducted Hambanthota port health office, focusing all workers in port premises
7. Health education programmes were conducted on HIV/ AIDS for security personnel/ fire officers and other staff at Bandaranaike International Airport and Mattala Airport.
8. Conducted an awareness programme on Non communicable diseases for the workers at Bandaranaike International Airport
9. Emergency preparedness drill was held at Mattala International Airport focusing all staff to face a sudden air vessel crash and mass casualties.
10. Health education programmes on flight waste management at ports and Dengue breeding control were conducted aiming cleaning staff at Mattala Airport.
11. Started health quarantine facilities at Kankasanthurei port and the health staff from Thellippalai MOH office will do the cover up the duties when required.

Table10.2: Activities carried out at the Port Health Offices of Quarantine Unit, 2022 -2023

Districts	Year	Activity			
		No. of ships arrived/ pratique granted	No. of ship sanitation exemptions certificates issued	No. of human remains released	No. of health education programmes for medical students /doctors/ PHI students trained
Colombo	2022	3076	256	0	17
	2023	4172	330	0	33
Galle	2022	69	282	4	4
	2023	13	35	0	2
Hambanthota	2022	297	15	0	0
	2023	435	39	0	11
Trincomalee	2022	182	37	0	2
	2023	172	23	0	2
Norochcholai	2022	30	0	0	0
	2023	42	0	0	0

Source: Quarantine Unit

Note: No yellow fever vaccines given in 2022-2023

Table10.3: Number of activities carried out by the Airport Health Offices, 2022-2023

Activity	2022		2023	
	Katunayake	Mattala	Katunayake	Mattala
1. Yellow Fever Surveillance				
No. of travelers with valid certificate	517	0	1,031	0
No. of travelers without valid certificate	0	0	47	1
No. of travelers referred to NIID (IDH)/other hospitals	0	0	0	0
2. Disinfections of Aircrafts				
No. of flights arrived	17,989	103	21,920	259
No. of flights needed to be disinfection	16,897	80	21,101	76
No. of flights disinfection	3,650	78	1,740	72
3. Passenger Arrivals & Departures				
No. of passengers arrived	2,092,040	6,350	3,527,374	64,996
4. Release of Human Remains				
No. of human remains submitted to inquest	171	0	242	0
No. alleged suicide	13	0	35	0
5. Airport Sanitation				
No. of sanitary inspections carried out including food establishments	147	36	305	123
No. of food samples taken under food act	4	22	24	17
No. of defectives found - Prosecuted	0	0	62	16
No. of water samples taken for Bacteriological analysis	0	30	26	21
No. of water samples reported as contaminated	0	0	0	0
No. of environmental inspection	115	139	0	123
No. of potential mosquito breeding places detected	100	68	171	47
No. of larval breeding places detected	14	8	37	17
6. Vaccines given				
No. of Yellow fever vaccine doses given	0	0	0	0
No. of Oral polio vaccine doses given	0	0	0	0
7. Other activities				
No. of health education programs done	7	18	8	22

Source: Quarantine Unit

Table 10.4: Number of vaccine doses given at the Assistant Port Health Office- MRI, 2022-2023

Activity	2022	2023
Yellow fever vaccinations	3736	5345
Meningococcal vaccinations	80	711
Oral polio vaccinations (booster)	388	231

Source: Quarantine Unit

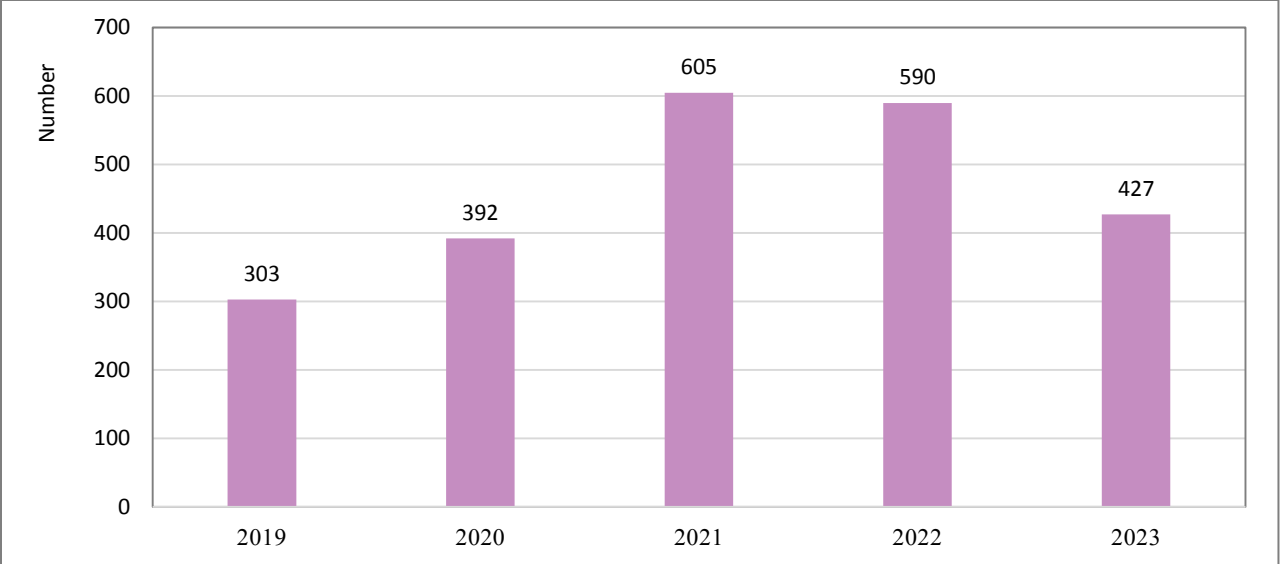


Figure 10.3: Number of ship sanitations done by port health offices, 2019- 2023

Source: Quarantine Unit

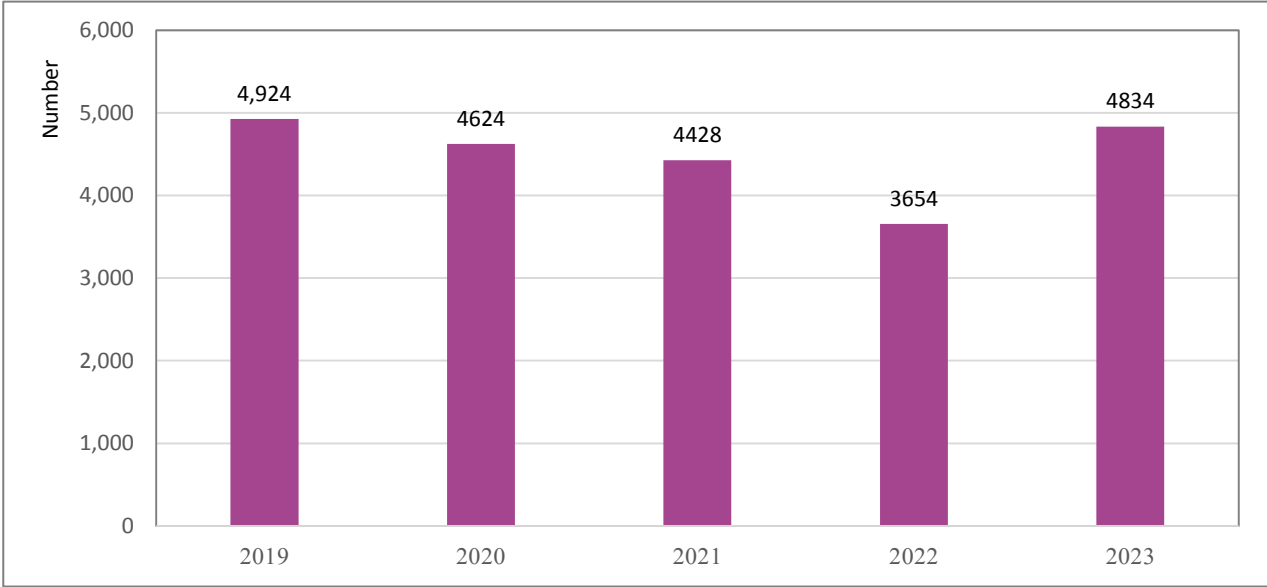


Figure 10.4: Number of ships arrived/ pratique granted at port health offices, 2019-2023

Source: Quarantine Unit

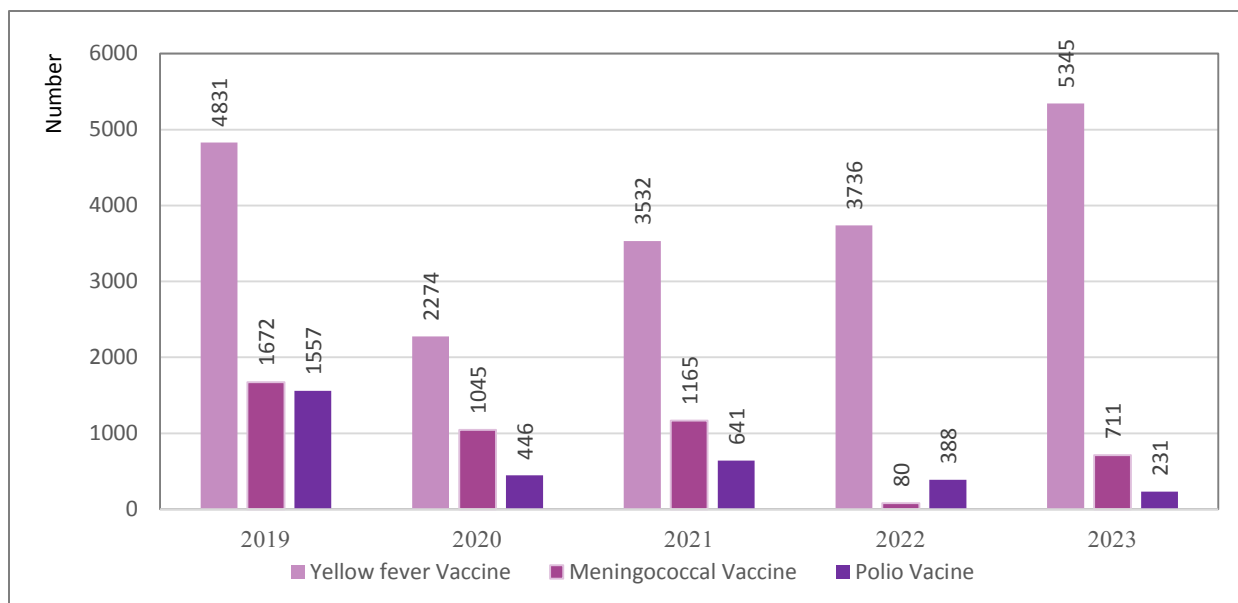


Figure 10.5: Number of vaccines given by assistant port health office of Quarantine Unit at MRI, 2019 – 2023

Source: Quarantine Unit

10.1.8. National Dengue Control Unit

The overall aim of dengue prevention and control activities and prompt treatment is to reduce the transmission and strengthen and sustain the control measures in place to minimize morbidity and mortality of the disease. This attempts to reduce the impact/ burden of dengue by minimizing the clinical, social and economic impact.

Actions taken in 2022

The following actions were taken under respective strategies:

1. Integrated Surveillance

- A comprehensive web-based disease surveillance system developed under the administration of NDCU, was piloted
- Web-based Entomology reporting system enabling rapid response is being piloted

2. Outbreak response

- Review of the dengue control activities island-wide with an emphasis on high-burden districts using Zoom technology
- In-person field supervision and review meetings in high-burden districts
- In addition to the routine activities, four 'Special Mosquito Control Campaigns' covering "high-risk" Medical Officer of Health areas and one Special Mosquito Control Week (in May) were conducted with the participation of the Police, Tri-forces and other stakeholders.

3. Clinical Management

- Several training programmes for Medical Officers and General Practitioners were conducted at the national level and targeting "high-risk" districts using Zoom technology.

- Hands-on training to update clinical management of Dengue Fever and Dengue Hemorrhagic Fever for Medical Registrars, Medical Officers, Nursing Sisters, and Nursing Officers: Nearly 300 Nursing Officers and 200 Doctors from all categories of both government and private sectors were trained.

4. Capacity Building - Local training

- Workshop series on "multi-hazard scenarios and complex emergencies for grass root level health care workers" were conducted across 5 high-risk districts with a training output covering over 400 grassroots level public health workers including Medical Officers of Health (MOH), Public Health Inspectors (PHI) and Public Health Midwives (PHM) in 2022.

5. Research and innovations

- Collaborated with the Department of Molecular Biology, Faculty of Medicine, University of Kelaniya for piloting the Sterile Insect Technique for dengue vector control as a field trial in a small geographical area in the Gampaha district
- Planning for the expansion of the Wolbachia technique for dengue vector control in a wider geographical area in the Colombo district
- Evaluation of the Wolbachia project in pilot project areas by epidemiological and molecular diagnostic data was commenced.

Major developments and achievements during 2022

- The 2022 has been an extraordinary year for the National Dengue Control Unit, Sri Lanka (NDCU) powered by teamwork and dedication to achieve the goal of 'Dengue Free Sri Lanka'.
- First ever multi agency and multi sectoral international research conference by the unit, "Dengue amidst the pandemic: Improving preparedness and response for multi-hazard scenarios -2022" was successfully held with over 400 researchers, scholars, practitioners, and students from around the globe participating.
- Over 100 abstracts, 36 oral presentations, 50 poster presentations, 07 plenary sessions, 03 pre congress sessions, 05 post congress sessions and community engagement workshops were conducted on subjects ranging from dengue, malaria to disaster risk reduction and community mobilization.

Actions taken in 2023

1. Integrated Surveillance

The comprehensive web-based surveillance system (NaDSys) developed under the administration of NDCU was launched island wide since December 2023.

2. Clinical Management and Death Review

- Several training programs for Medical Officers and General Practitioners were conducted at the national level, targeting "high-risk" districts at the National Institute of Infectious Diseases (NIID).
- Hands-on training was provided to update the clinical management of Dengue Fever and Dengue Hemorrhagic Fever for Medical Registrars, Medical Officers, Nursing Sisters, and Nursing

Officers. A total of 214 Nursing Officers and 242 Doctors from both government and private sectors were trained as of the end of December 2023.

- With the sponsorship of the WHO Country Office, a consultant was appointed for the review of all dengue deaths reported in 2022 and to make recommendations. This activity was successfully completed.
- The same Consultant mentioned above was entrusted to develop 'Guidelines for Review of Dengue Deaths'. This activity was also successfully completed.

3. Outbreak response activities conducted

- A national review of dengue control activities island-wide was conducted on the 22nd of March and the 25th of October, 2023.
- Three 'Special Mosquito Control Campaigns' covering "high-risk" Medical Officer of Health areas were conducted with the participation of the Police, Tri-forces, and other stakeholders.
- Director General of Health Services has declared a Special Dengue Control Week from 13th November 2023 onwards in all the high-risk health administrative regions.
- An Expert committee was convened on the 12th of June, 2023, under the chairmanship of the State Minister of Health. (Expert Committee to provide guidance on the control of the spread of Covid-19 and dengue disease in Sri Lanka). Eleven meetings were conducted since then and several other subcommittees' meetings were conducted with selected provinces. The intersectoral collaboration was done with different government institutions, including Sri Lanka Transport Board, Central Environmental Authority, Department of Fisheries and Aquatic Resources, Marine Environment Protection Authority, Ceylon Fisheries Corporation, Managers of selected Fisheries Harbors, and Sri Lankan Coastguards.

4. International Training and Meetings

- One Consultant Community Physician participated in the TDR Training workshop on Sterile Insect Technique in Tahiti, French Polynesia, May 2023
- One Consultant Physician, one Consultant Virologist, one Consultant Community Physician, one Regional Epidemiologist and Medical Officer participated in the Seventh Singapore International Dengue Workshop organized by the National Environment Agency, Singapore and World Health Organization under the Singapore Cooperation Programme in May 2023
- The Director, National Dengue Control Unit, One Consultant Community Physician and One Entomologist participated in the Meeting of the Programme Managers and Regional Technical Advisory Group on dengue and other arboviruses in the South-East Asia Region, in Nepal, June 2023.

Actions to be taken in 2024

- A comprehensive joint programme review with the participation of local and international experts is planned, with the technical and financial assistance from the World Health Organization
- The National Strategic Plan for Prevention and Control of Dengue in Sri Lanka for the period 2024-2028 will be developed.

- The Wolbachia Project is expected to be expanded to more areas in the Western Province. The exact locations (Medical Officer of Health areas) are currently being finalized.
- Increasing intersectoral collaboration- Fostering collaboration and coordination between different sectors, such as health, environment, and local government. Intersectoral collaboration (ensuring that efforts are synchronized and resources are pooled).
- Special dengue control programs focusing on premises other than residential houses will be implemented targeting high-risk MOH areas.
- Strengthening of enhanced source reduction and targeted insecticide space spraying while addressing solid waste management, ecology and environmental engineering - Aim to minimize breeding sites by managing waste, preserving ecological balance, and employing engineering solutions that discourage mosquito proliferation. e.g.-: harbours, construction sites etc.
- Empowered community engagement through health promotion and health education - Health promotion and education empower individuals to take proactive measures, such as eliminating breeding sites, using personal protective measures, and participating in community-wide initiatives.

10.1.9. Anti Filariasis Campaign (AFC)

Lymphatic filariasis control and prevention activities are operationalized at the grassroots level through Regional Anti Filariasis Units functioning in the eight endemic districts. They are administratively under the respective Regional Director of Health Services, while the Anti Filariasis Campaign functions as a vertical campaign under the Ministry of Health providing technical and strategic guidance. The Regional Anti Filariasis Units are headed by Regional Medical Officers- Filariasis. Dedicated teams of field-level staff are available to carry out surveillance activities under the direct supervision of the Regional Medical Officers. Parasitological surveillance is done mainly through night blood films by Public Health Field Officers. The blood films are examined by trained Public Health Laboratory Technicians attached to the regional units and the headquarters. Entomological surveillance is implemented through Health Entomology Officers in the form of gravid traps, Cattle baited net traps, Indoor hand collection, and Human landing night catch. The field activities are under regular monitoring and evaluation of the National Anti Filariasis Campaign.

Actions taken in 2022 - 2023

After the drawback during the COVID-19 pandemic period in 2020 and 2021, followed by the economic crisis in early 2022, the surveillance activities regained back the usual momentum in 2023.

1. In 2022, a circular was issued to treat the community around the positive active cases with Mass Drug Administration.
2. An official web page of the campaign and the Nation Strategic Plan for interruption of transmission of lymphatic filariasis in Sri Lanka 2023-2027 were launched in 2023, marking a major milestone in history.

A transmission assessment survey was conducted in Kurunegala district in 2023 with the support of the World Health Organization to initiate verification of transmission interruption.

Zoonotic surveillance system was initiated in collaboration with the Public Health Veterinary Services to control brugian filariasis. The campaign together with the Department of Animal Production and Health (DAPH) developed a protocol to screen and treat infected animals. Regular animal screening is yet to be initiated by the DAPH.

Actions to be taken in 2024

The goal of the Anti Filariasis Campaign is to end bancroftian filariasis in Sri Lanka by 2023 and to prevent the re-establishment of brugian filariasis. Total transmission interruption should be achieved to eliminate bancroftian filariasis.

The WHO recommendation is to carry out granular-level surveillance and block verification of the absence of transmission. This process could be expedited if the surveillance strategy is changed from conventional night blood filming to more sensitive and feasible antigen testing using Filariasis Test Strips.

Geo-statistical mapping is another highly effective strategy recommended by the WHO to identify hot spots to focus the preventive measures. Sri Lanka is yet to embark on it.

WHO recommends giving triple-drug therapy for at least the areas with brugian infection. To implement that, ivermectin should be registered for human use.

10.2. Deputy Director General - Public Health Services II (DDG-PHS II)

Deputy Director General Public Health Services II is mainly assigned to public health areas outside the scope of communicable diseases.

Directorates under DDG (PHS II)

1. Maternal and Child Health
2. Health Education and Publicity
3. Directorate of Nutrition
4. Directorate of Youth, Elderly and Disability
5. Directorate of Nursing
6. Directorate of Estate and Urban Health

10.2.1 Maternal and Child Health (Family Health Bureau)

Family Health Bureau (FHB) is the national focal point in the Ministry of Health responsible for planning, implementing, monitoring and evaluating the Reproductive, Maternal, New-born, Child Adolescent and Youth Health programme (RMNCAYH). FHB provides technical guidance for provincial health care system on its implementation. In addition, FHB advocates the Ministry of Health on matters related to policy, finance, infrastructure and other resource requirements relevant to RMNCAYH programme. Quality control, monitoring and evaluation of the RMNCAYH programme also come under the purview of FHB.

FHB has several units that cover the different components of the RMNCAYH programme. These include:

- Maternal Health
- Intrapartum and New-born Care
- Child Health, Development and Special Needs
- Child Nutrition
- School Health
- Adolescent and Youth Health
- Gender and Women's Health
- Family Planning
- Maternal Morbidity and Mortality Surveillance
- Monitoring and Evaluation
- Oral Health
- Research and Development
- Reproductive Health Center

Each of these units is headed by a Consultant Community Physician (public health specialist) and the Reproductive Health Centre is headed by a Consultant Obstetrician and Gynecologist. Each unit possesses a separate staff responsible for advocacy, policy and strategic analysis, programme development, technical guidance, evaluation and supervision related to the respective programme components.

10.2.2. Health Promotion Bureau

The Health Promotion Bureau (HPB) is the premier institution in the Ministry of Health, Sri Lanka, for Health Promotion (HP), Health Communication (HC), Media and Publicity. The HPB aims to reduce mortality and morbidity and optimize wellbeing and quality of life through promoting healthy environments, lifestyles and behaviors, by working towards achieving the three targeted health promotion outcomes:

- I. Improving health literacy
- II. Enhancing community empowerment and social mobilization
- III. Facilitating healthy public policy and organizational practice

In promoting health, HPB is supporting other national programmes to achieve health targets and mutual health and social development goals with well-targeted and coordinated interventions. Health promotion interventions encourage voluntary and positive behavior change towards healthy living across health promotion settings. The HPB facilitates establishment and sustenance of health promotion settings namely: preschools, schools, workplaces, happy villages, hospitals and the community platform Mother's Support Groups through advocacy, mediation and enabling of relevant stakeholders. Within the health promotion settings, health promotion interventions take life course or disease centered approaches based on the needs of target audience. Special emphasis is given

to prevention of Non Communicable Diseases and Communicable Diseases, promotion of nutritional status and dietary behaviors, Mental Wellbeing and Oral Health across life course. Moreover, promotion of Early Childhood Health, Sexual and Reproductive Health, and Life Skills. Key annual targets for establishment of health promotion settings in a district are given in Figure 10.11.

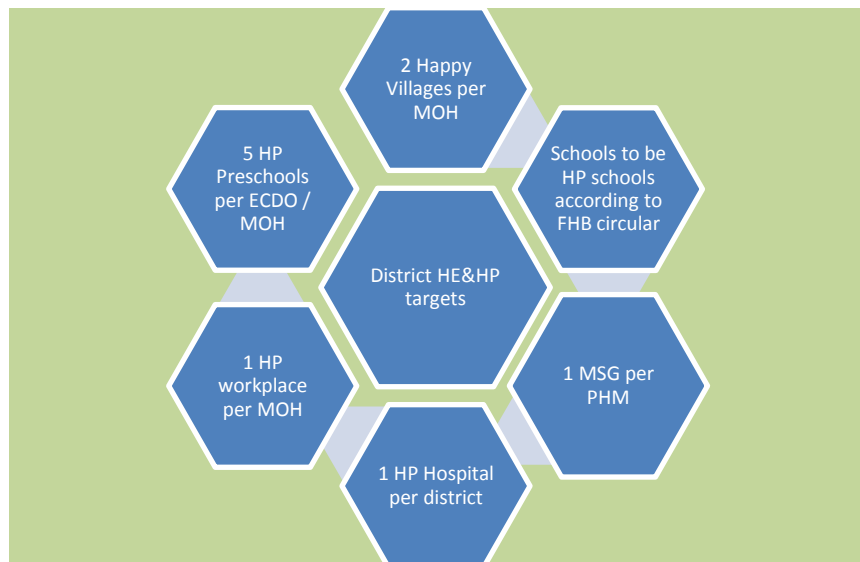


Figure 10.6: Annual targets for establishment of health promotion settings

Source: Health Promotion Bureau

HP-Health Promoting

The HPB has seven technical units headed by six Consultant Community Physicians and one Consultant in Community Dentistry. These include:

1. Policy, Advocacy and Risk Communication Unit
2. Strategic Information, Planning, Monitoring and Evaluation Unit
3. Health Communication, Life skills, Media and Publicity Unit
4. Community Health Promotion and Social Media Unit
5. IEC material development, Exhibition and training Unit
6. Family Health, Nutrition Communication and Behaviour Research Unit
7. Oral Health Promotion Unit

The technical units carry out planning, strategic analysis, program development, technical guidance, monitoring and evaluation with supervision related to respective program components. Each unit builds collaborative partnerships with community based organizations, community groups and with all other health and non-health sector stakeholders from national to grassroots level for successful implementation of activities planned by the HPB to achieve the health education and health promotion targets.

In addition to promoting healthy behaviours and lifestyles across health promotion settings, HPB also focuses on following activities:

1. Capacity building of health sector and non-health sector staff on Health Communication, Health Promotion, community empowerment, social mobilization and community action.
2. Development and production of Information, Education and Communication (IEC) material on key health issues.
3. Coordination with all government and non-governmental institutions and international agencies in promoting health of communities through Health Promotion initiatives, education of the general public on health issues through mass media, new media and telehealth services.
4. Development and implementation of special communication and behaviour change strategies to improve health literacy aiming towards positive behaviour change
5. Monitoring of all Health Promotion and Health Communication activities at national, provincial and district levels with regular reviews and supervisions.
6. Conducting behaviour research to understand behaviour patterns of public for development of evidence based health promotion and communication interventions

Health Education Officers attached to Regional Directorates of Health Offices act as facilitators of HE and HP at district level, and liaise with HPB all the time. Existing number of HEO (45) at present is grossly inadequate. However, they undertake the key responsibility of capacitating key health officials in both public health and curative health sector on Health Promotion and Health Communication. In addition, they facilitate establishment and sustenance of HP settings with guidance of HPB and relevant district and provincial level health and non-health sector officials.

Actions taken in 2022

1. The impact of post COVID-19 pandemic and financial constraints due to economic downturn were major barriers for the implementation, monitoring and evaluation of routine planned programmes of the HPB. Capacity building programmes and review meetings were conducted virtually to reduce cost. Regular advocacy for implementation level officials to utilize the guidelines on establishment of selected health promotion settings namely, preschool and hospital continued.
2. Due to financial constraints, communication material were mainly disseminated as soft copies. Social media posts in all three languages were disseminated through HPB's high reach social media platforms (Facebook, YouTube channel, Viber and WhatsApp) and digital signage network.
3. Special regular media briefing sessions continued every Wednesdays. This provided an opportunity to advise the general public on safety behaviours to prevent the spread of infection as well as update them on healthy living especially during the economic crisis. Special nutrition related communication programs and activities of Emergency Nutrition Plan of Ministry of Health were advocated and implemented across the health promotion settings and Mother's Support Groups throughout the year.
4. Health Promotion Bureau's 24 hour trilingual health hotline 'Suwasariya' which is answered by doctors attached to the HPB was helpful for social understanding during a difficult time. Public concerns reports were compiled weekly, and shared with relevant officials of the Ministry of

Health as a measure to facilitate accountability to affected populations (AAP) through timely addressing of these concerns.

5. Regular behaviour related surveys and researches were conducted to obtain views of the general public and their behaviours during post-pandemic and economic downturn in 2022. Findings were utilized to modify interventions implemented to promote healthy behaviours. The Health Education Officers supported implementation of the programmes of the HPB.

Actions taken in 2023

All programmes identified in the 3-year strategic plan of HPB were reactivated according to availability of financial resources mainly provided by development partners. Strengthening the establishment and sustenance of health promotion settings and weekly conduct of press conferences continued, for optimal delivery of services of the HPB. The results framework of HPB was revised according to the three main health promotion outcomes. To strengthen the HE and HP monitoring and evaluation system, quarterly reviews to assess district level HE and HP performance, annual hospital health promotion review, annual Oral Health Promotion review, and National Preschool Health Promotion reviews were conducted. The National Review of MSG was conducted in 2023 also, under the theme "Nourishing families, growing economies at the community level," underscoring the economic benefits of healthy societies.

Development of Risk Communication Strategy, National Health Promotion Strategy and Workplace Health Promotion guideline were completed, launched and disseminated for implementation. Launching of 'Apitath Mavu Havulak' handbook to strengthen island wide Mother's Support Group (MSG) network establishment was a landmark of the MSG initiative by HPB. Though the financial instability of the country had both direct and indirect effects on the actions of HPB, a People Engagement Network (HPB PEN) was establishment and continued monthly to enhance people involvement and engagement in the communication interventions by HPB. In addition to the national level communication campaigns, health promotion settings development, the HPB carries out capacity building of health and non-health sector officials on a range of health communication, health promotion and life skill development programs. Trainings on Accountability to Affected Populations, Drama Therapy based Mental Health Promotion, Menstrual Health and Hygiene, Health Promotion and communication and Qualitative research were the main capacity building programs held in 2023.

Finally, the Behaviour Change Communication package on Oral Health Promotion for Primary School Children within the PALAMA project, two day residential program on development of Comprehensive Sexuality Education (CSE) program and national consultations on Social and Behavioural Change communication for Child Health Promotion were other landmark events in 2023. Achievement of HE&HP targets in 2022 and 2023 is summarized in Table 10.5.

Table 10.5: Key performance indicators of HPB, 2022 and 2023

Key Performance indicator	2022	2023
Percentage of social media reach in HPB Facebook page	30.8	25.8
Number of health promotion settings established (Pre-school)	401	1008
Number of health promotion settings established (Hospital)	21	26
Number of health promotion settings established (Happy Village)	267	158
Number of health promotion settings established (Workplace)	25	133
Number of Mother's Support Group established	4812	5349
Number of health communication materials developed	136	196
Number of health communication programs conducted	69	401

Source: Health Promotion Bureau

Actions to be taken in 2024

With improved financial support by development partners and government funding, HPB aims to sustain and strengthen the development of health promotion settings and MSG network across the country. Regular social media and mass media based public awareness campaigns on planned interventions and recurrent health related events will continue. Launching CSE social medial campaign, National program on Social and Behavioural Change for Child Health Promotion and National Health Literacy survey findings are the key events planned for 2024

10.2.3. Directorate of Nutrition

Nutrition Division is the focal point for overall management of the nutrition services across the country on behalf of the Ministry of Health and coordinates the nutrition related activities within the Ministry of Health, other related ministries and non-governmental organizations. Monitoring and evaluation of the nutrition related activities are also carried out by the Nutrition Division. This unit is responsible for formulation of nutrition related policy and guidelines. In addition to those, Nutrition Division conducts capacity building programmes on nutrition for the health and non-health staff in-service training programmes and other awareness programmes.

Actions taken in 2022-2023

1. Implementation of the activities related to District Nutrition Action Plan (DNAP)

- District specific nutritional problems were identified and district specific interventions were planned by the district level programme managers. Those interventions were reviewed and funded by the Nutrition Division.
- It is noteworthy that in year 2022- 2023, district specific targeted interventions were allocated required funds for 13 districts and 84 Programmes were conducted in Kurunegala, Galle, Matara, Monaragala, Polonnaruwa, Anuradhapura, Matale, Kandy, Ampara, Trincomalee, Kalmunai, Rathnapura, Mullaitivu districts.

2. National Nutrition Policy (NNP)

Sri Lanka has adopted Sustainable Development Goals (SDG) and set national targets to achieve by 2030 and targets set within the global framework for improving Maternal, Infant and Young Child Nutrition (MIYCN) by 2025 for the decade of action on Nutrition. Considering

the relatively stagnant nutrition indices among children under five years and the country's current needs, NNP was revised to achieve global nutrition targets and SDGs within the period.

- The National Nutrition Policy for 2021-2030 was launched in May 2023. The key strategies of the NNP are based on six policy priority areas:
- Food and Nutrition Security for all citizens
- Coordinated multi-sector collaboration and partnerships.
- Legal framework strengthening for protection of the right to safe food and prevention of unethical marketing.
- Nutrition improvement throughout the lifecycle
- Nutrition promotion in emergencies and extreme weather conditions
- Strategic management of information and research
- Multi-Sectoral Nutrition Action Plan (MSAPN 2024-2030) was drafted aligned with six policy priority areas in collaboration with the Presidential Secretariat, Scaling -Up -Nutrition National focal point with all relevant stakeholder participation.

3. **Growth and Nutrition Monitoring System (GNMS)**

Growth & Nutrition Monitoring System (GNMS) is a mobile application to track district level multi-sectoral approach to reduce nutritional problems among the under five children. Piloting of the GNMS was initiated in Madurawala and Milleniya MOH areas in Kaluthara district under WHO and WFP funds. Nutrition indirect stakeholder staff attached to Madurawala and Milleniya District Secretariates were also trained for update their interventions through this mobile application.

4. **Food Based Dietary Guidelines (FBDGs)**

The “Food Based Dietary Guidelines for Sri Lankans - A Practitioner’s Handbook” was launched in October 2022, following which the Nutrition Division commenced island-wide dissemination of the guidelines.

This version of the guideline includes comprehensive knowledge on general and specific recommendations highlighting fourteen key general guidelines and four age-specific guidelines, which the healthcare workers will use to direct the community towards healthy food choices and correct dietary practices. The publication can be accessed via electronic platforms on the official website of the Nutrition Division in all three languages ([www.https://nutrition.health.gov.lk](https://nutrition.health.gov.lk))

Introductory workshops based on the FBDGs targeting public health staff and health education units' hospital staff have been conducted in 13 districts. The rest of the districts will be covered in 2024.

Furthermore, the Nutrition Division has provided technical input on FBDGs at district-wise training programmes facilitated by development partners for the Education sector.

5. **Thripasha Programme**

The ‘Thripasha’ Supplementary Feeding Program is crucial in uplifting the nutritional status of thousands of individuals in the country, including its beneficiaries: growth faltering and Moderately Acute Malnourishing children under five years of age and all pregnant and lactating women. The Nutrition Division has diligently worked towards ensuring an uninterrupted supply of Thripasha while ensuring its recommended quality. A sampling

procedure for quality assurance of Thriposha was finalized in 2022. The Nutrition Division is working with Sri Lanka Thriposha Ltd. in collaboration with World Food Programme to develop an alternative Rice-based Supplementary Food for children under three years of age.

6. Promotion of Nutrition among Elderly Populations

The National Nutrition Quality Standards (NNQS) for people in residential homes and its implementation guidelines were launched in 2020. An advocacy workshop and Training of Trainer programmes covering the Western Province were conducted to empower district-level stakeholders to implement the NNQS.

Furthermore, working towards conducting an island-wide survey on the accordance of elders' homes to the NNQS is being planned, which will be underway in 2024.

7. Food Fortification Programme

Cabinet Approval was obtained in 2019, to produce and provide Fortified Rice to the School Meal Programme (SMP). Initial needs assessment and pilot testing (2020- 2021) was conducted in collaboration with the World Food Programme. To propel this programme forward a four-stage robust action plan was developed in 2022 concerning the provision of rice fortified with iron and folic acid (i.e. henceforth referred to as fortified rice) to the School Meal Programme.

Specifications for Fortified Rice for the SMP were developed in 2022 with the recommendations of the Technical Advisory Group on Thriposha and other experts. During 2022 and 2023, Fortified Rice was imported by the World Food Programme to cater the School Meal Programme.

8. Foster Care Scheme for children under 5 years with Severe Acute Malnourish (SAM) in economically vulnerable families

A Foster Care Scheme for children under 5 years with SAM in economically vulnerable families was proposed in “Emergency Nutrition Action” plan 2022-2024. World Health Organization funded for a Dash-board development and Communication Campaign to raise awareness and facilitate donations.

9. Evaluated National Strategy for Prevention and Control of Micronutrient Deficiencies (2017-2022)

National Strategy for Prevention and Control of Micronutrient Deficiencies in Sri Lanka (2017-2022) was reviewed under WHO funds by an external consultant team to find implementation status and recommendations for the next cycle.

10. Food & Nutrition Security Training in Emergency

A Five day residential training programme on ‘Food & Nutrition Security Training in Emergency’ was conducted for higher officials in both health and non-health sector representing five high risk districts: Monaragala, Rathnapura, Badulla, Nuwaraeliya and Kegalle.

Actions to be taken in 2024

1. Implementation of the strategies in NNP through implementation of the National Multi-Sectoral Action Plan for Nutrition 2024-2030
2. District Multisectoral Nutrition Action Plans

3. Formulating and implementation of District Multisectoral Nutrition Action Plans aligned with the “National Multi Sector Action Plan for Nutrition -2024-2030”.
4. Provide technical and financial support to implement nutrition specific targeted interventions in all 25 districts.
5. Formulate ‘National Strategy for Prevention and Control of Micronutrient Deficiencies in Sri Lanka’-2024-2030
6. Formulating and dissemination of the ‘National Strategy for Prevention and Control of Micronutrient Deficiencies in Sri Lanka’-2024-2030
7. Launching and implementation of the Foster Care Scheme – SNEHA
8. Launching and implementation of the Foster Care Scheme for children under 5 years with SAM in economically vulnerable families.
9. Evaluation of the Growth and Nutrition Monitoring System
10. Evaluation of the ‘Growth and Nutrition Monitoring System (GNMS)’ to identify the feasibility of scaling up the system.
11. Strengthening Strategic Information Management Unit at Nutrition Division
12. Compilation of nutrition specific and sensitive data from all relevant stakeholders for planning, monitoring and evaluation processes.
13. Development of Nutrient Profile Model
14. Revisit and revise Nutrient Profile Model for Sri Lanka
15. Introduction of FBDG to all Sri Lankans through Primary Health care workers and the Education sector Island wide, empowering the nation to have a healthy, nutritious and safe diet.
16. Impact assessment of the provision of fortified rice for school meals coordinating with WFP and streamlining the monitoring and evaluation of the provision of fortified rice for school meal.
17. Conduct a National Survey to assess residential care facilities for elders to ensure adherence to the National Nutrition Quality standards.
18. Revision, dissemination and implementation of Healthy Canteen Guidelines at Workplace.

10.2.4. Directorate of Youth, Elderly and Disability

Directorate of Youth, Elderly and Disabled Persons is the national focal point on health of Youth, Elderly and Persons with Disabilities in the Ministry of Health, Sri Lanka.

Consideration of Life course approach is enabling people to live happily within the family as well as in the community. Directorate of YED is planning its activities starting from youth to elderly, further to disabled persons.

Youth

Directorate of Youth, Elderly and Disabled Persons is responsible for promotion of youth health considering holistic approach by Improving knowledge, attitudes and life skills among youth to reduce youth health problems and improve their wellbeing which is the vision for the programme area of youth in this Directorate.

Motivating youth as leaders in the community and in the family on healthy active life by awakening their understanding on healthy meals and eating habits to maintain good nutrition , physical activity and risk behaviours will definitely reduce the risk of NCD. This will further reduce the burden of unhealthy ageing population in the country. Sensitization of youth on the importance of active ageing and caring elderly through mass media is a timely need of an ageing society. The directorate works in close collaboration with Ministry of Sports and Youth Affairs and the National Youth Services Council in promotion of active healthy ageing among youth.

Youth sensitization programs on Healthy Ageing through life-course approach were carried out in collaboration with the National Secretariat for Elders and community-based organizations.

The problems faced by the current youth is addressed in the Annual Action Plan of the directorate. Special attention was given to protection and prevention of drug abuse among school children after O/Ls and school leavers. A pilot programme is conducting in the selected MOH areas in Colombo district.

Youth Health Policy revision was initiated by the Directorate in order to address many cross cutting areas related to youth. Multiple stakeholders' expertise was obtained when revising the youth health policy.

Elderly

Vision of the Directorate for elderly health care is identified as to produce healthy, active and productive elderly population by improving physical, mental and social wellbeing of the present elders and promote healthy ageing to achieve more active and more productive elderly population in the future.

Sri Lanka has one of the fastest ageing populations among the South East Asian countries. According to the census of 2012 the population above 60 years was 12.4% and is projected to be 25 % by 2040. The increasing elderly population imposes many health, social and financial challenges to the country. The Decade of Healthy Ageing (2021-2030) is being declared by the United Nations aligned with the Sustainable Development Goals to work towards achieving Healthy Ageing to face the challenges arising with ageing. The Directorate has completed many activities being in par with the National Elderly Health Policy Sri Lanka and the global agendas for the betterment of the elderly population of Sri Lanka. The activities were carried out with multi sectoral collaboration which has helped to gain a better outcome.

Integrated Care for Older Persons (ICOPE) is an action area of the Decade of Healthy Ageing which reflects a community-based strategy. It facilitates the reorientation of health and social services towards a person centered and coordinated model of care which optimizes the functional ability for older persons to face the challenges of ageing. The implementation of ICOPE in Sri Lanka was initiated in a stepwise manner. Initially, the training manual on ICOPE training for the trainers developed and published by the WHO Southeast Asia Regional Office was adapted to Sri Lanka via a collaborative work of the Directorate of Youth, Elderly and Disabled persons and the Department of Family Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura Sri Lanka.

Next, training programs on ICOPE for nursing officers and Primary Care Physicians attached to the Primary Health care Institutes of Colombo, Gampaha, Kalutara, Matara, Kandy and Anuradhapura were conducted by the Directorate in collaboration with the WHO-country office, Sri Lanka. The main objective of the programs were to sensitize the participants on ICOPE and train them to provide integrated care for older persons at their service delivery point at the primary care level aligning with ICOPE principles. Hundred and fifty Primary Care Physicians and 50 nursing officers were trained during these sessions.

We have identified several Primary Health Care Institutes in Colombo district as pilot settings to continue the implementation of ICOPE programme. The trained health staff is continuing care provision at these institutes conducting ICOPE screening at the community level. A multi-stakeholder consultative meeting in implementation of ICOPE at Primary Health Care Institutes in Western Province was also conducted by the Directorate. A Case study on ICOPE implementation in Sri Lanka was published in the Progress report on the Decade of Healthy Ageing 2021-2023.

Creating elderly/disabled friendly environment in PHC settings is another major area of implementation by YED. In 2023, five such health care institutions in Nuwara Eliya district (DH Udapussallawa, DH Walapne, DH Watawala , DH Bogawanthalawa and BH Rikillagaskada) facilitating accessibility and elderly/disabled friendly toilet/bathrooms were completed under PSSP project.

Caregiver need is in high demand with the increasing dependency levels of the elderly. Therefore, the Directorate identified the need of caregiver training and conducted a Caregiver Training Program for Master Trainers at Primary Health care level in collaboration with the Directorate of Primary Health Care. The training programs were completed in Colombo, Gampaha, Kalutara, Kandy, Anuradhapura, and Rathnapura districts.

Migration and busy life style of children are the main sources affecting the care and protection of older people in the current context. Most of them are spending the latter part of their life in long term care facilities/elderly homes. Availability of quality and safe environment and the care providing by trained caregivers considered as the major facts to consider during registration of an Elderly Home. Therefore the directorate provided maximum support and technical assistance to National Secretariat for Elders to prepare the standards to be maintained in an elderly home. Based on this document, the elderly home will be inspected by the MOH and recommend for registration. RDHS will approve it for registration under NSE. A regulatory mechanism to monitor the standards will be introduced in the near future.

Furthermore, development of guidelines for the age friendliness of the health care institutions, and advocacy brief and IEC material development to raise awareness on the prevention of Elder Abuse were performed by the Directorate.

Disability

Persons with Disabilities also deserve to obtain quality health services in an equitable manner to improve the quality of their life. Main objective of the Directorate for disability is to improve the health

services for the disabled persons by improving quality health care on disability and rehabilitation. The Directorate conducted consultative workshops for revising and finalizing National Rehabilitation Health Guidelines. The Directorate supported Ragama Rehabilitation Hospital with procurement of necessary equipment. Prosthetic and Orthotic Workshop was developed at Digana Rehabilitation Hospital with PSSP assistance.

Creating disable friendly environment in health care facility from accessibility to the hospital and communicating the staff to fulfill their need will respect the rights of Persons with Disabilities for receiving quality health care. The directorate is working to enhance quality of their lives by upgrading facilities within health institutions. Teaching Hospital Peradeniya created disability access and created disabled friendly environment in toilets and bathrooms in several units with the assistance and funding from YED allocation

Assistive devices plays a pivotal role in helping the persons with disabilities to assist in their day to day lives. The development of the priority assistive products list for the persons with disabilities was done with the collaboration with College of Community Physicians Sri Lanka and World Health Organization. The Directorate identified the importance of sign language training for the health care workers to facilitate communication with persons with hearing and speech disabilities. As an initiation the health care workers in labor rooms at maternity hospitals were trained on sign language.

Activities that were identified and in progress during 2023 will be continued in 2024.

10.2.5. Directorate of Estate and Urban Health

The Estate and Urban health unit is the national focal point in the Ministry of Health for improving the health status of people in estate and urban settings in Sri Lanka. The estate community and the urban low-income community have been identified as two vulnerable segments in the provision of health services in Sri Lanka.

Improving the health status of the communities in both estates and urban sectors and reducing the health disparities in comparison to other sectors in the countries have been identified as the main goal of the estate and urban health. Actions taken to enhance access to health services, improve inter-sectoral collaboration targeting both health and non-health sectors and advocacy on matters related to policy, finance, infrastructure and resource allocation related to estate and urban sectors.

Estate and urban sector mainly consist of two subunits headed by a Consultant Community Physician. They are estate health sub unit and urban health sub unit.

Estate health sub unit

The mandate of the estate health unit is to develop and execute health interventions in partnership with stakeholders to enhance the health and well-being of estate communities. This includes assessing health needs, implementing preventive measures and facilitating access to essential healthcare services. The unit works to educate the community on health issues, promote healthy lifestyles and ensure the availability of effective and accessible health on health issues, promote healthy lifestyles and ensure the

availability of effective and accessible health services. Through continuous monitoring and evaluation resources mobilization and capacity building the estate health unit strives to create sustainable health improvements in the estate sector.

Actions taken in 2022-2023

1. Worked with the stakeholders to fulfil the administrative and legislative requirements to acquire the estate sector health institutions. These ensure the delivery of equitable and accessible health services to the estate community.
2. A visual acuity screening programme was planned and implemented with the partnership of the College of Ophthalmologists and the Plantation Human Development Trust (PHDT). Sixteen estate sector volunteers in Badulla district were trained to assess the visual acuity at the field level and a proper referral system was arranged.
3. Volunteers were trained on self-month examination with the partnership of National Cancer Control Programme and PHDT. This programme was conducted in Galle and Matara district.
4. Health promotion programmes for adolescents and youths were conducted in Ragala, Kotagala and Hatton DS division in Nuwara Eliya district. About 100 adolescents and youth were trained.
5. Seven capacity-building programme were conducted on alcohol and tobacco prevention. Estate sector employees including CDOs, PFWOs, PSOs, and PCCF were trained.

Urban Health Sub Unit

The main objective of the urban sub unit is to promote the health among urban people particularly living in the areas governed by the Municipal and Urban councils. With rapid urbanization and its effect on public health along with the unique socio economics, infrastructures and behavioral risk factors make these communities vulnerable for poor health outcomes. As most of the causes leading to poor health outcomes and disparities are poor health outcomes. As most of the causes leading to poor health outcomes and disparities are multi factorial, working in collaboration with multiple stakeholders is much important in improving the health in urban communities.

Actions taken in 2022-2023

1. Establishment of National Urban Health Steering Committee to advocate the stake holders for inclusion of health in all policies related to health of urban population.
2. Establishment of Model Urban Wellness Centers to ensure community-based risk assessment to prevent and control NCDs with the collaboration of the local government staff. Established 30 model wellness centers in collaboration with the four municipal councils and three urban councils within Colombo district.
3. Community mobilization and empowerment for health promotion by settings approach was gained through urban health champions a concept aimed at engaging the community and empowering them to promote their own health.
4. Collaboration with other control programs of the Ministry of Health, relevant other government and non-government organization to promote health of people living in urban sector and improve quality of health services.

5. Capacity building programme for Medical Officers of health (MOH)/Additional Medical Officers of Health (AMOH) working under the Municipal and Urban Councils.
6. Bridging gaps in available legislature relevant for urban health service provision was identified and submitted for consideration to relevant authorities.

10.3. Deputy Director General - Environmental Health, Occupational Health and Food Safety

10.3.1 Environmental Health

Environmental Health encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. There are so many areas of work under this. Air quality, water quality, healthcare waste management, bio diversity and climate change is considered under environmental health.

The Ministry of Health liaises closely with the Ministry of Environment, Central Environmental Authority and other relevant stakeholders in working in the area of Environmental Health. The implementation of Environmental Health activities in the preventive health sector are conducted mainly through the Provincial and District Level Health Services via the MOH unit system. The Medical Officers of Health (MOH) and the Public Health Inspectors (PHI) carry out preventive and promotive Environmental Health activities at the grassroots level. Health staffs in all sectors have a role to play in improving environmental health.

Objectives

- To **formulate** an institutional framework that enables efficient coordination and collaboration of the various sectors and stakeholders that have environmental health related responsibilities.
- To **ensure** an effective institutional capacity for rendering environmental health services
- To **strengthen** the capacity of health staff working in the area of environmental health to become efficient agents and catalysts for desired change.
- To **adopt** a partnership approach with the purpose of facilitating holistic and integrated planning in environmental health.
- To **facilitate** the development and maintenance of an effective Environmental Health Management Information System.
- To **promote** community participation and development through empowerment in environmental health, to contribute to promotion of own health.

Actions taken in 2022 -2023

1. Strengthening Healthcare Waste Management (HCWM)

Health Care Waste Management is a major national programme of the Ministry of Health under Environmental Health.

2. Conducting Training of Trainers (TOT) workshops

TOT workshops were conducted with the financial assistance from UNICEF. Hospital Directors/ Medical Superintendents/MOICs, Medical Officers, Special Grade Nursing Officers, Nursing Sisters, Nursing Officers, Overseers, Chief Supervisors in cleaning service were selected from curative care institutions. Medical Officers of Health, Public Health Nursing Sisters, Supervising Public Health Inspectors, Supervising Public Health Midwives, Public Health Inspectors and Public Health Midwives were selected from preventive care institutions to be trained as trainers.

Table 10.6: Number of TOT workshops on healthcare waste management, 2022-2023

Year	Number of workshops	No of trainers trained
2022	19	506
2023	14	957

Source: Directorate of Environmental Health

3. Conducted a National Survey on Management of COVID-19 Vaccination Related Healthcare Waste

The study was funded by UNICEF. Questionnaires were designed by conducting consultative meetings with experts.

Quantitative component of the descriptive cross sectional survey on COVID-19 vaccination related health care waste management was conducted using 30 data collectors who were assigned to collect data in 26 RDHS divisions, governmental and non-governmental institutions. Responses were received from a total of 515 healthcare institutions, other governmental and non-governmental institutions where the COVID-19 vaccination programme was carried out.

Qualitative data collection was conducted through focus group discussions and key informant interviews among healthcare workers involved in COVID-19 vaccination programme.

4. Conducted National Survey on Water, Sanitation and Hygiene (WASH) in all Government Healthcare Facilities

Conducted WASH assessment in all government healthcare facilities with UNICEF funds. A tool for the WASH assessment (WASH-FIT) was validated for Sri Lanka through consultative meetings with experts. The validated WASH assessment tool was developed as two customized tools.

- a. Tool 1 – For hospitals up to divisional hospitals
- b. Tool 2 – For primary medical care units and MOH offices

Quantitative component of the descriptive cross sectional WASH assessment was conducted using 61 data collectors who were assigned to collect data from all 26 RDHS divisions.

Quantitative data collection was conducted by trained WASH assessors using above WASH assessment tools as interviewer administered questionnaires. Qualitative data collection was carried out as supervision visits to healthcare institutions.

5. Development of National and Provincial Action Plan on Health Care Waste Management

Consultative meetings were conducted with the participation of health and non-health experts.

6. Conducted National Steering Committee for Healthcare Waste Management

Second, third and fourth meetings of the National Steering Committee for Healthcare Waste Management were held in August 2022, December 2022, and August 2023 respectively. Several important decisions were taken to address prevailing major issues in healthcare waste management in the government sector.

7. Monitoring the availability of Environmental Protection License (EPL) and Scheduled Waste Management License (SWML) in health institutions

8. Provision of logistic support required for the management of healthcare waste

A pilot project on Management Information System on Healthcare Waste Management was implemented at District General Hospital, Monaragala and Ashroff Memorial Hospital, Kalmunai as per the recommendations of the rapid assessment on healthcare waste management conducted with the support of UNDP. Funds have been approved from UNICEF for three incinerators and it is planned to install those at Base hospital Nikaweratiya, District General Hospital Kegalle, and Teaching Hospital Anuradhapura.

9. Undergraduate and Post Graduate Training

Environmental health lectures were conducted to under graduate students of the Faculty of Medicine, University of Colombo. Students attached to Post Graduate Institute of Medicine, Colombo following MSc in Community Medicine and Diploma in Disaster Management were trained on Environmental Health.

10. Validation of Water, Sanitation and Hygiene (WASH) assessment findings

Two workshops were conducted to validate the findings and to finalize the survey report.

11. Development of Water, Sanitation and Hygiene (WASH) standards and monitoring indicators for the integration of WASH indicators into the Health Management Information System (HMIS)

Comprehensive details of WASH status in healthcare facilities in Sri Lanka were assessed by the Directorate of Environmental and Occupational Health in 2022. The importance of having standards and monitoring indicators for WASH in healthcare facilities were identified as a prerequisite to improving WASH status in healthcare institutions. Therefore, two workshops were conducted to develop WASH standards and monitoring indicators for the integration of WASH indicators into Health Management Information System (HMIS).

12. Provision of logistic support for improving water, sanitation and hygiene practices in healthcare settings

Funds were provided through a UNICEF grant for the four hospitals mentioned below to improve the WASH status. .

- De Soysa Hospital for Women
- District General Hospital – Nawalapitiya
- District General Hospital – NuwaraEliya
- Lady Ridgeway Hospital for Children

10.3.2. Occupational Health

Occupational Health unit of the Environmental and Occupational Health and Food Safety Directorate is the focal point for Occupational Health in the Ministry of Health in Sri Lanka. The unit is responsible for planning, co-ordination, monitoring and evaluation of the National Occupational Health Program of the Ministry of Health. It is responsible for capacity building of undergraduate and post graduate medical students, public health staff, curative health staff as well as other staff categories in the Ministry of Health on Occupational Health.

Occupational Health services are provided at the grass root level by Public Health Inspectors (PHI) together with the Medical Officers of Health (MOOH) through the District and Provincial Health systems. The unit involves in awareness creation and research and development in the area of occupational and related environmental health issues. Additionally, the unit liaises with other important stakeholders such as the Ministry of Labour in implementing the National Occupational Health Programme of the Ministry of Health.

The objectives of the Occupational Health Programme are as follows.

- To **promote** and **maintain** the highest degree of health among workers in all occupations
- To **prevent** adverse health outcomes caused by the working environment and work conditions
- To **protect** workers in their employment from work risks
- To **adapt the** work environment to workers
- To **improve** health and well-being of workers

Actions taken in 2022-2023

1. Development of guidelines on exit measures, isolation, quarantine and vaccination requirements of COVID-19 applicable in work settings

Guidelines were developed for work settings and disseminated among relevant parties to ensure the adherence of proper exit measures, isolation, and quarantine and vaccination requirements of COVID-19 applicable in work settings

2. Booster dose vaccination campaigns for workplaces

Facilitated the booster dose vaccination campaigns for workplaces through the coordination with relevant MOH offices and mobile vaccination programme of Colombo National Hospital of Sri Lanka, Colombo

3. Awareness raising on the management of COVID-19 at workplaces

Awareness programmes and supervision of work places were conducted in different work settings. Several webinars were conducted to raise awareness on the exit measures and booster dose vaccination for COVID-19 at workplaces for representatives of different work settings. Webinars for Board of Investment (BOI) apparel sector industries, banks and Ministries and State Ministries were conducted in early 2022.

4. Capacity building of Public Health Staff

Capacity development of health staff is important in improving occupational health, safety and well-being of employees. Conducted training on occupational health for Public Health Inspector trainee students in Higher Diploma courses (HDip.PH), in Kadugannawa, Kurunegala, Kalutara, and Galle, Medical Officer of Health

ing on occupational health at NIHS and trained post graduate medical doctors.

5. Post graduate training

Training of MD and MSc Community Medicine students attached to the PGIM Colombo

Workplace Assessments

Expert guidance was given on conducting regular workplace assessments to identify potential hazards and risks. This includes physical, chemical, biological, and psycho social factors.

10.3.3. Food Safety

Food control activities are mainly categorized as import control, domestic control, national water quality surveillance programme and issuing of Export (health) certificates. Food import control procedure is implemented at the borders to ensure that the food arrives in Sri Lanka are safe for human consumption. Domestic food control system in Sri Lanka is based on the Food Act No.26 of 1980 which was amended in 1991 and 2011. Registration of bottled water manufacturing facility is done in accordance with the Food (Bottled water Registration) to ensure that the bottled water is physically, microbiologically and chemically safe for human consumption. Export certificates for exporting food consignments are issued on request, certifying that the exporting food item is fit for human consumption. Foods that are imported, exported and those available in the market are tested for physical (adulterants, additives etc.), chemical (heavy metals, toxins etc.), microbiological (bacteria, virus etc.) and radiological parameters by food testing laboratories.

Objectives

- To protect consumers from preventable health risks.
- To provide information to consumers to enable better consumer choices.
- To protect consumers through a fair and effective, science-based food regulations that support competitive markets.
- To coordinate national food surveillance, enforcement and food recalls.
- To support food safety at ports of entry.

Actions taken in 2022-2023

1. Conducted food safety district reviews to assess the performance of authorized officers.
1. Conducted the National Food Survey (2021- 2022) to identify the heavy metals, mycotoxins and pesticide residues in commonly consumed selected food items. Findings of the national food safety survey (2021-2022) were effectively disseminated in 2023 to stakeholders, facilitating informed decision-making and collaborative efforts for improved food safety.
Food Survey 2023 was conducted, focusing on the identification of aflatoxins in commonly consumed selected food items, microplastics in fish, polyaromatic hydrocarbons (PAH) in coconut oil and genetically modified organisms (GMO) in soya and maize.
2. Conducted National Food Contaminant Survey to identify pesticide residues in dry fish, phthalate in coconut oil and bottled and packaged water and veterinary drug residues in chicken.

3. Development and modification of web based information management system for food safety.
4. Conducted food safety week throughout the country ensuring the food safety during festival seasons.
5. Strengthening and accreditation of food laboratories-ISO 17025:2017(2) in collaboration with UNIDO: Chemical food laboratory in National Institute of Health Sciences (for edible oil standards and salt standards) and Food laboratory in Anuradhapura (for spices) received accreditation in 2022.
6. Designed and printed a guide book for food establishments on current food regulations applicable to food establishments / industry.
7. Conducted Training of Trainer (TOT) programs to enable district level officers to conduct workshops for food establishments to create awareness on the relevant regulatory provisions and the guide book.
8. The first draft of the Food Safety Policy was successfully developed, laying the foundation for a robust framework in ensuring food safety
9. A media seminar was conducted to commemorate World Food Safety Day, providing a platform to raise awareness and promote best practices in food safety.
10. Residential training programs on food safety and hygiene for officers involved in food safety were conducted to enhance their knowledge and expertise.
11. Analytical capabilities of the National Institute of Health Sciences chemical food laboratory was strengthened in the area of aflatoxin analysis.
12. Two training programs, including an outbound training session focusing on teamwork, were successfully conducted to enhance the capacity and skills of officers within the Directorate of Environmental Health, Occupational Health and Food Safety at the "In service Training Institute", Gannoruwa, Peradeniya.

Other Activities

- **Food import control activities**

Import control activities are carried out by Food and Drug Inspectors in seaport, airport, and container terminals. A total of 28,428 and 36,590 food consignments were inspected at container terminals in 2022 and 2023 respectively. At sea ports 3261 and 3557 food consignments were inspected while 3832 and 2669 food consignments were inspected in airports in 2022 and 2023 respectively.

- **Food Export control activities**

When exporting food items, the importing country requests for a health certificate from the food authority of the exporting country, certifying that the product is suitable for human consumption. This is called "export certificate" or "health certificate". Export certificates for exporting food consignments are issued on request by FCAU certifying that the food is fit for human consumption. FCAU has issued 11,466 and 12410 health certificates in 2022 and 2023 respectively.

- **Domestic food control activities**

Domestic food control activities are conducted by Authorized officers under the food act. Food and Drug Inspectors at district level and Medical Officers of Health and Public Health Inspectors implement food act and its regulations island wide to ensure food safety. They involve in the activities such as inspection and grading of food establishments, obtaining food samples, prosecution and seizing when needed under the Food Act and its regulations and conducting awareness programmes in the community.

All bottled or packaged natural mineral water and bottled or packaged drinking water must be registered under the Food (Bottled or Packaged Water) Regulations 2005. Registration of bottled or packaged natural mineral water and bottled or packaged drinking water manufacturing facility is done by the FCAU of the Ministry of Health in accordance with the Food (Bottled water Registration) Regulations 2011 under the Food Act No. 26 of 1980. A total of 19 new bottled drinking water facilities were registered during 2022 and 2023.

- All premises used for iodization of edible common salt are registered under the Food (Iodization of Salt) Regulations 2005 and 6 new factories were registered in 2022 and 2023.



Figure 10.7: Dissemination of findings of the National Food Survey 2021-2022

Source: Directorate of food safety

11. Medical Services

Medical Services are organized under two Deputy Director Generals. This chapter presents services provided by responsible units under these two DDGs. Apart from that, services given by Medical Statistics Unit, Disaster Preparedness and Response Division and Grievance Coordination Unit are included in this chapter.

11.1. Deputy Director General (Medical Services-I)

Deputy Director General (Medical Services-I) caters to a wide range of services pertaining to intern medical officers, postgraduate trainees, specialist medical officers, and medical administrators. Annually, more than 1500 intern medical officers are appointed, and around 3500 postgraduate trainees are following around 54 different specialties ranging from diplomas, masters degrees, and doctoral studies (MD). Nearly 2500 specialist medical officers are providing specialist care for the nation, and 280 medical administrators are distributed in health institutions at different levels of care: base hospitals, district general hospitals, provincial general hospitals, and teaching hospitals.

Quality improvement and administrative coordination and supervision of nursing care services for around 30,000 nursing officers are also responsibilities of the Medical Services-1 division. In addition, the National Transplant Programme (NTP) in the government sector falls under the direct purview of the DDG (MS-I).

Development of tertiary level medical facilities in major hospitals and other institutions, including the establishment of necessary infrastructure facilities, provision of medical equipment, and providing administrative support, are major functions of the Medical Services-1

Actions taken 2022 - 2023

1. Improvement of web based Management Information System for Tertiary Care Services (For administrative and specialist grade medical officers)
2. Establishment of Regional Transplant Ethics Committees
3. National transplant policy has been launched
4. Prepared regulations for disease-donor transplantation
5. Driving license incorporated with the donor agreement.
6. Prepared Database for donor registry and donor card
7. Accreditation of healthcare institutions
8. Upgrading of services of all hospitals above the level of base hospitals category B
9. Improve curative care service with, infrastructure, capacity and cadre development of relevant hospitals.

Actions to be taken in 2024

1. Improvement of the electronic Human Resource Management Information System.
2. Implementation of the National Transplant Management Information System and Organ Allocation System.
3. Improving infrastructure facilities at the office of the Deputy Director General (Medical Services-1) and tertiary care hospitals.
4. Improvement of the HRMIS system for administrative grade medical officers.
5. Improvement of facilities for the Community Paediatric Forum.

6. Improvement of medicolegal services.
7. Neglected areas of hospitals (mortuaries, CSSD, stores, etc.) are prioritised for development.
8. Revision of Specialist Grade Medical Officers' cadre for 2023–2030.
9. Integrated system development in TCS (Installation of local area networked computer system, File management and tracking System, Online inquiry management system for TCS – “TCS Connect”) etc.
10. Development of “Help Desk” Ministry of Health Hospital Services information portal for customers.
11. Deploying a telemedicine system for efficient patient care.
12. Development of GIS mapping and information system for Specialist Grade Medical Officers.

Following directorates are under the purview of DDG (MS-1);

1. Tertiary Care Services (TCS)
2. Healthcare Quality and Safety (HQ&S)
3. Medical Technological Services (MTS)
4. Proposed Directorate of National Transplant Programme
5. Registered Medical Officers (RMO)
6. Nursing-Medical Services (Nursing-MS)

Following are some of the main duties performed by the DDG (MS – I) and its directorates.

11.1.1. Tertiary Care Services

- Recruitment and deployment of medical administrators.
- Recruitment and deployment of all medical specialists in the government health services.
- Postgraduate training of the medical professionals (PG Trainees)
- Internship training of medical graduates from state and foreign universities.
- Management of all human resource related issues of Teaching Hospitals and Specialized Institutions.

These services will be provided on a web based platform for easy access.

11.1.2. Directorate of Healthcare Quality and Safety

Directorate of Healthcare Quality and Safety (DHQS) was established in the year 2012 with the principle of, “A centrally driven, locally led, clinically oriented, patient centred continuous quality improvement”. The National Policy on Healthcare Quality and Safety was first published in the year 2015 and was revised in 2021, incorporating the following seven key result areas;

1. Customer/patient satisfaction and experience
2. Leadership, Governance and Systems
3. Clinical Effectiveness
4. Risk Management and Safety
5. Enabling a Culture for Quality Improvement
6. Staff Development and Wellbeing
7. Research for Quality Improvement and Patient Safety

Actions taken in 2022

1. The following training programmes were conducted by the DHQS:
 - a) Three-day training programmes for Master Trainers on Healthcare Quality and Safety (Basic Level)
 - b) Two-day Clinical Audit workshops.Healthcare workers including, medical administrators, medical officers, nursing officers, development officers and paramedical staff were trained as Master trainers on Healthcare Quality and Safety.
2. Annual performance review for 2021 and the review of the 1st, 2nd and 3rd quarters of 2022 for line ministry institutions were conducted as online meetings with the participation of 48 and 50 institutions respectively. Similarly, the annual review of 2021 and the review of first two quarters of 2022 were conducted for provincial ministry institutions with the participation of 110 and 102 hospitals respectively. These programs developed a platform for experience sharing on best practices of healthcare quality & safety among hospitals.
3. Data validation visits were done to seven hospitals in the Western Province.
4. The following activities related to development and revision of National Guidelines / Protocols /Circulars / Manuals and formats were conducted in year 2022;
 - The National Policy on Healthcare Quality & Safety was revised in 2021 and launched in 2022.
 - Circular on “Instructions for prescribing medicines at inpatient and outpatient settings to minimize medication errors” was published.
 - Guidelines for proper maintenance of BHT was finalized and published.
 - Consultative meetings were held for developing national CSSD guidelines.
 - Consultative meetings for revising adverse events / incident reporting and analysing forms and guidelines.
5. The Performance Review format was revised in 2022 through an extensive consultative process with the participation of relevant stakeholders. This revised format was renamed as the “Quality Performance Evaluation Tool” (QPET).
6. The national event for the World Patient Safety Day was held at the BMICH Lotus Hall on 17th September 2022, with the participation of Minister of Health as the chief guest. Hospitals under the line ministry and provincial ministry were recognized for their best practices related to the theme, "Medication Safety," with plaques and certificates awarded to the best-performing institutions in the Best Practices competition.
7. Several consultative meetings were conducted to develop a training module on Healthcare Quality and Safety for continuous professional development of healthcare staff.
8. A draft medication incidents/errors reporting format which can be used to report medication incidents was introduced and was taken into discussion during consultative meetings.
9. As the focal point for IPC, DHQS continued to monitor COVID-19 related activities. The development of a National IPC policy was initiated.

Actions taken in 2023

1. The following training programmes were conducted by the DHQS:
 - a) Three-day training programmes for Master Trainers on Healthcare Quality and Safety (Basic Level) for 150 participants including the preventive sector.
 - b) Two-day Clinical Audit workshops.
2. Annual performance review for 2022 and the review of the 1st, 2nd and quarters of 2023 for 52 line ministry institutions were conducted as online meetings. Similarly, the annual review of 2022 and the review of first two quarters of 2023 were conducted online for provincial ministry institutions with the participation of 101 and 92 hospitals respectively.
3. DHQS had a study visit to BH Walasmulla in 2023 to observe quality and safety activities of the hospital. RDHS Matara was also visited. DH Gonaduwa was visited for piloting the PMCI tool.
4. The following activities related to development and revision of National Guidelines/ Protocols / Manuals and formats were conducted in year 2023;
 - Introduction of the revised Adverse Event / Incident Reporting and Analysing forms and guidelines for Adverse Event / Incident Reporting through a circular.
 - Introducing the Medication Incident / Error reporting form for reporting medication related errors.
 - Terms of Reference (TOR) for Institutional Steering Committee on Healthcare Quality and Safety was finalized and disseminated.
 - The 'Patient Observation Chart – Early Warning Score' was developed and circulated.
 - Development of added functionalities of the 'Helpdesk' and guideline repository into the DHQS website.
5. During 2023, several consultative meetings were held with the Health Informatics Unit and relevant stakeholders to develop the web-based QPET tool.
6. National Celebration of the World Patient Safety Day 2023 was held at the Jasmine Hall of BMICH, under the theme of 'Engaging patients for patient safety' and the slogan of 'Elevate the voice of patients!' Best practices related to the theme were presented by the line ministry and provincial ministry hospitals.
7. The National Convention on Healthcare Quality and Safety was held on 15th of September 2023 at BMICH. Abstracts on healthcare quality and safety were submitted by the hospitals and they were reviewed and selected for oral and poster presentations. Concurrently, the DHQS conducted a two-day pre-congress workshop on Healthcare Quality and Safety for 110 health staff, including nursing officers, development officers, management assistants, drivers, and healthcare assistants from 22 selected base hospitals.
8. Following several consultative meetings the Continuous Professional Development Manual on Healthcare Quality and Safety was finalized. Healthcare staff will be trained using this manual in future.
 - Four consultative meetings, funded by the WHO, were held for developing a Look-Alike Sound-Alike (LASA) medication list and High Alert Medications (HAM) list for Sri Lanka.

- A meeting for reviewing the implementation progress of the National Action Plan on Medication Safety was held on the 26th of May 2023 chaired by the Director General of Health Services (DGHS) with the participation of relevant stakeholders.
9. The National Policy for Infection Prevention and Control for healthcare settings in Sri Lanka was developed in collaboration with the College of Microbiologists. The finalized policy is to be translated and sent for cabinet approval.
 10. The DHQS represented as the national focal point for Infection Prevention and Control during its participation in the Joint External Evaluation (JEE) of the International Health Regulations (IHR).
 11. The National Steering Committee on Healthcare Quality and Safety was established and the first meeting was successfully conducted on the 19th of December 2023 chaired by the Secretary of the Ministry of Health.

Actions to be taken in 2024

1. Establishment of an accreditation system for healthcare institutions in Sri Lanka.
2. Continuing activities related to Infection Prevention and Control and Patient Safety.
3. Strengthening of clinical audits in hospitals by conducting training programmes for healthcare staff.
4. Strengthening of incident reporting system.
5. Conducting quarterly reviews for Line Ministry and Provincial Ministry Institutions.
6. Conducting activities related to HiQi project coordinated by Global Fund Project.
7. Conducting Medication Safety activities under the WHO Global Patient Safety Collaborative.
8. Conducting meetings of the National Steering Committee on Healthcare Quality and Safety and meetings of the relevant subcommittees.

11.1.3. Directorate of Registered Medical Officers

Main role of this directorate is Human Resource Management functions of registered medical officers and assistant medical officers in health services.

11.1.4. Directorate of Nursing (Medical Services)

Directorate of Nursing (Medical Services) is responsible for improving quality and productivity in nursing service care.

11.2. Deputy Director General (Medical Services-II)

This division operates under the scope of supervision and coordination of medical care services and the management of human resources for Grade Medical Officers (Preliminary, Grade II, Grade I) in government health services, excluding areas related to production, disciplinary actions, and terminations. It also focuses on improving patient care services in government primary healthcare institutions and private healthcare institutions, enhancing health services in prisons, ensuring the availability of accident and emergency care services to citizens of Sri Lanka, and ensuring sports medicine care services by promoting physical activities.

Directorates under the purview of DDG (MS-11)

1. Director Medical Services
2. Director Primary Care Services
3. Director Private Health Sector Development
4. Director Administration (Medical Services) 1
5. Director Administration (Medical Services) 11
6. Director (Prison Medical Services)

Objectives

- To modernize routine activities of the central-level Medical Service Branch with the support of relevant stakeholders to achieve a satisfied Medical Officer workforce
- To support medical service through the development of physical and human resource aspects of curative care institutions
- To support and strengthen medical service through the organizational development of curative care institutions
- To strengthen medical service with evidence-based management
- Training of staff and the general public in the aspect of accident and emergency care

Actions taken in 2022-2023

1. Appointing Medical Officers who have completed their internship
2. Annual transfer orders have been implemented on the 1st of January as per the Public Service Commission guidelines.
3. Attachment of medical officers following completion of PGIM attachment, back to the Ministry of Health.

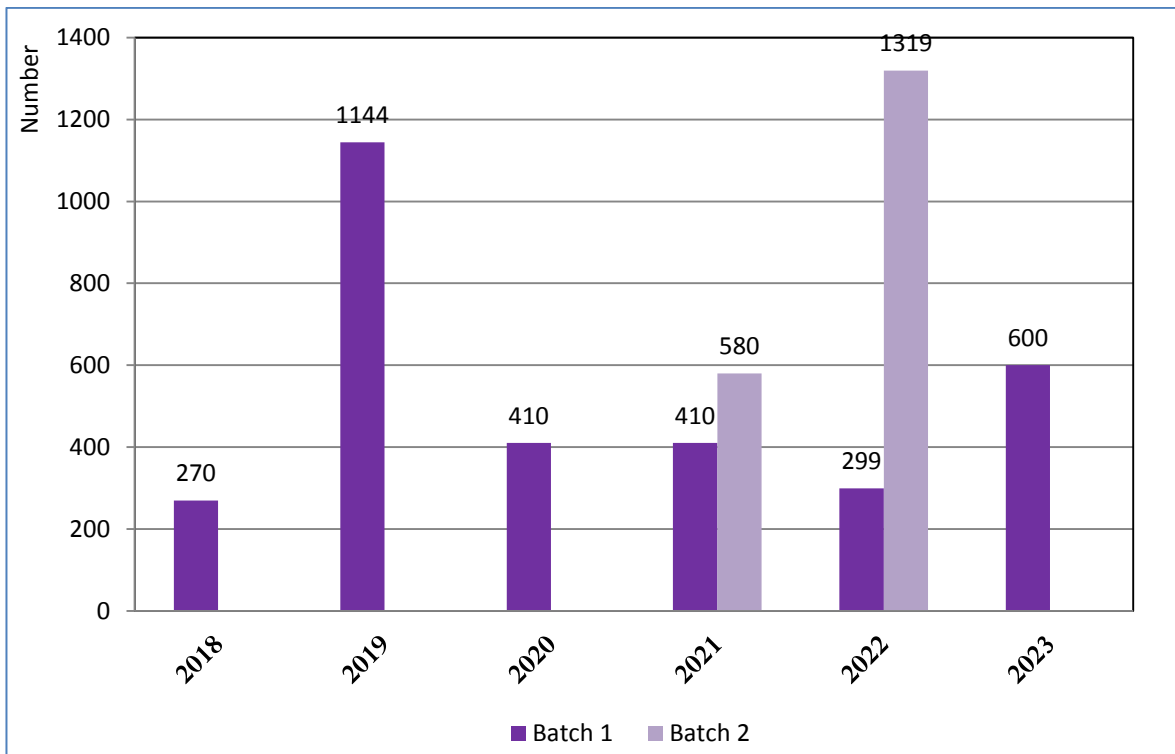


Figure11.1: Number of Medical Officers appointed after completion of internship, 2018 - 2023

Source: Deputy Director General-II (Medical Services)

Table 11.1: Number of implemented grade medical officer annual transfers, 2018 - 2023

Year	Number of transfers
2018	2,621
2019	2,837
2020	2,700
2021	4,286
2022	3,851
2023	2,722

Source: Deputy Director General-II (Medical Services)

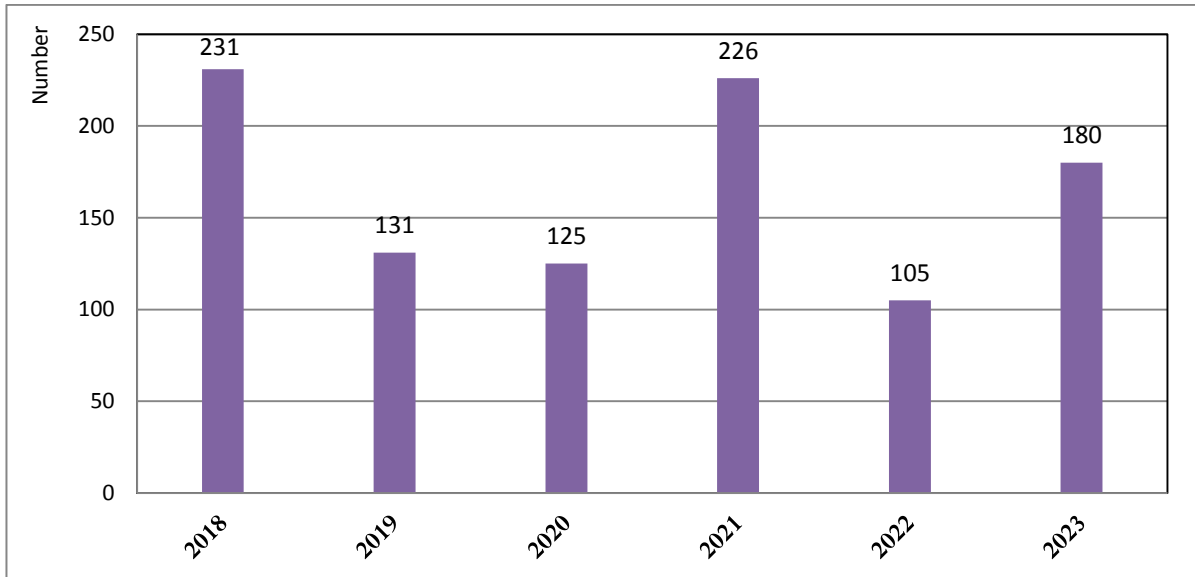


Figure 11.2: Number of Medical Officers appointed after completion of PGIM training, 2018 – 2023

Source: Deputy Director General-II (Medical Services)

4) 268 ordinary temporary attachments and 83 after no-pay leave, have also been served in the year 2023

5) 85 special appeal transfers have been implemented in the year 2023

6) In the year 2023, 66 difficult station transfers have been implemented.

7) Infrastructure Development in the Health Sector

Since the commencing of the Accident and Emergency Care Development Project in 2016, by 2022 the Ministry of Health has upgraded A & E Units of the following hospitals.

PGH Rathnapura	TH LRH
DGH Monaragala	DGH Nuwara Eliya
TH Karapitiya	TH SBCH Peradeniya
AMH Kalmunai North	TH Batticaloa
DGH Hambanthota	BH Akkeripaththu
TH Kurunagala	BH Kanthale
TH CNTH	

Additionally, the staff managing accidents and emergencies and the public involved in such situations have been trained.

11.2.1. Directorate of Primary Care Development

The Directorate of Primary Care is the focal point for guiding for enhancing and strengthening primary care service delivery. There are nearly 1090 primary medical care institutions (PMCI) comprising Primary Medical Care Units (PMCU), Divisional Hospitals (DH) Type A, B, and, C. In addition, outpatient departments (OPDs) of secondary care institutions and above also serve as first-contact patients. The main role of Primary Care Directorate's is facilitating easy access to initial healthcare services, ensuring seamless and continuous care, coordinating healthcare services, and establishing patient- centred care at nationwide primary care institutions. It collaborates with other directorates and development partners by offering technical guidance and managerial support to enhance primary care facilities across the country. Additionally, it maintains effective coordination with provincial and regional health sectors to assist them in achieving collective health sector objectives. The ultimate goal of the directorate is to make the greatest possible contribution towards achieving Universal Health Coverage.

Actions taken in 2022-2023

1. Conducted several activities to strengthen the primary care services in the country by utilizing PSSP funds within 16 PMCI belonging to the line ministry.
2. Ten two-day workshops for capacity building of health staff in primary care institutions to improve knowledge and skills with the funding of WHO and PSSP
3. Two, two-day workshops were conducted to improve the knowledge regarding caregiving among the health staff in primary care institutions.
4. Distributions of medical equipment (pulse oximeters, oxygen concentrators, multi-parameter monitors, syringe pumps, etc.) to PMCI in selected RDHS
5. Prepare and distribute a tool to collect data to monitor and evaluate primary care medical institutions to improve and strengthen primary care services.
6. The circular, issued on 8th June 2023, identifies 10 activities regarding "Areas to Improve Primary Care Services in Sri Lanka in order to achieve UHC, SDG Goals, and Health System Improvements.
7. The guideline was issued on 8th June 2024, to establish telemedicine facilities in Sri Lanka, which were funded under USAID donations.
8. Collaboratively work with the planning unit to improve the health carder in primary care institutions, strengthening the activities in PMCI.
9. Coordinating the programs for National Nutrition Month with the collaboration of the Nutritional Unit of the Ministry of Health.
10. Collaborate with the ADB to develop a GIS mapping system for the use of health sector management and evaluation.
11. Conducted more than 2500 medical boards for non-medical staff on approving medical leave, compensation for injuries, and pensions for lifetime disabled orphans per annum.
12. Conducted and completed special medical boards of more than 1500 for the police staff on light duty and reverted them for normal service or retirement.

11.2.2. Directorate of Private Health Sector Development

The Directorate of Private Health Sector Development has been established to oversee the quality and safety of private healthcare services in the country through regulation, monitoring, and evaluation of standards. It operates closely with the Private Health Regulatory Council (PHSRC), where the director of private health sector development serves as the council secretary. The council is empowered to exercise, perform, and discharge powers, duties, and functions as stipulated in the Private Medical Institutions (Registration) Act No 21. It's primary objectives include the development and monitoring of standards upheld by registered Private Medical Institutions, as well as evaluating these standards. Additionally, the council aims to ensure that all private medical institutions adhere to minimum qualifications for recruitment and standards for personnel training, thereby guaranteeing the quality of patient care services provided by such institutions.

Objectives

- To complete the process of amending the Private Medical Institutions (Registration) Act, No. 21 of 2006 (PMI Act).
- To improve registration and regulation of private medical institutions.
- To streamline the mechanism to collect health information from private health sector.
- To develop and monitor the standards of Private Medical Institutions.
- To strengthen the human resources capacity of the private health sector.
- To ensure the quality of patient care services provided by Private Medical Institutions.
- To educate all authorized officers at provincial levels on PMI Act and executing the power vested to them.
- To create awareness among health professionals, general public and patients' rights groups on PMI Act, patients' rights and obligations of health professionals.
- To regulate prices of selected laboratory tests and procedures.
- To upgrade the resources at Directorate of Private Health Sector Development (D/PHSD) and Secretariat of Private Health Services Regulatory Council (S/PHSRC) including human resources, infrastructure facilities etc.

Actions taken in 2022-2023

1. Coordination of the process of amending the existing Private Medical Institutions Registration. Act with the legal decision of the Ministry of Health.
Continuation of registration and renewal of private medical institutions' licensing by strengthening the capacity of provincial health authorities Developing and monitoring of standards to be maintained by the registered private medical Institutions and acts as a method of evaluation of standards maintained by such private medical institutions
2. Inspection and observation visits to private medical institutions.
3. Coordinating with other Directorates of the Ministry of Health, Sri Lanka Medical Council, Health Sector Trade Unions, and Professional Organizations if and when necessary.
4. Granting preliminary approval to establish new private hospitals after evaluating the project proposals.

5. Processing of relevant documents by PHSD to grant permission from the Ministry of Health for kidney and liver transplant surgeries in private hospitals.
6. Processing of documents pertaining to temporary registration of foreign specialists.
7. Improvement of complaints handling procedure by timely investigation and enforcing remedial actions against private medical institutions.
8. Establishment and maintenance of proper information system in private medical institutions including data on human resource, communicable and non-communicable diseases, and transplant surgeries.
9. Provide training facilities to ensure the minimum qualifications for recruitment and minimum standards of training of personnel are adopted by all private medical Institutions.
10. Develop suitable charges/ prices for various procedures and medical laboratory tests charged by the private health sector.
11. Development of quality of services provided by the private medical institutions;
12. By advocating and adhering to national guidelines and standards in conducting preventive services and transfer the relevant details to Epidemiology Unit.
13. Eg: Dengue prevention.
14. Contribution to provide information to the National Cancer Registry, by private hospitals who are acting as cancer treatment centers and diagnostic laboratories, as identified in National Cancer Control Policies.
15. Guidance to provide patient care facilitates curative, preventive, rehabilitative, and palliative care.
16. Conduct an advocacy workshop in coordination with the Provincial Directorates of Health Services following observation visits to selected private medical institutes in the respective provinces.
17. Initiation of a survey in respect of the private health sector with the help of PHI in the MOH areas.

Actions to be taken in 2024

1. Conduct an Island-wide survey to collect information about Private Medical Institutions.
2. Initiate a hospital grading system (PMI grading) to evaluate the care and facilities provided by PMIs.
3. Conducting an island-wide survey on the elimination of medical quacks.

Table 11.2: Number of registered private medical institutions, 2020-2023

Category	Number of Registrations		
	2021	2022	2023
Full-Time Dental Surgeries (FDS)	27	43	51
Full-Time General Practises (FGP)	137	121	182
Full-Time Medical Specialist Practice (FMS)	3	3	4
Private Medical Centers (MC)	160	247	304
Private Medical Laboratories (L)	445	702	941
Other Private Medical Institutes (OPMI)	65	130	177
Part-Time Dental Surgeries (PDS)	14	25	63
Part-Time General Practises (PGP)	221	226	551
Part-Time Medical Specialist Practice (PMS)	3	4	8
Private Ambulance Services (AS)	9	13	13
Private Hospitals (PH)	134	179	190
Total Private Medical Institutions	1,218	1,693	2,484

Source: Directorate of Private Health Sector Development

11.2.3. Directorate of Medical Service Administration

The Directorate of Medical Service Administration, comprising two branches (EC I and EC II), handles the following HR activities pertaining to grade Medical Officers.

- Documentation related to appointments and reinstatements.
- Issuing formal appointment letters /Confirmation of the service
- Grade promotions of the medical officers (Grade II, Grade I, Specialist Grade)
- Processing leave (To handle local No-pay leave, Foreign No-pay leave, Short-term leave, Special medical leave, Extended maternity leave, Earned leave, Accident leave, Adoption leave, and Surrogated pregnancy leave).
- Process medical board decisions/disciplinary inquires
- Issuing vehicle permits
- Managing language proficiency details (English, Sinhala/ Tamil) and language allowance payment arrangements
- Releasing and re-attaching medical officers to permanent and temporary stations
- Processing resignations and retirements of medical officers
- Serving vacation of post for medical officers
- Delivering summons sheets for the medical officers
- Office works on legal actions taken against medical officers
- Processing bonds (bond charging and clearing)
- Examination results clarification

11.2.4. Directorate of Prison Medical Service

- The Ministry of Health deals only with healthcare components and the administrative part is being handled by the Department of Prisons.
- Monthly progress meetings are being conducted in partnership with the Ministry of Health, the Department of Prisons, and the Ministry of Social & Welfare.
- Allocation of Dispensers and Radiographers.
- Supply of necessary medical supplies, including drugs through MSD

11.2.5. Sports Medicine

DDG (Medical Services) II also oversees activities related to the health, diagnosis, treatment, and injury prevention of school and professional athletes. This includes setting up Sports Medical Units at Teaching Hospitals and providing training for medical officers in these facilities.

Medical officers who completed training in fitness assessment were awarded fitness assessment certificates.

Table 11.3: Number of Medical officers trained for fitness assessment, 2023

District	Number
Colombo	43
Kalutara	27
Gampaha	48
Galle	54
Matara	53
Hambantota	24
Kegalle	38
Rathnapura	94
Kandy	63
Matale	19
Nuwara Eliya	35
Polonnaruwa	38
Trincomalee	27
Batticaloa	46
Jaffna	33
Vavuniya	25
Mannar	12
Mullaitivu	13
Kilinochchi	4
Total	696

Source: Sports Medicine Unit

11.3. Medical Statistics Unit

Medical Statistics Unit (MSU) has been established in the Ministry of Health around 1960 and functions under the Additional Secretary (Medical Services) of the Ministry of Health. Department of the Census and Statistics has given the contribution to collect, analyse and publish health data with the collaboration of the Ministry of Health. MSU is functioning with the statistics staff from Department of Census and Statistics.

Medical Statistics Unit is responsible to provide accurate, unbiased, reliable and timely statistics related to the health sector of the country. This unit collects inpatient, outpatient and clinic data, health staff and specialist's data, maternal and bed capacity. Hospital data, collected by MSU are immensely useful for health sector policy planners, researchers, students and many other national and international stakeholders. It is expected that those published health data are used by health administration for evidence-based decision making, evaluation, research and study needs and other data requirements. Medical Statistics Unit also provides necessary clarifications and guidance to the researchers and many other data users for proper use of the relevant data in practice.

The main publication of the MSU is the Annual Health Bulletin. It provides a comprehensive description of the Sri Lankan Health system.

Actions taken in 2022 - 2023

1. Estimate MOH division level population for 2022 and 2023 and shared data with service providers
2. Update Institution Registry for year 2022 and 2023
3. Received 425 data requests from data users and fulfil 99 per cent of them.
4. Conduct district level annual review programs
5. Observational visits were done to check data quality

11.4. Disaster Preparedness and Response Division (DPRD)

Sri Lanka faces a spectrum of disasters, including floods, landslides, cyclones, droughts, wind storms, tsunamis, coastal erosions, epidemics, industrial and chemical accidents, and internal conflicts. These events characterize the country's emergency and disaster profile. Notably, 96 percent of Sri Lanka's disasters are attributed to climate change, with the country ranking as the 30th most climate-affected nation in 2019 according to the Global Climate Risk Index of 2021.

The Disaster Preparedness and Response Division (DPRD) of the Ministry of Health serves as the focal point for health response coordination and preparedness. Established in 2008, the DPRD plays a vital role in ensuring the nation's readiness and effective response to disasters, emergencies, and public health crises. The division is responsible for coordinating and implementing strategies to mitigate the impact of disasters on public health and to facilitate rapid and efficient response efforts during emergencies.

Actions taken in 2022 - 2023

1. Strategic Framework 2022-2025 for Health Sector Emergency / Disaster Preparedness

The 2022-2025 Strategic Framework for Health Sector Emergency/Disaster Preparedness was developed by the DPRD in collaboration with the Asian Disaster Preparedness Centre (ADPC),

- involving consultations with other units of the Ministry of Health, Provincial and Regional Directors of Health Services, Hospital Directors, other relevant ministries, and NGOs.
- 2. National Health Sector Disaster Management Drill 2022**

The National Disaster Preparedness and Response Drill was carried each year. During this exercise, a medical camp was conducted to simulate responding to a disaster in a remote area. In addition, review of the hospital drills conducted throughout the year was also done. In January 2022, it was held at Palampitiya Primary School in Kegalle, Sri Lanka.
 - 3. Drills in other Hospitals**

The DPRD conducted 10 mass casualty drills in separate hospitals during the year 2022 with the aim of promoting and further strengthening the capacity of the hospital health care staff during an emergency / disaster situation. Funds and technical guidance required to conduct drills in each hospital were provided by the DPRD to the trainees of the Post Graduate Diploma in Health Sector Disaster Management, as a part of their field training.
 - 4. Training of Health Staff - Nursing Officers**

The DPRD was involved in the training and capacity building programmes for nursing professionals in several health institutions throughout the year
 - 5. Training Programme on Hospital Preparedness in Emergencies (HOPE)**

Considering the importance of hospital preparedness in emergencies (HOPE), the DPRD of the Ministry of Health collaborated with ADPC to organize several training programs. In December 2022, ADPC and the DPRD conducted a four day residential workshop for health administrators and medical officers involved in Disaster Management and Emergency Treatment Units. Additionally, a March 2022 five days Training of Trainers (TOT) workshop further equipped past HOPE participants to train others in hospital emergency preparedness, aiming to enhance emergency management and ensure the safety of patients, staff, and the community through skilled internal trainers.
 - 6. Sensitization workshop on the community assessment for Public Health Emergency Response (CASPER) Tool kit for Sri Lanka**

The Community Assessment for Public Health Emergency Response (CASPER) Toolkit is a globally recognized rapid assessment methodology. It is designed to facilitate community-level rapid needs assessments following disasters and emergencies and can be utilized throughout the disaster management cycle. Recognizing its importance, the Disaster Preparedness and Response Division of the Ministry of Health Sri Lanka has adapted the CASPER Toolkit to fit the unique needs and context of Sri Lanka. This adaptation ensures a standardized approach to rapid assessment by the health sector during health emergencies

In October 2022, a one-day sensitization workshop was held to introduce the CASPER Toolkit to key stakeholders and further validate its application in Sri Lanka.
 - 7. National Inventory of Dangerous Pathogens (NIDP)**

Sri Lanka established a National Inventory of Dangerous Pathogens to enhance biosecurity and comply with Biological Weapons Convention obligations, supported by the United Nations Office for Disarmament Affairs UNODA and the National Institute of Public Health and the Environment RVIM, Netherlands.

On November 18, 2022, experts from the Dutch Biosecurity Office handed over critical software to Ministry of Health high-level officials, marking a milestone in establishing the National Inventory of Dangerous Pathogens (NIDP) for enhanced biosecurity efforts.

11.5. Grievance Coordination Unit (Suwasawana service)

Suwasawana, the Grievance Co-Ordination Unit (GCU) in the Ministry of Health was established in 2019 under the guidance of Additional Secretary Medical Services. The aim was to facilitate acceptance of public comments, complaints and suggestions on the services provided by the government healthcare institutions. The system consists of a national Call Center with a hotline-1907 and Institutional Grievance Redress Units (IGRU). Focal points were appointed to all IGRUs and were trained on the Grievance Information Management System (GIMS) . The public or service recipients of these institutions can convey their grievances through the hotline, emails, Whatsapp, or as formal written communication. The information received are compiled and directed to relevant authorities through the focal points for necessary action. All GRM activities are monitored by the GCU.

Table 11.4: Key Activities, 2022-2023

Indicator	2022	2023
Number of newly established Institutional Grievance Redress units	285	1,496
Number of programs conducted	32	43
Number of trained users	1,523	1,625

Source: Grievance Coordination Unit

11.6 National Intensive Care Surveillance (NICS)

National Intensive Care Surveillance is a critical care registry presently networking 82 adult intensive care units (ICUs), 10 paediatric ICUs and 13 neonatal ICUs in government hospitals in Sri Lanka. It is a collaboration led by the Ministry of Health that maintains a critical care registry and operates a 24/7 ICU bed availability service for adults, children and now neonates.

The main objectives are;

- To maintain a national critical care clinical registry in Sri Lanka

- To maintain a critical care bed availability / information system

- To provide feedback/reporting to the participating ICUs to improve quality of care

NICS system is involved in gathering, cleaning, analysing and disseminating information from ICUs regarding patients, staffing, beds and other available resources. In addition, NICS captures information to enable benchmarking of ICUs adjusting for severity of illness. NICS also makes it possible to assess 30-day post ICU outcomes and quality of life of critically ill patients.

The benefits of NICS include: having an ICU bed availability system (24/7), enabling planning ICU services based on needs, capacity, and resources; helping coordinate ICU resource management during any national or regional emergency or disaster; improving the quality of patient care;

improving the cost effectiveness of critical care; building the capacity of critical care personnel; and promoting local and international audits or research.

Characteristics of adult ICUs

The age distribution of patients admitted to adult ICUs in 2022 and 2023 and the distribution of length of ICU stay (in days) of patients admitted to adult ICUs in 2022 and 2023 are illustrated in Figure 11.1 respectively.

Approximately, 24,000 and 23000 patients were admitted to adult ICUs in 2022 and 2023 respectively and among them more than half were age above 50 years old. Out of the total ICU patients (5399) 3624 were ventilated. Table 11.5 provides several key information related to ICU patients.

Table 11.5: Characteristics of patients admitted to adult ICUs, 2021- 2023

Characteristics	Number		
	2021	2022	2023
Patients admitted	2,109	23,598	22,880
Ventilated patients	4,576	5,399	3,624
Vasoactive drugs used patients	3,102	3,658	2,046
Deaths	2,454	3,711	3,238
Length of Stay (days)	3	4	4

Source: Intensive Care Surveillance unit

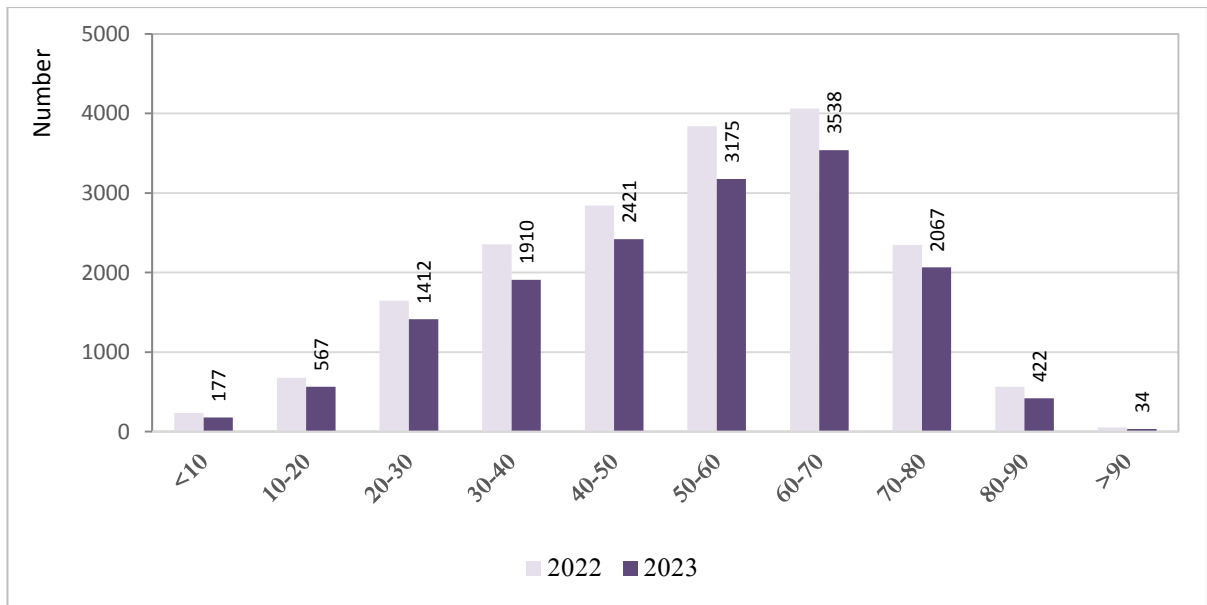


Figure 11.3: Number of patients admitted to adult ICUs by age group, 2022- 2023

Source: Intensive Care Surveillance unit

12. Education, Training and Research

Education, Training and Research unit of the Ministry of Health functions under the purview of the Deputy Director General (Education' Training & Research). The ET & R unit is responsible for policy formulation and technical guidance on training, coordinating basic training programs for all staff categories, except for Medical Officers and Dental Surgeons. Additionally, the unit is responsible for enhancing the capacity of the health workforce through post-basic and in-service training programs. Furthermore, the National Institute of Health Sciences (NIHS) is under the administrative and technical supervision of the DDG (ET&R). The ET&R unit collaborates with the Ceylon Medical College Council, University Grants Commission, and other relevant academic and professional institutions in Sri Lanka to enhance the human resource capacity of the health sector.

It has improved the Continuous Professional Development (CPD) programs for state Medical officers, particularly through the online Learning Management System (LMS) platform. The unit serves as a central hub for the initiative that enhances career development opportunities for Medical officers, in collaboration with the Post Graduate Institute of Medicine (PGIM) and state medical faculties. ET&R unit has also been able to broaden its capacity in coordinating important training programs with international organizations to improve the capacity of the health workforce in Sri Lanka.

The ET&R unit's main objective is to enhance healthcare professionals' capacity and competencies through comprehensive education, training, and research initiatives aligned with national health policies and priorities

12.1. Deputy Director General (Education' Training & Research)

Following three directorates are functioning under Deputy Director General (Education' Training & Research).

1. Directorates of the Training
2. Research
3. Nursing (Education).

The ET & R unit aims to promote evidence-based practices and cultivate a culture of continuous learning within its three specialized directorates. Through these initiatives, the unit seeks to improve the quality of healthcare services and enhance health outcomes for the nation.

12.1.1 Recruitment and Basic Training

Annually ET&R unit organize following four types of training programs.

- Intake for basic training programmes
- Post basic training for nursing officers
- Capacity development of service providers of the Department of Health
- Other Training Programs conducted in 2022 - 2023

Actions taken in 2022 - 2023

- **Intake for basic training programmes**

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

Based on recruitments training activities conducted by ET&R is shown in Table 12.1, Table 12.2, and Table 12.3.

Table 12.1: Number of trainees for basic training programs, 2022 - 2023

Category of staff	Recruited		Completed	
	2022	2023	2022	2023
Nursing Officers (Basic Training)	-	3047	328	2195
Medical Laboratory Technicians	-	-	108	187(BSc)
Pharmacists	109	-	191	-
Physiotherapists	-	-	-	-
Occupational Therapists	46	-	51	-
Radiographers	54	-	60	27(BSc)
Public Health Midwives	996	-	-	219
Public Health Inspectors	321	-	304	-
Entomology Assistants	-	-	15	-
Cardiographers	-	-	51	-
Electro-Encephalographs Recordists	-	-	16	-
Ophthalmic Technologists	24	-	18	8
Dental Technicians	15	-	-	9
School Dental Therapists	99	-	28	13
Public Health Laboratory Technicians	-	-	-	-
Prosthetics & Orthotics	-	-	-	7
Total	1664	3047	1170	2665

Source: Education, Training and Research Unit

- **Post basic training for nursing officers**

Table 12.2: Number of nursing officers for post- basic training programs, 2022 – 2023

Programme	Duration	Recruited		Completed	
		2022	2023	2022	2023
Psychiatric Nursing Training	6 months	-	100	-	-
Teaching & Supervision	1 ½ year	40	27	40	27
Ward Management & Supervision	1 ½ years	-	-	849	-
Midwifery Training	6 months	215	-	215	-
Public Health Nursing Officer	1 ½ years	-	81	96	81
Public Health Nursing Sister	1 ½ years	-	-	116	116
Community physician Nursing	6 months	51	-	51	-
Intensive acre Training	1 year	160	-	-	-
Palliative Nursing	1 year	33	-	160	33
Public health Nursing Tutor	6 months	-	25	-	-

Source: Education, Training and Research Unit

- **Capacity development of service providers of the Department of Health**

ET&R unit plays the pivotal role in management of in-service training programs in the health sector by providing the necessary technical and financial assistance. Depending on the institutional needs,

during the year 2022 -2023 funds were allocated for the training of many categories of the health workforce. The ET&R unit reviews the training proposal for eligibility based on the training needs identified by the relevant institutions according to a set of guidelines approved by the Director General of Health Services. Training programs fulfilling eligibility criteria were funded. Funds utilization is monitored and evaluated.

- **In-service Training Programme**

ET&R unit itself regularly carries out in-service training programs for different staff categories based on the requests made by the heads of the institutions and professional organizations.

Table 12.3: Number of health personals received in-service training, 2022 - 2023

Category of health personnel	In service training - 2022			In service training - 2023	
	Group training	Individual training	Language training	Group training	Individual training
Consultants	48	-	-	282	-
Medical officers	902	08	-	3313	1
Principals/Tutors	-	-	-	50	-
Nursing officers	2603	10	-	8617	2
PSM categories	308	04	-	1458	1
Paramedical	502	05	-	833	4
AO/PPO/PPA/DO/HMA /Drivers	485	16	201	2429	5
Health assistants	493	52	-	1802	-
Other staff	518	20	-	1350	2
Total	5859	115	201	20134	15

Source: Education, Training and Research Unit

- **Other Training Programs conducted in 2022 - 2023**

1. Conducted efficiency Bar Certificate course of 120 hours for 377 officers in Grade 01 of Public Health Management Assistant (Online moodel platform) and 25 participants in Tamil Medium
2. Mindfulness programme for Nursing Officers and Tutors
3. Ultra sound scene training programme for Medical Officers
4. Procurement for new laboratory equipment to school of basic training programme
5. Procurement for dental equipment to school dental therapy
6. Developed Standard Operating Procedures (SOP) of the training programme for Ophthalmic Technology, SLSPO, School dental therapy, EEG, ECG, PHLT
7. Updated nursing ex. record book, nursing procedure manual, practical book for mental health
8. Purchased book for libraries of the basic training schools (around 3 minutes)
9. Palliative care nursing programme (5 days workshop)

12.1.2. Research activities

ET&R unit coordinates research activities in collaboration with the National Health Research Council (NHRC) to promote health and health-related research in Sri Lanka.

Table 12.4: Summary of activities, 2023

Activity	Description	Remarks
On line capacity building programme on 'Research Methodology health care workers	Content developed and resource persons identified	Completed in October 2023
Evaluating Ethics Review Committees under the Ministry of Health	Data collecting format was prepared and sent to relevant ERCs to gather data from relevant ERCs	On going
Identification of the National Health Research priority	Started reviewing the existing documents related to the area, in preparation for this activity	On going
Identified the need of revise the existing National guide lines on establishing ERCs at institutional level	Preliminary Discussions commenced	On going
On line capacity building training programme for ERC members	08-day workshops conducted for ERC members	Completed
Developing a pathway to approve research proposals with Material Transfer Agreements	Stakeholder meetings conducted via Zoom	Subcommittee for material transfer agreement formed
Research methodology programme for Health Workforce	One 3 day workshop	Completed
National Health Research Symposium	Held on 13 th & 14 th Nov. 2023 (2 days) workshop at Waters Edge. Presented over 250 research , Key note speech, Guest lecture	Completed
Abstract Writing - Health Staff	One Day workshop – 2	Completed
Action Research Methodology	Two Day workshop - 2	Completed
Human Genetic Materials and Data Policy	Stakeholder meetings conducted via Zoom	Completed (HGM&DP) English version completed
Data analysis workshop	One two day workshop	Completed

Source: Education, Training and Research Unit

Main Activities

- The research proposals submitted to the unit for funding are scrutinized for suitability by a team of experts appointed by research management Committee of ministry of Health and are thereafter approved for research allowance payment by consolidated fund.
- Overseeing the granting of administrative approval for research activities conducted in the government sector Health Institutions. Including perusal of material Transfer Agreements and data Transfer agreements when international collaborative research is carried out.
- Ensuring the ethical aspects of health research by establishing and capacity building of Ethics Review Committees Island wide.
- Establishing the mandate for health research in Sri Lanka.
- Capacity building of Researchers in scientific methodology and dissemination of research findings.

Actions taken in 2022 -2023

1. Research unit received 24 applications to obtain research allowance for the year 2022. Of the submitted applications, 12 applications obtained approval for the 1st six months allowance from the Research Management Committee, chaired by the Secretary, Ministry of Health.
2. For the year 2022, research allowance has been granted for 59 submitted applications (including the previous years' submissions) under the categories of allowance for 1st six months, 2nd six months on initiating the research and publication evidence.
3. Administrative clearance was granted for one research proposal and research containing Material Transfer Agreement was granted administrative clearance to proceed.
4. The English version of the draft National Health Research Council (NHRC) Act is pending finalization along with the Legal Draftsman.

Paying Research Allowance 2022 - 2023

Payment of research allowance for senior officers, as per the budget proposal in 2011 was commenced in 2011. Numbers of proposals approved for payments in 2022 - 2023 were as follows.

Table 12.5: Number of research proposals approved for payments, 2022-2023

Period	Proposals	Progress reports	Publications
1 st six months	24	13	17
2 nd six months	29	29	23
Total- 2022	53	42	40
1 st six months	10	9	15
2 nd six months	9	22	6
Total-2023	19	31	21

Source: Education, Training and Research Unit

12.2. National Institute of Health Sciences (NIHS)

National Institute of Health Sciences (NIHS) is the premier Public Health Training Institute of the Ministry of Health for training of human resources for the Primary Health Care (PHC) programme in Sri Lanka. The origin of the institute dates back to 1st July, 1926, when the 1st health unit in South East Asia was established in Kalutara. In 1966 the health unit was upgraded to the 'Institute of Hygiene', later in 1979 developed as the National Institute of Health Sciences.

The National Institute of Health Sciences conducts several basic, post-basic and in-service programmes to achieve its primary objectives while providing primary health care services to a population of about 330,000 living in the NIHS field practice area. The field practice area has got two Medical Officer of Health (MOH) areas which are the only MOH areas functioning under the line ministry. In addition to the usual national level public health training programs, NIHS provides public health laboratory services and clinical microbiological services focusing on quality, accuracy and timeliness of lab reports ensuring superior services.

Clinical microbiological laboratory and the food chemistry laboratory has continued their routine work in 2023. Imported food samples and water samples from the bottling water plants were also tested for their quality parameters. In year 2023, clinical microbiological services provided 37,435 reports. In the food laboratory 7981 food samples analysed for quality under the food regulations and 11.2 per cent of them were found unsatisfactory in quality.

The Community Support Centre was established in 2007, at NIHS. It serves to improve the mental health status of the people living in the NIHS Field Practice area. As the outbreak of the coronavirus had affected many areas of daily life including mental health; around 5000 patients were reported and treated in year 2023.

When considering about funding, in addition to the funding by the state (Ministry of Health), the inputs and financial assistance extended by the donor agencies such as WHO, UNFPA, ADB and World Bank have immensely contributed to the performance of the NIHS.

Table 12.6: Key Performance Indicators, 2022-2023

Key Performance Indicators	Year	
	2022	2023
Number of basic training programs conducted	12	2
Number of in-service programs conducted	37	27
Dengue incidence	K-594	K – 388
	B-1501	B – 527
Food premises registration (Food act)	K-844	K – 773
	B-967	B – 981
Number of maternal deaths	3	1
SMI coverage (%)	K- 100	K- 100
	B-98.2	B-100
Well women coverage (35 years) (%)	64.1	62.3
Pap Coverage (%)	52.4	53.8

Source: National Institute of Health Sciences (NIHS)

Table 12.7: Performance of Food Quality Control Laboratory (Chemical), NIHS, 2022-2023

Key performance Indicator	Year	
	2022	2023
Total number of Sample Received	6,286	7,981
Number Unsatisfactory quality samples	871	896
Percentage Unsatisfactory quality samples (%)	13.85	11.2
Number Satisfactory quality samples	5,415	7,085
Percentage Satisfactory quality samples (%)	86.14	88.7
Income Generation (Rs:)	1,615,630	2,469,380

Source: National Institute of Health Sciences (NIHS)

Table 12.8: Performance of Service Laboratory NIHS, 2022-2023

Number of samples tested	Year	
	2022	2023
Urine	9,060	10,778
Blood	7,096	6,861
CSF	442	484
Pus/HVS/Wound Swab	5,908	6,442
Sputum	2,692	3,091
Body Fluid	619	819
Others Swabs/Specimens	83	34
Stool	36	92
PAP Smears	5,063	6,972
TB PCR (GENE XPRT)	937	1847
COVID - 19 PCR	10,288	-
CT/GC (Gene XPRT)	-	15

Source: National Institute of Health Sciences (NIHS)

Table 12.9: Performance of Food Microbiology Laboratory, NIHS, 2022-2023

Number of samples tested	Year	
	2022	2023
Water	923	1,720
Milk	780	1,107
Food	1,668	1,917

Source: National Institute of Health Sciences (NIHS)

Table 12.10: Income generation of Laboratories, 2022-2023

Laboratory	Income (Rs)	
	2022	2023
Food quality control laboratory	1,615,630	2,469,380
Food microbiology laboratory	874,100	1,452,600

Source: National Institute of Health Sciences (NIHS)

13. Management, Development and Planning

Management, Development and Planning Unit of the Ministry of Health is headed by the Deputy Director General Planning (DDG Planning). Activities related to planning and development are mainly coordinated and formulated by the unit. The development of long-term, medium term and annual plans for the government health care delivery system is the core function of the unit. It is also responsible for planning, finance allocation, monitoring and evaluation of health projects conducted by the line ministry hospitals and programmes. Moreover, it is responsible for the maintenance of health databases, organization development and performance monitoring and organizing international conferences. In addition, policy development activities and reforms are also undertaken by the unit.

13.1. Deputy Director General (Planning)

Following directorates are functioning under Deputy Director General Planning.

- 1) Directorate of Planning
- 2) Directorate of International Health
- 3) Directorate of Organizational Development
- 4) Directorate of Health Information
- 5) Directorate of Finance Planning
- 6) Directorate of Policy Analysis

13.1.1. Directorate of Planning

Directorate of Planning is the central coordinating body of the Ministry of Health which executes planning, management, development, monitoring and evaluation functions of the health care services.

Routine activities of the Planning Unit:

1. Preparation of Annual Action Plan and monitoring of quarterly progress of the Action Plan
2. Evaluation of new project proposals, submission of approved proposals to the Department of National Planning and obtaining necessary approvals including Cabinet approval for implementation
3. Hospital re-categorization and establishment of new Primary Medical Care Units
4. Preparation, translation ,printing and distribution of previous year performance by preparing Annual Performance Report (APR) of the Ministry and submission to the Parliament
5. Preparation of quarterly progress reports and submission to the Project Management and Monitoring Department
6. Submission of requests made for new cadre creation to the Department of Management Services
7. Preparation of bi - annual publication of Cadre Profile of line ministry institutions.
8. Focal Point for Sustainable Development Goal 3 (SDG 3) and monitoring the progress of SDG indicators.

Actions taken in 2022

1. Health planning guide was prepared and ready to print.
2. Manual on Management of Tertiary and Secondary Care Hospitals was prepared and finalized under the WHO programme.
3. Revisions of Manual on Management of Divisional Hospitals, Primary Medical Care Units, and Provincial Director of Health Services /Regional Director of Health Services were initiated.
4. Norms for Health Cadre were prepared under the WHO programme.
5. Maternal and new-born healthcare strengthening project was completed and planned to open in January 2023 in new District General Hospital Matara (Kamburugamuwa).
6. Identification of Physical resources requirement in different levels of Healthcare Institutions was initiated.
7. SDG Steering Committee Meeting (10th) was conducted

Actions taken in 2023

1. Health Planning Guide was handed over to WHO office for printing
2. Manual on Management of Tertiary and Secondary Care Hospitals was printed, launched and distributed.
3. Reviewed and revised the Manual on Management of Divisional Hospitals, Primary Medical Care Units, and Provincial Director of Health Services / Regional Director of Health Services.
4. Compiled the list of medical equipment for Primary Medical Care Units, Divisional Hospitals (A, B,C) and prepared the list of Medical equipment for Base Hospital A and B (excluding laboratory services)
5. SDG Steering Committee Meetings (11th and 12th) were conducted

During the 2022 and 2023, seven healthcare institutions were upgraded and re-categorized and in 2023, total of three (3) healthcare institutions were upgraded and re-categorized (Table – 13.1).

Table 13.1: Details of upgraded / re categorized health care institutions, 2022- 2023

Year	District	Name of the Hospital	Previous category	Upgraded category
2022	Colombo	DH, Moratuva	DH Type B	DH Type A
	Kalutara	DGH, Horana	DH Type A	DGH
	Kalutara	DHI, Katugahahena	DH Type C	DH Type B
2023	Ampara	DH, Sennel Gramam	PMCU	DH Type C
	Hambantota	BH, Wallasmulla	DH Type B	DH Type A
	Vavuniya	DH, Poovarasankulam	DH Type C	DH Type B
	Puttalam	DH Kottantheevu	PMCU	DH Type C

Source: Directorate of Planning

Approval has been granted for establishment of one new PMCU in 2022 and three new PMCUs in 2023 as follows:

Table 13.2: Establishment of new Primary Medical Care Units, 2022- 2023

Year	District	PMCU
2022	Batticaloa	Panchenai
2023	Gampaha	Rukmale
	Puttalam	Nagawillu
	Puttalam	Kivula

Source: Directorate of Planning

13.1.2. Directorate of International Health

International Health Unit (IHU) functions as the focal point for planning, implementation and monitoring international health activities, utilizing donor funds for the Ministry of Health and to assist coordination of the international health activities with donor agencies.

A key function of IHU is to process all budget proposals forwarded by the project directors under donor funded projects, especially for World Health Organization (WHO), United Nations Population Fund (UNFPA) and United Nations International Children’s Emergency Fund (UNICEF) as display in Table 13.3. This is facilitated by this unit; providing technical guidance in preparing budget proposals, scrutiny of technical details and financial facts as per department rules, monitoring technical reports of executed programmes as well as monitoring and review meetings. The WHO biennium plan activities are also facilitated by this unit by preparation of WHO collaborative biennial activity plan, launching and dissemination of it every two years, and for the present biennium of 2024-2025 the activity plan has been prepared, approved and disseminated.

During the 2022-2023 biennium a two-day capacity building workshop and training on Proposal Writing for International Funded Activities 2022 was conducted. Fifty officials were trained for the year 2024.

Table 13.3: Details of submitted proposals by funding source, 2022-2023

Funding Source	Number of Proposals submitted	Value (LKR)
WHO- 2022-2023 biennium	354	2,279,587,153.00
UNICEF-2023	16	188,116,000.00
UNFPA-2023	39	19,393,586.50

Source: Directorate of International Health

Managing of fellowships is another critical activity done by IHU. The fellowships are received from regular programmes such as WHO, UNICEF, UNFPA, JICA, KOICA, SAARC and World Bank the approvals are processed by IHU. The unit prepares, disseminates advertise, hold interviews to select suitable candidates when possible; also may request for nominations from Additional Secretary (Public Health Services), Additional Secretary (Medical Services), Director General of Health

Services(DGHS) and relevant Deputy Director General (DDG) to process nominations and advertise in the web site in long term fellowships for awareness. The nomination and approval of fellowships are done through the fellowship committee, chaired by the Secretary, Additional Secretaries, DGHS and relevant DDGs. In year 2023, fellowships were facilitated for about 300 officers. A fellowship data base is maintained and to facilitate selection of suitable officers.

Table 13.4: Number of fellowships by funding source, 2022 - 2023

Funding source	2022	2023
WHO	82	155
UNICEF	1	19
UNFPA	1	5
World Bank	6	6
Other	35	125
Total	125	310

Source: Directorate of International Health

The IHU is involved with granting of concurrence for visits by foreign experts, visitors, consultants, trainers and Non-Governmental Organizations related to Health. Undertake coordination of visits related to Ministry of Health and provide technical assistance by identifying the relevant focal points of the visits and providing necessary guidelines is done by this unit. Also, provision of Credential Letters for official travel is also done by this directorate. Facilitation of communication relating to foreign countries via the Foreign Ministry and the different Directorates of the Health Ministry is also done by this unit as well as through nominated focal points.

The preparatory activities and coordinator activities relating to the Global Health forum are also an important activity of this unit especially the World Health Assembly of the WHO and the South East Asia Regional Sessions of the WHO. At the above international sessions delegates of Sri Lanka are involved in contributing to Global Health Agenda via making verbal interventions and submitting written statements through physical and virtual participation and this is facilitated by maintaining circulation of documents, preparation of progress reports, briefs and interventions and maintain records of decisions made at international conferences. In 2023, two-day Global Health Diplomacy training was conducted for Sri Lankan health officials and as nominated by the Deputy Director Generals for each directorate as identified by the WHO agenda, were trained using WHO donor funds. In 2024 the Global Health Diplomacy training is further advanced incorporating resource personnel from Ministry of Foreign Affairs and International resource persons especially aimed at 77th Session of the World Health Assembly.

13.1.3. Directorate of Organizational Development

Directorate of Organizational Development is responsible for the coordination of the National Health Development Network of the Ministry of Health, updating the organizational structure of the Ministry of Health, preparation of the job descriptions of the Ministry of Health and working with the activities of Health Economic Cell. As per the need of the country for optimization of the primary care, integrated health care model was created with the collaboration of the Department of Ayurveda. Implementation of the research recommendations, development of service management and capacity building of the employees are also carried out by this unit.

Organizational Development unit is the focal unit for coordinating the Open Government Partnership (OGP) with the number of stakeholder agencies including the other cabinet ministries to achieve the sustainability of efficient and effective health service delivery in Sri Lanka.

Actions taken in 2022-2023

Coordination of the National Health Development Network

Organization Development Unit is the coordination unit for the National Health development Network: Health Development Committee (HDC) meeting, National Health Development Committee (NHDC) meeting and the National Health Council (NHC). Each year first HDC meeting is scheduled in the 3rd week of January and continued to have once in every other months, 6 meetings a year. This is chaired by the DGHS and there were official members within the Ministry of Health: all the ministry officials below the level of DDGs, PDHS, RDHS and all the heads of the line ministry Institutions. For the year 2023, four HDC meetings were completed.

NHDC meeting chaired by the Secretary of the Ministry of Health and official members of the meeting: All Additional Secretaries of the Ministry of Health, DDGs, selected Heads of the institutions, Chief Secretaries, Health Secretaries, Commissioners of Ayurveda of the Provinces, Secretaries of the other Ministries, Country Representatives of Donor Agencies and Representatives of Tri Forces and Police. This meeting is conducted twice a year in the 3rd week of February and October, two meetings were successfully conducted in the year 2023.

National Health Council (NHC) was not held in 2023, as per the instructions given by the higher officials due to the financial restrictions and the political instability. Chair of the NHC is the Prime Minister of Sri Lanka; officially NHC has to be holding once a year with all the Ministers of the Parliament.

Development of Organizational Structure

A consultative meeting conducted under the guidance of the Director General of Health Services with all the Deputy Director Generals and higher officials and compiled the Organogram of the Department of Health and upon approval, uploaded in the Ministry web site. Organization structure of the Ministry of Health drafted including the reforms and waiting for the approval following the observations of the higher officials.

Development of Job Descriptions

Organization Development Unit had to coordinate several consultative meetings to compile the job descriptions of the DGHS, Deputy Director Generals (DDGs), the Directors and the paramedical categories of the Ministry of Health.

The Secretary of Ministry of Health has approved the completed job descriptions of DDG (Laboratory Services), DDG (Education Training and Research), DDG (National Hospital of Sri Lanka), DDG (Public Health Services I/ Disease Control), DDG (Public Health Service II / Community Health), Senior House Officer/ Medical Officer, Medical Officer of Health (MOH), Assistant Medical Officer of Health (AMOH), Medical Officer Cancer Control (MO/CC), Health Entomology Officer (HEO), Tuberculosis Control Assistant and the job Description of the School Dental Therapist. These documents are available in the Ministry web portal.

Following the series of consultative discussions the job descriptions of Director General of Health Services (DGHS), DDG (Medical Services II), DDG (Environment, Occupational Health and Food Safety), DDG (Non Communicable Diseases), and DDG (National Hospital / Kandy), DDG (Biomedical Engineering), DDG (Medical Suppliers Division) were in the final stage for approval. Job Descriptions of the Institutional Midwife, Medical officer (Mental Health), DDG (Engineering), Director (STD/AIDS) and the specialist Grade Entomology Officer are in the process of finalization, with the consultation of the relevant stakeholders.

Activities related to Health Economic Cell

Series of trainer training programs were conducted for the Ministry officials. The Basics of Health Economics (two days) and advance training on empirical analysis, (two days) were completed successfully with the technical support of WHO. Following the training programs five groups were formed for costing research and cost benefit analysis in the selected institutions.

Implementation of Operational Research Recommendations

Several discussions were carried out with the research unit of the Ministry of Health regarding the collaboration of other research institutions for collecting the relevant research data and getting the access to research repositories. Planned to identify the selected areas of interest for data categorization and forwarding to the necessary institutions for implementation.

Training and Capacity Building of Ministry Staff

Training need identification survey for different categories of MDPU staff was conducted. Based on the survey results and recommendations, several programs were planned. Five sessions on life skills successfully completed with resource panels from different disciplines. Three training sessions on office administration and management was carried out by the ministry higher officials, and external experts, including E- Code, file management, applied financial regulations and legal aspects of the common issues at the work place for the middle level managers.

Conducting Capacity Development Programs for Service Enhancement in Other Institutions

National Trauma Secretariat reactivation was coordinated by the Organizational Development Unit. Three key stakeholders meetings were coordinated by the ODU which was chaired by the DGHS.

Under this program 10 network hospitals were developed as a pilot project. Facility survey was conducted within the 10 pilot hospitals and based on the recommendations trainings were arranged. Six trainer of trainee programs on trauma care were coordinated and conducted by the ODU, including the NHSL, BH Chilaw, BH Homagama, Teaching Hospital Ragama, Teaching Hospital Kalutara and RDHS office Matara (for the staff of five regional hospitals in Matara RDHS area).

Coordinated funding support for the two days national trauma conference, held in November 10th and 11th 2023, conducted by the Trauma Secretariat, NHSL of Sri Lanka.

Integrated Health Care Model in collaboration with the Department of Ayurveda

Initial discussions were done with the higher officials of the Ministry and with the commissioner of Department of Ayurveda and selected four Ayurveda hospitals from Colombo, Kalutara, Kandy and Kurunegala Districts for the pilot project. Facility survey was completed and discussions were in progress for transferring and referral of patients.

13.1.4. Directorate of Health information

The Health Information Unit (HIU) of the Ministry of Health is the national focal point for digital health-related activities in the country. HIU is in charge of designing, implementing, and monitoring digital health information systems and developing policies and regulations that govern such systems throughout the nation.

HIU, Ministry of Health along with the WHO and Global Fund was able to develop the National Digital Health Architecture Blueprint which will make the road map for realisation that will enhance and streamline the digitalisation of the health sector in Sri Lanka.

Sri Lanka Digital Health Blueprint (DHB) outlines the path the Ministry of Health should take in transforming digital health. This will standardize and organize the country's digital health infrastructure to align with the goals of its healthcare service and streamline the digital transformation of the health sector in Sri Lanka.

Actions taken in 2022-2023

HIU is involved in many digital health activities related to clinical health information systems (Clinical Informatics projects), public health-related information systems (public health informatics projects), capacity building and educational-related projects as well as administrative-related projects. Some of them are mentioned below.

1. National Digital Health Blueprint architecture implementation, including the design, development, and maintenance of the Digital Health Platform, its components and centralized services.
2. Hospital Health Information Systems (HIMS/HHIMS) implementation and follow-up in health care institutions (by December 2023 there were around 80 secondary and tertiary care hospitals, 540 primary care institutes). Further, there are information systems installed in all MOH offices. Open MRS-based hospital health information system is being developed.
3. Facilitate the implementation of infrastructure for digital health systems in healthcare institutions.

4. Maintaining a centralised data centre for health data and testing of digital health solutions. Currently, a cloud server hosts more than 60 applications belonging to many health institutes.
5. Implement and maintain the following digital health applications related to public health;
 - Public health-related health information systems using DHIS2 (eRHIS 1 and 2, PHMIS, Anti-Malaria MIS etc.)
 - National COVID-19 Immunization Tracker and Smart Vaccine Certification
 - Cloud HIMS for Healthy Lifestyle Clinics
 - National COVID-19 Health Information System
6. Some administrative-related information systems coordinated by HIU include document management system and Human Resource Information System for all categories of health staff in MOH.
7. Health Information System governance through the development and updating the health information policies, strategies, guidelines, and standards for digital health. The development of the Telemedicine Guidelines for the country with assistance from WHO will streamline the online medical practices within the country.
8. Maintaining digital health solutions inventory and promoting software reuse through the enlisting process and Digital Health Atlas.
9. Implementation of Cyber security Policy, and Information Security Assessment at state sector health institutes with SLCERT
10. Maintaining and updating of the official public web portal for publication of Ministry of Health communications for officials and the general public
11. Function as the focal point in health information systems implementation through coordination, advocacy, resource identification, allocation, and monitoring.
12. Provide technical support to other Directorates of the Ministry of Health in Digital Health activities, including the following;
 - Open MRS – Cluster Information system in two provinces
 - PACS Radiology Imaging System in – 5 hospitals with a proprietary solution and another 15 hospitals with open source
 - Development of National Laboratory Information System
 - Document Information Management System for the Ministry of Health and few selected Provinces
13. Coordination of project activities with WHO, ADB, Global fund, and Primary Healthcare strengthening project.
14. Functioning as PGIM affiliated training centre for MD and MSc postgraduate training programmes in multiple specialities and digital health research.
15. Capacity building of staff on digital transformation (MOH staff as well as other affiliated state sector employees)
16. Management of the Ministry of Health website

These digital interventions have led to many positive outcomes such as the reduction in costs related to clinical care investigation (e.g. reduction of radiological printing by PACS, improved patient

experiences at OPD such as reduction in waiting times, reduction in dispensing errors due to legibility of prescriptions etc..

Actions to be taken in 2024

HIU is developing the infrastructure of 30 hospitals along with its human resources for the implementation/expansion of Hospital Health Information systems. These 30 hospitals range from base hospitals to DGH, Teaching and Specialised hospitals. Also, the National electronic Health Record (NeHR) system to develop a lifelong record of the patient with an interoperability framework is being developed. (Figure 13.1) This includes the development of the provider register, institute register, terminology services, Master Patient Index etc.

Also, Open MRS-based Hospital Health Information systems will be implemented in two health clusters which include 31 hospitals belonging to two clusters in the first stage. Cluster apexes are BH Dambulla and BH Thabuththegama.

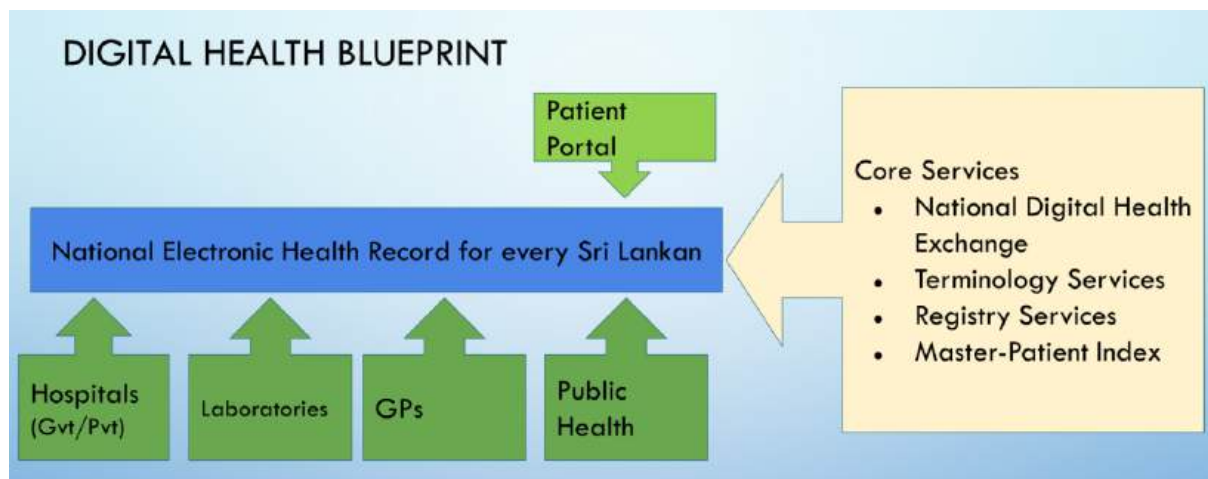


Figure 13.1: Components of the proposed NeHR in the Digital Health Blueprint

Source: Directorate of Health Information

13.1.5. Directorate of Finance Planning

Directorate of Finance Planning is the focal point under Management Development and Planning Unit responsible to assist the Deputy Director General (Planning) in monitoring the utilization of capital budget funded by local and foreign funds.

Key functions of the directorate include,

1. Preparation of annual capital budget estimate based on the approved activities/ work/projects compiling the data gathered from all the relevant responsible officers.
2. Review of budget proposals for various activities such as training programs, purchasing of items under foreign funded projects.
3. Preparation of monthly financial progress reports on capital projects/ works to ensure effective utilization of capital budget allocation and conduct progress review meetings with the participation of relevant stakeholders.

4. Preparation of Performance and Progress Report with the coordination of all the line ministry institutions. For the purpose of budget debate.
5. Coordinate and facilitate the introduction of costing mechanisms to relevant healthcare institutions.
6. Responding to audit queries/reports related to MDPU

Actions taken in 2023

Table 13.5: Summary of the capital budget activities, 2022

Program/Project	Number	Annual Budget Allocation Rs. millions	Annual Expenditure Rs. millions	Financial Progress %
Capital Programs – Funded by GOSL	46	7,661.99	6,797.92	88.72
On Going Capital Projects – Funded by GOSL	32	2,610.73	1,973.07	75.58
Capital Programs – Funded by Foreign Grants	9	518.06	295.03	56.95
On Going Capital Projects – Foreign Funded	15	34,647.35	24,330.01	70.22
Grand Total	102	45,438.14	33,396.03	73.50

Source: Directorate of Finance Planning

Table 13.6: Summary of the capital budget activities, 2023

Program/Project	Number	Annual Budget Allocation Rs. millions	Annual Expenditure Rs. millions	Financial Progress %
Capital Programs – Funded by GOSL	31	16,751.32	13,933.40	83.18
On Going Capital Projects – Funded by GOSL	26	6,230.35	2,652.39	42.57
Capital Programs – Funded by Foreign Grants	7	3,858.23	549.12	14.23
On Going Capital Projects – Foreign Funded	15	37,663.20	8,929.23	23.71
Grand Total	79	64,503.11	26,064.14	40.41

Source: Directorate of Finance Planning

Actions to be taken in 2024

Revision of General Circular 1822- payment of Honorarium/Per Diem/Lecture fees to Resource Persons, Participants, Lecturers and others engaged in Meetings, Workshops, Training Programmes , Conferences, Seminars, Surveys and Field visits under projects funded by Foreign Agencies.

As the focal point in evaluating budget proposals for various activities such as training programs, purchasing of items under foreign funded projects, directorate of finance planning received number of request to revise the above mentioned circular considering the market trends.

Based on the annual action plan all the line ministry institutions prepare their capital budget estimates and directorate of finance planning compile all the information from the relevant institution in finalize Ministry of Health capital budget estimate for year 2024 as given bellow.

Table 13.7: Capital budget estimate, 2024

Description	Estimate ('000)
Rehabilitation and Improvement of Capital Assets	25,950,160
Buildings and Structures	9,737,460
Plant, Machinery and Equipment	11,293,000
Vehicles	4,919,700
Acquisition of Capital Assets	82,412,280
Furniture and Office Equipment	10,162,000
Plant, Machinery and Equipment	51,119,350
Buildings and Structures	20,665,930
Land and Land Improvements	350,000
Software Development	115,000
Capital Transfer	3,723,780
Public Institutions	3,718,780
Development Assistance	5,000
Capacity Building /Staff Training	4,226,200
Other Capital Expenditure	20,566,950
Procurement Preparedness	25,000
Infrastructure Development	1,426,950
Research and development	109,300
Other	19,005,700
Total Capital Expenditure	136,879,370

Source: Directorate of Finance Planning

13.1.6. Directorate of Policy Analysis and Development

Directorate of Policy Analysis and Development (PA&D) provides technical guidance to health programs and other directorates, as well as health-related areas in other ministries and departments, to develop or update new policies according to the needs of the health sector.

Actions taken in 2022 - 2023

The evolving disease patterns and demographic changes in Sri Lanka, emphasized the need for health financing reforms to ensure financial risk protection and ultimately achieve universal health coverage. Thus, the Directorate of PA&D in collaboration with the World Health Organization and relevant stakeholders drafted the policy on sustainable healthcare financing for Sri Lanka and the strategic framework.

Further, relevant Directorates in the Ministry of Health were provided technical support to develop policies for priority areas of the health sector: National Policy on Oral Health, National Policy on Food Safety, National Policy on Bio-safety and Bio-security, Policy on use of Human Genetic Material and Data as well as in other sectors such as the National Policy Framework for Food and Nutrition Security. Furthermore, the Directorate launched National Policy on organ, tissue and cell transplantation of Sri Lanka in 2022.

The organizational results framework for the Ministry of Health was developed as per the instructions given by the Department of Project Management and Monitoring of the Ministry of Finance, Economic Stabilization and National Policies and cabinet approval was granted.

In accordance with the request submitted by the Primary Health Care System Strengthening Project (PSSP) the survey on 'Knowledge and Practices on Screening, Cardiovascular Disease Risk Stratification, Treatment, and Referral for Non-Communicable Diseases among Medical Officers and Paramedical staff attached to primary medical care institutions in Sri Lanka' was effectively conducted with the direct oversight of the Directorate of PA&D.

Actions to be taken in 2024

1. End-term evaluation of the existing National Health Policy (2016-2025)
2. Revision of the National Health Policy (2026-2035)
3. Technical support for the development of National policies and Strategic Frameworks: on the Elimination of Human Deaths due to Dog Rabies, Continuing Professional Development, Urban Health and Migration Health.

14. Services for Prevention and Control of Non-Communicable Diseases

14.1. Deputy Director General (NCD)

Deputy Director General (NCD) is responsible for planning, implementing, and monitoring of services for prevention and control of Non-Communicable Diseases, Injuries, Cancers, and Mental disorders.

14.1.1. Directorate of Non-Communicable Diseases

Directorate of Non-Communicable Diseases (NCD) of the Ministry of Health implements and coordinates national policies and strategies, focuses on prevention, early detection, and management of NCDs through a comprehensive public health approach and plays a pivotal role in addressing the rising burden of non-communicable diseases. The NCD Directorate aims to enhance health promotion initiatives, improve healthcare services, and empower communities to adopt healthier lifestyles to reduce the incidence and impact of NCDs, ultimately contributing to the overall improvement of population health in Sri Lanka. Through targeted programs and awareness campaigns, the NCD Directorate endeavours to create a healthier future for all Sri Lankans.

Actions taken in 2022 -2023

Directorate of Non-Communicable Diseases carried out many activities under the main four strategic areas identified in the multi-sectoral action plan for prevention and control of NCD. These activities were targeted across all levels of prevention.

1. Advocacy, partnership, and leadership

- NCD Council, Steering Committee for NCD and the National Advisory Board for NCD were held during the year of 2022 and 2023. Technical working groups for the Revision of the DM guideline, Establishment of the Island-wide Service of the Oxygen Clinics were held. Monthly NCD reviews were conducted virtually and the National NCD review 2022 was conducted on the 3rd and 4th of April 2023.
- Ministry of Education was successfully advocated, revitalising the 20-minute morning exercise programme twice a week with support from the staff of Zonal Directors Office.
- Ministry of Public Administration was being advocated through a letter to implement short exercise breaks in all government institutions.
- A circular (Home Affairs Circular Number- 08/2023) was issued by the Ministry of Public Administration and Home Affairs to all government institutions to implement these activities.
- World Obesity Day, World Hypertension Day, Salt awareness week, World No Tobacco Day were commemorated.
- The "Guide for the Establishment of tobacco-free zones in Sri Lanka" was printed and disseminated through the MO-NCDs to each of the districts and the Medical Officers of Health.

2. Health promotion and risk reduction

The launch of a communication campaign to implement existing regulations to promote physical activity among children was held under the patronage of the Secretary to the Ministry

of Health. Videos and posters developed for this communication campaign would advocate higher officials, teachers, and parents for the promotion of physical activity.

- Commemoration of “Move More Month” in the month of April was conducted. During this month awareness programmes were conducted through Siyatha, Shakthi, TV 1, Sirasa, Shraddha TV, Lakviru FM, Mawbima, Daily Express newspapers. Two media briefings were conducted with stakeholders from the Education Ministry and Sri Lanka Sports Medicine Association.
- A communication campaign to advocate fiscal regulations to promote healthy diet and physical activity among school children was launched on 3rd March 2023. Three posters and five short videos (trilingual) on healthy diet promotion were launched and disseminated through social media and shared with the relevant stakeholders.
- Community awareness campaigns were conducted to promote tobacco-free lifestyles.

3. Health system strengthening for early detection and management of NCDs and their risk factors

A residential 5-day MO NCD capacity building and guideline training was successfully conducted from the 27th of February to the 3rd of March 2023 at the SLIDA. The training programme was comprised of both chronic NCD and Injury Prevention areas with lectures, interactive sessions and group work. According to the pre-test and the post-test, the knowledge of the MOO NCD have improved.

- NCD screening and management guideline training was done on the 29th of March in the Killinochchi and Mulativu District virtually with the collaboration of the College of Internal Medicine. Guidelines on the promotion of physical activity in educational settings (Preschools, schools and higher educational institutions) and workplaces were finalized with the consensus of relevant stakeholders in subcommittees.
- Technical guidance on the promotion of physical activity was provided during the training of Public Health staff and Medical Officers of HLCs in Colombo and Kalutara districts.
- Three training Programmes on “Promoting a Healthy Diet” for primary healthcare providers were conducted in the three districts of western province.
- Printing and dissemination of training manual for primary healthcare providers on promoting a healthy diet. One thousand five hundred copies of training manuals for primary healthcare providers on promoting a healthy diet were printed with the financial assistance of the World Food Programme.

Directorate of NCD facilitated one-day training of trainer’s programmes for healthcare staff of healthy lifestyle centers in Colombo, Gampaha, Kegalle, and Rathnapura districts. This initiative was designed to develop counselling and intervention skills among medical officers and public health inspectors so that they will be able to conduct a brief intervention to help people quit smoking. These training programmes produced 53 trainers. Material and training guides were shared beforehand. Role-plays, group discussions, and interactive sessions were conducted as part of the training. Participation and immediate response to the activity was satisfactory and displayed value for money.

4. Surveillance, monitoring, evaluation, and research

- A HLC supervision visit to Delkanda HLC was done on the 8th of June 2023 to identify the gaps and progress in the HLC work.
- The consultant and a medical officer from the planning unit of the NCD unit participated in the NCD review in the Puttalam District. Several areas were identified with issues.
- On the 16th of June Supervision visit to Kegalle was done and visits were done to three HLCs.
- Programmes conducted at the district level were monitored through regular updates via Google Sheets specially developed by the Directorate of Non-Communicable Disease.
- In May 2023, a team from the Directorate of Non-Communicable Diseases visited the National Cancer Control Programme to monitor the physical activity programme initiated by the Directorate of NCD in the year 2022.
- Physical activity programmes in workplace settings were monitored using social media such as WhatsApp in the institutions where focal points were trained under the Directorate of NCD.

Prevention and management of Injuries

Actions taken in 2022-2023

1. Multi Sectoral Strategic action plan on injury prevention and management, Sri Lanka 2021 – 2025 was launched. Finalized the potential injury related activities to be carried by the Medical Officer of Health
2. Continued assurance of home safety through distribution of “Home safety checklist” – a self-awareness guide to make home an injury free space launched.
3. Finalized the preschool and day care center safety check list.
4. Finalized the art work on the billboard designed to be displayed in areas at high risk of drowning.
5. Provided health concerns related in issuing driving licenses for the deaf individuals
6. The National Injury Prevention Week was commemorated in the first week of July 2022 for the 7th consecutive time
7. Provided technical guidance to establish first aid training teams at district and MOH level
8. Initiated development of National Guideline on Basic Aid for the first time in the country
9. Initiated to establish a mechanism on trauma cluster care system
10. Steps were taken for further strengthening of injury surveillance system. Awarding the best performances to encourage the hospitals conducting injury surveillance was initiated along with the National Injury Surveillance review conducted in 2022.

14.1.2. Directorate of Mental Health

Directorate of Mental Health is entrusted with the responsibility of National Mental Health Programs with respect to policy development, strategic planning and thereby strengthening of Mental Health service by improving infrastructure, developing human resources and monitoring and evaluation of Mental Health Programs, island wide.

Actions taken in 2022-2023

1. Finalized the suicide prevention strategic plan.
2. Implemented Suicide prevention action plan in Kilinochchi, Monaragala, Rathnapura, and Ampara RDHS offices
3. Renovation of Mental health unit at TH Kurunegala
4. Conduct 23 gate keeper training programs on suicide prevention for identified gate keepers (Police officers, AGA staff, coaches, youth officers, public health staff, technical assistants, counsellors, pharmacists, education officers -teachers etc
5. Mental Health helpline-1926 launched in 2022 and extended to all the districts in 2023
6. Two workshops were conducted to train media personnel responsible for reporting of suicides
7. Conducted training of trainers for Consultant Community Physician on mental health promotion
8. Training of Trainers program on 'Improving mental wellbeing of school children'
9. Conducted suicide prevention training workshop for Agro-chemical Sales Technical Assistants
10. Implemented suicide prevention action plan in Batticaloa, Badulla, Nuwara-Eliya, Kegalle, Kurunegala and Gampaha
11. District level training of primary health care staff on psychological autopsy tool- done in Kandy, Monaragala, Batticaloa, Badulla, Nuwara-Eliya, Kegalle, Kurunegala, Matara and Gampaha
12. School Mental Health Promotion Package and Violence Prevention Program should be implemented country wide.
13. Implement an effective surveillance system for suicides and attempted suicides / self-harm.

Recommendations

1. Develop and implementation of the Suicide Prevention Policy in Sri Lanka.
 - a. This process has been started to choose suitable strategies for the prevention of suicides in Sri Lanka.
2. Helplines and supportive networks are an essential component in suicide preventive activities. Therefore, it is important to continue to strengthen the helplines which are already established and expanded to all districts.
3. Establish Community Support centers in all the Medical Officer of Health areas by 2030 to promote mental well-being, establish psychosocial support network and establish elderly and youth day centers to provide continuous support to all at risk.
4. School Mental Health Promotion Package and Violence Prevention Program should be implemented country wide.
5. Implement an effective surveillance system for suicides and attempted suicides / self-harm

Prevention of Mental disorders

Community Health Centers (CHCs) are established at Medical Officer of Health (MOH) areas to improve the services of mental health promotion and mental wellbeing of individuals and community, provision of psychosocial support services for needy population groups. As the concept of CHCs was targeted through life course approach it is built on allowing people to discuss their problems and any difficult feelings they encounter in a safe and confidential environment. With the increasing stressors in life and other mental health conditions, people encounter with difficult situations which need supportive services. Services are provided with the Involvement of Maternal and Child Health (MCH), Adolescent and Youth Friendly Health Services (AYFHS), National Youth Services Council (NYSC), Youth Elderly and Disabled (YED) and Divisional Secretariat.

Actions taken in 2022-2023

1. Developed an operational guideline for CHCs after consultation with relevant stakeholders.
2. Conducted training program on the concept of CHCs to health care workers at MOH Divulapitiya.
3. Re-visiting the concept of CHCs and carried out advocacy meetings with stakeholders to expand the mental health promotion services and targeted on suicide prevention.
4. Conducted District level training for primary health care staff on community health center guide (Anuradhapura, Batticaloa, Badulla, Nuwara-Eliya, Kegalle and Kurunegala)
5. Opened Community Health Centre and workshop at Polpithigama.

Actions to be taken in 2024

Establish good collaboration with field officers in the government sector - social service officer, child development officer, Women affairs officer, Public Health Midwife, Public Health Inspector, Grama Niladari, Samurdhi Niladari

Prevention of Neurological disorders

Actions taken in 2022 - 2023

1. Development of a technical expert committee on epilepsy and other neurological disorders.
2. Two meetings conducted to Initiate the development of national strategic plan on ‘Epilepsy and other neurological disorders’ (not finalized as human resource crisis at unit)

Actions to be taken in 2024

1. Develop guidelines and resource materials for early detection and management of epilepsy and other neurological disorders for primary care staff and community and printing of “National strategic plan on Epilepsy and other neurological disorders”.
2. Training of medical officers and primary health care providers on early detection and management (referral, rehabilitation etc.) of epilepsy and other neurological disorders.
3. Conduct awareness programs and commemoration of World Epilepsy Day, Brain Health Day

14.1.3. National Cancer Control Programme

National Cancer Control Programme (NCCP) is the national focal point for the prevention and control of cancers in the country. It is also responsible for policy, advocacy, planning, monitoring and evaluation of prevention and control of cancers including surveillance of cancers and facilitating research related to cancers. Further, NCCP coordinates activities related to the prevention and control of cancers according to the 'National Policy and Strategic Framework on Cancer Prevention and Control-Sri Lanka' which was approved in the year 2015. Presently all activities are based on the national strategic plan on cancer prevention and control 2020-2024 and National Strategic Framework for palliative care development in Sri Lanka, 2019-2023.

Actions taken in 2022-2023

1. Leadership, Advocacy and Governance for Cancer Control

- National Advisory Committee on Cancer Control was conducted quarterly with the participation of all stakeholders under the leadership of the Secretary of Health.
- Provincial cancer control reviews were conducted with the partnership of Provincial Directorate of Health Services (PDHS) and Provincial Cancer Treatment centres.
- Each year following events are commemorated as advocacy activities at national level and provincial level.
 - a) Commemoration World Cancer Day (4th February)
 - b) International Childhood Cancer Day (15th of February)
 - c) World Head and Neck Cancer Day (27th July)
 - d) World Hospice and Palliative Care Day 2023 (Second Saturday of October) and Breast Cancer Awareness Month (October)

2. Health Promotion and Primary Prevention

- Training of Trainer (TOT) programmes on primary prevention of cancers were conducted at district level.
- Atlas on Confirmed Human Carcinogens in Sri Lanka in all three languages were published targeting health care workers. Also, posters on confirmed human carcinogens were disseminated throughout the country targeting general public.

3. Early Detection of Cancers

- In each year, Training of Trainer programmes on Cancer Early Detection with the emphasis on priority cancers were conducted with the partnership of Provincial Directorate of Health Services. Hands on training for early detection of breast cancer (public health nursing sisters, public health nursing officers, public health midwives) and on OPMD and oral cancer early detection for medical officers and dental surgeons were conducted throughout the country in collaboration with OMF Units.
- Cancer Early Detection Centers (CEDC) were established at the TH Rathnapura, TH Batticaloa, TH Kurunegala and DGH Polonnaruwa.
- National Guidelines for the Early Detection and Management of Oral Potentially Malignant Disorders (OPMD) was published (4th edition).

4. Diagnosis and Treatment of Cancers

- Standard Clinical Record for follow up all newly diagnosed patients with OPMDs was published and disseminated throughout the country. Satellite OMF clinics for easy access of identified patients with OPMD/Oral cancer were established under the guidance of oral and maxillofacial surgeons.
- Establishment of breast clinics in major hospitals under the leadership of consultant surgeons or onco-surgeons (DGH Negambo, BH Horana, BH Panadura, TH Kalutara, DGH Chilaw and TH Kuliypitiya). At the end of year 2023, 27 clinics are functioning in major hospitals.

5. Survivorship and Palliative Care

- Published the guidebook on 'Palliative Care for Cancer Patients at Primary Health Care: A guide for Health Care Professionals'.
- Published Standard Operation Procedures for Hospices (SOP): This was developed with consensus of relevant stakeholders to ensure provision of standardized quality services through a hospice programme in Sri Lanka.
- 'Adura Vinivida Dakinnanata' - to empower informal caregivers on home based palliative care, a structured training of trainer module for a standardized training of caregivers and community volunteers on provision of home-based palliative care.
- Printing and distribution of Communication guide for health care providers involved in palliative care (in Sinhala and Tamil languages).
- Shared Care Clinical Record (H-1314) for referral of cancer patients (3rd Edition).
- National workshop on Palliative care in parallel to the WHO South-East Asia Regional workshop on expanding availability and access to palliative care to commemorate the World Palliative Care Day.

6. Cancer Registration

- Reports of National Cancer Incidence and Mortality Data for years 2020 and 2021 were published and disseminated.

7. Cancer Research

- Cancer research priorities of Public Health Importance were identified and published.

Activities to be taken in 2024

1. Leadership, Advocacy and Governance for Cancer Control

Developing National Strategic Plan on Prevention and Control of Cancers for year 2025-2030

2. Health Promotion and Primary Prevention

Media campaign on prevention of cancers

3. Early Detection of Cancers

- Conduct art competition among school children and conduct public exhibition on prevention and control of oral cancers
- Provision of colposcopes for strengthening of cervical cancer screening programme
- Conduct national review on Cancer Early Detection Centres

4. Diagnosis and Treatment of Cancers

- Conduct national review on breast clinics
- Provision of cytotoxic isolators for cancer treatment centres
- Developing guidelines on supportive nutrition care for childhood cancer patients

- Developing guideline on diagnosis of common paediatric cancers – Nephroblastoma and Retinoblastoma
- 5. Survivorship and Palliative Care**
 - Conduct training of trainer programmes on survivorship and palliative care for focal points at the cancer treatment centres
 - Updating Childhood Cancer Caregiver booklet in Sinhala and English
 - Conduct national review on palliative care consult services
 - 6. Cancer Registration**
 - Finalize the report on National Cancer Incidence Data for year 2022
 - Conduct two days national level hands on training programme on cancer registration for cancer registry staff at cancer treatment centres
 - 7. Cancer Research**
 - Update cancer research priorities of public health importance

14.2. Prevention and control of CKD/CKDu

National Renal Disease Prevention and Research Unit is governed by the National Steering Committee chaired by the Secretary of Health with the participation of all relevant stakeholders; Addl. Secretary (Public Health Services), Ministry of Higher Education, Ministry of Water Supply, Ministry of Trade, National Secretariat for Persons with Disabilities.

This unit was established in 2015 and currently facilitating the prevention of Chronic Kidney Disease (CKD) / Chronic Kidney Disease unknown origin (CKDu) and promotion of community to have healthy kidneys from young age.

According to the data present in Table 14.1, Renal clinics, Haemo dialysis units and Medical reverse osmosis plants are available for CKD/CKDu patients in all RDHS divisions. Necessary consumables and resources for CKD screening are provided by District Nephrology units.

Chinese government donated eight fully equipped state of the art CKD/CKDu mobile screening laboratories and these mobile labs were handed over to CKDu highly endemic areas (RDHS Offices of Anuradhapura, Vavuniya, Kurunegala, Trincomalee, Ampara, Matale, Badulla and newly build renal hospital in Polonnaruwa) to continue community-based CKD/CKDu screening. These mobile labs can also be used to conduct required investigations on any occasions including COVID-19. National Renal Disease Prevention and Research Unit is providing allocations annually for purchasing of chemical reagents required for these mobile laboratories.



Figure 14.1: Mobile CKD/CKDu Screening Laboratories

Source: National Renal Disease Prevention and Research Unit

Table 14.1: Facilities available for CKD patients by RDHS division, 2023

RDHS Division	Institutions with renal clinic	Haemo-dialysis units	Peritoneal Dialysis Units	Kidney Transplant Units	Medical Reverse Osmosis Plants
Colombo	10	10	6	5	11
Gampaha	3	3	1	1	3
Kalutara	3	3	0	0	3
Kandy	3	6	2	1	7
Matale	1	1	0	0	1
Nuwara Eliya	1	3	0	0	3
Galle	1	1	1	1	3
Matara	2	2	0	0	2
Hambanthota	3	2	0	0	2
Jaffna	4	4	1	1	5
Vavuniya	2	2	1	0	2
Kilinochchi	1	1	0	0	1
Mannar	1	1	0	0	1
Mulathiv	3	2	0	0	2
Trincomalee	3	3	0	0	4
Ampara	2	2	0	0	2
Kalmunai	3	4	0	0	5
Batticaloa	1	4	0	0	5
Kurunegala	8	4	0	0	5
Puttalam	1	2	1	0	2
Anuradhapura	8	5	1	1	5
Polonnaruwa	5	4	0	1	4
Badulla	3	4	2	1	4
Moneragala	2	2	0	0	2
Ratnapura	3	3	1	1	3
Kegalle	1	1	0	0	1
Total	78	79	17	13	88

Source: National Renal Disease Prevention and Research Unit

Actions taken in 2022 - 2023

1. Conducted GPS mapping and survey of CKD/CKDu patients and their water sources in CKDu-affected areas

Mahawilachchiya (Anuradhapura) and Polpithigama (Kurunegala) was covered in 2022.

Lankapura and Thamankaduwa (Polonnaruwa) were covered with mapping of 1142 people in 2023.

2. Supporting CKD care

a. Supporting to conduct effective haemodialysis –

Construction of Medical Reverse Osmosis (MRO) plants at Lady Ridgeway Hospital, TH Ratnapura, TH Kegalle, TH Kurunegala and BH Walasmulla. Financial allocation for MRO at BH Anamaduwa, National Hospital Kandy and DH Girandurukotte.

b. Supporting to conduct peritoneal dialysis –

Approximately, 47 automated peritoneal dialysis and 904 continuous ambulatory peritoneal dialysis patients received care in 2023.

c. Supporting Kidney transplant (live and cadaveric) –

In the government sector, 202 and 251 patients received kidney transplant respectively in 2022 and 2023 in the government sector.

3. Supporting palliative care

Steps were taken to restart the functioning of Methsirisevana in Anuradhapura District in 2023 which was interrupted with COVID-19 pandemic. There are three other palliative care centres; Dr.Thilak Abeysekara Treatment and Concessionary Center, Kandy, Girandurukotte CKD Welfare Center, and CKD patients' vocational training centre

4. Research

Collaborative research activities were conducted between the University of Peradeniya, Kothalawala Defence University and Chinese Academy of Sciences.

5. Provision of safe drinking water

Plants were constructed based on donations.

6. Development of health education tools for community awareness.

Key health education messages were developed to promote kidney health among the community. These were printed as stickers to be visualized on three wheelers, which is a very common mode of transport in the country.

The National Kidney Fund contributed to mainly the construction and maintenance of community RO plants worth Rs. 24 Mn.



Figure 14.2: Sampling of water source

Source: National Renal Disease Prevention and Research Unit

Actions to be taken in 2024

1. Strengthen health promotion activities, enabling people to protect their kidneys.
2. Strengthen screening activities, targeting both CKDu and among the high-risk groups already diagnosed with Diabetes Mellitus and Hypertension.
3. Strengthen inter-sectoral collaboration in the prevention of CKD in the country.
4. Expansion of curative care facilities considering the service need.
5. Advocacy and awareness of cadaveric organ donation in the community.
6. Strengthen palliative care and activities to improve the quality of life of CKD patients.
7. Expand research in both the local and international arena.

15. Laboratory Services

15.1 Deputy Director General – Laboratory Services (DDG-LS)

Laboratory Services Unit of the Ministry of Health provides support for promotive, preventive, curative, and rehabilitative care services through government health sector laboratories. The Deputy Director General – Laboratory Services (DDG-LS) is the main focal point responsible for policy formulation in relation to the National Laboratory system, Anti-Microbial Resistance, Bio Safety, and Bio Security and gives technical guidance to all the government sector laboratories with the Directorate of Laboratory services. The Medical Research Institute (MRI), and the National Blood Transfusion Service (NBTS) are the two other main institutions functioning under the purview of DDG-LS. Although private sector laboratories are regulated by the Private Health Services Regulatory Council, the Laboratory Services unit provides them with technical guidance.

Laboratory Services are provided under five main specialties - Histopathology, Chemical Pathology, Hematology, Microbiology, and Transfusion Medicine by the government sector hospitals. Laboratory guidelines for strengthening laboratory services in Primary Healthcare Institutions (2019), classified four levels of laboratory services (1-4) according to the institutional level. (Primary Medical Care Units, Divisional Hospitals, Base Hospitals, District General Hospitals and above,). Being the National Reference Laboratory, the Medical Research Institute (MRI) performs special investigations related to disciplines of Bacteriology, Mycology, Parasitology, Immunology, Virology, etc. in addition to routine laboratory tests.

Key functions

1. Strengthen and regulate laboratory services in government line ministry hospitals and special campaigns.
2. Expansion and strengthening of laboratory services in provincial health institutions
3. Provide allocations for purchasing equipment for laboratories
4. Provide funding for proper maintenance of laboratory equipment
5. Support disease prevention, control, and surveillance through the provision of diagnostic services
6. Policy development relevant to laboratory services
7. Training and education of laboratory staff
8. Providing guidance to staff of all government and private health laboratories on new developments
9. Partnerships, communication, and coordination with stakeholders relevant to laboratory services
10. Functioning as the focal point of combating Anti-Microbial Resistance in the country
11. Carrying out SWOT analysis on the laboratory sector to prepare a strategic plan to develop the sector to cater the existing or new challenges including emergency response to Laboratory Services
12. Improvement of Biosecurity and Biosafety in the Laboratory sector

Table 15.1: Number of laboratories by type of hospital, 2023

Type of Hospital	Hospitals	Laboratories
National hospital	2	2
Teaching/ Special hospital	19	19
Specialized hospital	13	9
DGH	20	20
BHA	37	35
BHB	45	45
DHA	68	55
DHB	148	86
DHC	275	39
PMCU	543	5

Source: Laboratory Services Division

15.1.1 Financial management of the Laboratory sector

Financial management of the Laboratory Services

Table 15.2 presents a five-year overview of financial allocations for the acquisition of laboratory equipment and maintenance in health institutions.

Table 15.2: Financial allocations for equipment purchasing and maintenance, 2019-2023

Activity		2019	2020	2021	2022	2023
Equipment purchasing (Rs. Mn)	Allocations provided	740	230	557	200	250
	Allocations Released	739	230	548	25	250
Equipment maintenance (Rs. Mn)	Allocations provided	10	20	10	40	40
	Allocations Released	3	2.2	9.9	6.87	36

Source: Laboratory Services Division

Laboratory service division has conducted 1,105 mobile laboratory events and 224,945 screening tests between 2019 and 2023. ,

Table 15.3: Key performance indicators, 2019-2023

Indicator	2019	2020	2021	2022	2023
Number of mobile laboratory events conducted	126	404	170	202	203
Number of mobile laboratory screening tests	46,574	55,320	36,186	29,385	57,480
Number of staffs trained for Anti-Microbial Resistance	1,318	-	325	-	-

Source: Laboratory Services Division

Table 15.4: Amount released to purchase laboratory equipment by institutions, 2022-2023

Institution	Amount Released (Rs.)	
	2022	2023
Apeksha Hospital	10,990,000.00	25,899,141.00
DGH - Hambantota		1,890,000.00
DGH - Matale		3,675,578.00
DGH - Monaragala		13,600,000.00
DGH - Negombo		9,305,139.00
DGH - Nuwara Eliya		10,093,000.00
DGH - Trincomalee		14,975,396.60
Eye Hospital	5,200,000.00	5,781,380.00
NHSL - Colombo		73,771,679.27
PGH - Badulla		565,000.00
TH- LRH	326,855.00	
TH - Anuradhapura		24,353,000.00
TH - Jaffna		6,300,000.00
TH - Karapitiya		3,508,1400.00
TH - Kurunegala	8,490,000.00	18,900,000.00
TH - Rathnapura		5,896,750.00
Total	25,006,855.00	250,087,463.87

Source: Laboratory Services Division

15.1.2. Laboratory Information Management System

The Ministry of Health in Sri Lanka has set up a Steering Committee (SC) and a Technical Working Group (TWG) for the National Laboratory Information Management System (NLIMS). To date, eleven TWG meetings have taken place, where various options for NLIMS have been discussed. These meetings have also included knowledge-sharing sessions focused on Laboratory Information Management Systems (LIMS).

15.1.3 Combating Anti-Microbial Resistance (AMR) in Sri Lanka

Deputy Director General Laboratory Services (DDG LS) is the national AMR focal point in the country. The Director General of Health Services (DGHS) serves as the chairperson of National Advisory Committee on AMR (NAC-AMR) while the Director General of Animal Production and Health and Director General of Agriculture serve as co-chairs.

15.1.4 National Strategic Plan for combating AMR (NSP- AMR 2023- 2028)

The National Strategic Plan (NSP) on Antimicrobial Resistance (AMR) was first developed in 2017, aligning with the Global Action Plan. Upon the conclusion of the five-year period of the National Strategic Plan (NSP), the end-term review was done with financial backing from the World Health Organization (WHO). A national consultancy team, encompassing expertise in human health,

terrestrial and aquatic animal health, agriculture, and the environment, was appointed and revised NSP-AMR 2023-2028 was developed. With the support of WHO the costing and budgeting workshop for the National Strategic Plan for Combating Antimicrobial Resistance 2023 – 2028 was conducted. During this workshop around 60 costing coordinators were trained.

15.1.5 AMR surveillance activities

‘WHONET’ software is the tool used for data collection, aggregation, and analysis of data for the antimicrobial resistance surveillance programme. Hands-on training programmes on WHONET software were conducted with physical and virtual participation for 117 healthcare staff of 22 hospitals during 2023.

2022 AMR data was submitted to GLASS platform collected from 24 sentinel site hospitals. Testing of Antimicrobial sensitivity of blood, stool, and urine samples were performed based on the protocol.

Awareness activities in hospitals and World AMR Awareness Week (WAAW) - National Event

The Ministry of Health along with the WHO and College of Microbiologists coordinated the several activities AMR WAAW 2023, which included training regarding rational prescribing of antimicrobials for medical administrators, prescribing officers, and Pharmacist. Around 127 participants were trained. Drama and Quiz competition was performed on AMR for university students.

Participated in Joint External Evaluation – National Action Plan for Health Security (IHR core capacities to address health security and emergency capabilities)

Laboratory Services performed the country Joint External Evaluation (WHO) in 2023 under the following sections.

- National Laboratory system
- Combating AMR
- Biosafety and Biosecurity
- Infection Prevention and Control

15.1.6 Developing the National Biosafety and Biosecurity Policy

The Government of Sri Lanka has identified the importance of ensuring biosafety and biosecurity in human, animal, plant, and environment sectors. DDG/LS is the national focal point for biosafety and biosecurity at the Ministry of Health. There is a National Advisory Committee on Biosafety & Biosecurity responsible for overall guidance and implementation of legislation. This committee commenced to develop a National Policy on Laboratory Biosafety and Biosecurity in 2019. Initially halted due to increased workload amid the COVID-19 crisis, the initiative was reactivated in September 2022. A working group is operating under the One Health concept, was established. This process involved collaboration with the National Advisory Committee on Biosafety & Biosecurity members and other experts, facilitated by the Ministry of Health's Policy Unit.

The scope documents were created by the laboratory colleges (College of Microbiology, Chemical Pathology, Histopathology, and Hematology). The individual scope documents were subsequently consolidated into a unified scope document for NLIMS. The Terms of Reference (TOR) for the

procurement of NLIMS have been developed. The TEC for the procurement process was appointed. There are seven members in the TEC. The draft ToR was developed by the TEC members.

Actions to be taken in 2024

1. Strengthen the laboratory system by providing and maintain the laboratory equipment provincial and line ministry laboratories and streamlining the supply of consumables and reagents
2. Coordinating the activities to combat AMR through one health approach including WHO Biennium activities and Fleming Fund activities
3. Coordinating the activities of Biosafety and Biosecurity – Finalizing the National Laboratory Biosafety and Biosecurity Policy and National Action plan
4. Develop a comprehensive National Laboratory Management Information System

15.2. National Blood Transfusion Services

National Blood Transfusion Service (NBTS), Sri Lanka is a centrally coordinated, specialized campaign of the Ministry of Health. It carries the national responsibility of the supply of blood and blood products to all government hospitals and majority of private sector hospitals. There are 110 hospital based Blood Banks and two standalone Blood centers affiliated to 24 cluster centers depending on the geographic distribution

Table 15.5: Number and rate of blood collection, 2013 - 2023

Year	Voluntary collection	Rate (per 1000 population)
2013	380,808	19
2014	380,367	18
2015	395,500	19
2016	414,175	20
2017	423,668	20
2018	450,640	21
2019	444,515	21
2020	397,833	19
2021	385,054	17
2022	424,127	20
2023	466,041	21

Source: National Blood Transfusion Service

Presently HLA Testing is carried out in the National Blood Centre – Colombo 05 and Blood Bank-National Hospital Kandy, in the government sector.

Table 15.6: HLA laboratory statistics (at Blood Bank/National Hospital Kandy), 2019-2023

Typing and cross matches	2019	2020	2021	2022	2023
Cross match	210	233	200	224	256
PRA (Class I , Class II)	190	160	84	83	151
Single Antigen Bead Assay	-	50	50	42	38
Transplantation					
Kidney (Patients, Donor)	356	183	656	784	768
Bone Marrow (Patients, Donors)	6	-	13	19	22
AP Donor	276	-	-	-	-
Cadaveric Donor	20	18	11	17	21
Cadaveric Donor Q-PCR	-	4	4	-	-

Source: National Blood Transfusion Service

Table 15.7: HLA molecular typing and PRA, 2021-2023 (at NBC)

HLA typing by rSSO	2021	2022	2023
Renal - Patient	877	960	1149
Renal - Donor	788	740	787
BMT - Patient	97	96	99
BMT - Donor	241	228	279
AP Donors	1	-	85
Platelet Refractoriness patients	26	21	27
Cadaveric Donor	26	48	25
B57 / B51/B27	583	516	580
Luminex PRA and antibody identification			
Renal	1,313	1385	1599
BMT	20	10	-
Platelet Refractoriness patients	14	4	22
Others	44	21	46

PRA - Panel Reactive Antibodies

BMT – Bone Marrow Transplant

AP - Apheresis

Source : National Blood Transfusion Service

Table 15.8: HLA serology typing and compatibility testing at NBT, 2021-2023

CDC method	2021	2022	2023
Class I Typing by CDC	28	36	-
B27	192	169	204
B57	46	21	127
B51	13	23	29
B15 / Others	4	-	3
Cadaveric Crossmatch	146	228	138
Total compatibility tests (with cadaveric)	835	928	868

Source: National Blood Transfusion Service

National Blood Transfusion Service Designated as a World Health Organization (WHO) collaborating center for Transfusion Medicine.

World Health Organization (WHO) often engages in scientific and technical work in cooperation with other institutions which act as expertise centers for the designated specialties. WHO designates institutions as collaborating centers (WHO CCs), when they have been cooperating effectively with WHO for years, in assisting WHO to implement its mandated work.

There are about 800 institutions designated as WHOCCs worldwide. However, in the field of Blood Transfusion Services, there are only about 13 centers. National Blood Transfusion Service, Sri Lanka is the second collaborating center for SEARO in the field of Blood Transfusion Service.

This designation recognizes the history of collaboration with WHO and provides a formal frame work for future joint activities.

Period of designation has commenced on 7th September 2018 for four years duration and extended it in 2022 for another 2 years.

Actions taken in 2022 - 2023

1. Continue the collection of whole blood from 100 per cent voluntary non-remunerated blood donors
2. Introduced blood re-grouping practice to all island blood banks to minimize major transfusion reactions related to ABO incompatible blood transfusions
3. Achieved annual RCC discard rate of 0.38 per cent through regular stock management meetings and establishing NBTs blood stock management committee
4. Strengthened the digitalized data receiving systems of the National Blood Transfusion Service through timely and prompt updates and advancements
e.g. Adverse Transfusion Reaction Reporting System, Near-Miss Events Reporting System, Zero Reporting System of the National Haem vigilance System and Monthly Statistics Reporting System

Actions to be taken in 2024

1. Maintaining the collection of whole blood from 100 per cent voluntary non-remunerated blood donors and increase in house donations up to 40 per cent
2. Implementing peripheral stem cell donor registry
3. Introduction of platelet immunology
4. To obtain ISO/GMP and AABB accreditations to National blood center laboratories and sections
5. Modular type training programme to be introduced to private sector blood bank staff
6. Encourage research activities and conduct 60 research programmes per year
7. Initiate activities of ERASMUS programme and develop the simulation laboratory at National Blood Center

15.3. Medical Research Institute

The Medical Research Institute (MRI) of Sri Lanka is a renowned diagnostic laboratory and the foremost institution for biomedical and applied health research in the nation. With a wide range of disciplines covered, including Virology, Bacteriology, Parasitology, Rabies, Nutrition, Biochemistry, Histo-Pathology, electron microscopy Haematology, Immunology, Entomology, Molecular Biology, Pharmacology, Mycology, Health Informatics, and Animal Studies, MRI conducts comprehensive research across various fields. Through its innovative research initiatives and progressive methodologies, MRI is at the forefront of advancing medical knowledge and improving public health outcomes.

Objectives

- Enhance the health of Sri Lankans by conducting world-class medical research aligned with National health goals.
- Facilitate comprehensive biomedical research, spanning from fundamental lab-based science to clinical trials, across major disease areas.
- Foster the development of professionals and experts in laboratory diagnosis, patient Monitoring, and public health within our capacity and scope.
- Collaborate closely with the Ministry of Health to prioritize research that significantly impacts clinical practice and population health.
- Emphasize research initiatives with a high potential to bring tangible improvements to public health outcomes and the well-being of the population.

15.3.1. Department of Nutrition

Enhancing nutritional intake contributes to enhanced well-being and growth. Individuals who receive sufficient nutrition tend to be more effective, whereas inadequate nutrition results in compromised health and reduced productivity.

The Department of Nutrition conducts investigations into prevalent nutritional issues, monitors the nutritional status of communities through surveillance efforts, and conducts analyses of food composition to encourage the consumption of locally available food items. Numerous studies focus on public health nutrition, conducting national surveys to evaluate the nutritional status and identify micronutrient deficiencies within the population.

Actions taken in 2022 - 2023

1. Conducted and completed the data collection of the “National Nutrition and Micronutrient Survey in Sri Lanka-2022”
2. Stage 1 data dissemination of the “National Nutrition and Micronutrient Survey in Sri Lanka-2022” was completed.
3. Conducted and completed the data collection and data dissemination of the research on “Weight gain following an enhanced nutrition care package among children aged 6-36 months in estate and rural communities in Nuwaraeliya district”
4. The data dissemination of the “Nutrition status and gaps in the diet of Sri Lankans during the pre-economic crisis period (from September to December 2021) was completed and the hard copy of the final report was printed.
5. Published Article: “Nutritional Composition and Antioxidant Activity of Selected Underutilized Fruits Grown in Sri Lanka”
 - a. Agronomy 2022, 12, 1073. <https://doi.org/10.3390/agronomy12051073>
<https://www.mdpi.com/journal/agronomy>
6. Published abstract: Comparison of fatty acid composition of different culinary oils with high saturated coconut oil towards the improvement of public health, Lipid Oxidation and Quality Poster Session, 2022- AOCS annual meeting and expo, Atlanta, Georgia, USA
7. Published abstract: A Potential Substitute for Cocoa Butter, Edible Applications Technology Poster Session, 2022- AOCS annual meeting and expo, Atlanta, Georgia, USA
 - a. Formation and acceptability trial of locally produced Ready-to-Use Therapeutic food (RUTF)
8. Published abstract: Severe Malnourished Children, can they be treated; Formulation and feasibility assessment of a locally produced ready to use therapeutic food, Third National Health Research Symposium2023
9. Ongoing research
 - a. Assessment of nutritional status among COPD patients attending Central Chest Clinic, Colombo

Actions to be taken in 2024

1. Metabolically Healthy Active Children in Sri Lanka
2. Assessment of nutritional status, metabolic health and health seeking behaviour of Sri Lankan transgender and transsexuals’ community.
3. Assessing the household exposure to the Aflatoxin in Colombo district.
4. Formulation of a functional cookie for patients using tender jackfruit flour as main ingredient.
5. Development of Soursop (*Annona muricata*) spread incorporating chia seeds and analysing its physicochemical properties.
6. Development and evaluation of ready to use supplementary food for undernourished young adults.
7. Formulation and characterization of dietary fibre and protein rich instant porridge mix for adults.
8. Local production of pre load for preoperative patients.
9. Development and evaluation of protein rich instant noodles.

15.3.2. Department of Clinical Bacteriology (DCB) - Clinical Microbiology

- Accreditation – ISO 15189
- External Quality Assessment Scheme in clinical microbiology
- Training of hospital microbiology laboratory staff
- Medical Research

Actions taken in 2022 - 2023

1. Clinical Bacteriology Laboratory was granted accreditation to international standards ISO 15189 (clinical /medical laboratory) for microbiological investigations in bacteriology, serology and molecular biology in 2022.
2. National Training Workshop on Clinical Microbiology for NEQAS participants were held in February, 2023. Theme: 'Laboratory quality towards better patient care' for microbiologists and Medical Laboratory Technologists. Conducted by the Quality Control Laboratory, Department of Bacteriology, and MRI.
3. 'Surveillance Focal Point' for the World Health Organizations' 'Global Invasive Bacterial Vaccine-Preventable Diseases (IB-VPD) Laboratory Network' since 2022. The clinical microbiology & molecular biology laboratory carryout laboratory surveillance of *S. pneumoniae*, *N. meningitidis* and *H. influenzae*.
4. The second edition of the 'Handbook on National External Quality Assessment Scheme in Clinical Bacteriology' was launched.
5. Conduct the 'National External Quality Assurance Scheme in clinical microbiology' to public and private sector microbiology hospitals
6. Medical Research 2022 – 2023,
 - Publications – 9
 - Abstract presentations – 12
 - Research Awards – Conference awards- 2
 - President's award for scientific publications -1

Actions to be taken in 2024

1. To ensure continual improvements of the accredited 'Clinical Bacteriology Laboratory' and the 'National External Quality Assessment Scheme in clinical microbiology'
2. To strengthen National Reference Laboratory for AMR surveillance with economical and advanced technology such as MALDI-TOF for accurate identification of bacteria
3. To expand participation of public and private sector microbiology laboratories in the national EQA programme (NEQAS)
4. To promote collaborative medical research nationally and internationally



Figure 15.1: National Training Workshop on Clinical Microbiology for NEQAS participants were held in February, 2023

Source: Department of Clinical Bacteriology

15.3.3. Department of Clinical Entomology (DCB)

The department of entomology is a unit attached to the Medical Research Institute providing unique services related to mosquitoes and other insect pests of public health importance in Sri Lanka. The department mainly encompasses the responsibilities of conducting entomological surveillance on medically important mosquitoes and insect vectors, conducting biological efficacy evaluations on household insecticidal products to assist/consult the registrar of pesticides in decision making of selection of effective insecticidal products for the general public. The department is also involved in basic and applied research on medically important mosquitoes and insect vectors. Teaching and training of undergraduate, postgraduate students and technical officers is a vital role played by the department.

The department assists the ministry of health with regard to vector control activities targeting the main vectors to minimize vector-borne diseases to facilitate public health and well-being.

Actions taken in 2022 – 2023

1. New mosquito found

The mosquito, *Culex lophoceraomyia cinctellus* was first discovered in Sri Lanka by the entomological team/ MRI



Figure 15.2: The Mosquito, *Culex lophoceraomyia cinctellus*

Source: Department of Clinical Entomology

The mosquito, *Culex lophoceraomyia cinctellus* was first discovered in Sri Lanka by the entomological team/ MRI during the ongoing research “Estimation of 24 hours biting rhythm of medically important major mosquito vector species in Sri Lanka in relation to environmental factors”

2. New colonies established at insectarium

Bed bug and house fly colonies were newly established at the insectarium.

Expanded mosquito surveillance activities to include universities, schools and railway stations in the Western province.

Field trials in addition to laboratory trials to evaluate the biological efficacy of household insecticidal products.

Two research projects on medically important mosquito vectors were initiated and are to be continuing for 2022/2023.

Lectures and practical training sessions were conducted for MLTs, HEOs, PHIs, undergraduates and postgraduates.

Actions to be taken in 2024

1. Surveillance of mosquitoes and other insect vectors of public health concern is to be continued.
2. A special vector surveillance program on sand flies is scheduled to be conducted.
3. Institutional SOPs for biological efficacy tests conducted by the department are to be revised.
4. Continuation of two research projects from the last year
5. Expand teaching activities to MLTs, HEOs, PHIs, undergraduates and postgraduates.

Table 15.9: Number of surveillance, test, research and trainees, 2019 - 2023

Surveillance/Test/ Research / Training	2019	2020	2021	2022	2023
Mosquito surveillance	155	171	162	46	65
Biological efficacy tests	221	294	197	390	378
Research	1	1	2	2	3
Lectures & practical training sessions	208	256	227	150	152

Source: Department of clinical entomology

15.3.4. Department of Immunology

The Department of Immunology at MRI serves as the sole dedicated unit for diagnosing inborn errors of immunity (IEI); inherent immune deficiencies. Functional deficiencies that occur due to genetic mutations manifest as infections, autoimmunity, atopy, auto inflammation, and lymph proliferation.

Identification of genetic mutations play a pivotal role in confirming the diagnosis of most IEIs and is crucial for determining definitive therapies like hematopoietic stem cell transplantation. The Department of Immunology has successfully identified genetic mutations in 100 patients with IEIs, in collaboration with the Jeffery Modell Foundation, USA, and the Necker Hospital for Sick Children, Paris, University of Hong Kong, Institute of Biochemistry, Molecular Biology and Biotechnology, Sri Lanka.

In addition, many more patients with likely or probable diagnosis of IEI are being followed up at the clinics conducted by the Department of Immunology MRI.

Apart from diagnosis and management of immune deficiencies, the department also offers a wide range of diagnostics for allergy and autoimmunity. Investigations for allergy include both in-vivo and in-vitro tests. The department has conducted researches on allergies including allergy to vaccines and insects. In addition, unique trends in food allergies are also explored by the department, in order to provide a management plan that is best suited for Sri Lankan patients.

Actions taken in 2022- 2023

1. Publication of 4 research articles in international peer reviewed journals
2. Comprehensive review on IEI in Sri Lanka diagnosed by the Department of Immunology
3. Diagnosed 5 IEI for the first time in Sri Lanka
4. Identification of previously unreported mutations in 10 patients with IEI
5. First reports of alpha gal allergy; delayed red meat allergy, in South Asia
6. First case series of Coconut allergy in South Asia
7. Detection of allergy to Betel (Bulath) for the first time in Sri Lanka

Actions to be taken in 2024

Department of Immunology is planning to expand genetic diagnosis of IEI in Sri Lanka, especially since HSCT for IEI was commenced in Sri Lanka in 2023. In addition, the department will also

concentrate on expanding drug allergy services, especially for beta lactam antibiotics. In-vivo diagnostics for food and aero-allergens will be expanded. This expansion will be carried out in collaboration with the Lady Ridgeway Hospital for Children and National Hospital of Sri Lanka where regular facilities for allergy testing will be established. The department will concentrate on establishing newer diagnostics for NeuroMyelitisOptica Spectrum Disorders (NMSOD) in collaboration with the Oxford Autoimmune Neurology Diagnostic Laboratory, Nuffield Department of Clinical Neurosciences, and University of Oxford, UK.

Table 15.10: Number of patients of different food allergies diagnosed at the Department of Immunology, 2010-2022

Food Allergen	Age						Total	(%)
	0-6 months	6-12 months	1-5 years	5-12 years	12-18 years	18 < years		
Cow's Milk b	38	29	18	13	2	8	108	31.2
Red meat b	0	5	16	33	9	33	96	27.7
Beef	0	3	9	21	5	23	61	17.6
Pork	0	2	8	17	7	12	46	13.3
Mutton	0	2	3	3	2	4	14	4
Venison	0	0	2	2	0	0	4	1.2
Other (Camel,Rabbit,Wild boar)	0	0	0	3	0	0	3	0.9
FDEIA	0	1	0	20	13	28	62	17.9
Alpha - Gal	0	0	8	11	2	8	29	8.4
Crustaceans	0	0	4	3	5	11	23	6.6
Prawns	0	0	4	2	3	10	19	5.5
Carbs	0	0	0	1	1	4	6	1.7
Shrimp	0	0	0	0	1	2	3	0.9
Egg	0	15	2	1	0	0	18	5.2
Gelatine	0	1	5	3	2	2	13	3.8
Wheat	0	1	1	1	1	6	10	2.9
Coconut	1	4	5	0	0	0	10	2.9
Mollusks	0	0	1	1	1	4	7	2
Cuttlefish	0	0	1	1	1	4	7	2
Fish	0	0	0	0	0	3	3	0.9
Sesame	0	2	6	2	0	7	3	0.9
Other foods*	0	2	6	2	0	7	17	4.9

Source: Department of Immunology

Note : *Other foods (Peanuts, Jambu, soy, Lentils/legumes, mushroom, pecan/walnut, banana, mango, spinach horse, purslane/Sarana Trian Thema, portulaca strum), mango (Moringa oleifera). jackfruit (Artocarpus heterophyllus), tomato)

15.3.5. Department of Animal Science

Animal centre is the only place, in Sri Lanka that provides clean disease-free internationally designated laboratory animal species for research purposes. It provides animal blood for various diagnostic and research purposes. Laboratory animal feed that is required to breed the nucleus Laboratory Animal Colonies is also produced at MRI as this is not commercially available in Sri Lanka.

Laboratory animal centre encourages the 3R concept (Reduction, Refinement, and Replacement) in animal experiments and maintains and trains researchers to use zebra fish as an alternative model to carry out research. This centre collaborated with other organizations to train students in animal experimentation as well as alternatives to animal experimentation. Further, the laboratory animal centre advises and performs research based on animal experimentation as well as alternatives to animal experimentation.

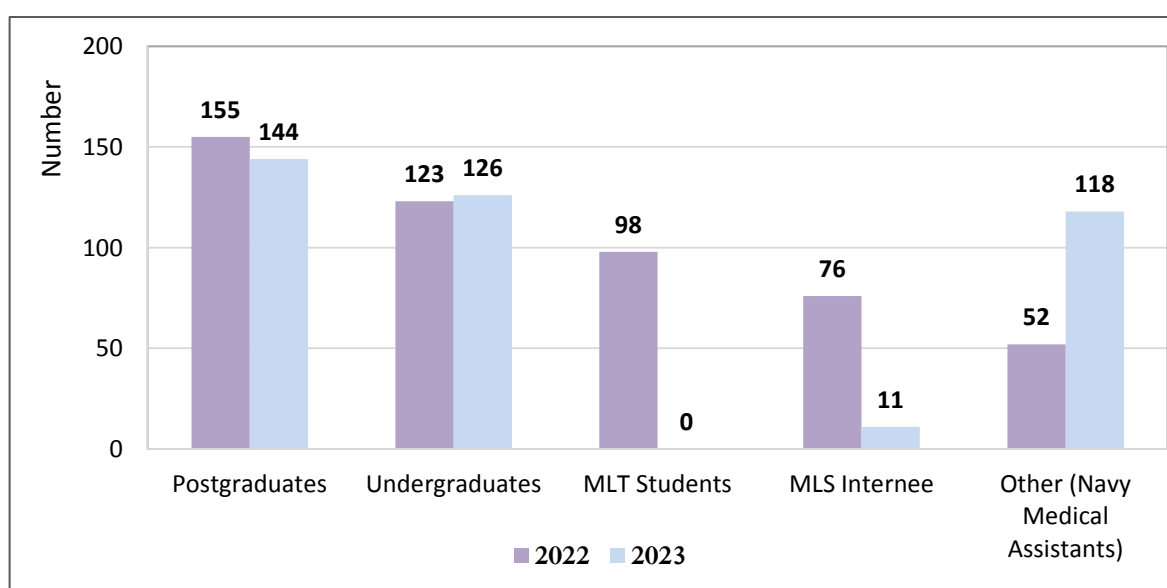


Figure 15.3: Number of individual trained, 2022 -2023

Source: Department of Animal Science

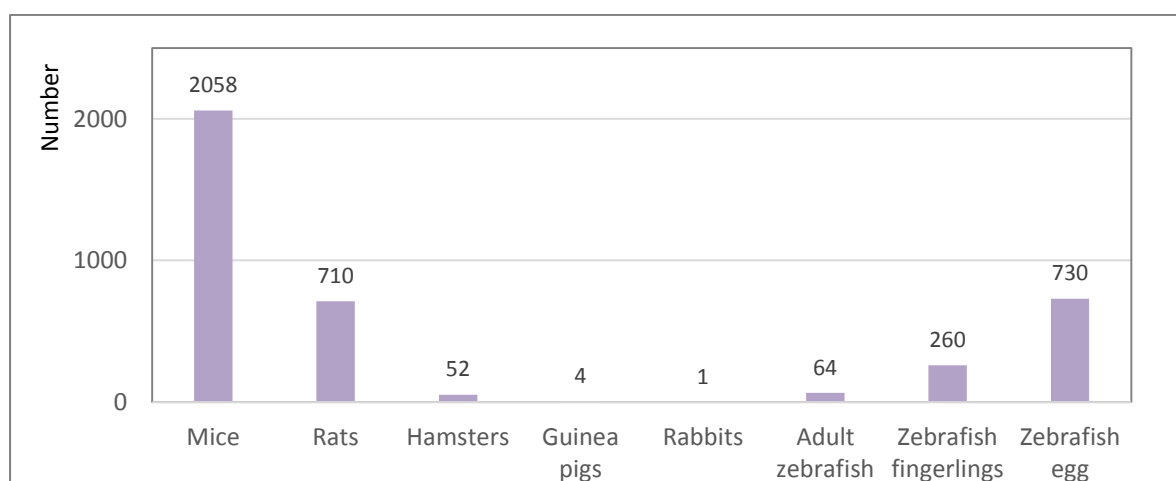


Figure 15.4: Number of issuance of animals - 2023

Source: Department of Animal Science

Actions taken in 2023

1. Workshop on Toxicity Assessment Assays: Organized by the Environmental Committee of the Sri Lanka Association for the Advancement of Science (SLAAS). Animal Centre at MRI provided the collaborative partnership by conducting the practical session of the workshop.
2. Students from the Ocean University of Sri Lanka visited the Animal Centre, MRI to obtain hands-on training on animal handling and demonstration for blood drawing procedures.
3. Workshop on the culture of care was conducted in collaboration with the Faculty of Medicine at the University of Colombo. The entire Practical session was conducted at the Animal Centre in the MRI for the staff who worked in the laboratory animal facilities in the country
4. Internship training was provided for two B. Pharm undergraduates from the Open University of Sri Lanka.
5. Students from the special degree program on Immunology and Molecular Biology from the Department of Zoology and Environmental Science visited the Animal Centre to obtain hands-on training in animal handling.
6. Animal Centre, MRI Provided the collaborative partnership for the practical session for the Certificate Course in Laboratory Animal Science conducted by the Sri Lanka Association for Laboratory Animal Science (SLALAS).



Figure 15.5: Students were given hands-on training on Animal Experimentation for three consecutive days

Source: Department of Animal Science

7. Students from the Department of Basic Science from the Allied Health Science at the University of Sri Jayewardenepura visited the Animal Centre at MRI. Demonstration was given to students on basic exposure to animal handling and maintenance for research use.
8. Advanced Level biology Students from the Musaeus College visited the Animal Centre MRI and they were given a demonstration of basic laboratory animal management for research use
9. Collaborative partnership was provided to the Certificate Course in Alternatives to Laboratory Animals by conducting the practical session at the Animal Centre/MRI. This workshop was organized by the Society for Alternatives to Animal Testing in Sri Lanka (SAAT-SL)



Figure 15.6: Few highlights from the workshop

Source: Department of Animal Science

10. Collaborative partnership for the **Course on Zebrafish as an Alternative Model** was provided by the Animal Centre/MRI by conducting the entire practical session of the workshop. The other main collaborative partners for this workshop were the Sri Lanka Association for Laboratory Animal Science, SAAT-SL.



Figure 15.7: Few highlights from the Course on Zebra fish as an Alternative Model

Source: Department of Animal Science

Research abstracts published - 2023:

- Phenol and Flavonoid Contents of *Vernonia cinerea* (L) and low grown Sri Lankan green tea *Camellia sinensis*. Abeywardena K.K., Thammitiyagodage M.G., Kumara W.G.S.S., Munasinghe A.T.M. and Arawwawela L.D.A.M. Proceedings of 10th annual Scientific Sessions of the Sri Lanka association for the Laboratory Animal Science (2023).
- Health benefits of *Vernonia cinerea* (L) "Monarakudummbiya" and its chemical constituent analysis. Abeywardena K.K., Thammitiyagodage M.G., Kumara W.G.S.S., Munasinghe A.T.M. and Arawwawela L.D.A.M. Proceedings of 136th Anniversary International Medical Congress (2023).
- Detection of Acute Toxicity in Water from Colombo and Anuradhapura Districts using Zebrafish Egg and its Correlate to Some Water Quality Parameters. M.G. Thammitiyagodage, R.Karunakaran, A.B.M.G. Deshapriya, S Corea and D.Wanniarachchi. Proceedings of the 79th Annual Sessions of the Sri Lanka Association for the Advancement of Science.

Full papers published - 2023:

- Detection of immunity in sheep following anti-rabies vaccination. Hasanthi Rathnadiwakara, Mangala Gunatilake, Florence Cliquet, Marine Wasniewski, Mayuri Thammitiyagodage, Ramani Karunakaran, Jean -Christophe Thibault and Mohammed Ijas. Clinical and Experimental Vaccine Research.2023.
- Investigation of Cholesterol and blood glucose reducing properties and acute toxicities of the tea prepared by *Vernonia Cinerea* L using Wistar rats animal model and quantification of flavonoid and phenolic contents. Journal of applied biological science.17(3)451-459.2023

Actions to be taken in 2024

The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) is an international accreditation program that evaluates organizations that use animals in research, teaching, or testing. Those that meet or exceed AAALAC standards are awarded accreditation. Though the Laboratory Animal Centre at MRI provides national-level services to the country it has so far not been accredited according to International Standards. Though our neighboring country India has more than 200 AAALAC-accredited Laboratory Animal Facilities, in Sri Lanka we don't have at least one laboratory accredited according to international standards. Animal centre at MRI is one such laboratory that can be easily accredited according to AAALAC standards and in 2024 we expect to apply for that requirement.

15.3.6. Department of Haematology

The Department of Haematology at MRI plays a pivotal role in the diagnosis and management of various haematological disorders in the country. National External Quality Assessment Scheme in Haematology (NEQASH) initiated by the department in 2015 has seen a steady increase in participation. The department offers advanced diagnostic services for haemoglobinopathies, with High Performance Liquid Chromatography (HPLC) and capillary electrophoresis (CE) methods available. They diagnose thalassaemia major and thalassaemia minor cases.

For the diagnosis of paroxysmal nocturnal haemoglobinuria (PNH), MRI Haematology is the sole center offering Flowcytometry analysis. Additionally, Flowcytometry analysis is utilized for the diagnosis of chronic lymphoproliferative disorder (CLPD).The department is a key institution in diagnosing coagulation disorders, conducting various tests including platelet function tests, Von Willebrand profile analysis, and factor assays.

Apart from diagnostic services, the department contributes to education and research, accepting postgraduate trainees in Hematology and MLT trainees. The MRI Haematology team engages in publishing papers and presenting posters.

Actions taken in 2022 - 2023

- Publishing two papers
- Continuing external quality control program
- Continuing special haematology tests
- Trials FISH analysis for bcr-abl mutation and 5q- / 7q-

Actions to be taken in 2024

Establishing molecular diagnosis for haematological diseases

Table 15.11: Number of selected tests done at Department of Haematology, 2022 - 2023

Test	Number	
	2022	2023
High-Performance Liquid Chromatography (HPLC) for Thalassemia screening	2276	2745
Lumi aggregometry (LA) for platelet function disorders	292	181
Flowcytometry for Paroxysmal Nocturnal Haemoglobinuria (PNH)	94	61
Flow cytometry for chronic lymphoproliferative disorders (CLPD)	58	60
Von Willebrand profile (VWF) for bleeding disorders	-	15
Factor assay (FA) for bleeding disorders	19	13
Diagnosis of Chronic myeloid leukaemia; bcr-abl genetic studies - by FISH	-	10
Methaemoglobin Assay	29	36
NEQASH (National External Quality Assurance Survey for Haematology	FBC-404 Coagulation - 209	FBC - 423 Coagulation - 138

Source: Department of haematology

16. Oral Health

Deputy Director General of Dental Services (DDG/DS) serves as the focal point overseeing oral health services within the Ministry of Health and responsible for providing technical guidance and coordinating oral health services nationwide, ensuring the effective delivery of oral healthcare to the Sri Lankan public. Both the government and private sector contribute to providing oral health services in Sri Lanka. Government oral health services are offered free of charge at the point of delivery and cover a wide range of care, from general services to specialized services across different levels from primary care hospitals to tertiary care hospitals. In the private sector, general dental practitioners handle oral healthcare provision. Additionally, universities, tri forces, police, and non-governmental organizations extend oral health services to their members and families through established programs within their respective organizations.

Oral health services in public sector are mainly consisting of two components.

1. Curative care services

Provided through a network of hospitals ranging from non-specialized services at primary care level to specialized services at the tertiary care level.

2. Preventive care services

Provided through Specialized Preventive Clinics/Campaigns and Hospital Dental Clinics, School Dental Clinics (SDC), Adolescent Dental Clinics (ADC) and Community Dental Clinics ¹(CDC).

The 30 Regional Dental Surgeons are operating in provincial health care settings at office of the Regional Director of Health Services (RDHS) and coordinate with the provincial level and the central level to ensure provision of effective oral health care services.

16.1. Oral Health Services

Specialized services

The five main specialties in the oral healthcare services in Sri Lanka are Oral & Maxillofacial Surgery, Orthodontics, Restorative Dentistry, Oral Pathology and Community Dentistry/ Dental Public Health. In 2022 there were 94 consultants belonging to these specialized oral health care fields under the Ministry of Health attached to the Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base Hospitals.

Functions of Oral and Maxillofacial units

Oral and Maxillofacial surgery (OMFS) is a surgical specialty concerned with the diagnosis and managing diseases and conditions affecting the mouth, jaws, face and neck. It spreads in a wide spectrum catering to the needs of patients with dento-alveolar problems including pre-prosthetic and implant procedures, congenital malformations, head and neck trauma, benign and malignant head and neck tumours, cystic conditions of jaws, salivary gland diseases, head and neck infections,

¹ Community Dental Clinics are located in highly populated metropolitan areas. Dental surgeons working in these clinics focus on preventive care to specialized groups like pregnant mothers and children below 3 years of age. There were 61 community dental clinics in 2021.

Temporomandibular Joint (TMJ) disorders, orofacial pain conditions, oral mucosal diseases, facial cosmetic issues and orthognathic procedures.

In OMF units, both minor and major surgeries are performed under local and general anesthesia. Most local anesthetic procedures are conducted in the dental clinic set up while all the general anesthetic and some local anesthetic procedures are performed in operating theatre. Chair side local anesthetic procedures include complicated dental extractions, removal of impacted wisdom teeth, surgical exposure of impacted teeth for orthodontic purposes, management of dentoalveolar fractures, pre-prosthetic bone surgeries, frenectomies, soft tissue trauma, biopsies, simple soft tissue surgeries and management of orofacial infections including incision and drainage.

OMF surgeons in Sri Lanka manage nearly all facial bone fractures including orbital fractures following the most advanced management protocols currently available globally. According to the data, 5,103 facial bone fractures, 4,289 Dento-alveolar trauma and 18,585 soft tissue injuries were done by OMF surgeons in year 2022. Furthermore, OMF surgeons are involved in the management of most oral cancers in Sri Lanka. This includes diagnosis, staging, conducting multidisciplinary discussions, tumour resection, and reconstruction with loco-regional flaps, advanced free tissue transfer and follow up care. Additionally, all orthognathic surgical procedures such as osteotomies, osteodistractions and condylar shaving for correction of dentofacial deformities of jaw bones are performed by OMF surgeons. Moreover, OMF Surgeons are responsible for the management of odontogenic cysts, tumours and their reconstruction with bone grafts or more extensive tumour reconstruction with virtual treatment planning. Surgical management of minor and major salivary gland pathologies is another special area which is under the scope of OMFS specialty. This includes submandibular gland excision, removal of salivary gland calculi and all types of parotid gland surgeries etc. Most of the head and neck developmental anomalies are managed by OMFS specialty including cleft lip and palate, hemifacial microsomia and craniofacial anomalies. Many facial aesthetic procedures are also carried out in OMFS units varying from scar revision to rhinoplasty, auriculoplasty to facelift etc. Medical and surgical management of TMJ disorders are considered to be another specific area of OMFS specialty. This includes condylectomy, arthrocentesis and virtual TMJ reconstructions using the latest technology

OMF services are currently available in all National Hospitals, Teaching Hospitals, General Hospitals and a few Base Hospitals island-wide. OMF surgeons also collaborate with other surgical specialties such as ENT, ophthalmology, oculoplastic surgery and neurosurgical speciality for comprehensive patient care.

Table 16.1: Number of patients managed by OMFS clinics, 2022

Description	Number
Total number of patients treated	256,706
Inward patients managed	31,335
First visit patients	94,390
Subsequent visit patients	162,316

Source: Research and Surveillance unit, Institute of Oral Health, Maharagama.

Functions of Restorative Dentistry

Restorative Dentistry is a specialty focused in the diagnosis and integrated management of diseases of the teeth, tooth supporting structures and related oral tissues essential for a healthy functional dentition as well as for psychological and aesthetic satisfaction of the individual. Restorative Dentistry is one among the three clinical dental specialty programs currently available in Sri Lanka. The discipline encompasses all aspects of Operative Dentistry, Endodontics, Fixed and Removable Prosthodontics (including Maxillofacial Prosthodontics) Periodontics, Pedodontics and Implant Dentistry.

Restorative Dentistry consultant units manage complex cases that would be difficult to manage in general dental practice including rehabilitation of patients following maxillofacial oncology treatment, multidisciplinary management of patients with maxillofacial developmental defects, rehabilitation following maxillofacial traumatic injuries, prosthetic management of edentulous and partially dentate patients, non-surgical and surgical Periodontal treatment and management of pediatric oral diseases. In addition to above, these units provide important exertion in prevention of oral disease.

Table 16.2 : Number of patients managed by Restorative Dentistry clinics, 2022

Description	Number
Total number of patients treated	148,671
First visit patients	51,349
Subsequent visit patients	97,322

Source: Research and Surveillance unit, Institute of Oral Health, Maharagama.

Further, Restorative Dentistry consultant units train intern Dental House Officers annually and provide training for Postgraduate trainees in MD Restorative Dentistry, trainees of Diploma in Hospital Dental Practice in collaboration with the Post Graduate Institute of Medicine Colombo.

Functions of Community Dentistry

Community Dentistry is a discipline of dentistry concerned with the oral health of a population rather than individuals. It has been defined as the science and art of preventing oral diseases, promoting oral health, and improving the quality of life through the organized efforts of society. This speciality is firmly rooted in the parent discipline of public health. The discipline covers a wide range of activities, and includes prevention, management, policy making, planning, implementation and evaluation of dental services in the community.

Consultants in Community Dentistry are appointed to the Health Promotion Bureau, Family Health Bureau, National Cancer Control Programme, National Institute of Health Sciences, Kalutara, Preventive Oral Health Unit - National Dental Hospital (Teaching), Preventive Oral Health Unit -, Research and Surveillance Unit, Training Unit of the Institute of Oral Health, Maharagama, Office of Provincial Director of Health Services – Sabaragamuwa province and Western Province. A few specialists serve in the universities in Sri Lanka.

Table 16.3: Number of patients managed by Preventive Dentistry clinics, 2022

Description	Number
Total number of patients treated	17,863
First visit patients	5,405
Subsequent visit patients	12,458

Source: Research and Surveillance unit, Institute of Oral Health, Maharagama.

The specialists in dental public health in Sri Lanka possess competencies and skills, such as research skills to perform oral health-related research, including surveillance and conducting national oral health surveys. So far, the Community Dentistry speciality has conducted four consecutive national oral health surveys, and the fifth survey will be conducted soon. It assesses the evidence on oral health and dental interventions, programmes, and services. Sri Lanka has well-established public oral health programmes such as oral health care programme for pregnant mothers, an oral health care programme for the prevention and management of early childhood caries, a school-based fissure sealant programme (save molar programme) and a national programme for preventing oral potentially malignant disorders and oral cancers. Furthermore, they engage in policy and strategy development. The recent successful achievement is the completion of drafting an oral health policy for Sri Lanka.

This specialty provides strategic leadership and collaborative work for oral health improvement, protecting populations from oral health hazards, developing and monitoring the quality of dental services, and developing information, education, and communication (IEC) materials for the general public and identified groups according to their needs. The discipline of Community Dentistry is also committed to enhancing the ethical understanding and legal responsibilities related to oral health service provision in Sri Lanka.

Functions of Orthodontics Units

Orthodontics is the branch in dentistry concerned with growth of the face, development of the occlusion and prevention and correction of occlusal anomalies.

Malocclusion is considered the third priority for oral health disease according to the World Health Organization. Orthodontic problems can affect oral functions as chewing and swallowing but moreover, it impacts dento-facial aesthetics and psychosocial self-confidence.

Psychosocial and facial considerations play a role in defining orthodontic treatment. In the recent years there has been a steady increase in the number of young and adult patients seeking orthodontic treatment in the public sector. There is an escalating demand for orthodontic treatment services from the public sector.

Almost every district has an Orthodontists with the exception of Mullaitivu, Trincomalee, Monaragala, Killinochchi and Mannar. The patients with malocclusions are identified initially by the general dental practitioners and are referred to the nearest orthodontic unit. The patients will be assessed by the orthodontist and a customized treatment plan is developed to each patient. The

treatment is aimed to achieve functional and aesthetic harmony. To accomplish these aims the clinicians use various treatment modalities comprising extractions of teeth, use of removable, functional and fixed appliances. The duration of treatment can range from several months to a few years depending on the complexity of the malocclusion and the type of treatment.

Once active orthodontic treatment is commenced the patient is monitored at the clinic on a monthly basis until the active treatment is over. Retainers are used to maintain the achieved results and to prevent relapse.

Monitoring dental development with appropriate intervention is also an important aspect of orthodontics. Many malocclusions if detected early can be influenced and corrected and be prevented from progressing into severe form of malocclusion.

Multidisciplinary treatments are also carried out in patients with hypodontia, cleft lip and palate, facial syndromes and complex jaw problems. Such patients are seen in multi-disciplinary clinics involving oral and maxillofacial surgery, restorative dentistry as well as orthodontics. On average a single orthodontic unit treats around 75-100 patients a day and this number is doubled in teaching hospitals. 300-400 new patients are registered per month in a single orthodontic clinic to receive treatment.

School Dental Services

School Dental Clinics (SDCs) and Adolescent Dental Clinics (ADCs), situated within school premises, primarily deliver oral health care services to schoolchildren, focusing on preventive measures. In 2022, a total of 378 School Dental Therapists operated across 443 SDCs, catering to children aged 3 to 13 years. Additionally, there were 39 fully operational ADCs serving children over 13 years of age. ADCs are under the preview of the Medical Officer of Health and extend their services beyond schoolchildren to pregnant mothers.

Mobile Dental Services

In order to achieve universal health coverage Mobile Dental Services are carried out to provide essential oral health services to marginalized populations with poor accessibility to oral health services such as inmates in orphanages, elderly homes, prisons etc. Mobile dental units mounted on vehicles are available in almost all districts which are under the supervision of the respective Regional Dental Surgeons and there is a special mobile unit attached to the Ministry of Health. They are deployed throughout the country to various destinations.

16.2 National Level Special Preventive Oral Health Care Programmes

16.2.1 Oral Health Unit of the Family Health Bureau

Oral Health Unit of the Family Health Bureau is the national focal point for providing oral health services to families and school children through the existing Maternal and Child Health Programme. The main services provided by the oral health unit of the Family Health Bureau are as follows.

- National-level planning and co-ordination of School Dental Services and oral healthcare programs for pregnant mothers,
- Monitoring and evaluation of the School Dental Services at the regional level and national level,
- Purchasing and distribution of equipment for School Dental Clinics, In-service training to Regional Dental Surgeons (RDSS),
- Supervising School Dental Therapists (SSDTP), School Dental Therapists (SDTP), School Dental Clinic Assistants and Primary Health Care Staff,
- Development and distribution of Information Education and Communication (IEC) materials
- Conducting oral health programs for specific target groups as preschool teachers.
- Developing evidence-based strategies, guidelines, and protocols in collaboration with professional organizations and partners. The unit provides crucial technical support at national, provincial, and district levels, building capacity by creating and adapting training materials for public health staff.
- Convening advisory committee chaired by DDG PHS II, contributes to teaching, monitors and evaluates oral health programs, and conducts operational research for continuous improvement.
- Developing IEC materials for pregnant mothers and children.

Actions taken in 2022

1. Conducted a two-day orientation program for newly graduated School Dental Therapists in the second quarter of 2022, involving 24 participants and resource persons such as Community Dentistry Consultants, Regional Dental Surgeons, and School Dental Therapists.
2. Monitoring and evaluation of school dental services were enhanced through the e-RHMIS system, with the 2020
3. Conducted 2021 annual review meetings virtually due to COVID-19-related delays.
4. Conducted midyear provincial review meetings in the fourth quarter of 2022 to address regional challenges in school dental services.

The procurement of dental equipment was prioritized to improve service delivery for school children. With PSSP funds amounting to Rs. 3.4 million, 21 micro motors, and ten autoclaves were purchased and distributed based on need assessment to enhance school dental clinics' performance and sterilization processes.

Actions taken in 2023

1. A virtual training session was conducted in June 2023 for RDSS, SSDTT, and SDTT by the Oral Health Unit in collaboration with the Monitoring and Evaluation Unit of the FHB to improve data entry skills and maintain data credibility in e-RHIMS.
2. The Annual Review of School Dental Services for 2022 was held in August 2023, featuring presentations by SSDTT and RDSS. Higher officials of the Ministry of Health and Ministry of Education and medical and dental consultants evaluated the performances of the regional dental staff in the Annual Review of School Dental Services 2022.
3. A series of consultative meetings were held in September 2023 to develop national guidelines for Fissure Sealant (FS) and Fluoride Varnish (FV) Programmes, resulting in draft guidelines and the initiation of the procurement process for printing.
4. Provincial in-service training workshops on fluoride varnish and fissure sealant application were initiated for school dental therapists in October 2023. Ten provincial workshops were conducted in that in-service program series between October and December 2023.
5. Additionally, 350 fluoride varnish packs and 100 fissure sealant packs were procured in November 2023 for the fissure sealant and fluoride varnish programs. Two training videos on fissure sealant and fluoride varnish application techniques were developed with the support of the Health Promotion Bureau. Twenty micro motors were purchased to rectify the school dental services.
6. New preventive indicators for the e-RHMIS system were developed through two consultative meetings.
7. Three dental formats were revised through a series of consultative meetings to be ready for printing in 2024.

16.2.2. Oral Health Unit of the Health Promotion Bureau

In 2023, the Oral Health Promotion Unit at the Health Promotion Bureau in Sri Lanka executed a comprehensive array of initiatives aimed at enhancing the oral health and well-being of the populace. Recognizing the pivotal role of education in driving behavioral change, the unit embarked on a robust training and capacity-building program, empowering dental professionals, educators, and health staff with the requisite knowledge and skills to propagate oral health awareness effectively. This included partnerships with educational institutions, government bodies, and NGOs to develop training modules, conduct workshops, and disseminate informational materials. Furthermore, their collaborative efforts extended to engaging with organizations like the Ministry of Education, UNICEF, and the Urban Settlement Development Authority (USDA) to extend their reach to vulnerable communities, particularly those residing in urban under-settlement areas. By fostering synergies and leveraging partnerships, the unit showcased a holistic approach to oral health promotion, aligning with the overarching mission of the Health Promotion Bureau to address health inequities and social determinants of health, thus charting a path towards a healthier Sri Lanka.

The main functions of the oral health unit of the Health Promotion Bureau are as follows.

- Plan strategic interventions to bolster early childhood oral health through Behavior Change Communication (BCC) interventions, specifically targeting the prevention of early childhood caries. Through disseminating research findings, conducting rigorous monitoring and evaluation processes, and orchestrating orientation programs for dental professionals at district levels, laying a solid groundwork for sustaining oral health promotion efforts among the youngest demographic

- Conduct oral health promotion activities through newspapers, videos, live media discussions to disseminate crucial oral health messages to diverse segments of the population.
- Raising public awareness on pivotal occasions like World Oral Health Day, World Head & Neck Cancer Day, and New Year celebrations, through media conferences and targeted dissemination campaigns.

16.2.3 Oral Health Unit of the National Cancer Control Programme

National Cancer Control Programme (NCCP) of the Ministry of Health stands as a focal point in Oral Potentially Malignant Disorders (OPMD) and oral cancer prevention, early detection and improves diagnostic services in Sri Lanka and close liaison with all development actors, partners and bi-lateral and multi-lateral donors in Sri Lanka.

The main services provided by the oral health unit of National Cancer Control Programme are as follows.

- Screening programmes are carried out among high risk populations by both public health staff and dental surgeons at the regional and district level under the supervision and guidance of NCCP
- The individuals who have been identified with suspected lesions are referred for definitive diagnosis and management to Dental Surgeons and Oral Maxillo Facial (OMF) Units.

16.3. Human Resources in Oral Health care services

Government oral health services in Sri Lanka began with the establishment of the first dental clinic in Ward Place, Colombo, in 1925. Initially, dental surgeons were trained at the Ceylon Medical College in Colombo. However, starting from year 1953, they began graduating from the University of Peradeniya. In 2022, there were 129 Consultants, 1541 Dental surgeons and 92 Internes practiced under the Ministry of Health, Tri forces and Dental faculties of Universities.

In 1951, the training program for School Dental Nurses (later known as School Dental Therapists) was initiated, marking the foundation of the School Dental Services in Sri Lanka.

Total number of consultants, Dental surgeons, and Dental therapists are shown in Table 16.4

Table 16.4: Number of Consultants, Dental Surgeons and Dental Therapists, 2022

Category	Consultants	Dental Surgeons					Dental Therapists		
		PGIM Trainees		RDS	SHO/ HO	Other	Interns	SDT	SSDT
		SR/R	MSc/ Diploma						
Total	129	66	26	30	343	1076	92	338	16

Source: Research and Surveillance unit, Institute of Oral Health, Maharagama.

17. Medical Supplies Division

Medical Supplies Division (MSD) of the Ministry of Health is the central organization responsible to supply all Pharmaceuticals, Surgical items, Laboratory items, Radioactive Items and Printed forms for all the government sector healthcare institutions of Sri Lanka. In addition, MSD is the sole supplier of dangerous drugs (narcotics) to all hospitals in the country including the private sector. In this context, the main functions of MSD including making estimation, creating indents, storing and distributing of items and monitoring of medical supplies.

Medical supplies are stored until they are being distributed among government healthcare institutions in a network of stores comprising of a central medical store in Colombo and 26 Regional stores at the district level (RMSD). The central medical stores consist of 18 bulk warehouses at the main building, 3 bulk warehouses at Angoda, 5 bulk warehouses at Wellawatha and one warehouse in Digana, Welisara, Shrawasthipura and Iranavila each.

Actions taken in 2022-2023

Purchased medical supplies for the year 2023 with allocation received from GOSL funds. Table 17.1 shows the allocation and expenditure for medical supplies from GOSL funds and other expenditures.

Table: 17.1: Allocation and Expenditure for medical supplies, 2022-2023

Description	2022			2023		
	Allocation (Rs. Mn)	Expenditure (Rs. Mn)	Progress (%)	Allocation (Rs. Mn)	Expenditure (Rs. Mn)	Progress (%)
Medical Supplies (GOSL)	21,000.00	19,263.00	92	49,100.00	45,661.41	93
SPC (GOSL)	37,800.00	36,794.00	97	45,700.00	45,672.40	99.9
SPC (Foreign funds)	-	-	-	55,000.00	25,217.79	46
SPMC	12,000.00	11,778.00	98	26,700.00	26,672.00	99.9
Total	70,800.00	67,835.00	96	176,500.00	143,223.60	81

Source: Medical Supplies Division

1. Purchased medical supplies for the year 2023 with the allocation received from foreign agencies; Indian Credit Line (ICL), Asian Development Bank (ADB) and Asian Infrastructure Invest Bank (AIIB) (Table 17.2).
2. Destruction of quality failed medical supplies was done in 2022 - 2023.
All line ministry and provincial level health institutions in Jaffna, Kilinochchi, Mulativu, Mannar, Vavuniya, Anuradhapura, Polonnaruwa, Kurunegala, Puttalam, Badulla, Kalutara, Kegalle, Nuwaraeliya, Monaragala, Rathnapura, Galle, Matara, Hambanthota, Matale, Gampaha,

Trincomalee, Ampara and Colombo (except sales order customers) districts were completed based on withdrawal circulars issued up to 31.12.2023. The destruction in Kandy district has been partially completed. The destruction of Batticaloa district is scheduled for February 2024.

Table 17.2: Number of medical supplies by funding source, 2023

Funding Source	Category	Items proceeding	Items received
Indian Credit Line (ICL)	Pharmaceutical	398	258
	Surgical	1079	382
	Lab	157	56
Emergency Purchasing 1- (E1)	Pharmaceutical	40	37
	Surgical	85	9
	Lab	181	15
Other Emergency Purchasing	Pharmaceutical	332	69
	Surgical	77	4
	Lab		
ADB	Pharmaceutical	67	2
	Surgical	146	85
	Lab	59	23
AIIB	Pharmaceutical	358	0
	Surgical	2290	0
	Lab	878	0
World Bank	Pharmaceutical	26	20
UNOPS	Pharmaceutical	43	23
	Surgical	14	12
Chinese Donation	Pharmaceutical	18	18

Source: Medical Supplies Division

Note : Received as at 30.06.2023

3. Supply position review meetings were conducted regularly to minimize shortages of essential drugs and devices. Review meetings are chaired by Director General of Health Services and representatives from all stakeholder institutions including National Medicines Regulatory Authority (NMRA), State Pharmaceutical Corporation (SPC) and Ministry of Health are contributed.
4. The revision of pharmaceutical formulary was completed in 2022, and revision of the formulary for medical devices and laboratory items in MSD was completed in 2023.
5. Medical Supplies Division instructed to conduct 371 and 311 Drug and Therapeutic Committee (DTC) meetings for the year 2022 and 2023 respectively.
6. Establishment and Implementation of Antimicrobial Consumption (AMC) Surveillance System for Sri Lanka under the guidance of the WHO Sri Lanka country office of the SEARO. Initial workshops were conducted with the collaboration of State Pharmaceutical Manufacturing Corporation (SPMC), State Pharmaceutical Corporation (SPC) and National Medicine Quality Assurance Laboratory (NMQAL) and MSD.
7. Successfully completed diploma in Stores Management for 66 Medical Supplies Assistants (MSAs) during last two years.

Details of ongoing development projects

The project “Improving Stores Facilities of Line Ministry Institutions, RMSDs and Base Hospitals in All Provinces” has been carried out successfully during the year 2022 and 2023.

Table: 17.3: Allocation, Expenditure and Progress of Stores facilities project, 2020 - 2023

Year	Allocation (Rs. Mn)	Expenditure (Rs. Mn)	Financial Progress %	Target	Achievement	Physical Progress %
2020	73.5	65.4	88.98	29	14	48.28
2021	305	235.3	77.15	90	70	77.78
2022	125	68.3	54.64	34	28	82.35
2023	167.5	107.5	64.18	54	50	92.59
Total	816	476.5		247	181	

Source: Medical Supplies Division

This is a cabinet approved project and time period ends on 31.12.2024. Table 17.3 shows physical and financial progress of each year. The maximum physical progress of 92 per cent is achieved in year 2023.

Table: 17.4: Value of Medical Supplies by item Issued, 2018 - 2023

Items issued	Value (Rs. Mn)					
	2018	2019	2020	2021	2022	2023
Pharmaceutical	29,212	37,462	45,218	88,161	13,934	29,212
Surgical	12,651	14,304	18,834	26,068	5,770	12,651
Laboratory	2,685	2,913	4,206	10,221	1,587	2,685
Total	44,548	54,679	68,258	124,450	21,291	44,548

Source: Medical Supplies Division

Actions to be taken in 2024

1. Continuing the stores development project with a revised budget (cabinet approved) targeting to upgrading 42 Divisional Hospitals and ongoing hospitals in 2023.
2. Construction of Alcohol Store at Angoda sub store.
3. To initiate the revision of pharmaceutical item list of Medical Supplies Division.
4. Complete the destruction of quality failed items in Batticaloa and Kandy districts.
5. Planned to conduct 12 district review meetings monthly to cover the health institutions in 25 districts to provide the technical support for monitoring Drugs and Therapeutic Committees.

18. Biomedical Engineering Services

Biomedical Engineering Services division of the Ministry of Health is responsible for procuring, installing, commissioning and maintaining medical equipment in line ministry hospitals. It also provides technical assistance to the provincial health authorities on their requests.

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

1. Technical assessment and planning
2. Procurement of medical equipment
3. Repair and maintenance of medical equipment
4. Preparing standard specifications for medical devices and guidelines for maintaining medical devices and their supporting systems
5. Training of end users and technical staff
6. Provision of technical expertise in medical equipment

The head office of Biomedical Engineering Services division is located in Colombo. This division has workshop facilities and warehouse facilities for equipment/spare-parts storage.

Biomedical Engineering Service provides facilities for industrial training for engineering undergraduates at government and privet universities.

It is in the process of extending regional Biomedical Engineering Units in the line ministry hospitals listed below.

- Anuradhapura
- Kurunegala
- Rathnapura
- Badulla
- Maharagama
- Batticaloa
- Kandy
- Matara
- Ragama
- Jaffna

Biomedical Engineering Services has initiated the development of web-based software for Medical Equipment Inventory Management System.

Actions taken in 2022- 2023

Conducted medical equipment procurement worth Rs.805 million and Rs.670 million in 2022 and 2023 respectively.

Maintained and upgraded medical equipment worth Rs.775 million in 2022 and Rs.2830 million in 2023.

Table 18.1: Value of medical equipment received from projects and donations, 2022-2023

Description	2022	2023
Medical equipment received from the projects (Rs. Mn)	820	350
Medical equipment received as donations (Rs. Mn)	600	650

Source: Biomedical Engineering Services division

Actions to be taken in 2024

Table 18.2: Amount allocated for procurement and maintenance of medical equipment, 2024

Description	2024
Procurement of new medical equipment (Rs. Mn)	8000
Maintenance and upgrading of medical equipment (Rs. Mn)	4000

Source: Biomedical Engineering Services division

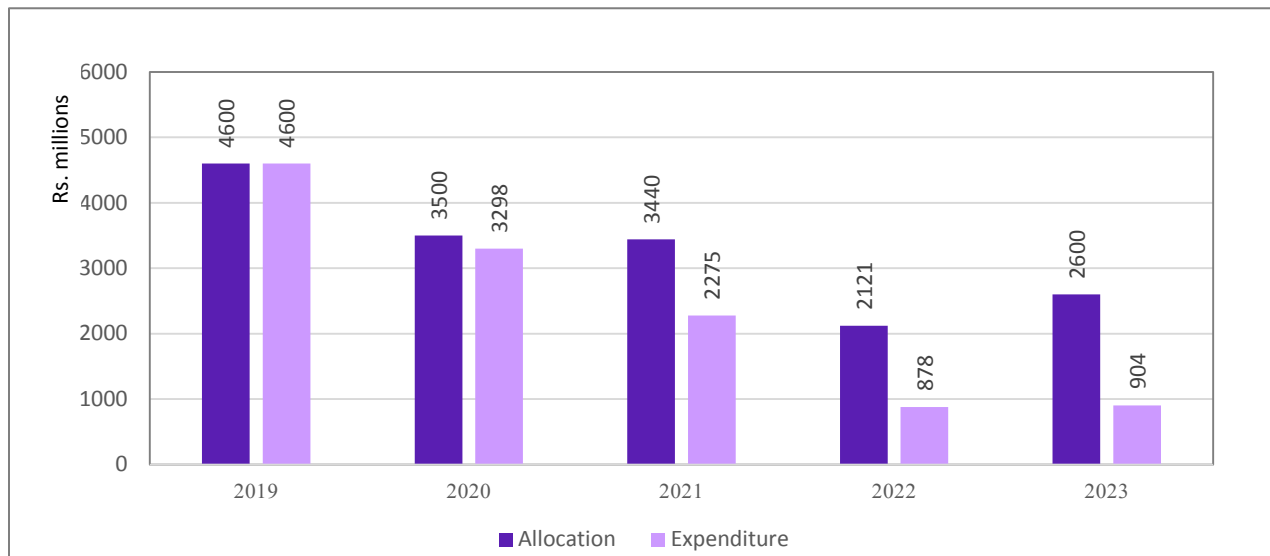


Figure 18.1: Allocations received and expenditure for procurement of medical equipment, 2019 -2023

Source: Biomedical Engineering Services division

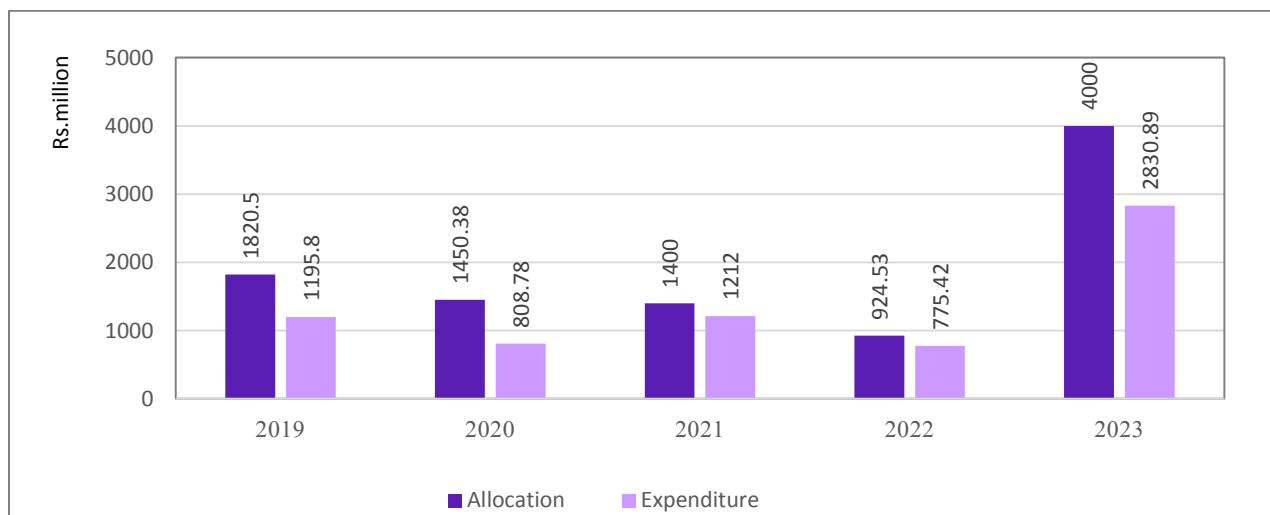


Figure 18.2: Allocations received and expenditure for service and maintenance and procurement of spare-parts, 2019 - 2023

Source: Biomedical Engineering Services division

19. Human Resources for Health

Human Resource Management Coordination Unit (HRCoD) addresses the long-term challenges met by the Ministry of Health with reference to Human Resources in Health (HRH).

The unit functions under Additional Secretary Medical Services as the focal point for taking policy directions and conducting human resource-related research in the Sri Lankan health sector. Further, the unit is entrusted with responsibilities related to,

1. Recruitment
2. Identification of training needs
3. HRH development
4. Developing an appropriate performance appraisal system
5. e-based deployment

The unit is also assigned with HRH career projections responsibility, to guide service expansions in the curative and preventive care services. Health economic cell of the Ministry of Health is also established within the HRCoD to plan and implement relevant activities.

The unit has pioneered these activities by launching an online recruitment system for nurses, Professions Supplementary to Medicine (PSM) and paramedical staff through which the transparency of the recruitment process was improved. The unit provides up-to-date to the National Health Workforce Accounts (NHWA) portal of the WHO. The unit is engaged in production and publication of National Health Accounts (NHA) of Sri Lanka.

Actions taken in 2022 - 2023

- In 2022, the Human Resource Management Coordination Unit (HRCoD), called application for Public Health Midwives who sat for GCE (A/L) examination in any stream in 2015, 2016 and 2017 and called interviews for 4000 applicants who fulfilled qualifications detailed in Government Gazette notice No.2212 of 22.01.2021. Following the interviews, 2836 trainees were selected and the first 1000 of them were recruited into the training schools island wide as the first batch.
- HRCoD called applications for nursing officers from students who sat for GCE (A/L) examinations in science stream in 2018 (Old/New) and 2019 detailed in Government Gazette notice No.2261 of 31.12.2021. 3313 students were selected for nursing schools Island wide in 2023.
- In 2023, HRCoD called applications for nursing officers from students who passed the GCE (A/L) examination in science stream in 2019 (Old/New) and 2020 (Old/New) detailed in Government Gazette notice No.2350 and dated 15th September 2023. There were 4223 applicants. Those processing basic qualifications (3863) are waiting for interviews.

- The draft of the National Strategic Plan for HRH 2020-2030 is completed.
- Cadre updating for the year 2022 and midyear 2023 was concluded.
- Commenced the rapid assessment of Consultants and Grade Medical Officer Cadres in coordination with the WHO.

Actions to be taken in 2024

- Finalizing HR Strategic Plan 2020-2030
- Preparation of National Health Workforce Account 2023
- Preparation of National Health Accounts
- Automation of HRH data using HRIMS (Human Resource Information Management System)
- Upgrade the online recruitment system to facilitate choice marking
- Appointment of HR focal points at district level to streamline the data collection process
- Training and capacity building of Human Resources in Health (HRH)
- Staff Recruitment
 - Nursing Students 2022 (A/L - 2019/2020)
 - PSM – 2021 (A/L - 2018/2019)
 - Dispenser (2015/2016//2017 and 2018)

Annexure I

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Table 1. Administrative Divisions and Local Government Bodies, 2022-2023

Administrative Areas (Province / District)	Divisional Secretary Divisions	Grama Niladari Divisions	Local Government Bodies		
			Municipal Councils	Urban Councils	Pradeshiya Sabhas
Western Province					
Colombo	13	557	5	5	3
Gampaha	13	1,177	2	5	12
Kalutara	14	762	-	4	13
Central Province					
Kandy	20	1,187	1	4	17
Matale	11	532	2	-	11
Nuwara Eliya	10	491	1	2	9
Southern Province					
Galle	22	895	1	2	17
Matara	16	650	1	1	15
Hambantota	12	576	1	1	10
Northern Province					
Jaffna	15	435	1	3	13
Kilinochchi	4	95	-	-	3
Mannar	5	153	-	1	4
Vavuniya	4	102	-	1	4
Mullaitivu	6	136	-	-	4
Eastern Province					
Batticaloa	14	346	1	2	9
Ampara	20	503	2	1	17
Trincomalee	11	230	-	2	11
North-Western Province					
Kurunegala	30	1,610	1	1	19
Puttalam	16	548	-	2	10
North Central Province					
Anuradhapura	22	694	1	-	18
Polonnaruwa	7	295	1	-	7
Uva Province					
Badulla	15	567	2	1	15
Monaragala	11	319	-	-	10
Sabaragamuwa Province					
Ratnapura	18	575	1	2	14
Kegalle	11	573	-	1	11
Sri Lanka	340	14,008	24	41	276

Source: Department of Census and Statistics

Table 2. Population, Land Area and Density by Province and District, 2022-2023

Administrative Area (Province/District)	Land Area (sq. km) as at 1988 ¹	Percentage Land Area	2022*			Average Annual Growth Rate (%) 1981 - 2012 ³	2023*		
			Population ('000) ²	Percentage Distribution of Population	Population Density (Persons per sq. km)		Population ('000) ²	Percentage Distribution of Population	Population Density (Persons per sq. km)
Sri Lanka	62,705	100.00	22,181	100.0	354	1.0	22,037	100.0	351
Western Province	3,593	5.73	6,209	28.0	1,728		6,160	28.0	1,714
Colombo	676	1.08	2,478	11.2	3,666	1.0	2,460	11.2	3,639
Gampaha	1,341	2.14	2,439	11.0	1,819	1.7	2,421	11.0	1,805
Kalutara	1,576	2.51	1,292	5.8	820	1.2	1,279	5.8	812
Central Province	5,575	8.89	2,812	12.7	504		2,788	12.7	500
Kandy	1,917	3.06	1,499	6.8	782	0.9	1,482	6.7	773
Matale	1,952	3.11	530	2.4	272	1.0	525	2.4	269
Nuwara Eliya	1,706	2.72	783	3.5	459	0.6	781	3.5	458
Southern Province	5,383	8.58	2,702	12.2	502		2,688	12.2	499
Galle	1,617	2.58	1,147	5.2	709	0.9	1,139	5.2	704
Matara	1,270	2.03	874	3.9	688	0.7	869	3.9	684
Hambantota	2,496	3.98	681	3.1	273	1.1	680	3.1	272
Northern Province	8,290	13.22	1,173	5.3	141		1,175	5.3	142
Jaffna	929	1.48	629	2.8	677	-0.7	628	2.8	676
Kilinochchi	1,205	1.92	135	0.6	112	0.7	136	0.6	113
Mannar	1,880	3.00	115	0.5	61	-0.2	116	0.5	62
Vavuniya	1,861	2.97	195	0.9	105	2.0	196	0.9	105
Mullaitivu	2,415	3.85	99	0.4	41	0.7	99	0.4	41
Eastern Province	9,361	14.93	1,788	8.1	191		1,774	8.1	190
Batticaloa	2,610	4.16	590	2.7	226	1.5	582	2.6	223
Ampara	4,222	6.73	754	3.4	179	1.7	749	3.4	177
Trincomalee	2,529	4.03	444	2.0	176	1.3	443	2.0	175
North-Western Province	7,506	11.97	2,592	11.7	345		2,572	11.7	343
Kurunegala	4,624	7.37	1,742	7.9	377	0.9	1,727	7.8	373
Puttalam	2,882	4.60	850	3.8	295	1.4	845	3.8	293
North Central Province	9,741	15.53	1,406	6.3	144		1,395	6.3	143
Anuradhapura	6,664	10.63	957	4.3	144	1.3	950	4.3	143
Polonnaruwa	3,077	4.91	449	2.0	146	1.5	445	2.0	145
Uva Province	8,335	13.29	1,408	6.3	169		1,405	6.4	169
Badulla	2,827	4.51	899	4.1	318	0.9	896	4.1	317
Monaragala	5,508	8.78	509	2.3	92	1.6	509	2.3	92
Sabaragamuwa Province	4,921	7.85	2,091	9.4	425		2,080	9.4	423
Ratnapura	3,236	5.16	1,193	5.4	369	1.3	1,188	5.4	367
Kegalle	1,685	2.69	898	4.0	533	0.7	892	4.0	529

* Provisional

Source: ¹ Survey General's Department

² Registrar General's Department

³ Census of Population & Housing, 2012

Table 3. Population by Five Year Age Groups and Sex, 1981, 2001, 2012, 2022 and 2023

Age Group	1981 ¹		2001 ¹		2012 ¹		2022* ²						2023* ²					
							Total		Male		Female		Total		Male		Female	
	Population	%	Population	%	population ('000)	%	population ('000)	%	population ('000)	%	population ('000)	%	population ('000)	%	population ('000)	%	population ('000)	%
All ages	14,846,750	100.0	16,929,689	100.0	20,359	100.0	22,181	100.0	10,740	100.0	11,441	100.0	22,037	100.0	10,670	100.0	11,367	100.0
0 - 4	1,854,738	12.5	1,439,761	8.5	1,744	8.6	1,905	8.6	960	8.9	945	8.3	1,893	8.6	954	8.9	939	8.3
5 - 9	1,682,527	11.3	1,483,591	8.8	1,748	8.6	1,908	8.6	963	9.0	945	8.3	1,896	8.6	957	9.0	939	8.3
10 - 14	1,689,333	11.4	1,525,674	9.0	1,640	8.1	1,790	8.1	905	8.4	885	7.7	1,779	8.1	899	8.4	880	7.7
15 - 19	1,603,187	10.8	1,646,827	9.7	1,644	8.1	1,795	8.1	895	8.3	900	7.9	1,783	8.1	889	8.3	894	7.9
20 - 24	1,526,463	10.2	1,591,126	9.4	1,533	7.5	1,671	7.5	809	7.5	862	7.5	1,660	7.5	804	7.5	856	7.5
25 - 29	1,274,857	8.6	1,340,562	7.9	1,553	7.6	1,692	7.6	810	7.5	882	7.7	1,682	7.6	805	7.5	877	7.7
30 - 34	1,125,426	7.6	1,290,121	7.6	1,639	8.1	1,786	8.1	868	8.1	918	8.0	1,774	8.1	862	8.1	912	8.0
35 - 39	839,073	5.7	1,258,112	7.4	1,409	6.9	1,534	6.9	747	7.0	787	6.9	1,524	6.9	742	7.0	782	6.9
40 - 44	698,203	4.7	1,170,941	6.9	1,359	6.7	1,479	6.7	720	6.7	759	6.6	1,469	6.7	715	6.7	754	6.6
45 - 49	609,289	4.1	1,030,560	6.1	1,286	6.3	1,400	6.3	673	6.3	727	6.4	1,391	6.3	669	6.3	722	6.4
50 - 54	539,524	3.6	917,139	5.4	1,219	6.0	1,327	6.0	633	5.9	694	6.1	1,318	6.0	629	5.9	689	6.1
55 - 59	422,322	2.8	671,403	4.0	1,064	5.2	1,158	5.2	545	5.1	613	5.4	1,150	5.2	541	5.1	609	5.4
60 & above	981,808	6.6	1,563,872	9.2	2,521	12.4	2,736	12.3	1,212	11.3	1,524	13.3	2,718	12.3	1,204	11.3	1,514	13.3

* Provisional

Note : Year 2001 population excludes the districts Jaffna, Mannar, Vavunia, Mullaitivu, Kilinochchi, Batticaloa & Trincomalee.

Source: ¹ Census of Population and Housing

² Registrar General's Department

Table 4. Vital Statistics by District

District	Crude Birth Rate (CBR) (Per 1000 Live Births)				Crude Death Rate (CDR) (Per 1000 Live Births)				Maternal Mortality Ratio, 2019* (Per 100,000 Live Births)	Infant Mortality Rate, 2019* Per 1,000 Live Births	Neo-Natal Mortality Rate	
	2020*	2021*	2022*	2023*	2020*	2021*	2022*	2023*			2014	2015
											Per 1,000 Live Births	
Colombo	11.6	11.4	11.1	10.8	6.3	7.8	8.0	8.2	30.7	14.1	8.1	7.8
Gampaha	10.3	10.2	10.1	9.4	5.8	7.5	8.0	8.3	18.5	5.0	5.1	4.2
Kalutara	10.8	9.8	9.6	8.7	6.7	8.6	9.0	9.2	-	5.0	5.5	3.9
Kandy	14.5	12.8	12.3	11.0	6.5	7.8	8.6	8.7	30.9	12.8	9.6	10.0
Matale	13.9	12.6	12.2	10.3	6.6	7.4	8.6	9.2	-	5.1	3.8	3.9
Nuwara Eliya	14.4	13.2	12.0	11.8	6.2	7.4	8.1	8.4	26.5	8.0	5.7	7.0
Galle	14.3	13.2	12.4	11.6	7.2	8.2	9.6	9.5	5.4	6.6	4.2	5.5
Matara	12.2	10.8	10.1	8.9	6.2	7.1	8.4	8.0	28.3	4.6	2.6	4.4
Hambantota	16.7	15.8	14.2	12.7	5.3	6.2	7.3	7.6	10.4	2.7	2.5	1.6
Jaffna	14.1	14.0	14.2	13.6	6.9	8.7	9.2	9.0	42.9	6.3	9.8	7.5
Kilinochchi	19.9	21.0	19.7	22.2	3.7	4.8	5.5	5.6	-	3.4	0.9	2.0
Mannar	19.1	19.9	18.7	18.3	4.5	5.0	5.5	5.5	-	2.7	1.5	0.6
Vavuniya	16.7	17.3	15.5	16.2	4.5	5.9	5.6	6.0	-	3.9	5.9	2.2
Mullaitivu	10.7	11.5	11.8	11.0	3.4	3.6	4.2	4.6	-	3.2	1.0	-
Batticaloa	16.8	15.6	16.7	15.7	4.7	6.0	6.2	6.2	29.5	11.0	7.9	7.9
Ampara	20.3	17.3	18.1	15.6	4.7	6.1	6.4	6.5	33.9	4.2	1.3	1.3
Trincomalee	20.2	18.9	18.3	16.7	4.6	5.7	5.7	5.8	11.4	3.0	0.6	2.1
Kurunegala	13.1	12.3	12.0	10.8	6.5	7.8	9.1	9.1	13.2	4.4	7.7	8.2
Puttalam	15.5	14.5	14.8	13.5	5.9	7.2	7.8	7.8	76.7	4.5	2.8	2.8
Anuradhapura	15.0	13.3	12.8	9.9	5.5	6.4	7.3	7.3	26.9	9.7	4.7	4.3
Polonnaruwa	15.2	14.3	13.1	11.3	5.8	6.9	7.7	8.0	-	9.0	2.5	4.1
Badulla	14.9	13.8	12.8	11.6	5.7	7.5	7.8	8.2	7.0	5.5	4.1	3.6
Monaragala	14.3	13.4	12.6	10.2	4.9	5.8	6.5	6.6	33.3	3.3	1.6	1.0
Ratnapura	14.4	13.2	11.7	9.5	6.2	7.6	8.3	8.6	11.5	5.4	3.3	3.8
Kegalle	12.8	12.2	11.9	10.9	6.7	8.5	9.5	9.5	33.8	2.9	2.0	1.6
Sri Lanka	13.8	12.9	12.4	11.2	6.0	7.4	8.1	8.2	22.6	7.4	5.3	5.3

* Provisional

Source: Registrar General's Department

Note : CBR and CDR are based on usual residence data.

All other indicators are based on place of occurrence data.

Table 5. Number of Households in Occupied Housing Units by Main Source of Drinking Water and District, 2012

Province/District	Total households	Main source of drinking water												
		Protected well within premises	Protected well outside premises	Unprotected well	* Tap within unit	* Tap within premises but outside unit	* Tap outside premises	Rural water supply project	Tube well	Bowser	River/ tank/ streams/ spring	Rain water	Bottled water	Other
Sri Lanka	5,264,282	1,652,972	772,819	211,556	1,110,050	363,043	181,235	482,937	177,432	18,931	239,952	4,022	9,984	39,349
Western Province														
Colombo	572,475	123,735	11,188	1,951	360,380	29,938	26,539	12,728	2,065	38	1,560	112	828	1,413
Gampaha	604,009	317,581	43,463	13,128	126,947	26,607	17,208	18,388	35,527	481	274	131	605	3,669
Kalutara	305,737	138,335	41,714	13,508	63,237	9,212	5,633	20,378	7,272	90	4,933	90	43	1,292
Central Province														
Kandy	348,019	49,629	38,580	10,117	132,091	28,270	14,564	39,395	6,762	688	24,032	221	61	3,609
Matale	129,710	26,731	22,822	5,253	24,559	8,876	4,168	22,399	7,500	62	6,605	28	63	644
Nuwara Eliya	181,182	9,149	10,157	6,899	19,002	22,837	11,826	38,262	1,169	66	60,177	103	17	1,518
Southern Province														
Galle	273,140	117,064	40,126	19,214	56,542	14,807	7,671	7,028	3,171	135	5,984	10	41	1,347
Matara	206,790	65,292	25,843	12,457	46,985	17,580	3,913	19,013	1,562	14	13,140	48	25	918
Hambantota	156,476	18,709	11,881	3,618	38,450	42,035	7,728	24,791	3,666	501	3,264	57	108	1,668
Northern Province														
Jaffna	140,323	54,642	44,554	1,255	2,407	2,963	14,251	-	15,607	3,142	13	3	53	1,433
Kilinochchi	28,369	9,033	9,652	7,029	32	87	43	-	1,481	835	12	1	3	161
Mannar	23,975	5,700	6,644	661	1,192	3,834	1,302	-	1,666	2,785	32	2	42	115
Vavuniya	41,908	19,540	8,517	1,623	880	1,171	1,522	275	7,256	134	8	38	912	32
Mullaitivu	24,896	8,153	8,242	6,462	60	100	141	-	1,088	210	48	-	4	388
Eastern Province														
Batticaloa	134,966	77,504	29,831	2,965	4,110	4,762	802	796	12,184	210	994	135	78	595
Ampara	165,166	44,011	33,011	7,436	35,590	24,812	5,607	10,148	2,375	168	755	83	39	1,131
Trincomalee	96,951	26,911	22,617	3,175	15,596	15,106	4,170	1,001	1,408	4,425	1,090	12	81	1,359
North Western Province														
Kurunegala	443,349	230,275	111,409	25,653	15,640	6,355	4,656	34,950	9,312	142	2,389	343	444	1,781
Puttalam	202,796	57,030	34,591	3,661	17,626	13,074	5,545	19,864	34,696	3,961	491	715	3,445	8,097
North Central Province														
Anuradhapura	231,356	50,933	64,063	7,811	33,806	17,571	8,164	35,054	5,941	205	3,138	1,259	2,504	907
Polonnaruwa	111,010	29,968	25,434	7,627	12,098	8,554	2,979	18,437	3,273	28	1,620	174	480	338
Uva Province														
Badulla	214,900	29,028	27,523	12,707	28,328	15,963	7,813	45,155	2,198	106	44,812	205	40	1,022
Monaragala	120,137	25,872	20,186	7,076	15,009	13,785	4,251	20,424	5,483	69	6,892	79	21	990
Sabaragamuwa Province														
Ratnapura	285,893	49,680	37,636	14,384	28,830	24,976	12,868	75,632	4,235	399	34,825	111	34	2,283
Kegalle	220,749	68,467	43,135	15,886	30,653	9,768	7,871	18,819	535	37	22,864	62	13	2,639

Source: Census of Population and Housing, 2012

Note : ' * ' Refers to piped born water distributed through pipe lines by National Water Supply and Drainage Board or the Local Government Institution.

Table 6. Number of Households in Occupied Housing Units by Type of Toilet Facility and District, 2012

Province/District	Total Households	Type of Toilet			
		Exclusive	Shared	Common	Not Using a Toilet
Sri Lanka	5,264,282	4,565,611	574,303	36,088	88,280
Western Province					
Colombo	572,475	509,447	43,101	19,602	325
Gampaha	604,009	529,623	72,180	1,447	759
Kalutara	305,737	279,716	24,776	458	787
Central Province					
Kandy	348,019	312,932	31,740	1,639	1,708
Matale	129,710	112,819	15,969	231	691
Nuwara Eliya	181,182	144,939	27,164	2,019	7,060
Southern Province					
Galle	273,140	246,407	25,192	502	1,039
Matara	206,790	187,602	18,289	462	437
Hambantota	156,476	138,062	17,728	58	628
Northern Province					
Jaffna	140,323	114,174	17,033	1,866	7,250
Mannar	23,975	17,471	3,657	342	2,505
Vavuniya	41,908	31,860	5,133	1,898	3,017
Mullaitivu	24,896	15,764	3,844	148	5,140
Kilinochchi	28,369	17,560	4,539	64	6,206
Eastern Province					
Batticaloa	134,966	99,173	18,523	345	16,925
Ampara	165,166	142,438	18,194	191	4,343
Trincomalee	96,951	75,723	16,516	1,071	3,641
North Western Province					
Kurunegala	443,349	391,708	46,208	869	4,564
Puttalam	202,796	172,310	22,973	988	6,525
North Central Province					
Anuradhapura	231,356	193,611	32,347	189	5,209
Polonnaruwa	111,010	94,835	13,906	135	2,134
Uva Province					
Badulla	214,900	183,329	28,963	402	2,206
Monaragala	120,137	104,608	13,027	186	2,316
Sabaragamuwa Province					
Ratnapura	285,893	248,948	34,647	648	1,650
Kegalle	220,749	200,552	18,654	328	1,215

Source: Census of Population and Housing, 2012

Table 7(a). Distribution of Government Medical Institutions and Beds by Regional Director of Health Services Division, as at 31.12.2022

RDHS Division	Teaching Hospital		Provincial General Hospital		District General Hospital		Base Hospital (Type A)		Base Hospital (Type B)		Divisional Hospital (Type A)		Divisional Hospital (Type B)		Divisional Hospital (Type C) ¹		Primary Medical Care Unit and Maternity Homes		Other Hospitals ²		Total Hospitals		Beds per 1,000 Population	Primary Medical Care Unit	MOH Area
	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds			
Colombo	7	8,214			1	583	3	1,122			2	185	5	312	2	76	5	72	9	4,489	34	15,053	6	29	19
Gampaha	1	1,887			2	1,618	1	632	3	436	3	453	1	85	7	214			7	1,344	25	6,669	3	45	16
Kalutara	1	1,266			1	535	2	469	2	190	2	218	8	531	7	182					23	3,391	3	10	15
Kandy	3	4,239			1	459	1	413	1	268	16	1,005	21	735	10	198			6	259	59	7,576	5	28	23
Matale					1	918	1	374			7	412	6	155	5	88					20	1,947	4	15	13
Nuwara Eliya					1	794	1	205	1	270	2	207	10	666	12	344					27	2,486	3	21	13
Galle	2	2,330					3	1,076			2	224	8	584	11	290			2	87	28	4,591	4	24	20
Matara					1	1,363	1	329	1	160	3	314	6	491	4	87					16	2,744	3	21	17
Hambantota					1	899	1	322	2	441	1	106	8	581	8	284			1	56	22	2,689	4	14	12
Jaffna	1	1,350					2	791	2	241			5	354	18	358			2	52	30	3,146	5	16	14
Kilinochchi					1	330			1	46			1	99	6	142					9	617	5	4	4
Mullaitivu					1	238	1	35	2	180	1	47	2	53	5	13					12	566	6	5	6
Vavunia					1	610			1	96			1	36	8	91					11	833	4	6	4
Mannar					1	331			1	50			5	217	4	66			1	35	12	699	6	11	5
Batticaloa	1	1,227					3	745	1	109	3	207	3	143	12	481					23	2,912	5	14	14
Ampara					1	936	1	197	1	149			1	81	6	206					10	1,569	2 ³	17	7
Kalmunai							5	1,571	2	179	1	98	2	130	10	434	1	19	1	17	22	2,448		8	13
Trincomalee					1	567	3	585	1	42			1	40	13	440			1	328	20	2,002	5	17	12
Kurunegala	2	3,263					1	419	3	713	8	908	12	833	20	513	1	12	1	13	48	6,674	4	53	30
Puttalam					1	639	1	521	3	655	1	113	3	121	9	260					18	2,309	3	30	13
Anuradhapura	1	2,131					1	250	5	524	1	102	11	631	20	602			2	78	41	4,318	5	21	22
Polonnaruwa					1	1,050	1	198	2	161			3	172	5	155			1	129	13	1,865	4	16	8
Badulla			1	1,406			2	835	1	245	2	269	9	604	32	527					47	3,886	4	16	16
Moneragala					1	621			3	522	1	110	5	314	8	252					18	1,819	4	10	11
Ratnapura	1	1,511			1	514	1	407	4	669	6	492	7	354	18	335			1	15	39	4,297	4	69	20
Kegalle					1	868	1	393	2	761	6	543	3	112	10	108			1	12	24	2,797	3	25	11
Sri Lanka	20	27,418	1	1,406	20	13,873	37	11,889	45	7,107	68	6,013	147	8,434	270	6,746	7	103	36	6,914	651	89,903	4	545	358

Source : Medical Statistics Unit

¹Out of total 270 DHCs, 245 DHCs have indoor facility (Gampaha- 1, Kalutara- 2, Galle- 1, Matara- 1, Jaffna- 1, Vavuniya- 1, Kurunegala- 1, Badulla- 12, Kegalle- 4, Mullaitivu-1, haven't indoor facility)

²Teaching Hospitals of Cancer, Mental and Dental are categorized under "Other Hospitals"

³Includes Kalmunai data

Note: Five PMCUs functioning as DHCs (Matale-1, Matara-1, Badulla-1, Puttalam- 2) are also considered to calculate bed statistics

Table 7(b). Distribution of Government Medical Institutions and Beds by Regional Director of Health Services Division, as at 31.12.2023

RDHS Division	Teaching Hospital		District General Hospital		Base Hospital (Type A)		Base Hospital (Type B)		Divisional Hospital (Type A)		Divisional Hospital (Type B)		Divisional Hospital (Type C) ¹		Primary Medical Care Unit and Maternity Homes		Other Hospitals ²		Total Hospitals		Beds per 1,000 Population	Primary Medical Care Unit	MOH Area
	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds	Ins.	Beds			
Colombo	7	8,095	1	577	3	1,138			2	177	5	303	2	73	5	58	10	4,538	35	14,959	6	29	19
Gampaha	1	1,892	2	1,696	1	576	3	446	3	501	1	85	7	218			7	1,249	25	6,663	3	45	16
Kalutara	1	1,213	1	535	2	448	2	200	2	221	8	513	7	197					23	3,327	3	10	15
Kandy	3	4,130	1	489	1	421	1	298	16	1,018	21	781	10	196			6	226	59	7,559	5	28	23
Matale			1	865	1	379			7	475	6	185	6	82			1	8	22	1,994	4	14	13
Nuwara Eliya			1	809	1	203	1	231	2	207	10	617	12	357					27	2,424	3	22	13
Galle	2	2,528			3	1,112			2	214	8	576	11	314			2	84	28	4,828	4	24	20
Matara			1	1,315	1	330	1	164	3	299	6	493	7	96					19	2,697	3	18	17
Hambantota			1	898	1	358	2	460	1	92	8	596	8	299			2	68	23	2,771	4	14	12
Jaffna	1	1,450			2	782	2	249			5	352	18	396			2	66	30	3,295	5	17	14
Kilinochchi			1	330			1	43			1	99	6	159			1	13	10	644	5	4	4
Mullaitivu			1	238	1	35	2	171	1	47	2	53	4	19					11	563	6	5	6
Vavunia			1	523			1	97			2	65	7	68					11	753	4	6	4
Mannar			1	331			1	50			5	228	4	77			1	31	12	717	6	11	5
Batticaloa	1	1,257			3	714	1	97	3	216	3	147	12	481			1	8	24	2,920	5	14	14
Ampara			1	921	1	197	1	141			1	56	6	207			1	26	11	1,548	2 ³	17	7
Kalmunai					5	1,632	2	182	1	105	2	130	11	353	1	19	1	16	23	2,437		7	13
Trincomalee			1	611	3	585	1	47			1	41	13	422			2	144	21	1,850	4	17	12
Kurunegala	2	3,273			1	458	3	720	8	925	12	897	20	503	1	12	1	14	48	6,802	4	52	30
Puttalam			1	637	1	494	3	603	1	113	3	99	10	291			1	13	20	2,250	3	30	13
Anuradhapura	1	2,072			1	257	5	531	1	104	11	659	20	589			3	101	42	4,313	5	21	22
Polonnaruwa			1	1,137	1	201	2	174			3	181	5	194			1	243	13	2,130	5	16	8
Badulla	1	1,574			2	893	1	232	2	262	9	526	33	530					48	4,017	4	16	16
Moneragala			1	621			3	546	1	115	5	359	8	242					18	1,883	4	10	11
Ratnapura	1	1,490	1	522	1	407	4	712	6	470	7	340	18	366			1	12	39	4,319	4	70	20
Kegalle			1	868	1	375	2	720	6	560	3	90	10	104			1	12	24	2,729	3	26	11
Sri Lanka	21	28,974	20	13,923	37	11,995	45	7,114	68	6,121	148	8,471	275	6,833	7	89	45	6,872	666	90,392	4	543	358

Source : Medical Statistics Unit

¹Out of total 275 DHCs, 253 DHCs have indoor facility (Gampaha- 1, Kalutara- 2, Galle- 1, Matara- 1, Jaffna- 1, Vavuniya- 1, Kurunegala- 1, Badulla- 8, Kegalle-5, Kandy-1 haven't indoor facility)

²Teaching Hospitals of Cancer, Mental and Dental are categorized under "Other Hospitals"

³Includes Kalmunai data

Note: Four PMCUs functioning as DHCs (Puttalam-1, Badulla-1, Ratnapura-1, Vavunia- 1) are also considered to calculate bed statistics

Table 8(a). Distribution of Inpatient Beds¹ by Regional Director of Health Services Division, as at 31.12.2022

RDHS Division	Teaching Hospital	Provincial General Hospital	District General Hospital	Base Hospital (Type A)	Base Hospital (Type B)	Divisional Hospital (Type A)	Divisional Hospital (Type B)	Divisional Hospital (Type C)	Primary Medical Care Unit & Maternity Homes	Other Hospitals ²	Total Inpatient Beds	Inpatient Beds per 1,000 population
Colombo	7,766		557	1,089		172	271	70	51	4,166	14,142	6
Gampaha	1,796		1,556	597	410	439	74	183		1,283	6,338	3
Kalutara	1,183		512	436	175	201	485	171			3,163	2
Kandy	3,961		433	385	253	902	651	185		239	7,009	5
Matale			881	348		378	130	68			1,805	3
Nuwara Eliya			713	192	211	197	623	305			2,241	3
Galle	2,232			976		214	513	270		86	4,291	4
Matara			1,306	313	142	279	423	62			2,525	3
Hambantota			865	301	405	90	511	258		56	2,486	4
Jaffna	1,339			754	226		306	299		50	2,974	5
Kilinochchi			307		36		91	122			556	4
Mullaitivu			219	35	173	36	49	9			521	5
Vavunia			515		85		27	66			693	4
Mannar			324		48		207	40		35	654	6
Batticaloa	1,209			701	94	192	127	428			2,751	5
Ampara			815	171	134		77	176			1,373	2 ³
Kalmunai				1,383	152	91	119	366	12	15	2,138	
Trincomalee			544	539	40		36	394		324	1,877	4
Kurunegala	2,970			395	636	840	749	448	6	13	6,057	3
Puttalam			578	480	627	103	104	234			2,126	3
Anuradhapura	1,997			231	461	90	562	513		75	3,929	4
Polonnaruwa			1,032	175	148		149	139		66	1,709	4
Badulla		1,318		705	216	240	526	451			3,456	4
Moneragala			578		458	98	269	207			1,610	3
Ratnapura	1,431		469	400	625	459	300	283		13	3,980	3
Kegalle			801	369	699	486	92	92		12	2,551	3
Sri Lanka	25,884	1,318	13,005	10,975	6,454	5,507	7,471	5,839	69	6,433	82,955	4

¹Excludes Examination beds, labour room beds, OPD beds, Dialysis unit beds etc

Source : Medical Statistics Unit

²Teaching Hospitals of Cancer, Mental and Dental are categorized under "Other Hospitals"

³Includes Kalmunai data

Table 8(b). Distribution of Inpatient Beds¹ by Regional Director of Health Services Division, as at 31.12.2023

RDHS Division	Teaching Hospital	District General Hospital	Base Hospital (Type A)	Base Hospital (Type B)	Divisional Hospital (Type A)	Divisional Hospital (Type B)	Divisional Hospital (Type C)	Primary Medical Care Unit & Maternity Homes	Other Hospitals ²	Total Inpatient Beds	Inpatient Beds per 1,000 population
Colombo	7,696	545	1,066		165	271	67	37	4,114	13,961	6
Gampaha	1,806	1,639	545	431	476	74	192		1,204	6,367	3
Kalutara	1,156	512	416	180	203	470	184			3,121	2
Kandy	3,887	458	396	267	910	658	177		204	6,957	5
Matale		841	347		439	159	63		6	1,855	4
Nuwara Eliya		784	195	211	197	568	304			2,259	3
Galle	2,425		991		197	511	275		83	4,482	4
Matara		1,259	309	140	268	431	70			2,477	3
Hambantota		865	338	425	76	523	271		66	2,564	4
Jaffna	1,396		744	229		320	348		63	3,100	5
Kilinochchi		307		39		91	121		11	569	4
Mullaitivu		219	35	164	36	49	11			514	5
Vavunia		511		85		55	46			697	4
Mannar		323		48		211	55		31	668	6
Batticaloa	1,239		667	84	196	128	435		4	2,753	5
Ampara		822	171	135		48	178		22	1,376	2 ³
Kalmunai			1,454	152	95	122	317	12	14	2,166	
Trincomalee		566	539	41		38	381		141	1,706	4
Kurunegala	3,096		436	646	861	745	436	6	14	6,240	4
Puttalam		597	455	573	103	88	264		11	2,091	2
Anuradhapura	1,908		226	452	99	583	500		95	3,863	4
Polonnaruwa		1,103	177	158		157	176		189	1,960	4
Badulla	1,432		698	212	240	459	461			3,502	4
Moneragala		575		491	102	307	217			1,692	3
Ratnapura	1,387	479	377	680	427	295	308		10	3,963	3
Kegalle		801	345	664	514	75	92		12	2,503	3
Sri Lanka	27,428	13,206	10,927	6,507	5,604	7,436	5,949	55	6,294	83,406	4

¹Excludes Examination beds, labour room beds, OPD beds, Dialysis unit beds etc

Source : Medical Statistics Unit

²Teaching Hospitals of Cancer, Mental and Dental are categorized under "Other Hospitals"

³Includes Kalmunai data

Table 9(a). Total Hospital Beds by Speciality and Regional Director of Health Services Division, as at 31.12.2022

RDHS Division	Medical & Surgical ¹	Medical	Surgical	Paediatric / Children ²	Obstetrics/ Gynaecology	Communicable Diseases	Tuberculosis	Cancer	Leprosy	Psychiatric	Neurology/ Neuro Surgical	Genito Urinary	Cardiology	E.N.T.	Eye	Skin	Orthopedic/Accident	Thorasic Surgery	Plastic Surgery/ Burns Unit	Rhumatology/ Rehabilitation	Dental	Other ³	Total
Colombo	664	3,249	2,019	1,670	1,654	57	25	993		1,496	345	140	236	115	526	74	776	178	109		65	662	15,053
Gampaha	268	1,839	881	695	862	42	273	81	46	216	26	47	52	89	131	22	215	87	47	263	43	444	6,669
Kalutara	301	939	594	541	521	12		63		43			24	7	37	18	44				7	240	3,391
Kandy	326	1,999	864	1,132	1,123	17	85	179		210	172	45	77	72	237	43	206	61	30	94	125	479	7,576
Matale	50	675	247	259	342	25		4		78	4		19	16	66	16	30			2		114	1,947
Nuwara Eliya	334	677	323	329	416			12		55			36	28	59		71				26	120	2,486
Galle	327	1,169	675	647	705	43		197		88	56	37	22	41	92	33	66	77		38	21	257	4,591
Matara	68	999	404	388	495	8		14		15	22	2	18	27	49	27	50				22	136	2,744
Hambantota	197	740	283	326	589	22		27		91			29	39	35	17	68				31	195	2,689
Jaffna	55	932	536	394	513	26	22	119		89	51		24		65	19	30					271	3,146
Kilinochchi	31	197	70	83	113					11					40		29					43	617
Mannar	4	219	92	76	96					10												69	566
Vavuniya	42	166	84	81	225		10			27				31	27		78					62	833
Mullaitivu	75	187	65	121	136	46				12												57	699
Batticaloa	254	714	436	428	501			73		112			15	32	36	11	142					158	2,912
Ampara	195	461	196	202	266	7				28		18	14		37		26			24	15	80	1,569
Trincomalee	262	629	342	349	424	3				46			11		42		77			9		254	2,448
Kalmunai	182	454	243	212	387	240		7		30					55		37					155	2,002
Kurunegala	652	1,740	699	791	1,275	2		112		72	68	50	77	46	112	60	171	65	24	57	35	566	6,674
Puttalam	84	668	313	320	578	2	21	3		12		25	12	40	48	7	72				1	103	2,309
Anuradhapura	809	925	506	453	753	51		97		132	47	26	42		35	21	70			12		339	4,318
Polonnaruwa	138	488	244	209	280	5		39		26	16		41	43	46	21	85			12		172	1,865
Badulla	301	1,009	601	404	669			125		79	66	35	37	46	57	19	93			11	26	308	3,886
Moneragala	229	448	200	364	321	8				26			5		47							171	1,819
Ratnapura	407	1,250	616	574	668	5	37	39		35	39	24	20	38	76	27	84				23	335	4,297
Kegalle	288	814	391	341	498	11				66				34	47		47				5	255	2,797
Sri Lanka	6,543	23,587	11,924	11,389	14,410	632	473	2,184	46	3,105	912	449	811	744	2,002	435	2,567	468	210	522	445	6,045	89,903

Includes:

¹Beds in medical and surgical intensive care units, wards for priests, armed service and medical and surgical paying wards

²Beds in premature baby units

³Mixed wards with beds for obstetrics, psychiatry, skin, ENT, eye, dental, neurology, surgery, tuberculosis and heamatology

Source : Medical Statistics Unit

Table 9(b). Total Hospital Beds by Speciality and Regional Director of Health Services Division, as at 31.12.2023

RDHS Division	Medical & Surgical ¹	Medical	Surgical	Paediatric / Children ²	Obstetrics/ Gynaecology	Communicable Diseases	Tuberculosis	Cancer	Leprosy	Psychiatric	Neurology/ Neuro Surgical	Genito Urinary	Cardiology	E.N.T.	Eye	Skin	Orthopedic/Ac cident	Thorasic Surgery	Plastic Surgery/ Burns Unit	Rheumatology/ Rehabilitation	Dental	Other ³	Total
Colombo	698	2,596	2,035	1,692	1,730	57	20	1,048		1,545	360	139	271	116	547	51	691	181	110		65	1,007	14,959
Gampaha	265	1,865	906	697	835	9	273	119	46	224	26	47	58	109	136	22	240	87	47	215	38	399	6,663
Kalutara	422	919	556	479	538	13	12			41			23	74	37	19					7	187	3,327
Kandy	340	1,901	862	1,119	1,088	18	65	284		192	176	43	75	72	225	39	224	76	28	90	130	512	7,559
Matale	22	733	246	251	325	25	39			92			23	16	66	16	29			6		105	1,994
Nuwara Eliya	276	700	325	243	453			12		63			36	28	42		71				27	148	2,424
Galle	366	1,201	738	589	723	39		210		94	57	38	32	41	99	33	66	74		52	21	355	4,828
Matara	120	673	407	408	655	2		13		15	21	3	18	28	44	28	76				22	164	2,697
Hambantota	217	701	308	313	646	22		26		101			29	39	37	27	68				44	193	2,771
Jaffna	82	982	572	408	530	10	22	119		101	77		5		65	19	32	20		16		235	3,295
Kilinochchi	3	216	70	85	126	5				11					40		29					59	644
Mannar	25	188	92	75	99					10												74	563
Vavuniya	5	187	78	62	187		10	10		24				26	25		63					76	753
Mullaitivu	71	219	74	88	174	26				16												49	717
Batticaloa	262	721	443	395	476			73		106		30		32	36	11	142					193	2,920
Ampara	203	392	217	200	264	18		4		28		19	14		43		26			24	15	81	1,548
Trincomalee	222	626	369	359	423	3				41			13	10	42		77			8	10	234	2,437
Kalmunai	118	511	272	219	386	47		8		30					59		43					157	1,850
Kurunegala	652	1,772	711	886	1,308	2		92		90	69	94	79	43	115	63	171	65	35	58	36	461	6,802
Puttalam	96	686	310	306	491	2	20	3		21		24	12	15	43	7	67				1	146	2,250
Anuradhapura	832	792	524	485	702	57		88		128	52	83	46		30	21	70			24		379	4,313
Polonnaruwa	91	625	317	199	292	37		39		38	17		46	43	44	21	85			34		202	2,130
Badulla	243	1,057	645	477	659			125		78	29		38	46	56	19	94		9	48	27	367	4,017
Moneragala	153	523	249	368	342	8				26			5		48							161	1,883
Ratnapura	330	1,294	584	585	671	6	47	39		45	52	24	20	38	76	28	114				26	340	4,319
Kegalle	305	713	397	347	513					69					42		47					296	2,729
Sri Lanka	6,419	22,793	12,307	11,335	14,636	406	508	2,312	46	3,229	936	544	843	776	1,997	424	2,525	503	229	575	469	6,580	90,392

Includes:

Source : Medical Statistics Unit

¹Beds in medical and surgical intensive care units, wards for priests, armed sevice and medical and surgical paying wards

²Beds in premature baby units

³Mixed wards with beds for obstetrics, psychiatry,skin,ENT,eye,dental,neurology,surgery,tuberculosis and heamatology

Table 10. Key Health Personnel, 1994 - 2023

Year	Medical Officers ¹		Dental Surgeons ²		Registered/ Assistant Medical Officers		Total Nurses		Public Health Nursing Sisters/Supervising Public Health Nursing Sister		Public Health Inspectors		Public Health Midwives		Hospital Midwives	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1994	4,047	22.7	387	2.2	1,357	7.6	13,060	73.1	117	0.7	928	5.2	4,400	24.6	2,214	12.4
1995	4,577	25.3	421	2.3	1,376	7.6	13,403	74.0	174	1.0	932	5.1	4,383	24.2	2,288	12.6
1996	5,117	27.9	462	2.5	1,397	7.6	13,933	79.1	189	1.0	915	5.0	4,352	23.8	2,393	13.1
1997	5,628	30.1	481	2.6	1,384	7.4	13,815	73.8	145	0.8	901	4.8	4,497	24.0	2,284	12.2
1998	6,427	34.2	521	2.8	1,340	7.1	14,448	77.0	183	1.0	888	4.7	4,578	24.4	2,410	12.8
1999	6,994	36.7	529	2.8	1,340	7.0	14,052	73.8	237	1.2	1,142	6.0	4,625	24.3	2,503	13.1
2000	7,963	41.1	637	3.3	1,349	7.0	14,716	76.0	270	1.4	1,486	7.7	4,798	24.8	2,596	13.4
2001	8,384	44.8	751	4.0	1,343	7.2	15,797	84.4	259	1.4	1,401	7.5	4,654	24.9	2,723	14.5
2002	9,290	48.9	867	4.6	1,326	7.0	16,517	86.9	310	1.6	1,470	7.7	4,819	25.4	2,794	14.7
2003	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2004	8,874	45.6	915	4.7	1,218	6.3	18,654	95.8	315	1.6	1,397	7.2	4,524	23.2	2,668	13.7
2005	10,198	51.9	954	4.9	1,274	6.5	19,934	101.4	313	1.6	1,512	7.7	4,896	24.9	2,371	12.1
2006	10,279	51.7	1,181*	5.9	1,183	5.9	24,988	125.7	299	1.5	1,535	7.7	5,080	25.5	2,555	12.8
2007	11,023	55.1	1,314*	6.6	1,194	6.0	31,466	157.3	290	1.4	1,740	8.7	6,167	30.8	2,828	14.1
2008	12,479	61.7	858	4.2	1,134	5.6	30,063	148.7	270	1.3	1475 3	7.3	5,331	26.4	3,016	14.9
2009	13,737	67.8	1,046	5.1	1,084	5.3	31,297	153.0	264	1.3	1398 3	6.8	5,389	26.3	2,768	13.5
2010	14,668	71.0	1,139	5.5	1,107	5.4	35,367	171.2	380	1.8	1436 3	7.0	5,477	26.5	2,971	14.4
2011	15,273	73.2	1,147	5.5	1,063	5.1	35,870	171.9	349	1.7	1,501	7.2	5,491	26.3	2,884	13.8
2012	15,910	78.6	1,223	6.0	1,130	5.6	36,486	180.3	332	1.6	1510 3	7.5	5,821	28.6	2,605	12.8
2013	16,690	81.5	1,279	6.2	1,064	5.2	35,629	173.9	322	1.6	1,763	8.1	5,950	29.0	2,848	13.9
2014	17,615	84.8	1,360	6.5	999	4.8	38,451	185.1	277	1.3	1,526	7.3	5,954	28.7	2,888	13.9
2015	18,243	87.0	1,340	6.4	936	4.5	42,420	202.3	290	1.4	1,604	7.7	6,041	28.8	2,765	13.2
2016	18,968	89.5	1,433	6.8	883	4.2	42,556	200.7	277	1.3	1,692	8.0	6,247	29.5	2,365	11.2
2017	19,800	92.3	1,473	6.9	818	3.8	45,480	212.1	328	1.5	1,720	8.0	5,746	26.8	2,485	11.6
2018	19,720	91.0	1,561	7.2	789	3.6	46,024	212.4	314	1.4	1,697	7.8	5,811	26.8	2,694	12.4
2019	20,381	93.5	1,561	7.2	738	3.4	46,841	214.8	325	1.5	1,668	7.7	5,716	26.2	2,633	12.1
2020	21,450	97.9	1,564	7.1	661	3.0	46,385	211.6	302	1.4	1,910	8.7	5,901	26.9	2,624	12.0
2021	22,509	101.6	1,757	7.9	674	3.0	49,765	224.6	334	1.5	1,877	8.5	6,359	28.7	2,710	12.2
2022	23,416	105.6	1,689	7.6	591	2.7	50,516	227.7	340	1.5	2,012	9.1	6,171	27.8	2,673	12.1
2023	23,999	108.9	1,604	7.3	535	2.4	53,283	241.8	419	1.9	1,956	8.9	6,438	29.2	2,322	10.5

* Provisional

Rate per 100,000 population

¹ All medical officers in curative, administrative and preventive services including specialists and interns

² Includes Regional and Consultant Dental Surgeons

³ Excludes Supervising Public Health Inspectors

N/A - Not Available

Note : All PGIM trainees were included in Dental Surgeons category in 2007 based on 2006 estimates which was not corrected.

In 2008, this was revised by including PGIM trainees in Medical Officers category. Therefore the total Dental Surgeons category has reduced in 2008.

Source: Medical Statistics Unit

Table 11(a). Distribution of Health Personnel by Regional Director of Health Services Division, December 2022

RDHS Division	Administrative Grade (Senior and Deputy) Medical Officers	Administrative Grade (Senior and Deputy) Non Medical Officers	Specialists/Consultant (other than administrative grade)	Medical Officers																		Consultant Dental Surgeons	Regional Dental Surgeons	Dental Surgeons	P.G.I.M Trainees**	Total Dental Surgeons ³
				Hospital Medical Officers (D.M.O., M.O.I.C., S.H.O., S.M.O. in OPD, etc.)	Medical Officers in MOH/AMOH	School Medical Officers	Medical Officers (Malaria)	Medical Officers (Filaria)	Medical Officers (Leprosy)	Medical Officers (Venereal Diseases)	Medical Officers (Tuberculosis)	Epidemiologists	Medical Officers (Maternal and Child Health)	Judicial Medical Officers	Medical Officers (Blood Bank)	Internee Medical Officers (H.O.)	P.G.I.M. Trainees **	Other Medical Officers	Medical Officers ¹	Total Medical Officers ²						
Colombo	95	62	715	3,274	101	4	7	4	9	1	32	0	43	10	134	236	579	337	4,771	5,581	36	1	237	52	326	
Gampaha	13	0	200	1,401	65	0	0	1	9	9	0	1	17	8	28	124	205	39	1,907	2,120	8	1	98	5	112	
Kalutara	12	0	107	652	41	0	1	1	0	0	0	1	1	8	28	92	13	91	929	1,048	5	2	58	3	68	
Kandy	17	0	237	1,303	40	1	1	0	0	6	0	1	3	5	9	91	138	107	1,705	1,959	7	1	174	9	191	
Matale	2	0	44	295	21	0	1	0	0	4	6	1	2	2	9	0	0	18	359	405	2	1	25	1	29	
Nuwara Eliya	4	0	56	285	15	0	0	0	0	0	0	1	0	3	5	35	1	11	356	416	3	1	32	1	37	
Galle	10	1	162	796	40	1	0	3	0	2	4	0	6	4	22	71	171	61	1,181	1,353	6	2	65	2	75	
Matara	8	0	76	498	33	0	2	2	1	1	2	1	35	4	15	35	0	18	647	731	5	1	42	0	48	
Hambanthota	5	1	61	395	21	1	0	0	0	0	2	0	11	1	10	60	0	10	511	577	4	1	33	0	38	
Jaffna	9	1	100	486	23	1	1	0	0	0	2	0	19	5	17	88	73	6	721	830	2	1	59	1	63	
Kilinochchi	3	0	26	97	8	0	1	0	0	1	1	0	0	0	0	0	0	8	116	145	1	1	14	0	16	
Mannar	2	0	32	98	6	0	1	0	0	1	1	0	0	0	0	0	0	11	118	152	2	0	22	0	24	
Vavuniya	3	0	37	142	9	0	1	0	0	3	2	1	1	0	0	24	0	29	212	252	1	1	22	0	24	
Mullaitivu	2	0	10	91	7	0	1	0	0	1	1	0	1	0	0	0	0	4	106	118	1	0	9	0	10	
Batticaloa	6	0	75	379	18	0	3	0	0	0	1	1	1	4	9	62	0	6	484	565	2	0	46	1	49	
Ampara	2	0	36	249	9	0	1	0	0	1	1	0	1	2	8	24	0	8	304	342	3	1	22	0	26	
Trincomalee	5	0	46	264	14	0	1	0	0	1	1	1	1	4	5	0	0	10	302	353	1	0	22	0	23	
Kalmunai	9	0	42	380	13	1	1	0	0	1	1	0	1	5	11	53	0	23	490	541	0	2	32	0	34	
Kurunegala	10	1	126	836	65	0	2	1	0	0	13	6	1	8	28	108	3	103	1,174	1,310	4	1	82	3	90	
Puttlam	5	0	75	390	27	0	1	1	0	2	1	0	0	8	15	65	5	53	568	648	2	0	47	1	50	
Anuradhapura	8	1	87	550	44	0	0	0	0	0	0	0	0	1	4	39	0	38	676	771	3	1	46	1	51	
Polonnaruwa	4	0	52	298	18	1	0	0	0	2	4	0	1	0	0	0	0	28	352	408	3	2	38	0	43	
Badulla	10	0	93	530	29	0	2	0	0	0	1	1	2	3	16	61	0	26	671	774	4	2	91	0	97	
Moneragala	3	0	39	253	19	0	1	0	0	0	0	1	1	1	3	7	24	0	27	337	379	0	1	33	0	34
Rathnapura	13	0	119	703	38	2	1	0	0	3	3	1	4	8	12	46	12	26	859	991	5	3	67	1	76	
Kegalle	4	0	73	484	23	1	2	0	0	1	1	1	0	8	14	12	2	21	570	647	3	1	47	4	55	
Sri Lanka	264	67	2,726	15,129	747	13	32	13	19	40	81	19	152	104	406	1,350	1,202	1,119	20,426	23,416	113	28	1,463	85	1,689	

** Include PGIM trainees drawing their salaries from the institutions concerned

Continued...

¹ Total Medical Officers, exclude: Administrative and Specialists

Source: Medical Statistics Unit

² Total Medical Officers, Include: Administrative and Specialists

³ Total Dental Surgeons, Include : Specialists, Regional Dental Surgions & PGIM Trainees

Table 11(a). Distribution of Health Personnel by Regional Director of Health Services Division, December 2022

RDHS Division	Registered/Assistant Medical Officers	Matrons	Ward Masters/ Sisters	Principals/Sister Tutors	Nursing Officers	Public Health Nursing Officers	Supervising Public Health Nursing Sisters/Public Health	Pupil Nurses	Total Nurses	MRO	MRA	SSO	PPO	PPA	DO	DA	Pharmacists	Medical Laboratory Technologists	Radiographers	Physiotherapists	Speech Therapists	Occupational Therapists	School Dental Therapists	Dental Technicians	Entomologists	Entomological Officers/Assistants
Colombo	98	73	327	54	9,659	16	38	692	10,859	8	4	0	10	16	718	17	455	712	228	215	26	55	42	48	12	26
Gampaha	60	24	119	30	2,966	26	24	444	3,633	3	3	0	0	12	164	7	161	158	51	78	11	28	34	10	0	11
Kalutara	34	11	88	39	1,625	22	30	533	2,348	1	2	0	1	1	188	2	79	91	20	16	2	5	22	1	2	10
Kandy	87	36	165	34	3,921	13	15	672	4,856	1	16	15	37	2	238	1	182	173	73	79	12	20	25	4	1	7
Matale	22	6	21	0	695	7	11	0	740	1	2	0	7	0	88	0	37	34	8	8	2	1	10	0	1	3
Nuwara Eliya	11	8	30	0	685	2	5	0	730	0	0	1	4	10	38	0	38	35	13	12	2	1	9	0	1	0
Galle	36	18	70	18	2,654	14	19	657	3,450	3	4	0	1	17	292	10	105	106	38	46	8	10	23	3	2	8
Matara	25	7	53	13	1,525	8	17	447	2,070	0	2	0	1	16	232	6	69	65	18	14	5	6	16	2	0	8
Hambanthota	7	6	36	25	1,226	10	9	356	1,668	0	0	0	0	3	200	0	66	46	14	15	5	6	7	1	1	7
Jaffna	9	13	48	18	964	2	3	179	1,227	0	0	0	1	0	226	1	66	66	35	27	2	5	7	1	0	5
Kilinochchi	0	3	10	0	136	1	2	0	152	0	0	0	0	0	52	0	10	5	1	4	0	1	3	0	0	3
Mannar	2	4	14	0	186	2	1	0	207	0	0	0	0	0	76	1	9	13	3	5	1	0	4	0	1	2
Vavuniya	3	6	16	5	228	0	4	153	412	0	0	0	1	0	51	3	16	16	6	5	1	1	4	0	1	3
Mullaitivu	0	1	12	0	139	2	1	0	155	0	0	0	0	0	69	0	11	8	1	2	0	0	4	0	0	2
Batticaloa	5	14	32	25	989	4	9	265	1,338	0	1	1	5	0	155	5	57	49	16	22	2	7	5	1	1	3
Ampara	1	7	23	11	652	0	6	256	955	0	0	0	0	0	40	0	38	39	11	11	1	2	4	0	1	3
Trincomalee	3	6	15	0	631	2	5	0	659	0	0	0	0	8	106	0	42	36	15	17	2	1	7	0	0	3
Kalmunai	12	10	21	0	840	2	15	0	888	0	3	0	5	7	136	5	45	49	14	16	5	1	9	0	0	4
Kurunegala	63	17	88	29	2,662	26	39	619	3,480	5	18	0	0	0	438	13	116	112	34	44	4	5	31	3	1	11
Puttlam	15	6	37	0	790	12	1	0	846	0	4	0	0	4	59	24	55	46	14	9	2	1	8	1	2	3
Anuradhapura	15	10	93	37	1,570	7	25	279	2,021	1	1	0	0	3	59	2	80	84	25	33	4	5	16	5	0	6
Polonnaruwa	3	7	37	0	861	3	7	0	915	0	2	0	1	4	22	5	48	38	14	14	2	2	10	1	1	5
Badulla	31	12	78	15	1,474	15	13	556	2,163	1	1	0	0	1	203	1	90	79	23	23	3	4	15	0	1	4
Moneragala	5	6	31	0	671	9	8	0	725	1	6	0	0	8	113	0	39	37	11	8	3	2	10	0	1	5
Rathnapura	22	14	65	36	1,996	19	13	434	2,577	4	1	0	0	4	334	0	86	86	23	26	4	5	19	2	2	7
Kegalle	22	6	58	0	1,351	7	20	0	1,442	0	4	0	1	7	283	6	59	56	18	13	3	3	16	1	1	6
Sri Lanka	591	331	1,587	389	41,096	231	340	6,542	50,516	29	74	17	75	123	4,580	109	2,059	2,239	727	762	112	177	360	84	33	155

Continued...

Source: Medical Statistics Unit

Table 11(a). Distribution of Health Personnel by Regional Director of Health Services Division, December 2022

RDHS Division	Ophthalmic Technicians	Food and Drug Inspectors	Supervising Public Health Inspectors	Public Health Inspectors	Supervising Public Health Midwives	Public Health Midwives	Hospital Midwives	ECG Recordists	EEG Recordists	Public Health Laboratory Technician	Dispensers	Public Health Field Officers	Public Health Field Assistants	Nutritionists	Photograph Technician	Audiology Technicians	Orthopedic Technicians	Cinema Technicians	Assistant Technician	Attendants	Accountant	Administrative Officers	Management Assistants	Ward Clerks	Telephone Operators	Drivers	SIS (Ordinary)	SIS (Junior)	SIS (Other)	Any Other	Total
Colombo	60	3	13	308	11	474	241	119	43	64	128	27	2	14	2	9	3	0	0	1275	42	70	1043	103	74	583	2631	4593	69	1,801	33,323
Gampaha	17	0	12	186	9	525	148	29	9	32	101	22	0	1	0	2	0	0	0	393	8	19	221	21	26	118	746	1118	78	423	10,920
Kalutara	9	3	12	106	12	402	140	17	2	16	69	15	0	1	0	1	0	0	0	364	5	5	153	11	14	92	301	913	36	253	6,893
Kandy	20	3	13	96	21	456	188	36	14	16	103	23	0	4	0	5	0	0	0	720	8	9	246	39	25	185	1426	1283	48	654	13,620
Matale	6	1	7	40	10	164	62	7	0	7	53	15	0	0	0	0	0	0	0	122	6	5	85	2	5	62	133	236	17	75	2,518
Nuwara Eliya	4	2	6	51	8	272	104	5	2	7	54	6	0	0	0	0	0	0	0	205	1	3	99	7	9	79	337	399	57	69	3,144
Galle	14	1	15	107	20	315	123	23	7	16	86	17	1	1	0	3	2	0	0	374	7	9	230	28	15	119	761	1184	24	323	9,416
Matara	8	1	17	86	10	247	95	15	3	16	56	22	0	1	0	1	0	0	0	310	3	4	151	14	11	89	431	522	8	197	5,652
Hambanthota	7	2	12	67	9	203	83	12	3	11	60	37	0	1	0	2	0	1	0	245	2	6	117	10	11	88	325	576	4	153	4,709
Jaffna	10	2	14	78	8	157	98	9	3	11	64	17	0	1	0	3	0	0	0	435	13	10	112	4	16	93	390	418	113	256	4,907
Kilinochchi	1	1	4	15	2	43	23	2	0	2	17	10	0	1	0	0	0	0	0	90	2	2	33	1	1	36	81	145	6	125	1,035
Mannar	1	1	3	25	3	57	32	2	0	4	23	5	0	0	0	0	0	1	0	97	1	2	45	0	5	44	138	108	68	43	1,208
Vavuniya	2	1	3	21	2	55	32	2	2	4	17	6	0	0	0	0	0	1	0	117	2	3	53	4	5	47	151	89	9	271	1,698
Mullaitivu	1	1	2	21	1	55	17	1	0	4	18	5	0	0	0	0	0	0	0	95	1	1	35	2	0	41	88	140	3	98	1,010
Batticaloa	3	0	12	62	15	206	122	15	3	6	40	18	1	0	0	2	0	1	0	157	12	7	64	1	3	58	471	489	34	211	4,300
Ampara	5	2	5	34	6	101	66	8	1	6	27	16	0	0	0	0	0	0	0	185	2	4	71	7	5	47	160	389	42	84	2,747
Trincomalee	5	2	7	44	8	135	97	11	1	5	31	26	0	0	0	0	3	1	0	216	4	8	82	4	5	68	173	375	10	195	2,791
Kalmunai	4	2	14	54	12	162	137	13	1	17	38	33	0	1	0	0	0	0	0	226	4	5	102	7	9	72	285	525	1	110	3,608
Kurunegala	10	0	21	145	14	416	183	23	8	40	136	33	2	0	0	1	0	0	0	648	4	6	178	16	16	133	840	1069	10	386	10,117
Puttalam	6	2	7	48	7	198	92	13	5	12	57	18	2	0	0	1	0	0	0	112	2	4	77	3	5	53	202	496	0	71	3,284
Anuradhapura	6	3	8	88	11	264	149	20	5	33	95	27	1	0	0	1	0	1	0	464	3	9	184	12	7	113	536	670	98	285	6,276
Polonnaruwa	5	0	5	41	6	140	51	12	1	10	38	13	0	0	0	1	0	0	0	215	2	3	79	6	9	63	301	372	122	93	3,126
Badulla	11	2	12	74	14	313	116	16	2	14	91	11	0	0	0	2	4	0	0	445	4	6	147	10	2	140	987	517	10	336	6,800
Moneragala	3	1	6	43	11	193	76	8	0	14	44	9	0	0	0	0	0	0	0	169	2	5	83	10	3	93	297	311	9	120	2,897
Rathnapura	12	2	18	96	17	356	111	12	9	15	94	21	0	1	0	1	0	0	0	394	4	7	182	19	17	96	725	1031	15	254	7,778
Kegalle	7	1	12	76	9	262	87	8	1	10	77	7	4	0	0	1	0	0	0	281	3	5	136	14	14	77	424	789	37	161	5,146
Sri Lanka	237	39	260	2,012	256	6,171	2,673	438	125	392	1,617	459	13	27	2	36	12	6	0	8,354	147	217	4,008	355	312	2,689	13,340	18,757	928	7,047	158,923

Source: Medical Statistics Unit

Table 11(b). Distribution of Health Personnel by Regional Director of Health Services Division, December 2023

RDHS Division	Medical Officers																				Consultant Dental Surgeons	Regional Dental Surgeons	Dental Surgeons	P.G.I.M Trainees**	Total Dental Surgeons ³
	Administrative Grade (Senior and Deputy) Medical Officers	Administrative Grade (Senior and Deputy) Non Medical Officers	Specialists/Consultant (other than administrative grade)	Hospital Medical Officers (D.M.O., M.O.I.C., S.H.O., S.M.O. in OPD, etc.)	Medical Officers in MOH/AMOH	School Medical Officers	Medical Officers (Malaria)	Medical Officers (Filaria)	Medical Officers (Leptosy)	Medical Officers (Venereal Diseases)	Medical Officers (Tuberculosis)	Epidemiologists	Medical Officers (Maternal and Child Health)	Judicial Medical Officers	Medical Officers (Blood Bank)	Internee Medical Officers (H.O.)	P.G.I.M. Trainees **	Other Medical Officers	Medical Officers ¹	Total Medical Officers ²					
Colombo	88	64	762	3524	85	4	7	5	4	35	0	30	12	108	225	484	390	4,918	5,768	28	0	244	16	288	
Gampaha	14	5	208	1326	63	1	1	1	7	5	0	1	1	8	20	139	251	77	1,901	2,123	5	3	96	7	111
Kalutara	10	0	88	768	42	0	1	1	0	0	0	1	1	8	30	108	1	52	1,013	1,111	5	3	56	0	64
Kandy	13	0	220	1326	38	3	0	0	0	4	2	1	3	3	7	82	203	120	1,792	2,025	29	2	171	1	203
Matale	1	0	43	294	19	0	8	0	0	2	5	1	2	2	12	0	0	51	396	440	2	1	28	0	31
Nuwara Eliya	6	0	48	297	15	0	0	0	0	1	0	0	4	3	8	35	0	39	402	456	3	1	27	6	37
Galle	10	2	173	894	40	1	0	0	0	2	5	0	2	0	12	16	40	21	1,033	1,216	4	1	74	1	80
Matara	6	0	68	574	36	0	0	1	0	2	7	1	1	0	24	67	7	17	737	811	4	1	42	1	48
Hambanthota	5	0	58	420	21	0	1	0	0	0	0	0	1	4	3	54	0	12	516	579	3	1	27	0	31
Jaffna	11	0	99	491	25	1	1	0	0	1	0	0	14	5	14	69	81	34	736	846	3	1	46	0	50
Kilinochchi	2	0	20	95	4	0	0	0	0	0	1	0	0	0	0	0	0	9	109	131	0	1	11	0	12
Mannar	4	0	20	96	6	0	1	0	0	1	2	0	5	2	3	0	0	11	127	151	1	1	22	0	24
Vavuniya	4	0	31	134	7	0	1	0	0	3	3	1	1	2	4	26	0	11	193	228	2	1	21	0	24
Mullaitivu	1	0	14	89	8	0	3	0	0	1	1	0	0	0	2	0	0	1	105	120	0	1	8	0	9
Batticaloa	7	0	69	368	18	0	1	0	0	1	1	1	1	5	12	62	29	6	505	581	2	1	40	0	43
Ampara	4	0	36	234	13	0	2	0	1	2	1	0	1	3	12	32	2	36	339	379	3	0	21	0	24
Trincomalee	6	0	38	223	14	0	1	0	0	0	1	1	1	0	8	24	4	77	354	398	1	1	28	0	30
Kalmunai	7	0	36	332	15	0	1	0	0	1	1	0	1	3	10	47	0	68	479	522	0	2	32	1	35
Kurunegala	8	1	118	939	63	0	2	1	0	0	11	1	2	6	31	50	14	80	1,200	1,326	3	1	81	2	87
Puttlam	3	1	70	373	26	0	1	0	0	3	2	0	0	8	15	74	5	54	561	634	2	1	45	0	48
Anuradhapura	5	1	85	597	43	0	0	0	0	2	3	0	0	2	5	50	0	24	726	816	3	1	45	0	49
Polonnaruwa	4	0	58	335	17	0	1	0	0	1	0	0	1	1	3	0	0	24	383	445	4	2	29	0	35
Badulla	8	3	82	576	27	0	1	0	0	0	1	1	1	4	16	47	5	24	703	793	3	0	80	0	83
Moneragala	3	0	28	265	19	0	1	0	0	2	1	1	2	2	1	26	0	32	352	383	0	1	30	3	34
Rathnapura	8	8	95	738	46	0	1	0	0	0	7	0	0	8	24	101	7	26	958	1,061	4	2	71	0	77
Kegalle	3	0	72	506	20	1	1	0	0	2	1	1	1	0	2	16	3	27	581	656	3	1	43	0	47
Sri Lanka	241	85	2639	15814	730	11	37	9	13	40	91	12	76	91	386	1350	1136	1323	21,119	23,999	117	31	1418	38	1604

** Include PGIM trainees drawing their salaries from the institutions concerned

Continued...

¹ Medical Officers, exclude: Administrative and Specialists

Source: Medical Statistics Unit

² Total Medical Officers , Include: Administrative and Specialists

³ Total Dental Surgeons, Include : Specialists, Regional Dental Surgions & PGIM Trainees

Table 11(b). Distribution of Health Personnel by Regional Director of Health Services Division, December 2023

RDHS Division	Registered/Assistant Medical Officers	Matrons	Ward Masters/ Sisters	Principals/Sister Tutors	Nursing Officers	Public Health Nursing Officers	Supervising Public Health Nursing Sisters/Public Health	Pupil Nurses	Total Nurses	MRO	MRA	SSO	PPO	PPA	DO	DA	Pharmacists	Medical Laboratory Technologists	Radiographers	Physiotherapists	Speech Therapists	Occupational Therapists	School Dental Therapists	Dental Technicians	Entomologists	Entomological Officers/Assistants
Colombo	79	59	208	48	10082	13	136	648	11,194	6	5	1	15	15	759	14	470	712	235	214	26	57	38	40	9	29
Gampaha	48	83	105	24	2939	33	21	584	3,789	2	2	1	7	5	187	2	149	140	53	73	18	24	26	2	1	11
Kalutara	33	14	78	30	1602	19	18	453	2,214	1	4	1	0	1	180	0	75	82	20	15	2	4	27	1	2	11
Kandy	82	49	130	23	3932	22	16	1554	5,726	0	17	19	36	1	259	4	186	169	68	75	11	24	16	4	1	4
Matale	22	4	43	0	662	12	10	0	731	1	2	9	7	0	93	1	38	35	9	8	2	2	11	1	1	3
Nuwara Eliya	7	9	30	0	677	11	6	0	733	0	1	1	3	10	36	0	41	36	12	9	3	3	9	0	1	0
Galle	40	10	92	19	2797	14	16	631	3,579	2	5	0	1	18	310	6	103	105	38	20	35	10	27	1	3	8
Matara	26	8	54	26	1762	8	11	814	2,683	0	2	0	1	18	236	4	69	65	19	18	4	8	15	2	1	8
Hambanthota	5	5	35	23	1234	10	11	275	1,593	0	0	0	0	3	199	1	66	48	16	16	5	5	8	1	1	6
Jaffna	4	12	35	20	1029	0	18	177	1,291	11	0	0	1	0	216	1	63	63	25	27	2	8	9	5	0	3
Kilinochchi	0	3	10	0	150	1	1	0	165	0	0	0	0	0	56	0	11	6	2	4	0	1	3	2	0	3
Mannar	1	4	16	0	192	0	2	0	214	0	0	0	0	0	65	1	13	13	2	5	1	1	4	0	3	0
Vavuniya	2	5	22	0	254	1	2	157	441	0	0	0	1	2	52	3	15	16	6	5	1	1	2	0	1	3
Mullaitivu	0	1	10	0	143	4	4	0	162	0	0	0	0	0	36	2	15	3	2	3	0	0	3	0	0	2
Batticaloa	3	18	32	28	969	3	9	251	1,310	0	1	0	7	0	170	4	57	48	16	19	2	8	6	3	1	5
Ampara	4	5	22	20	688	2	7	551	1,295	0	0	0	0	0	39	0	39	40	11	12	1	3	4	0	0	3
Trincomalee	3	3	15	3	677	3	9	0	710	0	0	0	4	0	95	0	42	33	15	16	2	0	7	0	0	3
Kalmunai	7	9	21	0	884	2	13	0	929	0	3	0	5	0	149	3	44	48	16	14	4	1	8	0	0	1
Kurunegala	56	14	99	38	2678	27	24	720	3,600	4	18	0	0	0	497	16	113	115	37	45	5	6	29	8	0	14
Puttlam	14	6	33	0	817	7	8	0	871	0	2	0	0	4	131	0	51	50	14	8	2	3	9	2	1	7
Anuradhapura	15	10	93	23	1625	42	22	378	2,193	0	1	0	0	2	71	4	77	85	25	32	2	7	18	3	1	6
Polonnaruwa	5	7	40	0	899	1	9	0	956	0	2	0	0	4	27	5	55	46	14	11	2	2	10	1	0	6
Badulla	29	14	68	45	1504	11	16	557	2,215	0	0	0	0	0	186	0	85	84	25	15	14	5	16	2	1	4
Moneragala	4	6	34	0	701	27	8	0	776	0	6	1	3	9	126	1	37	38	11	7	2	3	12	0	2	4
Rathnapura	22	21	64	1	1974	17	10	406	2,493	2	0	0	2	5	377	2	82	88	26	25	4	6	17	2	2	8
Kegalle	24	10	53	0	1336	9	12	0	1,420	0	4	0	0	9	289	4	59	56	17	15	3	4	15	1	1	8
Sri Lanka	535	389	1,442	371	42,207	299	419	8,156	53,283	29	75	33	93	106	4,841	78	2,055	2,224	734	711	153	196	349	81	33	160

Continued...

Source: Medical Statistics Unit

Table 11(b). Distribution of Health Personnel by Regional Director of Health Services Division, December 2023

RDHS Division	Ophthalmic Technicians	Food and Drug Inspectors	Supervising Public Health Inspectors	Public Health Inspectors	Supervising Public Health Midwives	Public Health Midwives	Hospital Midwives	ECG Recordists	EEG Recordists	Public Health Laboratory Technician	Dispensers	Public Health Field Officers	Public Health Field Assistants	Nutritionists	Photograph Technician	Audiology Technicians	Orthopedic Technicians	Cinema Technicians	Assistant Technician	Attendants	Accountant	Administrative Officers	Management Assistants	Ward Clerks	Telephone Operators	Drivers	SKS (Ordinary)	SKS (Junior)	SKS (Other)	Any Other	Total
Colombo	64	22	10	302	12	522	226	112	31	69	123	25	2	14	0	11	10	1	0	1235	39	60	903	102	57	553	3055	4132	103	1766	33,599
Gampaha	21	2	7	167	8	545	141	27	9	30	102	24	0	2	0	4	0	0	0	358	8	12	222	21	23	125	768	1240	27	410	11,082
Kalutara	9	2	16	94	10	400	132	21	2	17	67	31	0	1	0	1	0	1	0	229	4	4	149	6	10	80	274	988	23	187	6,606
Kandy	21	3	17	99	18	486	166	36	11	17	104	15	4	2	0	5	3	0	0	654	8	9	259	36	26	176	1460	1566	22	553	14,706
Matale	6	1	8	45	8	204	33	8	1	10	49	13	0	0	0	0	0	0	0	107	3	3	87	4	4	59	115	461	20	80	2,776
Nuwara Eliya	3	2	6	50	10	287	90	7	2	3	50	6	0	0	0	0	0	0	0	187	1	2	68	8	9	55	244	533	14	118	3,153
Galle	5	9	14	121	19	328	117	9	16	19	82	19	1	4	1	3	1	1	2	354	15	9	223	23	18	110	785	1121	5	308	9,351
Matara	8	1	13	87	32	232	129	15	3	14	59	23	0	1	0	1	0	0	7	334	2	4	67	17	12	82	537	490	10	256	6,474
Hambanthota	7	2	11	67	21	223	46	13	5	7	59	22	0	1	0	2	0	0	0	267	1	4	111	10	10	82	338	575	6	134	4,607
Jaffna	9	2	14	81	6	197	47	9	2	8	61	17	0	0	0	0	0	0	5	396	5	8	106	3	16	91	423	267	123	258	4,779
Kilinochchi	0	1	4	16	2	44	19	2	0	4	12	9	0	1	0	0	0	0	0	82	2	2	38	1	2	33	66	133	18	143	1,030
Mannar	1	1	6	21	3	61	35	2	0	5	20	4	0	0	0	0	0	1	0	108	1	2	47	0	4	35	157	112	73	74	1,271
Vavuniya	0	1	4	18	1	59	30	1	2	4	17	6	0	0	0	0	0	1	0	115	2	3	49	2	3	43	210	101	29	127	1,631
Mullaitivu	0	1	4	16	6	56	15	0	0	4	18	5	5	0	0	0	0	0	0	88	3	0	22	1	0	28	81	135	10	98	953
Batticaloa	5	2	12	55	14	239	22	16	2	9	36	49	1	0	0	2	2	0	0	143	5	5	104	2	4	59	461	510	10	209	4,262
Ampara	5	2	7	29	6	104	64	8	1	6	26	23	1	0	0	0	0	0	0	204	1	3	87	6	4	50	153	567	98	167	3,476
Trincomalee	5	2	14	35	14	127	77	16	1	6	24	27	2	0	0	0	0	1	0	209	4	9	76	4	7	79	275	286	6	106	2,770
Kalmunai	5	1	15	51	11	161	128	12	1	14	33	33	1	1	0	0	0	0	0	219	4	4	93	5	7	66	266	619	17	151	3,707
Kurunegala	9	2	20	144	32	370	198	25	6	43	135	44	2	0	0	1	3	0	0	582	5	7	171	15	18	129	976	1115	63	241	10,333
Puttlam	6	2	10	54	8	219	69	9	2	12	59	22	1	0	0	1	0	0	0	110	3	4	70	3	6	44	282	502	11	74	3,435
Anuradhapura	5	1	11	82	8	280	139	21	5	28	94	26	1	0	0	1	0	0	3	408	3	7	186	8	10	120	628	627	32	239	6,381
Polonnaruwa	5	0	3	35	5	139	49	12	1	11	39	11	0	0	0	1	0	0	0	213	3	4	88	8	11	59	461	438	27	99	3,348
Badulla	11	1	9	75	13	305	111	16	3	11	85	11	1	0	0	2	0	0	3	430	4	7	174	18	7	144	1090	482	5	246	6,824
Moneragala	3	2	8	46	11	222	72	9	0	11	46	9	0	0	0	1	0	0	0	173	2	5	70	9	5	92	344	350	6	159	3,114
Rathnapura	12	2	19	95	12	370	90	17	4	17	98	19	0	1	0	2	0	0	0	362	3	7	202	19	16	112	704	1113	15	207	7,827
Kegalle	7	0	12	71	9	258	77	8	1	11	72	11	0	0	0	1	0	0	0	252	3	5	136	12	13	76	405	805	37	148	5,062
Sri Lanka	232	67	274	1956	299	6438	2322	431	111	390	1570	504	22	28	1	39	19	6	20	7819	134	189	3808	343	302	2582	14558	19268	810	6558	162,557

Source: Medical Statistics Unit

Table 12(a). Distribution of Specialists in Curative Care Services¹ by Regional Director of Health Services Division, December 2022

RDHS Division	General Physicians	General Surgeons	Obstetricians & Gynaecologists	Cardiologists	Chest Physicians	Thoracic Surgeons	Neurologists	Neuro Surgeons	Deamatomologists	Rheumatologists	Psychiatrists	Paediatricians	Paediatric Surgeons	ENT Surgeons	Eye Surgeons	Orthopaedic Surgeons	Plastic Surgeons	Genito Urinary Surgeons	Anaesthesiologists	Histo-Pathologists/Chemical Pathologists	Haematologists	Bacteriologists/Microbiologists/Virologists/Mycologists	Biochemists	Oncologists/ Radiotherapists	Oncology Surgeons	Radiologists	Venereologists	Forensic Pathologists/Judicial Medical Officers	Public Health/ Community Health Physicians	Endocrinologists	Gastroenterologists	Nephrologists	Specialist Dental Surgens - Orthodontists	Specialist Dental Surgens - Maxillofacial	Specialist Dental Surgens - Restorative	Dental - Other	Other ²	Total	
Colombo	62	30	22	21	6	6	10	7	14	10	14	35	6	11	21	19	7	7	47	23	18	25	1	19	5	44	10	84	6	4	10	9	13	7	4	73	720		
Gampaha	27	15	11	5	6	4	3	0	8	4	5	15	1	5	6	5	1	3	14	8	5	5	0	2	1	12	4	3	2	3	2	1	4	2	1	0	18	211	
Kalutara	12	7	7	5	1	0	1	0	6	1	3	11	0	2	3	2	0	1	5	4	3	2	0	1	0	6	2	3	5	0	0	0	2	2	1	0	15	113	
Kandy	22	10	12	7	6	4	5	4	6	6	6	19	3	3	7	10	3	2	19	9	6	4	0	3	2	13	2	4	3	3	2	2	3	3	5	19	23	260	
Matale	4	5	4	1	1	0	1	0	2	1	2	3	0	1	2	1	0	0	4	1	2	0	0	1	0	3	0	1	0	0	1	0	1	1	0	0	1	44	44
Nuwera Eliya	2	3	3	1	1	0	0	0	1	1	2	3	0	1	1	2	0	1	3	2	1	0	0	1	0	3	1	1	0	1	0	0	2	1	0	0	4	42	42
Galle	21	9	9	6	3	5	3	2	3	2	6	14	2	2	4	2	1	2	13	6	5	2	0	5	3	10	2	4	4	1	1	3	2	3	0	1	23	184	
Matara	14	6	5	2	1	0	1	0	3	1	2	5	0	2	2	2	0	1	5	3	1	1	0	1	0	6	1	1	1	1	1	1	2	1	1	0	5	79	79
Hambantota	8	6	6	2	1	0	1	0	3	1	2	4	0	1	1	1	0	1	5	4	2	1	0	1	0	5	1	1	1	0	0	0	1	2	1	0	3	66	66
Jaffna	20	10	6	2	0	1	2	1	3	1	4	5	1	2	2	2	2	2	8	1	1	0	0	6	2	7	1	2	1	1	1	1	1	0	0	3	103	103	
Kilinochchi	3	2	2	1	0	0	1	0	1	0	0	1	0	1	0	2	0	0	2	2	1	0	0	0	0	1	0	1	0	0	0	1	1	0	0	0	1	24	24
Mannar	3	3	2	1	1	0	0	0	1	1	1	2	0	0	0	2	0	0	2	1	1	0	0	0	0	0	3	0	0	1	0	0	1	1	0	0	1	28	28
Vavuniya	4	2	2	1	1	0	1	0	1	2	1	2	0	1	1	2	0	1	2	2	1	1	0	1	0	2	1	1	0	2	0	1	1	0	0	0	1	38	38
Mullaitivu	1	2	1	0	0	0	0	0	1	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	11	11
Batticaloa	12	6	7	2	1	0	1	1	1	1	1	5	1	1	1	3	0	2	3	2	3	2	0	2	2	4	0	1	0	1	1	1	1	1	0	0	5	75	75
Ampara	6	1	3	1	1	0	1	0	1	1	1	2	0	1	1	1	0	1	4	1	1	0	0	1	0	3	1	1	0	1	0	1	1	1	1	0	0	39	39
Trincomalee	6	5	5	1	1	0	0	0	1	0	2	4	0	1	1	1	0	0	3	2	1	1	0	0	1	4	1	1	2	1	0	1	1	0	0	0	0	47	47
Kalmunai	8	4	5	2	0	0	1	0	1	0	1	7	0	0	1	2	0	0	4	1	0	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	1	42	42
Kurunegala	11	8	8	4	2	2	2	2	4	2	6	13	1	3	4	3	1	2	6	2	3	2	0	2	2	7	2	4	2	1	1	2	1	2	1	0	7	125	125
Puttalam	38	7	6	2	2	0	1	1	2	1	3	5	0	2	3	2	0	2	2	3	2	2	0	1	1	4	2	2	1	1	1	1	1	1	0	0	4	106	106
Anuradhapura	14	4	4	2	2	0	2	2	3	1	1	4	1	3	0	3	0	1	4	4	3	1	0	2	2	6	2	1	1	1	1	2	1	1	1	0	14	94	94
Polonnaruwa	6	3	3	3	1	0	1	0	2	1	1	3	0	1	0	2	0	1	4	1	1	1	0	1	0	3	1	2	0	0	1	4	1	1	1	0	2	52	52
Badulla	10	7	7	2	1	0	1	2	3	3	4	6	0	3	4	3	1	1	8	5	2	2	0	2	2	4	1	1	0	1	1	1	2	0	2	0	4	96	96
Moneragale	7	3	3	2	1	0	0	0	2	1	3	3	0	1	1	2	0	1	3	1	2	0	0	0	0	3	0	0	0	1	0	0	0	1	0	0	1	42	42
Ratnapura	14	8	9	4	1	0	2	1	4	3	10	8	1	2	4	2	0	1	6	5	3	3	0	0	2	8	1	3	0	2	1	1	3	2	1	0	7	122	122
Kegalle	9	7	7	1	1	0	1	0	4	1	5	6	3	1	3	0	0	1	4	4	1	2	0	1	0	5	1	1	0	1	1	1	1	1	1	0	1	76	76
Total	344	173	159	81	42	22	42	23	81	47	86	186	20	51	73	77	16	34	181	97	69	57	1	53	25	166	40	50	107	30	20	35	44	41	24	24	218	2839	

Exclude: ¹Specialists working under University Grant Commission

Source: Medical Statistics Unit

Include: ²Virologists, Immunologists, Parasitologists & Neonatologists
Acting Consultants

12(b). Distribution of Specialists in Curative Care Services¹ by Regional Director of Health Services Division, December 2023

RDHS Division	General Physicians	General Surgeons	Obstetricians & Gynaecologists	Cardiologists	Chest Physicians	Thoracic Surgeons	Neurologists	Neuro Surgeons	Deamatoologists	Rheumatologists	Psychiatrists	Paediatricians	Paediatric Surgeons	ENT Surgeons	Eye Surgens	Orthopaedic Surgens	Plastic Surgens	Genito Urinary Surgens	Anaesthesiologists	Histo-Pathologists/Chemical Pathologists	Haematologists	Bacteriologists/Microbiologists /Virologists/Mycologists	Biochemists	Oncologists/ Radiotherapists	Oncology Surgeons	Radiologists	Venereologists	Forensic Pathologists/ Judicial Medical Officers	Public Health/ Community Health Physicians	Endocrinologists	Gastroenterologists	Nephrologists	Specialist Dental Surgens - Orthodontists	Specialist Dental Surgens - Maxillofacial	Specialist Dental Surgens - Restorative	Other ²	Total	
Colombo	70	33	28	22	8	6	12	4	16	12	28	40	4	16	24	22	7	9	42	22	25	24	0	19	5	44	10	15	77	6	4	13	7	9	9	98	790	
Gampaha	32	13	10	5	6	4	3	0	7	4	4	13	1	5	8	5	1	4	14	8	5	5	0	2	1	10	3	4	4	2	2	3	6	4	0	15	213	
Kalutara	12	4	7	4	1	0	1	0	3	1	3	9	0	2	3	2	0	1	5	4	3	2	0	1	0	6	1	3	2	1	1	1	2	1	1	6	93	
Kandy	19	8	10	7	5	4	5	2	6	3	5	18	1	4	5	8	3	1	18	7	5	4	0	3	2	11	2	2	4	2	1	5	18	2	9	40	249	
Matale	4	5	4	2	1	0	1	0	1	1	2	3	0	1	2	1	0	0	2	2	1	0	0	1	0	3	1	2	1	0	1	0	1	1	0	1	45	
Nuwara Eliya	5	4	4	2	1	0	0	0	3	1	3	3	0	1	1	1	0	1	3	1	1	0	0	1	0	3	0	1	1	1	0	0	2	1	0	6	51	
Galle	21	11	10	5	1	3	3	2	5	2	7	19	2	2	4	4	1	2	12	6	6	4	0	3	4	13	2	4	3	1	2	2	1	3	0	7	177	
Matara	11	5	7	2	0	0	1	0	3	1	3	6	0	1	1	2	0	1	5	1	1	1	1	1	0	4	1	2	0	1	1	1	2	1	1	4	72	
Hambanthota	7	4	6	2	1	0	1	0	3	1	4	5	0	1	2	1	0	1	3	2	1	1	0	1	0	5	1	2	0	0	0	0	2	1	0	3	61	
Jaffna	19	10	7	2	1	1	2	1	3	1	2	7	1	2	1	2	2	2	8	1	1	0	0	3	2	8	0	2	1	1	1	1	2	1	0	4	102	
Kilinochchi	2	1	2	0	0	0	0	0	1	0	0	2	0	1	1	2	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	20
Mannar	1	1	2	1	0	0	0	0	1	0	1	2	0	1	1	2	0	0	1	1	1	0	0	0	0	1	2	1	0	0	0	0	0	0	1	0	0	21
Vavuniya	3	2	2	1	0	0	1	0	1	0	1	2	0	2	1	2	0	1	2	1	1	1	0	0	0	2	0	1	0	1	0	1	1	1	0	2	33	
Mullaitivu	3	0	1	1	0	0	0	0	1	0	2	2	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	14
Batticaloa	11	6	4	2	1	0	1	1	1	3	2	3	2	1	1	2	0	2	4	2	1	1	0	2	2	4	0	1	0	1	1	1	0	1	1	6	71	
Ampara	5	3	3	1	1	0	1	0	1	1	1	3	0	1	1	1	0	1	2	1	1	0	0	1	0	3	1	1	0	1	0	1	1	1	1	0	39	
Trincomalee	6	4	5	1	1	0	0	0	1	0	1	3	0	1	2	2	0	0	2	2	1	0	0	0	0	2	0	2	2	0	0	0	1	0	0	0	39	
Kalmunai	6	4	5	1	0	0	1	0	1	0	1	5	0	0	2	2	0	0	3	1	0	0	0	0	1	2	1	0	0	0	0	0	0	0	0	0	36	
Kurunegala	15	8	10	3	3	1	2	1	4	2	4	11	1	3	2	3	1	2	6	4	4	2	0	2	2	7	0	4	2	1	2	3	1	2	0	3	121	
Puttlam	9	7	6	2	2	0	1	0	2	1	2	6	0	2	3	3	0	1	4	3	2	1	0	1	0	4	2	2	1	1	1	1	1	0	0	72		
Anuradhapura	9	4	5	3	2	0	2	2	3	2	3	3	1	2	2	2	0	1	3	3	3	1	0	2	1	6	1	3	1	1	1	2	1	1	1	11	88	
Polonnaruwa	6	3	3	3	3	0	1	0	2	1	2	4	0	1	1	3	0	1	3	3	1	1	0	1	1	2	1	1	0	1	1	4	1	1	2	4	62	
Badulla	13	7	6	2	1	0	1	2	2	2	3	8	0	1	2	3	0	1	4	2	0	1	0	2	2	6	1	4	0	1	2	1	1	1	1	2	85	
Moneragala	4	3	3	1	0	0	0	0	1	1	1	1	0	2	1	1	0	1	2	1	1	0	0	0	2	0	1	0	0	0	0	0	0	0	0	1	28	
Rathnapura	13	6	8	2	2	0	1	1	5	2	5	9	1	2	3	3	0	0	4	5	3	1	0	1	1	5	1	3	1	1	2	1	2	1	1	3	99	
Kegalle	8	7	7	1	1	0	1	0	4	0	2	8	0	1	2	1	0	1	5	4	1	2	0	1	0	5	1	2	1	1	1	1	1	1	1	3	75	
Sri Lanka	314	163	165	78	42	19	42	16	81	42	92	195	14	56	77	80	15	34	159	89	70	52	1	48	24	159	32	64	101	25	24	42	55	36	28	222	2756	

Exclude: ¹Specialists working under University Grant Commission

Include: ²Virologists, Immunologists, Parasitologists & Neonatologists, Acting Consultants

Table 13. National Expenditure, Health Expenditure and GNP, 2016 - 2023

Description	2016	2017	2018	2019	2020	2021	2022	2023
National Expenditure (Rs. Million)	3,106,443	3,470,589	3,970,636	4,075,827	4,457,390	4,879,195	5,985,984	10,674,332
Government Health Expenditure -Excluding Private Health Sector (Rs. Million)	192,535	206,182	234,899	262,436	250,813	246,158	338,712	411,753
Government Health Expenditure -Excluding Private Health Sector (as a % of National Expenditure)	6.20	5.94	5.92	6.44	5.63	5.05	5.66	3.86
Mid Year Population ('000 Persons)	21,203	21,444	21,670	21,803	21,919	22,156	22,181	22,037
Per-capita Health Expenditure - Excluding Private Health Sector (Rs.)	9,081	9,615	10,840	12,037	11,443	11,110	15,270	18,685
GDP (Rs. Million)	11,996,083	13,328,103	14,290,907	14,997,157	15,027,374	16,809,309	24,063,762	27,629,665
Government Health Expenditure - Excluding Private Health Sector (as a % of GDP)	1.60	1.55	1.64	1.75	1.67	1.46	1.41	1.49
GNI (Rs. Million)	11,676,431	12,975,247	13,901,306	14,555,763	14,604,311	16,402,705	23,432,546	26,734,375
Government Health Expenditure - Excluding Private Health Sector (as a % of GNI)	1.65	1.59	1.69	1.80	1.72	1.50	1.45	1.54

Table 14. Summary of Health Expenditure and Source of Fund, 2016 - 2023

Rs. Million

Description	2016	2017	2018	2019	2020	2021	2022	2023
Government Health Expenditure-Excluding Private Health Sector								
Recurrent Expenditure	164,397	172,525	198,334	232,161	206,257	207,802	299,914	378,158
Capital Expenditure	28,138	33,657	36,565	30,275	44,556	38,356	38,798	33,595
Total	192,535	206,182	234,899	262,436	250,813	246,158	338,712	411,753
Source of Fund								
Consolidated Fund	184,754	197,912	226,160	259,873	224,711	230,652	305,546	375,001
Foreign Aid	7,781	8,270	8,739	2,563	26,102	15,506	33,166	36,751
Total	192,535	206,182	234,899	262,436	250,813	246,158	338,712	411,752

Source: Central Bank of Sri Lanka - Annual Report 2022,2023

Ministry of Finance and Planning Sri Lanka - Annual Report 2022,2023

Department of State Accounts, General Treasury - Financial Statements for the year ended 31st December 2022,2023

Ministry of Health - Appropriation Account - 2022,2023

Table 15. Summary of Health Expenditure by Programme, 2022-2023

Rs. Million

Programme	2022			2023		
	Ministry of Health	Provincial Health	Total	Ministry of Health	Provincial Health	Total
Recurrent Expenditure						
Operational Activities	116,056			130,005		
Minister's Office	22			83		
Ministry Administration and Establishment Services	7,511			8,269		
Hospital Operation	108,131			121,297		
State Ministry	69					
Administration and Establishment Services (Indigenous Medicine)	323			356		
Development Activities	91,399			163,247		
Health Promotion and Disease Prevention	1,660					
National Nutrition Programme	716			2,370		
Medical Research	446			487		
Human Resources Development	14,867			14,378		
Medical Supplies	73,710			144,285		
Prevention and Control of Communicable and Non Communicable Diseases	-	-	-	1,727		
Total Recurrent Expenditure	207,455	92,458	299,913	293,254	84,905	378,159
Capital Expenditure						
Operational Activities	3,383			9,232		
Minister's Office	3			9		
Ministry Administration and Establishment Services	281			247		
Hospital Operation	3,090			8,969		
Administration and Establishment Services (Indigenous Medicine)	7			7		
State Ministry	2					
Development Activities	30,011			16,832		
Hospital Development Project	27,115			13,562		
Health Promotion and Disease Prevention	293					
Control of Communicable and Non Communicable Diseases	778			1,253		
National Nutrition Programme	1					
Promotion of Indigenous Medicine	2					
Medical Supplies	162			171		
Medical Research	19			28		
Promotion of Indigenous Medicine				4		
Human Resources Development	1,641			1,814		
Total Capital Expenditure	33,395	5,402	38,797	26,064	7,530	33,594
Total Health Expenditure (Recurrent + Capital)						
Operational Activities	119,441			139,237		
Minister's Office	25			92		
Ministry Administration and Establishment Services	7,792			8,516		
Administration and Establishment Services (Indigenous Medicine)	331			363		
Hospital Operation	111,221			130,266		
State Ministry	72					
Development Activities	121,411			180,080		
Hospital Development Project	27,115			13,562		
Health Promotion and Disease Prevention	1,954					
Control of Communicable and Non Communicable Diseases	778			2,980		
Promotion of Indigenous Medicine	2			4		
National Nutrition Programme	717			2,370		
Medical Research	465			516		
Medical Supplies	73,872			144,456		
Human Resources Development	16,508			16,192		
Grand Total (Recurrent + Capital)	240,850	97,860	338,710	319,318	92,435	411,753

Source: Central Bank of Sri Lanka - Annual Report 2022,2023

Ministry of Finance and Planning Sri Lanka - Annual Report 2022,2023

Department of State Accounts, General Treasury - Financial Statements for the year ended 31st December 2022,2023

Ministry of Health, Nutrition & Indigenous Medicine - Appropriation Account - 2022,2023

Table 16(a). Indoor Morbidity and Mortality Statistics by Broad Disease Groups, 2022

Disease Group	Total*	Live Discharges											Deaths
		Total	Sex (%)		Age Group (%)								
			Male	Female	under 1	1 - 4	5 - 16	17 - 49	50 - 69	70+	Unknown		
1 Intestinal infectious diseases (A00-A09)	69,361	69,286	47.8	52.2	7.3	22.8	17.2	23.2	17.3	12.1	0.1	75	
2 Tuberculosis (A15-A19)	6,878	6,542	68.1	31.9	0.4	0.7	2.5	37.6	44.2	14.6	0.1	336	
3 Other bacterial diseases (A20-A49)	36,064	27,821	70.2	29.8	6.2	4.6	5.3	40.2	32.0	11.6	0.0	8,243	
4 Infections with sexual mode of transmission (A50-A64)	622	622	53.1	46.9	2.9	1.3	5.0	59.6	22.5	8.5	0.2	-	
5 Viral diseases (A80-B34)	285,071	282,858	53.9	46.1	3.0	10.9	15.5	45.8	17.4	7.3	0.0	2,213	
6 Malaria (B50-B54)	58	58	65.5	34.5	3.4	5.2	5.2	69.0	13.8	3.4	-	-	
7 Helminthiases (B76,B77,B79,B80)	28	28	53.6	46.4	-	21.4	17.9	28.6	32.1	-	-	-	
8 Other infectious and parasitic diseases (A02.1-A02.9, A65-A79, B35-B49, B55-B73, B74, B75, B78, B81-B85, B86, B87-B89, B90-B94, B95-B99)	15,842	15,802	51.4	48.6	1.3	4.5	14.6	49.1	23.1	7.3	0.1	40	
9 Neoplasms (C00-D48)	156,458	150,724	41.9	58.1	0.3	2.4	4.9	25.6	49.7	17.2	0.0	5,734	
10 Iron deficiency anaemias (D50)	6,746	6,731	34.4	65.6	0.7	2.3	5.4	32.1	33.0	26.4	0.0	15	
11 Haem. con. and other diseases of blood and ... (D51-D89)	43,988	43,835	51.0	49.0	1.2	6.8	23.8	27.9	22.9	17.4	0.0	153	
12 Diabetes mellitus (E10-E14)	67,040	66,389	47.0	53.0	0.1	0.3	1.6	24.2	52.5	21.3	0.0	651	
13 Malnutrition and vitamin deficiencies (E40-E46,E50-E56)	729	723	50.9	49.1	5.4	15.4	14.4	16.5	21.4	16.0	10.9	6	
14 Oth eno, nutr and metabo... (E00-E07,E15-E34,E58-E89)	43,154	42,896	39.3	60.7	1.1	1.8	3.7	28.2	39.7	25.5	0.1	258	
15 Mental and behavioural disorders (F00-F99)	51,035	51,035	58.1	41.9	-	0.7	4.8	59.8	26.8	7.4	0.5	-	
16 Diseases of the nervous system (G00-G98)	69,627	68,840	51.4	48.6	2.2	5.3	11.6	37.9	28.8	14.1	0.1	787	
17 Diseases of the eye and adnexa (H00-H59)	168,617	168,617	51.6	48.4	0.4	1.5	5.1	20.8	47.3	24.9	0.0	-	
18 Dis of the ear... (H60-H61,H65-H74,H80-H83,H90-H95)	57,876	57,876	45.0	55.0	2.0	8.5	13.6	33.1	28.9	13.9	0.0	-	
19 Rheum. fever and rheum. heart dis. (I00-I02,I05-I09)	3,818	3,787	54.6	45.4	-	0.7	18.4	36.1	35.0	9.6	0.1	31	
20 Hypertensive diseases (I10-I15)	94,904	94,256	40.2	59.8	0.0	0.0	0.3	20.2	47.6	31.8	0.1	648	
21 Ischaemic heart disease (I20-I25)	139,333	130,783	57.9	42.1	0.0	0.0	0.2	18.8	52.4	28.6	0.1	8,550	
22 Other heart diseases (I26-I51)	40,018	35,517	52.4	47.6	0.3	0.3	1.4	18.1	45.3	34.5	0.0	4,501	
23 Cerebrovascular disease (I60-I69)	61,126	56,515	60.6	39.4	0.0	0.0	0.2	12.0	46.0	41.7	0.1	4,611	
24 Other diseases of the circulatory system (I70-I99)	42,488	42,277	58.0	42.0	0.2	0.7	2.2	32.8	46.2	17.9	0.0	211	
25 Influenza (J10-J11)	983	972	37.8	62.2	3.5	13.9	18.8	25.8	24.0	14.0	-	11	
26 Pneumonia (J12-J18)	25,465	20,250	52.5	47.5	7.1	17.7	10.9	15.3	26.6	22.3	0.0	5,215	
27 Other dise. of the upper respir. tract (J00-J06,J30-J39)	97,099	97,063	50.5	49.5	7.8	22.6	20.1	26.3	15.6	7.6	0.0	36	
28 Diseases of the resp. system exclu... (J20-J22, J40-J98)	340,276	333,507	53.8	46.2	6.2	13.8	16.7	18.4	24.9	19.9	0.1	6,769	
29 Diseases of teeth and supporting structure (K00-K014)	11,227	11,227	56.3	43.7	1.1	8.9	15.8	38.7	26.1	9.4	-	-	
30 Diseases of the gastrointestinal tract (K20-K92)	308,033	303,979	55.5	44.5	0.6	2.4	8.8	41.3	33.1	13.8	0.0	4,054	
31 Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	199,089	198,988	56.8	43.2	0.9	3.1	6.9	33.3	37.4	18.3	0.0	101	
32 Diseases of the musculoskeletal system (M00-M99)	159,170	159,029	53.7	46.3	0.2	1.0	7.2	45.4	33.4	12.7	0.0	141	
33 Diseases of the urinary system (N00-N39, N99.0, N99.1, N99.4,N99.5)	386,524	382,843	60.5	39.5	0.6	1.5	3.7	37.7	42.2	14.3	0.0	3,681	
34 Diseases of breast (N60-N64)	12,377	12,377	8.5	91.5	0.3	0.3	4.6	63.6	24.2	7.0	0.0	-	
35 Diseases of the male genital organs (N40-N50)	22,005	22,003	100.0	-	0.6	5.7	11.6	27.7	32.0	22.3	0.0	2	
36 Disor. of female genito-urinary sys. (N70-N98, N99.2, N99.3)	77,868	77,861	-	100.0	0.1	0.2	2.4	69.1	23.2	5.0	0.0	7	
37 Abortions (O00-O08)	35,873	35,869	-	100.0	-	-	0.2	99.3	0.3	-	0.1	4	
38 False labour (O47)	7,292	7,292	-	100.0	-	-	0.7	99.3	0.0	-	0.1	-	
39 Other obstetric conditions and those admitted and discharged before delivery	214,512	214,474	-	100.0	-	-	0.4	99.4	0.1	-	0.1	38	
40 Single spontaneous delivery (O80)	133,325	133,325	-	100.0	-	-	0.3	99.6	0.0	-	0.0	-	
41 Slow fetal growth, fetal malnutrition and... (P05-P07)	6,011	5,560	49.7	50.3	100.0	-	-	-	-	-	-	451	
42 Other conditions originating in the perinatal period (P00-P04, P08-P96)	42,378	41,716	50.2	49.8	100.0	-	-	-	-	-	-	662	
43 Congenital malformations deformations... (Q00-Q99)	11,166	10,696	57.4	42.6	35.3	34.5	19.9	7.5	2.3	0.5	0.0	470	
44 Symptoms, Signs and abnormal clinical findings (R00-R99)	652,860	651,959	50.3	49.7	2.2	7.3	11.6	36.7	27.7	14.4	0.0	901	
45 Traumatic injuries (S00-T19, W54)	925,153	923,024	67.6	32.4	0.4	5.4	14.6	49.3	22.1	8.1	0.1	2,129	
46 Burns and corrosion (T20-T32)	12,481	12,236	58.0	42.0	2.1	20.2	15.6	40.1	16.5	5.5	0.0	245	
47 Toxic effects of pesticides (T60.0,T60.1-T60.9)	6,678	6,502	61.7	38.3	-	1.9	8.9	70.6	12.6	3.1	2.8	176	
48 Snake bites (T63.0)	27,869	27,804	62.4	37.6	0.2	2.7	11.5	50.5	28.9	6.1	0.0	65	
49 Tox. effe. of ot. sub. oth tha.. (T36-T59,T61-T62,T63.1-T65)	58,052	57,771	53.0	47.0	0.6	7.4	14.7	56.2	16.6	4.5	0.0	281	
50 Effects of unspecified external causes... (T33-T35,T66-T79)	62,970	62,792	51.4	48.6	1.3	6.5	19.9	40.7	23.3	8.3	0.0	178	
51 Complications of surgical and medical care... (T80-T88)	15,508	15,467	52.1	47.9	2.9	4.2	7.8	38.2	30.1	16.7	0.0	41	
52 Sequelae of injuries, poisoning and of other... (T90-T98)	897	893	60.4	39.6	0.2	2.6	8.4	39.2	35.7	13.8	0.1	4	
53 Persons encountering health services.... (Z00-Z13,Z40-Z54)	760,104	760,104	54.6	45.4	1.8	3.1	6.3	35.9	37.5	15.5	0.0	-	
54 Sterilizations (Z30.2)	3,512	3,512	2.3	97.7	-	-	-	97.0	2.6	0.2	0.2	-	
55 Undiagnosed/Uncoded	272,709	268,936	51.5	48.5	2.7	4.1	8.6	45.7	27.7	11.1	0.1	3,773	
Total	6,350,347	6,283,849	51.4	48.6	2.4	5.0	9.1	41.0	29.1	13.4	0.1	66,498	

* Total = (Number of Live Discharges + Deaths)

Source : Medical Statistics Unit

Table 16(b). Indoor Morbidity and Mortality Statistics by Broad Disease Groups, 2023

Disease Group	Total*	Live Discharges											Deaths
		Total	Sex (%)		Age Group (%)								
			Male	Female	Under 1	1 - 4	5 - 16	17 - 49	50 - 69	70+	Unknown		
1 Intestinal infectious diseases (A00-A09)	86,166	86,075	46.9	53.1	6.7	21.4	18.8	23.4	17.6	12.2	0.0	91	
2 Tuberculosis (A15-A19)	8,434	8,111	68.9	31.1	0.2	0.8	3.1	35.9	43.9	16.0	0.0	323	
3 Other bacterial diseases (A20-A49)	41,228	32,089	70.2	29.8	5.1	3.7	5.9	41.9	31.7	11.6	0.0	9,139	
4 Infections with sexual mode of transmission (A50-A64)	1,269	1,268	61.6	38.4	1.7	1.6	9.4	58.4	21.5	6.5	1.0	1	
5 Viral diseases (A80-B34)	256,604	256,410	54.0	46.0	2.9	11.1	18.5	45.3	16.4	6.0	0.0	194	
6 Malaria (B50-B54)	208	208	52.4	47.6	5.8	11.1	8.7	44.7	20.2	9.6	-	-	
7 Helminthiasis (B76,B77,B79,B80)	32	32	28.1	71.9	3	25.0	12.5	21.9	31.3	6	-	-	
8 Other infectious and parasitic diseases (A02.1-A02.9, A65-A79, B35-B49, B55-B73, B74, B75, B78, B81-B85, B86, B87-B89, B90-B94, B95-B99)	19,038	19,018	49.3	50.7	1.4	5.4	13.1	45.6	26.0	8.4	0.1	20	
9 Neoplasms (C00-D48)	169,870	163,983	42.0	58.0	0.2	2.4	4.9	25.4	49.8	17.2	0.0	5,887	
10 Iron deficiency anaemias (D50)	7,284	7,276	35.6	64.4	0.6	3.0	6.0	34.0	30.0	26.5	0.0	8	
11 Haem. con. and other diseases of blood and ... (D51-D89)	52,171	52,061	49.9	50.1	1.0	5.5	22.7	28.7	23.0	19.1	0.0	110	
12 Diabetes mellitus (E10-E14)	68,335	67,806	47.4	52.6	0.0	0.2	1.4	23.8	52.8	21.7	0.0	529	
13 Malnutrition and vitamin deficiencies (E40-E46,E50-E56)	676	668	47.5	52.5	4.8	15.7	14.1	24.0	22.0	16.6	2.8	8	
14 Oth eno, nutr and metabo... (E00-E07,E15-E34,E58-E89)	50,737	50,475	39.6	60.4	1.0	1.5	3.5	26.6	40.8	26.6	0.0	262	
15 Mental and behavioural disorders (F00-F99)	57,602	57,602	56.1	43.9	-	0.6	5.4	59.5	26.4	7.7	0.4	-	
16 Diseases of the nervous system (G00-G98)	78,251	77,394	50.9	49.1	2.1	4.7	12.3	37.7	28.9	14.3	0.1	857	
17 Diseases of the eye and adnexa (H00-H59)	178,134	178,134	49.6	50.4	0.5	2.0	7.0	21.8	43.4	25.4	0.0	-	
18 Dis of the ear.. (H60-H61,H65-H74,H80-H83,H90-H95)	72,278	72,278	44.7	55.3	1.7	8.3	15.4	31.6	28.6	14.3	0.0	-	
19 Rheum. fever and rheum. heart dis. (I00-I02,I05-I09)	3,566	3,542	57.6	42.4	0	0.8	15.8	31.4	41.8	10.0	0.1	24	
20 Hypertensive diseases (I10-I15)	105,686	105,168	41.1	58.9	0.0	0.0	0.3	20.8	47.1	31.7	0.0	518	
21 Ischaemic heart disease (I20-I25)	157,044	148,526	57.7	42.3	0.0	0.0	0.2	19.3	51.6	28.8	0.1	8,518	
22 Other heart diseases (I26-I51)	45,653	40,893	52.4	47.6	0.3	0.3	1.4	17.1	45.0	35.8	0.0	4,760	
23 Cerebrovascular disease (I60-I69)	67,344	62,743	60.6	39.4	0.0	0.0	0.3	12.6	46.0	40.9	0.1	4,601	
24 Other diseases of the circulatory system (I70-I99)	46,111	45,844	58.3	41.7	0.1	0.6	2.7	31.4	46.4	18.8	0.0	267	
25 Influenza (J10-J11)	2,312	2,299	47.3	52.7	5.6	32.3	31.0	14.0	10.7	6.4	-	13	
26 Pneumonia (J12-J18)	33,671	27,526	51.0	49.0	7.0	16.1	13.2	14.2	26.8	22.7	0.0	6,145	
27 Other dise. of the upper respir. tract (J00-J06,J30-J39)	132,620	132,578	50.4	49.6	6.7	22.1	23.9	25.2	14.8	7.3	0.0	42	
28 Diseases of the resp. system exclu... (J20-J22, J40-J98)	440,294	432,533	53.4	46.6	5.9	12.4	17.2	18.1	25.6	20.8	0.1	7,761	
29 Diseases of teeth and supporting structure (K00-K014)	12,013	12,013	55.7	44.3	0.8	7.5	15.6	40.5	26.1	9.5	0	-	
30 Diseases of the gastrointestinal tract (K20-K92)	341,105	336,889	55.4	44.6	0.6	2.3	9.8	40.2	33.0	14.1	0.0	4,216	
31 Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	219,023	218,911	57.3	42.7	0.8	3.2	6.9	32.9	37.5	18.8	0.0	112	
32 Diseases of the musculoskeletal system (M00-M99)	185,860	185,728	53.1	46.9	0.1	1.2	7.9	44.1	33.5	13.3	0.0	132	
33 Diseases of the urinary system (N00-N39, N99.0, N99.1, N99.4,N99.5)	445,053	441,456	59.3	40.7	0.5	1.4	4.0	36.3	43.0	14.8	0.0	3,597	
34 Diseases of breast (N60-N64)	13,367	13,365	8.0	92.0	0.3	0.3	4.1	63.5	24.6	7.2	-	2	
35 Diseases of the male genital organs (N40-N50)	24,260	24,258	100.0	-	0.6	5.3	12.7	29.4	30.8	21.2	0.0	2	
36 Disor. of female genito-urinary sys. (N70-N98, N99.2, N99.3)	78,536	78,530	-	100.0	0.1	0.2	2.5	68.5	23.5	5.3	0.0	6	
37 Abortions (O00-O08)	31,986	31,985	-	100.0	-	-	0.3	99.3	0.3	-	0.1	1	
38 False labour (O47)	5,871	5,871	-	100.0	-	-	0.8	99.1	0.1	-	0.0	-	
39 Other obstetric conditions and those admitted and discharged before delivery	194,955	194,904	-	100.0	-	-	0.4	99.4	0.1	-	0.1	51	
40 Single spontaneous delivery (O80)	108,570	108,570	-	100.0	-	-	0.3	99.6	0.0	-	0.0	-	
41 Slow fetal growth, fetal malnutrition and... (P05-P07)	5,182	4,786	49.0	51.0	100.0	-	-	-	-	-	-	396	
42 Other conditions originating in the perinatal period (P00-P04, P08-P96)	43,699	43,110	50.3	49.7	100.0	-	-	-	-	-	-	589	
43 Congenital malformations deformations... (Q00-Q99)	11,549	11,164	57.6	42.4	30.3	32.3	25.4	9.1	2.3	0.4	0.2	385	
44 Symptoms, Signs and abnormal clinical findings (R00-R99)	780,451	779,359	49.5	50.5	2.0	6.0	11.9	37.1	28.2	14.9	0.0	1,092	
45 Traumatic injuries (S00-T19, W54)	942,526	940,706	66.1	33.9	0.4	5.4	15.3	47.6	22.5	8.7	0.1	1,820	
46 Burns and corrosion (T20-T32)	12,405	12,273	58.3	41.7	2.3	19.6	17.1	38.4	16.4	6.2	0.0	132	
47 Toxic effects of pesticides (T60.0,T60.1-T60.9)	6,693	6,530	64.3	35.7	-	1.8	8.6	69.4	14.2	3.6	2.4	163	
48 Snake bites (T63.0)	29,975	29,927	62.9	37.1	0.2	2.5	11.1	49.9	29.6	6.8	0.0	48	
49 Tox. effe. of ot. sub. oth tha.. (T36-T59,T61-T62,T63.1-T65)	62,680	62,455	52.0	48.0	0.6	7.2	15.5	54.9	17.0	4.8	0.0	225	
50 Effects of unspecified external causes... (T33-T35,T66-T79)	72,478	72,314	50.8	49.2	1.3	7.6	21.7	40.0	21.8	7.6	0.0	164	
51 Complications of surgical and medical care... (T80-T88)	16,342	16,305	51.9	48.1	2.8	4.3	8.3	37.6	31.5	15.5	0.0	37	
52 Sequelae of injuries, poisoning and of other... (T90-T98)	1,037	1,031	60.9	39.1	0.3	3.6	7.6	36.6	34.4	17.5	0.1	6	
53 Persons encountering health services.... (Z00-Z13,Z40-Z54)	816,225	816,225	55.1	44.9	1.6	2.8	6.1	34.3	38.7	16.5	0.0	-	
54 Sterilizations (Z30.2)	4,423	4,423	3.3	96.7	-	-	-	95.5	4.0	0.1	0.3	-	
55 Undiagnosed/Uncoded	300,850	296,749	51.1	48.9	2.4	3.6	8.7	45.2	28.5	11.5	0.1	4,101	
Total	6,949,732	6,882,377	51.5	48.5	2.3	4.8	9.9	39.0	29.8	14.1	0.0	67,355	

* Total = (Number of Live Discharges + Deaths)

Source : Medical Statistics Unit

Table 17. Trends in Hospital Morbidity and Mortality by Broad Disease Groups, 2015 - 2023

Disease Group by International Classification of Diseases (10th Revision)		Morbidity (Cases per 100,000 population)									Mortality (Cases per 100,000 population)								
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2015	2016	2017	2018	2019	2020	2021	2022	2023
1.	Certain infectious and parasitic diseases (A00-B99)	1,984.9	2,061.6	3,309.7	2,148.7	2,410.1	1,209.8	2,759.4	1,866.1	1,874.0	22.8	26.0	28.8	27.3	32.5	26.0	85.0	49.2	44.3
2.	Neoplasms (C00-D48)	604.6	640.4	629.6	729.4	747.6	647.0	604.4	705.4	770.8	22.9	24.3	23.0	26.7	28.9	24.4	23.1	25.9	26.7
3.	Diseases of the blood & blood- forming organs & certain disorders involving the immune mechanism (D50-D89)	173.9	195.2	191.2	250.5	245.6	202.4	192.0	228.7	269.8	0.5	0.4	0.5	0.5	0.5	0.4	0.5	0.8	0.5
4.	Endocrine, nutritional and metabolic diseases (E00-E90)	526.9	573.6	555.2	610.5	682.5	538.3	419.6	500.1	543.4	3.9	4.4	4.4	4.1	4.2	3.5	4.1	4.1	3.6
5.	Mental and behavioural disorders (F00-F99)	233.4	244.3	246.1	267.5	269.6	212.6	166.5	230.1	261.4	-	-	-	-	-	-	-	-	-
6.	Diseases of the nervous system (G00-G99)	323.9	324.4	322.8	354.4	366.9	299.5	237.2	313.9	355.1	2.8	2.8	3.0	3.1	3.3	2.6	3.1	3.5	3.9
7.	Diseases of the eye and adnexa (H00-H59)	786.6	832.3	714.6	789.1	865.3	621.0	495.6	760.2	808.3	-	-	-	-	-	-	-	-	-
8.	Diseases of the ear and mastoid process (H60-H95)	219.0	221.6	241.1	280.8	305.0	257.5	167.3	260.9	328.0	-	-	-	-	-	-	-	-	-
9.	Diseases of the circulatory system (I00-I99)	1,610.4	1,641.6	1,619.5	1,800.0	1,906.5	1,579.2	1,304.6	1,720.8	1,930.4	68.6	66.7	70.3	74.3	78.7	66.1	69.0	83.6	84.8
10.	Diseases of the respiratory system (J00-J99)	3,028.4	2,513.2	2,935.2	2,939.0	2,991.6	1,378.8	804.6	2,091.1	2,763.1	35.3	30.0	39.6	40.6	46.3	30.8	31.8	54.2	63.4
11.	Diseases of the digestive system (K00-K93)	1,545.1	1,552.4	1,544.8	1,704.7	1,718.9	1,391.6	1,069.3	1,439.3	1,602.4	11.1	11.1	11.1	11.6	12.3	11.0	12.5	18.3	19.1
12.	Diseases of the skin and subcutaneous tissue (L00-L99)	991.1	1,121.5	1,045.0	1,063.8	1,157.3	931.4	653.2	897.6	993.9	0.4	0.5	0.5	0.4	0.5	0.4	0.3	0.5	0.5
13.	Diseases of the musculoskeletal system and connective tissue (M00-M99)	804.1	838.9	817.2	910.8	938.1	753.2	537.7	717.6	843.4	0.2	0.3	0.3	0.3	0.5	0.4	0.6	0.6	0.6
14.	Diseases of the genitourinary system (N00-N99)	1,620.8	1,747.4	1,786.3	2,096.6	2,419.2	2,178.3	1,843.9	2,248.7	2,546.7	13.0	12.8	12.9	13.2	14.4	12.6	14.1	16.6	16.4
15.	Pregnancy, childbirth and the puerperium ^{1,4} (O00-O99, Z35)	5,226.2	5,167.6	5,211.2	5,619.5	5,587.5	5,056.3	4,386.3	4,289.5	3,914.6	0.6	0.6	0.7	0.9	0.7	0.9	1.2	0.7	0.9
16.	Certain conditions originating in the perinatal period ² (P00-P96)	13,138.4	13,565.6	14,182.4	15,658.1	16,500.1	15,158.5	15,340.5	17,575.5	19,718.0	372.1	308.1	338.9	375.2	372.7	349.7	445.1	404.3	397.3
17.	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	54.8	55.0	54.0	56.4	60.8	45.9	41.5	50.3	52.4	3.2	2.4	2.5	2.6	2.7	2.1	2.4	2.1	1.7
18.	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified (R00-R99)	2,708.0	2,854.7	3,051.5	3,325.2	3,389.5	2,376.0	1,966.4	2,943.3	3,541.5	4.8	3.1	3.3	3.5	3.3	2.7	2.6	4.1	5.0
19.	Injury, poisoning and certain other consequences of external causes (S00-T98)	5,446.5	5,753.6	5,818.9	6,227.5	6,272.7	5,182.9	4,315.2	5,002.5	5,191.9	12.7	12.9	13.1	13.7	13.8	10.9	12.4	14.1	11.8

¹ Rate Per 100,000 females of the reproductive age group

² Per 100,000 live births / infant population

Excludes:

⁴ Single spontaneous delivery, false labour and those admitted and discharged before delivery

Source : Medical Statistics Unit

Table 18. Trends in Hospitalization and Hospital Deaths of Selected Diseases, 2015 - 2023

Disease and ICD Code		Number of Hospitalizations per 100,000 Population									Number of Deaths per 100,000 Population								
		2015	2016	2017	2018	2019	2020	2021	2022	2023	2015	2016	2017	2018	2019	2020	2021	2022	2023
Intestinal infectious diseases	(A00 - A09)	625.9	619.4	512.9	592.5	529.7	277.5	185.3	312.7	391.0	0.3	0.4	0.3	0.4	0.4	0.2	0.3	0.3	0.4
Tuberculosis	(A15 - A19)	40.8	42.2	37.9	39.8	38.5	30.0	22.1	31.0	38.3	1.5	1.3	1.2	1.2	1.2	1.1	0.9	1.5	1.5
Whooping cough	(A37)	0.5	0.3	0.1	0.3	0.2	0.0	0.0	0.5	0.8	-	-	-	-	-	-	-	-	-
Septicaemia	(A40, A41)	47.0	56.1	60.7	63.3	71.4	59.5	57.5	76.0	86.0	18.7	22.6	24.3	23.8	28.6	22.8	25.2	35.6	39.8
Rabies	(A82)	0.7	0.7	0.8	0.2	0.2	0.2	0.8	0.1	0.1	-	-	-	0.1	0.1	0.1	0.0	0.1	-
Measles	(B05)	15.5	2.2	0.6	0.4	0.5	0.1	0.1	0.1	2.4	-	-	-	-	-	-	-	-	-
Viral hepatitis	(B15 - B19)	12.9	7.6	5.4	4.8	4.8	3.7	3.4	4.3	3.5	-	-	-	-	-	-	-	-	-
Malaria	(B50 - B54)	0.2	0.3	0.4	0.3	0.3	0.2	0.2	0.3	0.9	-	-	-	-	-	-	-	-	-
Helminthiasis	(B76, B77, B79, B80)	0.5	0.5	0.3	0.4	0.4	0.1	0.1	0.1	0.1	-	-	-	-	-	-	-	-	-
Diabetes mellitus	(E10 - E14)	381.8	414.6	396.3	431.6	492.3	376.7	277.3	302.2	310.1	3.3	3.6	3.7	3.3	3.3	2.7	3.4	2.9	2.4
Nutritional deficiencies	(E40 - E46, E50 - E56)	6.7	5.2	4.8	4.0	3.7	2.6	2.4	3.3	3.1	0.1	-	-	-	-	-	-	-	-
Anaemias	(D50 - D64)	137.3	156.9	151.1	189.3	183.0	152.9	138.5	174.7	210.0	0.4	0.3	0.3	0.3	0.3	0.3	0.4	0.5	0.3
Hypertensive disease	(I10 - I15)	463.6	464.3	429.8	468.6	498.9	425.8	297.9	427.9	479.6	3.4	3.1	3.0	2.9	2.8	2.4	2.8	2.9	2.4
Ischaemic heart disease	(I20 - I25)	532.1	540.5	546.8	630.8	667.2	563.7	493.1	628.2	712.6	29.7	28.5	31.0	34.2	37.2	30.4	32.3	38.5	38.7
Asthma	(J45 - J46)	911.0	787.3	803.3	811.9	815.5	465.5	282.7	647.6	737.2	3.2	2.5	2.9	2.6	2.6	1.3	1.3	2.3	2.1
Diseases of the liver	(K70 - K76)	76.3	77.2	74.9	82.1	87.5	78.1	81.7	120.5	137.8	8.7	8.9	8.9	8.9	9.4	8.5	9.7	15.0	16.2
Abortions ¹	(O00 - O08)	870.4	861.3	864.4	895.1	853.1	761.3	629.9	614.8	551.8	0.1	-	0.1	0.1	-	-	0.1	0.1	-

¹ Rate per 100,000 females of the reproductive age group

Source : Medical Statistics Unit

Table 19(a). Leading Causes of Hospitalization, 2022

Rank Order	ICD Code (10 th Revision)	Causes of Hospitalization	Morbidity		Cases per 100,000 Population
			Number of Cases	%	
1	S00 - T19, W54	Traumatic injuries	925,153	17.9	4,170.9
2	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings	652,860	12.6	2,943.3
3	N00 - N39	Diseases of the urinary system	386,524	7.5	1,742.6
4	J20 - J22, J40 - J98	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	340,276	6.6	1,534.1
5	K20 - K92	Diseases of the gastro-intestinal tract	308,033	6.0	1,388.7
6	A80 - B34	Viral diseases	285,071	5.5	1,285.2
7	O10 - O46, O48 - O75, O81 - O99, Z35	Direct and indirect obstetric causes	214,421	4.1	966.7
8	L00 - L99	Diseases of skin and subcutaneous tissue	199,089	3.8	897.6
9	H00 - H59	Diseases of the eye and adnexa	168,617	3.3	760.2
10	M00 - M99	Diseases of the musculoskeletal system and connective tissue	159,170	3.1	717.6
11	C00 - D48	Neoplasms	156,458	3.0	705.4
12	I20 - I25	Ischaemic heart disease	139,333	2.7	628.2
	A00 - T98, Z35, Z00 - Z13, Z30.2, Z40 - Z54, W54	All causes ¹	5,176,826	100.0	23,339.0

Source : Medical Statistics Unit

Table 19(b). Leading Causes of Hospitalization, 2023

Rank Order	ICD Code (10 th Revision)	Causes of Hospitalization	Morbidity		Cases per 100,000 Population
			Number of Cases	%	
1	S00 - T19, W54	Traumatic injuries	942,526	16.5	4,277.0
2	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings	780,451	13.6	3,541.5
3	N00 - N39	Diseases of the urinary system	445,053	7.8	2,019.6
4	J20 - J22, J40 - J98	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	440,294	7.7	1,998.0
5	K20 - K92	Diseases of the gastro-intestinal tract	341,105	6.0	1,547.9
6	A80 - B34	Viral diseases	256,604	4.5	1,164.4
7	L00 - L99	Diseases of skin and subcutaneous tissue	219,023	3.8	993.9
8	O10 - O46, O48 - O75, O81 - O99, Z35	Direct and indirect obstetric causes	194,945	3.4	884.7
9	M00 - M99	Diseases of the musculoskeletal system and connective tissue	185,860	3.3	843.4
10	H00 - H59	Diseases of the eye and adnexa	178,134	3.1	808.3
11	C00 - D48	Neoplasms	169,870	3.0	770.8
12	I20 - I25	Ischaemic heart disease	157,044	2.7	712.6
	A00 - T98, Z35, Z00 - Z13, Z30.2, Z40 - Z54, W54	All causes ¹	5,718,206	100.0	25,948.2

¹ Analysed all discharges (Live Discharges+Deaths) excluding ;

Source : Medical Statistics Unit

Single spontaneous delivery, False labour and those admitted and discharged before delivery,
Persons encountering health services for examination, investigation and for specific procedures of health care,
Undiagnosed/uncoded

Table 20(a). Leading Causes of Hospital Deaths, 2022

Rank Order	ICD Code (10th Revision)	Causes of Death	Number of Deaths	Proportionate Mortality	Deaths Per 100,000 Population
1	I20 - I25	Ischaemic heart disease	8,550	13.6	38.5
2	A20 - A49	Zoonotic and other bacterial diseases	8,243	13.1	37.2
3	J20 - J22, J40 - J98	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	6,769	10.8	30.5
4	C00 - D48	Neoplasms ¹	5,734	9.1	25.9
5	J12 - J18	Pneumonia	5,215	8.3	23.5
6	I60 - I69	Cerebrovascular disease	4,611	7.4	20.8
7	I26 - I51	Pulmonary heart disease and diseases of the pulmonary circulation	4,501	7.2	20.3
8	K20 - K92	Diseases of the gastro-intestinal tract	4,054	6.5	18.3
9	N00 - N39	Diseases of the urinary system	3,681	5.9	16.6
10	A80 - B34	Viral diseases	2,213	3.5	10.0
11	S00 - T19, W54	Traumatic injuries	2,129	3.4	9.6
12	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings	901	1.4	4.1
13	G00 - G98	Diseases of the nervous system	787	1.3	3.5
14	A00 - T98, Z00 - Z13, Z35, Z40 - Z54, W54	All causes ²	62,725	100.0	282.8

Source : Medical Statistics Unit

Table 20(b). Leading Causes of Hospital Deaths, 2023

Rank Order	ICD Code (10th Revision)	Causes of Death	Number of Deaths	Proportionate Mortality	Deaths Per 100,000 Population
1	A20 - A49	Zoonotic and other bacterial diseases	9,139	14.4	41.5
2	I20 - I25	Ischaemic heart disease	8,518	13.5	38.7
3	J20 - J22, J40 - J98	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	7,761	12.3	35.2
4	J12 - J18	Pneumonia	6,145	9.7	27.9
5	C00 - D48	Neoplasms ¹	5,887	9.3	26.7
6	I26 - I51	Pulmonary heart disease and diseases of the pulmonary circulation	4,760	7.5	21.6
7	I60 - I69	Cerebrovascular disease	4,601	7.3	20.9
8	K20 - K92	Diseases of the gastro-intestinal tract	4,216	6.7	19.1
9	N00 - N39	Diseases of the urinary system	3,597	5.7	16.3
10	S00 - T19, W54	Traumatic injuries	1,820	2.9	8.3
11	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings	1,092	1.7	5.0
12	G00 - G98	Diseases of the nervous system	857	1.4	3.9
13	P00-P04, P08-P96	Other conditions originating in the perinatal period	589	0.9	2.7
14	A00 - T98, Z00 - Z13, Z35, Z40 - Z54, W54	All causes ²	63,254	100.0	287.0

¹ Includes deaths reported (not classified by type of neoplasm) from Cancer Institute, Maharagama

Source : Medical Statistics Unit

² Analysed all deaths excluding undiagnosed/uncoded

Table 21. Rank of the Leading Causes of Hospitalization, 2015 - 2023¹

Disease and ICD (10 th Revision) Code		Rank								
		2015	2016	2017	2018	2019	2020	2021	2022	2023
Traumatic injuries	S00 - T19, W54	1	1	1	1	1	1	1	1	1
Symptoms, signs and abnormal clinical and laboratory findings	R00 - R99	2	2	2	2	2	2	2	3	2
Diseases of the urinary system	N00 - N39	7	6	6	5	4	3	4	4	3
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	J20 - J22, J40 - J98	3	3	4	3	3	6	9	4	4
Diseases of the gastro-intestinal tract	K20 - K92	4	4	5	4	5	4	5	5	5
Viral diseases	A80 - B34	5	5	3	6	6	9	2	6	6
Diseases of skin and subcutaneous tissue	L00 - L99	8	8	8	8	8	7	7	8	7
Direct and indirect obstetric causes	O10 - O46, O48 - O75, O81 - O99, Z35	6	7	7	7	7	5	6	7	8
Diseases of the musculoskeletal system and connective tissue	M00 - M99	9	9	9	9	9	8	10	10	9
Diseases of the eye and adnexa	H00 - H59	10	10	10	10	10	11	11	9	10
Neoplasms	C00 - D48	12	11	11	11	11	10	8	11	11
Ischaemic heart disease	I20 - I25	14	13	13	12	12	12	12	12	12

Excludes:

¹ Single spontaneous delivery, False labour and those admitted and discharged before delivery,
Persons encountering health services for examination, investigation and for specific procedures of health care, Undiagnosed/uncoded

Source : Medical Statistics Unit

Table 22. Rank of the Leading Causes of Hospital Deaths, 2015 - 2023

Disease and ICD (10 th Revision) Code		Rank								
		2015	2016	2017	2018	2019	2020	2021	2022	2023
Zoonotic and other bacterial diseases	A20 - A49	3	3	2	3	2	3	3	2	1
Ischaemic heart disease	I20 - I25	1	1	1	1	1	1	2	1	2
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	J20 - J22, J40 - J98	4	5	4	4	4	4	6	3	3
Pneumonia	J12 - J18	7	7	6	7	5	8	8	5	4
Neoplasms ¹	C00 - D48	2	2	3	2	3	2	4	4	5
Pulmonary heart disease and diseases of the pulmonary circulation	I26 - I51	5	4	5	6	6	6	7	7	6
Cerebrovascular disease	I60 - I69	6	6	7	5	7	5	5	6	7
Diseases of the gastro-intestinal tract	K20 - K92	9	9	9	9	9	9	10	8	8
Diseases of the urinary system	N00 - N39	8	8	8	8	8	7	9	9	9
Traumatic injuries	S00 - T19, W54	10	10	10	10	10	10	11	11	10
Symptoms, signs and abnormal clinical and laboratory findings	R00 - R99	11	12	12	11	12	12	16	12	11
Diseases of the nervous system	G00 - G98	17	14	14	13	11	13	14	13	12

¹ Includes deaths reported from the Cancer Hospital (not analysed by site and type of neoplasm)

Source : Medical Statistics Unit

Table 23(a). Leading Causes of Hospitalization by District, 2022 ¹

Disease and ICD (10 th Revision) Code	District and Rank Order																									
	Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Vavuniya	Mannar	Kilinochchi	Mullaitivu	Batticaloa	Ampara ²	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle
Traumatic injuries S00 - T19, W54	1	1	1	1	1	1	1	1	1	1	1	2	3	1	3	2	1	1	1	1	1	1	1	1	1	1
Symptoms, signs and abnormal clinical and laboratory findings R00 - R99	2	2	2	2	3	2	2	2	2	2	2	1	1	2	2	1	2	2	2	2	2	2	2	2	2	2
Diseases of the urinary system N00 - N39	3	4	4	5	2	4	8	7	5	4	5	5	2	3	1	3	3	3	6	3	5	6	5	3	3	6
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza J20 - J22, J40 - J98	4	7	6	3	5	6	3	3	3	3	3	3	6	6	5	5	4	5	3	7	4	3	3	4	4	4
Diseases of the gastro-intestinal tract K20 - K92	5	6	5	6	4	5	4	5	6	5	8	6	7	8	6	6	5	6	4	6	3	4	4	5	6	5
Viral diseases A80 - B34	6	5	3	4	8	8	7	6	4	6	6	9	8	10	8	7	8	7	5	5	8	5	6	6	5	3
Direct and indirect obstetric causes O10 - O46, O48 - O75, O81 - O99, Z35	7	9	11	9	9	7	6	9	8	8	4	7	4	5	4	4	6	4	8	4	6	7	7	7	10	8
Diseases of skin and subcutaneous tissue L00 - L99	8	10	7	7	12	9	9	8	9	7	9	8	9	7	10	9	7	8	7	9	7	8	9	8	7	7
Diseases of the eye and adnexa H00 - H59	9	8	8	17	7	3	10	10	7	18	10	21	31	9	26	8	10	9	14	8	12	11	10	16	8	15
Diseases of the musculoskeletal system and connective tissue M00 - M99	10	12	9	10	11	11	11	11	11	9	7	4	5	4	9	10	9	10	9	13	10	9	8	9	9	9
Neoplasms C00 - D48	11	3	16	20	6	20	19	4	13	14	12	26	27	29	19	12	32	23	12	32	11	25	11	30	14	27
Ischaemic heart disease I20 - I25	12	11	10	8	10	10	12	12	12	10	11	16	13	18	23	20	11	16	10	10	9	10	13	12	11	12

Excludes:

Source : Medical Statistics Unit

¹ Single spontaneous delivery, False labour and those admitted and discharged before delivery,

Persons encountering health services for examination, investigation and for specific procedures of health care, Undiagnosed/uncoded

² Includes Kalmunai RDHS Division

Table 23(b). Leading Causes of Hospitalization by District, 2023 ¹

Disease and ICD (10 th Revision) Code	District and Rank Order	Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara ²	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	
		Traumatic injuries	S00 - T19, W54	1	1	1	1	1	1	1	1	1	2	1	2	3	2	2	2	1	2	1	1	1	1	1	1	1
Symptoms, signs and abnormal clinical and laboratory findings	R00 - R99	2	2	2	2	3	2	2	2	2	1	2	1	1	1	3	1	2	1	2	2	2	2	2	2	2	2	2
Diseases of the urinary system	N00 - N39	3	4	3	5	2	4	6	5	4	4	4	5	2	6	1	3	3	3	6	3	5	5	5	3	4	6	
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	J20 - J22, J40 - J98	4	5	4	3	4	6	3	3	3	3	3	6	6	7	5	4	4	5	3	4	3	3	3	4	3	3	
Diseases of the gastro-intestinal tract	K20 - K92	5	6	5	4	5	5	4	4	5	5	9	9	7	5	6	6	5	6	4	5	4	4	4	5	5	4	
Viral diseases	A80 - B34	6	7	6	6	8	7	8	8	7	7	8	11	10	14	8	8	9	9	5	7	8	6	7	6	6	5	
Diseases of skin and subcutaneous tissue	L00 - L99	7	8	7	7	12	8	9	7	8	6	10	8	8	10	10	7	6	7	7	9	6	8	6	7	7	7	
Direct and indirect obstetric causes	O10 - O46, O48 - O75, O81 - O99, Z35	8	10	12	9	11	9	7	11	10	9	6	4	5	8	4	5	7	4	9	6	7	9	10	12	11	10	
Diseases of the musculoskeletal system and connective tissue	M00 - M99	9	11	9	10	9	12	10	9	9	8	5	3	4	3	7	10	8	8	8	13	10	10	8	10	9	8	
Diseases of the eye and adnexa	H00 - H59	10	20	8	16	7	3	16	10	6	19	7	7	23	4	22	9	10	10	19	8	12	7	9	14	8	14	
Neoplasms	C00 - D48	11	3	13	26	6	28	17	6	13	15	12	30	30	33	26	11	28	20	15	33	13	29	12	31	18	30	
Ischaemic heart disease	I20 - I25	12	9	10	8	10	10	12	12	12	12	13	22	13	15	21	19	11	14	10	10	9	11	14	8	12	11	

Excludes:

Source : Medical Statistics Unit

¹ Single spontaneous delivery, False labour and those admitted and discharged before delivery,

Persons encountering health services for examination, investigation and for specific procedures of health care, Undiagnosed/uncoded

² Includes Kalmunai RDHS Division

Table 24(a). Leading Causes of Hospital Deaths by District, 2022

District and Rank Disease and ICD (10 th Revision) Code		District																									
		Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Vavuniya	Mannar	Kiinochchi	Mullaitivu	Batticaloa	Ampara ²	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle
Ischaemic heart disease	I20 - I25	1	2	1	2	1	2	6	2	1	3	3	7	3	3	2	3	1	3	1	1	3	1	2	3	3	2
Zoonotic and other bacterial diseases	A20 - A49	2	3	2	1	3	1	4	4	3	1	1	4	7	1	5	1	2	1	2	2	2	2	1	2	1	1
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	J20 - J22, J40 - J98	3	4	4	3	4	3	2	1	2	4	2	8	9	2	2	7	4	5	4	4	1	3	7	1	4	7
Neoplasms ¹	C00 - D48	4	1	9	10	2	8	7	3	9	10	6	10	8	6	5	7	7	7	6	10	4	5	4	7	8	9
Pneumonia	J12 - J18	5	7	5	6	7	9	3	7	4	2	7	4	9	7	13	5	3	2	7	5	5	4	3	6	2	3
Cerebrovascular disease	I60 - I69	6	5	6	4	5	5	5	5	6	8	5	9		9	10	9	6	6	3	9	6	6	8	4	5	5
Pulmonary heart disease and diseases of the pulmonary circulation	I26 - I51	7	7	8	5	8	4	1	10	5	5	4	3	1	4	2	2	5	4	9	3	9	9	6	7	6	4
Diseases of the gastro-intestinal tract	K20 - K92	8	6	3	7	9	7	11	9	8	9	8	6		7	1	12	9	7	4	6	8	7	10	10	7	6
Diseases of the urinary system	N00 - N39	9	9	7	8	6	6	7	8	7	7	9	2	4	9	7	11	8	10	8	7	6	8	5	4	9	11
Viral diseases	A80 - B34	10	10	10	9	12	11	13	11	10	6	12	14		11	8	16	12	12	11	8	11	10	11	9	10	8
Traumatic injuries	S00 - T19, W54	11	11	11	11	10	10	15	6	11	12	10	11	11	12	9	4	13	17	10	11	10	11	9	11	11	10
Symptoms, signs and abnormal clinical and laboratory findings	R00 - R99	12	15	15	12	20	12	10	14	13	11	14	1	2	4	13	9	11	12	14	13	13	22	16	12	14	12
Diseases of the nervous system	G00 - G98	13	14	12	13	11	15	19	13	12	15	13	19			13	15	14	16	16	15	12	12	12	15	12	13

Includes :

¹Deaths reported from Cancer Hospital (not analysed by site and type of neoplasm)

² Kalmunai RDHS Division

Source : Medical Statistics Unit

Table 24(b). Leading Causes of Hospital Deaths by District, 2023

District and Rank Disease and ICD (10 th Revision) Code		District																									
		Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara ²	Trincomalee	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle
Zoonotic and other bacterial diseases	A20 - A49	1	4	2	1	1	2	3	3	2	4	1	1	4	5	9	6	1	4	1	1	2	3	1	2	1	2
Ischaemic heart disease	I20 - I25	2	2	1	2	3	1	6	2	3	2	3	4	2	9	3	3	2	2	2	2	3	2	3	5	4	3
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	J20 - J22, J40 - J98	3	3	4	3	2	3	4	1	1	5	2	3	5	6	1	2	4	5	3	3	1	1	7	1	3	6
Pneumonia	J12 - J18	4	5	5	6	7	6	2	6	4	1	6	9	3	1	2	9	3	3	4	4	5	4	2	6	2	1
Neoplasms ¹	C00 - D48	5	1	7	9	4	9	7	4	9	6	4	13	11	8	9	7	9	8	5	10	4	5	6	9	8	10
Pulmonary heart disease and diseases of the pulmonary circulation	I26 - I51	6	6	8	4	6	4	1	8	8	3	7	7	1	3	7	4	5	1	8	5	9	9	5	7	6	4
Cerebrovascular disease	I60 - I69	7	7	6	7	5	7	5	5	5	7	5	8	7	7	4	8	6	6	7	7	6	5	8	4	5	5
Diseases of the gastro-intestinal tract	K20 - K92	8	9	3	4	9	8	10	7	6	11	8	2	9	10	4	12	8	12	6	6	7	7	9	7	7	7
Diseases of the urinary system	N00 - N39	9	8	9	8	8	5	8	10	7	8	10	11	10	4	6	10	11	7	9	8	8	8	4	3	9	8
Traumatic injuries	S00 - T19, W54	10	10	10	9	10	10	13	9	11	12	9	6		11	7	5	11	14	10	9	10	10	10	10	10	11
Symptoms, signs and abnormal clinical and laboratory findings	R00 - R99	11	17	11	11	13	12	9	15	10	9	12	5	6	2	11	1	7	8	14	14	12	12	12	20	12	9
Diseases of the nervous system	G00 - G98	12	11	13	12	11	13	15	13	13	15	11	14	12	13	11	14	14	10	11	18	11	11	11	11	11	12
Other conditions originating in the perinatal period	P00-P04, P08-P96	13	11	18	13	15	15	12	12	17	16	12	10	7	15	14	11	10	13	17	12	15	24	15	13	19	17

Includes :

¹Deaths reported from Cancer Hospital (not analysed by site and type of neoplasm)

² Kalmunai RDHS Division

Source : Medical Statistics Unit

Table 25(a). Cases and Deaths of Poisoning and Case Fatality Rate¹ by Regional Director of Health Services Division, 2022

RDHS Division	Poisoning by Drugs, Medicaments and Biological Substances		Toxic Effects of Pesticides				Toxic Effects of Other Substances Mainly Non Medicinal		Total				Case Fatality Rate ¹
			Organophosphate and Carbamate Insecticides		Other Pesticides		Cases	Deaths	Number		Rate per 100,000 Population		
	Cases	Deaths	Cases	Deaths	Cases	Deaths			Cases	Deaths	Cases	Deaths	
Colombo	1,609	6	44	5	137	-	1,801	8	3,591	19	144.9	0.8	0.53
Gampaha	1,356	4	38	3	95	1	1,447	13	2,936	21	120.4	0.9	0.72
Kalutara	1,127	4	51	-	129	5	1,251	13	2,558	22	198.0	1.7	0.86
Kandy	1,361	4	170	7	98	1	2,200	7	3,829	19	255.4	1.3	0.50
Matale	687	1	294	7	92	2	1,285	2	2,358	12	444.9	2.3	0.51
Nuwara Eliya	298	2	198	4	18	-	2,298	5	2,812	11	359.1	1.4	0.39
Galle	750	10	30	-	89	8	1,252	19	2,121	37	184.9	3.2	1.74
Matara	586	4	28	3	39	2	824	2	1,477	11	169.0	1.3	0.74
Hambantota	608	-	145	2	235	2	1,520	9	2,508	13	368.3	1.9	0.52
Jaffna	667	5	103	6	78	1	2,808	6	3,656	18	581.2	2.9	0.49
Kilinochchi	275	1	312	1	9	1	1,268	-	1,864	3	1,380.7	2.2	0.16
Mannar	242	1	8	-	9	-	595	5	854	6	742.6	5.2	0.70
Vavuniya	216	-	25	2	10	-	632	8	883	10	452.8	5.1	1.13
Mullaitivu	226	1	154	-	10	1	882	-	1,272	2	1,284.8	2.0	0.16
Batticaloa	1,015	5	70	1	141	1	2,255	14	3,481	21	590.0	3.6	0.60
Ampara	299	-	219	5	13	1	418	1	949	7	330.7	2.4	0.74
Trincomalee	539	-	58	1	55	-	950	3	1,602	4	360.8	0.9	0.25
Kalmunai	408	-	28	-	44	-	1,080	3	1,560	3	334.0	0.6	0.19
Kurunegala	1,536	5	903	25	180	3	2,641	28	5,260	61	302.0	3.5	1.16
Puttalam	782	2	165	6	66	1	1,661	16	2,674	25	314.6	2.9	0.93
Anuradhapura	1,256	5	424	28	460	1	3,416	9	5,556	43	580.6	4.5	0.77
Polonnaruwa	782	4	195	12	40	1	1,018	5	2,035	22	453.2	4.9	1.08
Badulla	414	1	230	8	77	1	2,320	10	3,041	20	338.3	2.2	0.66
Moneragala	392	4	279	7	68	3	1,202	2	1,941	16	381.3	3.1	0.82
Rathnapura	706	4	172	2	40	-	1,253	14	2,171	20	182.0	1.7	0.92
Kegalle	610	3	89	4	14	1	1,028	3	1,741	11	193.9	1.2	0.63
Sri Lanka	18,747	76	4,432	139	2,246	37	39,305	205	64,730	457	291.8	2.1	0.71

¹ Deaths per 100 cases

Cases = Live discharges+deaths

Source : Medical Statistics Unit

Table 25(b). Cases and Deaths of Poisoning and Case Fatality Rate¹ by Regional Director of Health Services Division, 2023

RDHS Division	Poisoning by Drugs, Medicaments and Biological Substances		Toxic Effects of Pesticides				Toxic Effects of Other Substances Mainly Non Medicinal		Total				Case Fatality Rate ¹
			Organophosphate and Carbamate Insecticides		Other Pesticides				Number		Rate per 100,000 Population		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Colombo	1,607	1	48	2	131	6	1,570	7	3,356	16	136.4	0.7	0.48
Gampaha	1,597	6	64	11	105	5	1,479	16	3,245	38	134.0	1.6	1.17
Kalutara	1,245	6	28	-	113	2	1,604	12	2,990	20	233.8	1.6	0.67
Kandy	1,472	6	149	2	82	2	2,548	3	4,251	13	286.8	0.9	0.31
Matale	830	4	317	8	87	2	1,282	-	2,516	14	479.2	2.7	0.56
Nuwara Eliya	417	1	263	9	40	-	2,739	3	3,459	13	442.9	1.7	0.38
Galle	865	6	30	5	105	7	1,276	9	2,276	27	199.8	2.4	1.19
Matara	603	3	33	2	51	2	823	13	1,510	20	173.8	2.3	1.32
Hambantota	754	-	139	2	100	-	1,411	4	2,404	6	353.5	0.9	0.25
Jaffna	711	4	130	5	68	1	2,413	15	3,322	25	529.0	4.0	0.75
Kilinochchi	291	-	345	1	9	1	1,285	2	1,930	4	1,419.1	2.9	0.21
Mannar	213	-	12	1	7	-	841	-	1,073	1	925.0	0.9	0.09
Vavuniya	60	-	2	-	4	-	712	-	778	-	396.9	-	-
Mullaitivu	252	-	191	2	11	-	699	-	1,153	2	1,164.6	2.0	0.17
Batticaloa	1,223	6	61	-	81	-	2,169	20	3,534	26	607.2	4.5	0.74
Ampara	567	-	170	2	14	-	457	2	1,208	4	423.9	1.4	0.33
Trincomalee	634	-	28	-	59	-	848	1	1,569	1	354.2	0.2	0.06
Kalmunai	508	-	34	-	37	1	1,332	-	1,911	1	411.9	0.2	0.05
Kurunegala	1,542	7	859	24	116	-	3,094	14	5,611	45	324.9	2.6	0.80
Puttalam	770	1	197	7	155	1	1,770	2	2,892	11	342.2	1.3	0.38
Anuradhapura	1,677	4	365	8	531	8	3,951	6	6,524	26	686.7	2.7	0.40
Polonnaruwa	695	3	325	12	53	-	1,199	4	2,272	19	510.6	4.3	0.84
Badulla	588	1	223	12	90	1	2,334	5	3,235	19	361.0	2.1	0.59
Moneragala	488	2	290	5	85	2	1,164	3	2,027	12	398.2	2.4	0.59
Rathnapura	949	4	78	-	65	1	1,424	11	2,516	16	211.8	1.3	0.64
Kegalle	463	4	97	1	16	-	1,235	4	1,811	9	203.0	1.0	0.50
Sri Lanka	21,021	69	4,478	121	2,215	42	41,659	156	69,373	388	299.6	1.7	0.56

¹ Deaths per 100 cases

Cases = Live discharges+deaths

Source : Medical Statistics Unit

Table 26(a). Distribution of Patients with Mental Disorders by Regional Director of Health Services Division, 2022

RDHS Division	Dementia	Mental and Behavioral Disorders		Schizophrenia, Schizotypal and Delusional Disorders	Mood Disorders	Neurotic, Stress-Related Somatoform Disorders	Mental Retardation Related Disorders	Behavioral and Emotional Disorders Usually in Childhood and Adolescence	Other and Unspecified Mental Disorders	Total
		Due to Use of Alcohol	Due to Other Psychoactive Substance Use							
Colombo	214	829	616	3,121	3,009	681	53	123	648	9,294
Gampaha	104	814	191	1,073	1,332	272	2	45	559	4,392
Kalutara	63	456	109	490	435	148	4	56	425	2,186
Kandy	79	464	105	595	2,188	383	13	61	411	4,299
Matale	75	379	52	291	663	233	26	26	71	1,816
Nuwara Eliya	15	419	7	203	462	134	-	45	125	1,410
Galle	66	348	33	780	814	161	4	71	296	2,573
Matara	27	182	14	81	438	62	-	2	130	936
Hambantota	69	139	15	589	291	106	-	10	321	1,540
Jaffna	69	266	43	629	452	283	19	18	180	1,959
Kilinochchi	8	149	50	127	178	95	20	42	53	722
Mannar	3	42	3	62	100	40	3	2	55	310
Vavuniya	6	22	9	133	100	81	-	5	26	382
Mullaitivu	2	109	4	110	149	30	-	1	14	419
Batticaloa	14	157	248	453	463	66	3	75	91	1,570
Ampara	11	58	11	255	216	99	3	32	73	758
Trincomalee	16	72	111	141	286	215	6	14	198	1,059
Kalmunai	12	154	105	286	169	150	3	11	81	971
Kurunegala	70	471	108	564	1,098	165	2	100	211	2,789
Puttalam	9	338	24	123	151	60	-	2	67	774
Anuradhapura	70	267	89	626	998	300	6	45	331	2,732
Polonnaruwa	19	285	51	196	344	65	3	7	73	1,043
Badulla	67	187	139	397	265	83	1	88	1,103	2,330
Monaragala	16	129	48	207	343	186	3	14	137	1,083
Ratnapura	48	474	44	398	396	242	2	52	257	1,913
Kegalle	32	422	54	318	690	92	5	20	142	1,775
Sri Lanka	1,184	7,632	2,283	12,248	16,030	4,432	181	967	6,078	51,035

Source : Medical Statistics Unit

Table 26(b). Distribution of Patients with Mental Disorders by Regional Director of Health Services Division, 2023

RDHS Division	Dementia	Mental and Behavioral Disorders		Schizophrenia, Schizotypal and Delusional Disorders	Mood Disorders	Neurotic, Stress-Related Somatoform Disorders	Mental Retardation Related Disorders	Behavioral and Emotional Disorders Usually in Childhood and Adolescence	Other and Unspecified Mental Disorders	Total
		Due to Use of Alcohol	Due to Other Psychoactive Substance Use							
Colombo	319	680	834	3,253	3,105	838	144	202	934	10,309
Gampaha	121	860	309	1,018	1,694	324	1	27	558	4,912
Kalutara	118	485	150	643	653	238	17	52	376	2,732
Kandy	99	453	146	745	3,121	518	17	92	510	5,701
Matale	93	289	48	283	882	271	27	28	80	2,001
Nuwara Eliya	20	355	12	209	469	146	5	33	65	1,314
Galle	79	311	27	725	958	247	4	80	562	2,993
Matara	25	180	16	98	441	65	1	8	263	1,097
Hambantota	56	122	10	590	315	179		14	206	1,492
Jaffna	86	257	36	583	418	373	13	34	223	2,023
Kilinochchi	5	203	43	121	142	114	7	41	60	736
Mannar	10	30	2	113	133	64	11	1	66	430
Vavuniya	4	11	3	155	117	38		1	18	347
Mullaitivu	4	148	4	155	206	24		4	18	563
Batticaloa	20	157	147	638	726	78	6	113	116	2,001
Ampara	15	63	20	222	373	157		15	70	935
Trincomalee	14	60	35	118	353	109	3	8	56	756
Kalmunai	16	127	51	316	242	182	4	15	96	1,049
Kurunegala	44	539	105	419	1,302	202	1	157	324	3,093
Puttalam	4	327	14	134	274	82		8	68	911
Anuradhapura	72	275	79	651	1,262	396	5	101	467	3,308
Polonnaruwa	34	133	48	188	345	138	2	5	114	1,007
Badulla	83	174	109	472	883	150	4	106	499	2,480
Monaragala	10	108	31	177	367	193	2	20	142	1,050
Ratnapura	68	405	144	448	461	326	1	54	251	2,158
Kegalle	49	441	102	314	895	160	11	29	203	2,204
Sri Lanka	1,468	7,193	2,525	12,788	20,137	5,612	286	1,248	6,345	57,602

Source : Medical Statistics Unit

Table 27. Case Fatality Rate¹ for Selected Diseases, 2018 - 2023

Disease and ICD Code		2018			2019			2020			2021			2022			2023		
		Cases	Deaths	Case Fatality Rate	Cases	Deaths	Case Fatality Rate	Cases	Deaths	Case Fatality Rate	Cases	Deaths	Case Fatality Rate	Cases	Deaths	Case Fatality Rate	Cases	Deaths	Case Fatality Rate
Typhoid and para typhoid	(A01)	782	1	0.1	680	-	-	272	-	-	241	-	-	216	-	-	184	-	-
Tetanus	(A34, A35)	73	4	5.5	183	5	2.7	55	1	1.8	327	5	1.5	96	4	4.2	197	1	0.5
Shigellosis	(A03)	1,005	2	0.2	954	-	-	412	-	-	254	1	0.4	360	-	-	393	-	-
Slow fetal growth, fetal malnutrition and disorders related to short gestation and low birth weight	(P05 - P07)	7,752	601	7.8	6,603	518	7.8	6,106	444	7.3	6,002	508	8.5	6,011	451	7.5	5,182	396	7.6
Measles	(B05)	78	-	-	102	-	-	25	-	-	20	-	-	17	-	-	523	1	0.2
Whooping cough	(A37)	60	-	-	36	-	-	3	-	-	5	-	-	107	-	-	173	-	-
Viral hepatitis	(B15 - B19)	1,035	4	0.4	1,047	7	0.7	820	7	0.9	764	4	0.5	949	4	0.4	767	5	0.7
Malaria	(B50 - B54)	60	-	-	58	-	-	49	-	-	43	-	-	58	-	-	208	-	-
Tetanus neonatorum	(A33)	4	-	-	8	-	-	-	-	-	2	-	-	3	1	33.3	-	-	-
Diseases of the liver	(K70 - K76)	17,798	1,929	10.8	19,078	2,052	10.8	17,117	1,868	10.9	18,093	2,159	11.9	26,733	3,328	12.4	30,369	3,560	11.7
Septicaemia	(A40, A41)	13,725	5,155	37.6	15,573	6,237	40.1	13,044	5,008	38.4	12,732	5,584	43.9	16,868	7,890	46.8	18,955	8,762	46.2
Snake bites	(T63.0)	31,847	61	0.2	34,239	50	0.1	30,046	45	0.1	25,043	46	0.2	27,869	65	0.2	29,975	48	0.2
Hypertensive diseases	(I10 - I15)	101,536	637	0.6	108,782	607	0.6	93,335	533	0.6	66,010	619	0.9	94,904	648	0.7	105,686	518	0.5
Ischaemic heart disease	(I20 - I25)	136,685	7,409	5.4	145,475	8,121	5.6	123,557	6,665	5.4	109,247	7,150	6.5	139,333	8,550	6.1	157,044	8,518	5.4
Pneumonia	(J12 - J18)	26,681	3,842	14.4	27,252	4,299	15.8	13,284	2,598	19.6	11,417	3,268	28.6	25,465	5,215	20.5	33,671	6,145	18.3
Asthma	(J45 - J46)	175,937	572	0.3	177,794	569	0.3	102,029	279	0.3	62,635	292	0.5	143,643	507	0.4	162,465	452	0.3
Bacterial meningitis	(G00, G03)	3,895	100	2.6	4,132	125	3.0	2,916	89	3.1	2,555	77	3.0	3,349	116	3.5	4,048	170	4.2

¹ Deaths per 100 cases

Source : Medical Statistics Unit

Table 28(a). Inpatients Treated and Hospital Deaths by Type of Institution and RDHS Division, 2022

District	Teaching Hospitals		Provincial General Hospitals		District General Hospitals		Base Hospitals Type A		Base Hospitals Type B		Divisional Hospitals Type A		Divisional Hospitals Type B		Divisional Hospitals Type C		Other Hospitals with Indoor Patients		Total		Inpatients per 1,000 Population	Hospital Deaths per 100 Cases
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Colombo	489,675	7,603			62,588	650	84,193	1,621			13,796	10	41,073	52	13,169	30	101,686	2,078	806,180	12,044	325.3	1.5
Gampaha	136,449	2,533			162,507	2,414	67,621	823	50,182	377	17,252	52	7,623	15	20,176	30	25,668	338	487,478	6,582	199.9	1.4
Kalutara	92,074	1,462			56,266	660	64,094	882	15,190	97	12,010	27	39,905	55	13,077	27			292,616	3,210	226.5	1.1
Kandy	285,971	4,307			35,068	275	45,712	585			48,007	124	31,208	20	6,937	3	3,553	15	456,456	5,329	304.5	1.2
Matale					72,737	922	59,983	564			32,688	70	9,080	12	3,808	6			178,296	1,574	336.4	0.9
Nuwara Eliya					57,989	769	18,469	78	23,928	260	8,281	8	30,901	65	16,814	65			156,382	1,245	199.7	0.8
Galle	180,778	3,246					97,421	1,127			12,880	6	32,698	60	23,543	20	1,303		348,623	4,459	303.9	1.3
Matara					114,792	1,532	29,727	289	13,739	64	18,061	24	25,673	57	4,712	7			209,370	1,973	239.6	1.0
Hambantota					73,188	625	40,075	456	47,713	322	5,050	4	34,269	19	18,015	9			218,310	1,435	320.6	0.7
Jaffna	131,817	1,779					56,269	388	21,762	53			12,411	9	12,157	8	3,699		238,115	2,237	378.6	0.9
Kilinochchi					47,494	118			3,568	1			1,373		8,973	3			61,408	122	454.9	0.2
Mannar					23,841	147			2,542	2			7,596	10	2,250	1	224		36,453	160	317.0	0.4
Vavuniya					60,731	535			7,432	14					6,103	2			74,266	551	380.9	0.7
Mullaitivu					20,816	91	1,883	3	11,616	14	1,521	1	2,516	1	-				38,352	110	387.4	0.3
Batticaloa	93,642	804					54,963	175	11,994	9	9,461		6,319	4	20,772	14			197,151	1,006	334.2	0.5
Ampara ¹					59,642	520	141,890	798	24,003	115	6,113		14,067	8	35,666	15	253		281,634	1,456	373.5	0.5
Trincomalee					48,380	213	50,857	296	3,537	6			1,978	2	16,213	10	1,081		122,046	527	274.9	0.4
Kurunegala	214,688	4,181					40,299	406	62,251	730	61,299	158	41,295	124	22,139	21	27		441,998	5,620	253.7	1.3
Puttalam					60,943	931	48,331	564	47,670	490	5,867	7	5,412	6	8,601	14			176,824	2,012	208.0	1.1
Anuradhapura	147,381	2,729					35,335	283	47,237	165	7,127	11	39,730	55	24,443	29	1,328		302,581	3,272	316.2	1.1
Polonnaruwa					96,308	1,330	25,330	220	14,730	79			14,744	21	12,893	11	35,276	52	199,281	1,713	443.8	0.9
Badulla			105,214	1,439			80,577	898	29,308	351	17,654	80	27,170	49	28,424	22			288,347	2,839	320.7	1.0
Monaragala					58,183	596			48,283	297	6,941	7	24,849	36	34,372	17			172,628	953	339.2	0.6
Ratnapura	115,543	1,997			65,531	690	37,046	381	70,895	505	32,839	45	13,833	6	21,332	18			357,019	3,642	299.3	1.0
Kegalle					70,636	1,220	31,098	463	61,767	681	36,714	57	6,340	4	4,394	2	250		211,199	2,427	235.2	1.1
Sri Lanka	1,888,018	30,641	105,214	1,439	1,247,640	14,238	1,111,173	11,300	619,347	4,632	353,561	691	472,063	690	378,983	384	174,348	2,483	6,353,013	66,498	286.4	1.0

¹ Includes Kalmunai RDHS Division

Source : Medical Statistics Unit

Table 28(b). Inpatients Treated and Hospital Deaths by Type of Institution and RDHS Division, 2023

District	Teaching Hospitals		District General Hospitals		Base Hospitals Type A		Base Hospitals Type B		Divisional Hospitals Type A		Divisional Hospitals Type B		Divisional Hospitals Type C		Other Hospitals with Indoor Patients		Total		Inpatients per 1,000 Population	Hospital Deaths per 100 Cases
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
Colombo	561,743	7,845			116,074	1,762			8,952	17	27,806	39	16,876	36	114,699	2,252	846,150	11,951	344.0	1.4
Gampaha	155,445	2,968	161,257	2,184	77,699	794	64,329	532	30,563	39	8,246	16	21,120	27	35,262	388	553,921	6,948	228.8	1.3
Kalutara	101,685	1,603	63,779	681	73,028	898	22,272	137	15,864	34	42,286	57	10,171	11			329,085	3,421	257.3	1.0
Kandy	319,086	4,664	42,934	360	12,461	146	12,865	82	57,380	146	48,754	65	8,030	10	3,329	10	504,839	5,483	340.6	1.1
Matale			83,135	891	67,414	644			34,485	85	12,125	21	4,106	7			201,265	1,648	383.4	0.8
Nuwara Eliya			63,875	816	25,529	98	27,319	335	8,112	12	33,495	66	20,227	52			178,557	1,379	228.6	0.8
Galle	203,949	3,349			108,066	1,138			16,231	13	37,084	56	25,647	27	924		391,901	4,583	344.1	1.2
Matara			124,102	1,599	32,949	257	17,534	27	22,381	40	31,554	47	5,762	1			234,275	1,971	269.6	0.8
Hambantota			79,852	768	41,792	478	52,956	294	5,455	3	36,726	24	21,469	3			238,250	1,570	350.4	0.7
Jaffna	140,588	1,700			60,750	403	24,183	76			10,167	8	11,733	6	1,962		249,383	2,193	397.1	0.9
Kilinochchi			49,694	161			3,653				3,055		11,205	6			67,607	167	497.1	0.2
Mannar			27,208	139			2,793	3			8,032	3	3,286	6	310		41,629	151	358.9	0.4
Vavuniya			69,149	604			8,090	9			297		2,470				80,006	613	408.2	0.8
Mullaitivu			25,032	99	2,265	1	12,364	12	840		1,983	1					42,484	113	429.1	0.3
Batticaloa	100,484	847			62,064	208	14,789	12	9,455	13	6,363		22,527	16			215,682	1,096	370.6	0.5
Ampara ¹			65,914	570	162,546	792	30,345	89	6,007	1	14,268	9	41,504	18	331		320,915	1,479	428.5	0.5
Trincomalee			41,370	148	57,837	316	3,368	5			2,250	1	10,025	3			114,850	473	259.3	0.4
Kurunegala	174,125	3,436			42,983	411	71,123	700	67,960	198	55,127	87	24,857	19			436,175	4,851	252.6	1.1
Puttalam			67,493	955	52,677	469	53,303	535	7,380	21	6,593	11	8,440	10			195,886	2,001	231.8	1.0
Anuradhapura	158,623	2,771			38,370	291	49,233	116	9,693	12	42,454	74	40,342	46	1,952	1	340,667	3,311	358.6	1.0
Polonnaruwa			107,224	1,271	27,844	240	18,173	53			15,356	23	14,081	17	57,192	93	239,870	1,697	539.0	0.7
Badulla	117,300	1,554			90,579	951	29,666	265	19,217	51	30,842	45	31,587	29			319,191	2,895	356.2	0.9
Monaragala			62,944	597			34,653	221	8,282	7	29,928	42	29,030	16			164,837	883	323.8	0.5
Ratnapura	129,086	2,148	74,753	807	39,699	475	85,292	577	35,238	38	18,208	12	23,131	24			405,407	4,081	341.3	1.0
Kegalle			80,059	1,182	35,585	451	71,110	688	38,853	59	6,887	13	4,190	3	216	1	236,900	2,397	265.6	1.0
Sri Lanka	2,162,114	32,885	1,289,774	13,832	1,228,211	11,223	709,413	4,768	402,348	789	529,886	720	411,816	393	216,177	2,745	6,949,732	67,355	315.4	1.0

¹ Includes Kalmunai RDHS Division

Source : Medical Statistics Unit

Table 29. Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases, 2022 - 2023

Disease and ICD Code		2022					2023				
		Live Discharges		Deaths		Case Fatality Rate *	Live Discharges		Deaths		Case Fatality Rate *
		Male	Female	Male	Female		Male	Female	Male	Female	
Diabetes mellitus	(E10 - E14)	31,171	35,218	319	332	0.97	32,164	35,642	250	279	0.77
Essential hypertension	(I10)	35,343	53,235	275	275	0.62	41,334	58,944	215	231	0.44
Other hypertensive diseases	(I11 - I15)	2,503	3,175	45	53	1.70	1,887	3,003	43	29	1.45
Ischaemic heart diseases	(I20 - I25)	75,783	55,000	4,985	3,565	6.14	85,669	62,857	4,901	3,617	5.42
Cerebrovascular diseases	(I60 - I69)	34,245	22,270	2,634	1,977	7.54	38,027	24,716	2,766	1,835	6.83
Chronic obstructive pulmonary diseases	(J40 - J44)	29,106	6,134	1,100	182	3.51	37,880	7,301	1,253	197	3.11
Asthma	(J45 - J46)	69,094	74,042	243	264	0.35	77,791	84,222	234	218	0.28
Alcoholic liver diseases	(K70)	1,670	233	181	34	10.15	1,313	161	185	26	12.52
Other diseases of liver	(K71 - K76)	15,537	5,965	2,252	861	12.65	18,265	7,070	2,343	1,006	11.68
Neoplasms	(C00 - D48)	63,107	87,617	3,074	2,660	3.66	68,820	95,163	3,190	2,697	3.47
Renal failure	(N17 - N19)	120,708	58,939	1,405	843	1.24	144,678	74,426	1,316	884	0.99

* Deaths per 100 cases

Source : Medical Statistics Unit

Table 30(a). Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2022

RDHS Area	Neoplasms (C00 - D48)			Diabetes mellitus (E10 - E14)			Essential hypertension (I10)			Ischaemic heart disease (I20 - I25)			Cerebrovascular disease (I60 - I69)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	59,122	2,176	3.55	8,423	187	2.17	7,540	35	0.46	20,043	1,516	7.03	6,834	775	10.19
Gampaha	5,307	344	6.09	4,216	55	1.29	3,761	17	0.45	10,885	919	7.79	5,193	425	7.56
Kalutara	2,574	81	3.05	1,761	11	0.62	3,819	4	0.10	10,221	403	3.79	3,596	216	5.67
Kandy	19,812	552	2.71	6,380	51	0.79	9,529	15	0.16	10,782	690	6.01	6,079	442	6.78
Matale	1,714	85	4.72	2,371	28	1.17	3,328	28	0.83	3,512	200	5.39	1,536	137	8.19
Nuwara Eliya	1,567	57	3.51	2,712	10	0.37	5,905	54	0.91	2,679	77	2.79	1,778	107	5.68
Galle	15,072	456	2.94	2,244	51	2.22	3,017	82	2.65	6,711	585	8.02	3,060	304	9.04
Matara	3,756	89	2.31	1,815	8	0.44	2,085	10	0.48	4,275	327	7.11	1,462	115	7.29
Hambantota	2,306	55	2.33	1,728	13	0.75	3,680	23	0.62	4,016	186	4.43	1,653	65	3.78
Jaffna	5,372	135	2.45	3,164	21	0.66	1,938	10	0.51	5,650	265	4.48	2,071	154	6.92
Kilinochchi	254	7	2.68	451	1	0.22	626	-	-	526	10	1.87	229	5	2.14
Mannar	169	3	1.74	485	-	-	454	-	-	529	8	1.49	115	-	-
Vavuniya	375	17	4.34	541	9	1.64	865	10	1.14	779	29	3.59	329	24	6.80
Mullaitivu	286	9	3.05	320	1	0.31	383	-	-	211	12	5.38	82	2	2.38
Batticaloa	3,393	51	1.48	1,602	1	0.06	1,898	-	-	1,230	110	8.21	566	48	7.82
Ampara	328	47	12.53	943	1	0.11	2,108	1	0.05	2,386	77	3.13	710	68	8.74
Trincomalee	778	22	2.75	1,450	1	0.07	1,915	8	0.42	1,314	69	4.99	578	25	4.15
Kalmunai	611	18	2.86	3,665	3	0.08	926	5	0.54	3,340	198	5.60	830	44	5.03
Kurunegala	7,473	413	5.24	5,380	78	1.43	9,521	175	1.80	10,422	813	7.24	4,574	458	9.10
Puttlam	645	70	9.79	1,160	20	1.69	1,704	22	1.27	4,079	265	6.10	1,119	90	7.44
Anuradhapura	6,388	300	4.49	2,782	16	0.57	4,044	2	0.05	7,367	351	4.55	3,243	246	7.05
Polonnaruwa	1,004	141	12.31	1,297	7	0.54	2,542	1	0.04	3,396	241	6.63	1,430	133	8.51
Badulla	5,573	259	4.44	3,931	13	0.33	5,008	18	0.36	4,169	372	8.19	1,832	164	8.22
Monaragala	906	54	5.63	2,274	10	0.44	3,404	7	0.21	3,178	104	3.17	1,438	82	5.39
Ratnapura	4,917	197	3.85	3,547	35	0.98	4,663	11	0.24	5,599	371	6.21	4,084	318	7.22
Kegalle	1,022	96	8.59	1,747	20	1.13	3,915	12	0.31	3,484	352	9.18	2,094	164	7.26
Sri Lanka	150,724	5,734	3.66	66,389	651	0.97	88,578	550	0.62	130,783	8,550	6.14	56,515	4,611	7.54

* Deaths per 100 cases

Contd...

Source : Medical Statistics Unit

Table 30(a). Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2022

RDHS Area	Bronchitis, emphysema and other chronic obstructive pulmonary disease (J40 - J44)			Asthma (J45 - J46)			Alcoholic liver disease (K70)			Other diseases of liver (K71 - K76)			Renal failure (N17 - N19)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	3,549	161	4.34	13,870	68	0.49	180	36	16.67	3,431	565	14.14	19,688	364	1.82
Gampaha	1,366	70	4.87	11,270	21	0.19	261	37	12.42	3,331	598	15.22	13,913	187	1.33
Kalutara	1,437	32	2.18	7,737	14	0.18	41	4	8.89	1,386	138	9.06	6,421	75	1.15
Kandy	4,326	167	3.72	7,340	28	0.38	59	6	9.23	2,073	240	10.38	28,731	241	0.83
Matale	1,797	68	3.65	2,774	13	0.47	84	9	9.68	535	63	10.54	7,257	77	1.05
Nuwara Eliya	2,034	64	3.05	3,103	11	0.35	17	1	5.56	261	30	10.31	174	27	13.43
Galle	2,343	74	3.06	10,367	46	0.44	35	13	27.08	1,281	147	10.29	1,167	130	10.02
Matara	657	26	3.81	5,342	25	0.47	5	3	37.50	493	71	12.59	4,915	16	0.32
Hambantota	666	31	4.45	7,947	7	0.09	13	-	-	419	50	10.66	4,022	23	0.57
Jaffna	944	30	3.08	8,396	9	0.11	18	-	-	917	91	9.03	7,835	62	0.79
Kilinochchi	476	3	0.63	1,338	-	-	27	-	-	211	5	2.31	4,010	5	0.12
Mannar	124	-	-	508	-	-	4	-	-	31	-	-	3,929	7	0.18
Vavuniya	428	11	2.51	1,305	1	0.08	2	1	33.33	99	23	18.85	505	46	8.35
Mullaitivu	347	3	0.86	960	1	0.10	9	2	18.18	92	12	11.54	5,226	6	0.11
Batticaloa	718	23	3.10	4,339	5	0.12	12	1	7.69	59	13	18.06	8,209	25	0.30
Ampara	1,445	20	1.37	1,886	2	0.11	12	-	-	172	21	10.88	11,279	22	0.19
Trincomalee	908	12	1.30	2,239	2	0.09	63	2	3.08	122	13	9.63	4,199	13	0.31
Kalmunai	887	12	1.33	6,700	5	0.07	24	-	-	98	13	11.71	8,137	34	0.42
Kurunegala	1,180	70	5.60	11,198	82	0.73	376	26	6.47	2,040	319	13.52	2,488	213	7.89
Puttalam	437	10	2.24	2,940	34	1.14	206	19	8.44	496	101	16.92	5,769	54	0.93
Anuradhapura	2,040	91	4.27	4,992	21	0.42	42	8	16.00	1,191	177	12.94	3,413	232	6.36
Polonnaruwa	937	32	3.30	2,982	6	0.20	12	4	25.00	265	69	20.66	595	34	5.41
Badulla	2,509	112	4.27	5,677	13	0.23	237	24	9.20	261	47	15.26	2,284	194	7.83
Monaragala	997	62	5.85	4,451	8	0.18	20	-	-	437	19	4.17	8,110	53	0.65
Ratnapura	1,538	35	2.23	9,620	53	0.55	76	3	3.80	1,127	167	12.91	17,029	73	0.43
Kegalle	1,150	63	5.19	3,855	32	0.82	68	16	19.05	674	121	15.22	342	35	9.28
Sri Lanka	35,240	1,282	3.51	143,136	507	0.35	1,903	215	10.15	21,502	3,113	12.65	179,647	2,248	1.24

* Deaths per 100 cases

Source : Medical Statistics Unit

Table 30(b). Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2023

RDHS Area	Neoplasms (C00 - D48)			Diabetes mellitus (E10 - E14)			Essential hypertension (I10)			Ischaemic heart disease (I20 - I25)			Cerebrovascular disease (I60 - I69)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	66,000	2,304	3.37	9,778	136	1.37	9,155	46	0.50	23,268	1,586	6.38	7,113	721	9.20
Gampaha	8,821	453	4.88	4,740	47	0.98	4,929	13	0.26	11,935	992	7.67	5,662	492	7.99
Kalutara	2,233	83	3.58	1,838	11	0.59	4,465	4	0.09	11,788	463	3.78	3,929	201	4.87
Kandy	23,273	612	2.56	6,848	65	0.94	10,181	43	0.42	12,409	624	4.79	6,981	444	5.98
Matale	1,542	85	5.22	2,403	22	0.91	3,635	12	0.33	5,341	220	3.96	1,766	119	6.31
Nuwara Eliya	2,121	68	3.11	2,893	14	0.48	6,840	43	0.62	3,076	94	2.97	1,656	99	5.64
Galle	14,429	444	2.99	2,325	40	1.69	4,213	70	1.63	7,939	557	6.56	3,544	369	9.43
Matara	4,271	93	2.13	2,076	14	0.67	3,014	22	0.72	5,099	283	5.26	1,763	134	7.06
Hambantota	2,633	95	3.48	1,879	18	0.95	4,853	58	1.18	4,069	242	5.61	1,700	86	4.82
Jaffna	5,649	148	2.55	2,786	9	0.32	1,901	14	0.73	4,758	241	4.82	2,361	142	5.67
Kilinochchi	252	2	0.79	651	2	0.31	687	2	0.29	510	17	3.23	272	7	2.51
Mannar	117	2	1.68	380	-	-	433	-	-	645	21	3.15	228	6	2.56
Vavuniya	99	20	16.81	470	2	0.42	802	4	0.50	910	17	1.83	359	23	6.02
Mullaitivu	186	3	1.59	323	-	-	428	1	0.23	282	10	3.42	132	9	6.38
Batticaloa	4,558	64	1.38	2,047	12	0.58	1,888	4	0.21	1,486	105	6.60	681	63	8.47
Ampara	433	28	6.07	830	2	0.24	2,342	-	-	2,863	67	2.29	741	61	7.61
Trincomalee	795	16	1.97	1,326	3	0.23	1,851	5	0.27	1,395	62	4.26	715	23	3.12
Kalmunai	922	12	1.28	3,755	3	0.08	1,235	2	0.16	3,300	159	4.60	1,360	42	3.00
Kurunegala	6,791	376	5.25	4,234	51	1.19	8,298	26	0.31	9,739	726	6.94	4,444	341	7.13
Puttlam	605	48	7.35	1,009	15	1.46	1,964	20	1.01	5,433	245	4.31	1,617	109	6.32
Anuradhapura	6,207	306	4.70	3,255	16	0.49	4,713	11	0.23	9,189	415	4.32	3,651	239	6.14
Polonnaruwa	845	128	13.16	1,027	6	0.58	2,639	-	-	3,720	227	5.75	1,547	128	7.64
Badulla	5,405	200	3.57	4,382	17	0.39	6,218	23	0.37	4,955	346	6.53	1,925	142	6.87
Monaragala	773	42	5.15	2,045	7	0.34	3,487	6	0.17	4,039	87	2.11	1,482	92	5.84
Ratnapura	4,037	187	4.43	3,051	11	0.36	5,680	12	0.21	6,092	373	5.77	4,550	324	6.65
Kegalle	986	68	6.45	1,455	6	0.41	4,427	5	0.11	4,286	339	7.33	2,564	185	6.73
Sri Lanka	163,983	5,887	3.47	67,806	529	0.77	100,278	446	0.44	148,526	8,518	5.42	62,743	4,601	6.83

* Deaths per 100 cases

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Source : Medical Statistics Unit

Table 30(b). Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2023

RDHS Area	Bronchitis, emphysema and other chronic obstructive pulmonary disease (J40 - J44)			Asthma (J45 - J46)			Alcoholic liver disease (K70)			Other diseases of liver (K71 - K76)			Renal failure (N17 - N19)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	4,520	148	3.17	12,572	46	0.36	183	31	14.49	3,779	515	11.99	33,717	376	1.10
Gampaha	2,232	128	5.42	12,974	28	0.22	216	47	17.87	4,017	672	14.33	22,546	217	0.95
Kalutara	1,681	54	3.11	8,632	15	0.17	47	3	6.00	1,732	183	9.56	5,580	91	1.60
Kandy	5,824	190	3.16	8,385	23	0.27	33	5	13.16	2,342	264	10.13	32,732	238	0.72
Matale	2,448	105	4.11	2,887	12	0.41	45	5	10.00	696	85	10.88	8,274	107	1.28
Nuwara Eliya	2,818	77	2.66	2,970	12	0.40	11	-	0.00	406	40	8.97	206	22	9.65
Galle	2,487	71	2.78	11,078	47	0.42	31	15	32.61	1,677	204	10.85	1,624	125	7.15
Matara	1,093	35	3.10	6,873	18	0.26	8	2	20.00	600	79	11.63	5,037	26	0.51
Hambantota	832	24	2.80	9,031	38	0.42	2	-	0.00	329	37	10.11	4,928	31	0.63
Jaffna	1,143	41	3.46	8,097	3	0.04	37	3	7.50	1,084	106	8.91	7,992	59	0.73
Kilinochchi	504	5	0.98	1,341	-	0.00	20	1	4.76	352	18	4.86	2,775	4	0.14
Mannar	111	1	0.89	833	2	0.24	-	-	0.00	47	4	7.84	5,271	3	0.06
Vavuniya	390	13	3.23	305	-	0.00	5	-	0.00	130	9	6.47	380	29	7.09
Mullaitivu	214	12	5.31	970	1	0.10	10	-	0.00	164	9	5.20	6,061	7	0.12
Batticaloa	917	24	2.55	4,507	4	0.09	14	1	6.67	157	19	10.80	10,041	13	0.13
Ampara	1,802	23	1.26	1,963	2	0.10	6	2	25.00	152	17	10.06	11,511	11	0.10
Trincomalee	770	8	1.03	1,744	3	0.17	33	1	2.94	80	6	6.98	6,076	17	0.28
Kalmunai	1,145	15	1.29	8,365	7	0.08	11	1	8.33	121	10	7.63	11,004	17	0.15
Kurunegala	1,756	69	3.78	14,693	33	0.22	278	10	3.47	2,400	311	11.47	2,072	177	7.87
Puttalam	548	6	1.08	3,761	12	0.32	179	19	9.60	685	108	13.62	7,188	57	0.79
Anuradhapura	2,634	84	3.09	6,020	17	0.28	36	11	23.40	1,213	167	12.10	2,667	187	6.55
Polonnaruwa	1,303	50	3.70	3,461	5	0.14	4	10	71.43	351	75	17.61	423	25	5.58
Badulla	3,072	100	3.15	7,274	14	0.19	178	36	16.82	391	56	12.53	2,297	185	7.45
Monaragala	1,216	56	4.40	5,450	7	0.13	13	-	0.00	367	39	9.61	8,913	69	0.77
Ratnapura	2,092	45	2.11	13,355	81	0.60	44	4	8.33	1,201	199	14.21	19,425	65	0.33
Kegalle	1,629	66	3.89	4,472	22	0.49	30	4	11.76	862	117	11.95	364	42	10.34
Sri Lanka	45,181	1,450	3.11	162,013	452	0.28	1,474	211	12.52	25,335	3,349	11.68	219,104	2,200	0.99

* Deaths per 100 cases

Source : Medical Statistics Unit

Table 31(a) . Out Patient Attendance by District and Type of Institution - 2022

District	Teaching Hospitals	Provincial General Hospitals	District General Hospitals	Base Hospitals Type A	Divisional Hospitals Type B	Divisional Hospitals Type A	Divisional Hospitals Type B	Divisional Hospitals Type C	Primary Medical Care Units	PMCU with Maternity Homes	Other Institutions with Indoor Facility	Other Institutions without Indoor Facility	Total	Attendance per 1,000 population
Colombo	1,294,359		143,379	326,572		150,313	461,154	146,016	537,975		521,945		3,581,713	1,445
Gampaha	252,484		351,661	134,910	373,184	187,658	98,421	317,861	616,580		255,166	1,275	2,589,200	1,062
Kalutara	171,549		153,977	201,370	156,131	129,034	412,231	336,570	201,805			19,919	1,782,586	1,380
Kandy	716,184		235,600	204,455	67,541	829,968	859,861	232,495	309,279		177,296	76,051	3,708,730	2,474
Matale			203,257	123,222		400,380	199,194	122,981	308,788				1,357,822	2,562
Nuwera Eliya			117,631	100,686	124,185	65,980	282,441	285,501	198,143				1,174,567	1,500
Galle	399,835			301,399		118,115	472,110	404,274	550,039			68,980	2,314,752	2,018
Matara			206,769	118,508	54,262	204,576	380,463	216,427	625,334			18,598	1,824,937	2,088
Hambantota			205,552	135,220	219,750	82,885	671,000	380,910	204,536				1,899,853	2,790
Jaffna	149,566			146,482	116,634		222,236	416,079	213,485		8,155		1,272,637	2,023
Kilinochchi			64,477		31,152		20,111	121,685	22,346				259,771	1,924
Mannar			65,692		23,816		101,103	66,883	66,498				323,992	2,817
Vavuniya			147,686		45,203		23,559	135,205	64,987			14,934	431,574	2,213
Mullaitivu			44,102	26,391	89,818	26,289	45,209	52,791	28,744				313,344	3,165
Batticaloa	83,563			240,320	85,635	85,893	120,327	292,740	204,792			5,761	1,119,031	1,897
Ampara			146,514	663,961	199,883	55,512	147,765	531,192	401,272	15,503	931	46	2,162,579	2,868
Trincomalee			97,621	210,267	32,423		36,061	353,780	218,174		14,649		962,975	2,169
Kurunegala	565,037			164,726	254,524	575,881	727,218	712,045	685,793				3,685,224	2,116
Puttalam			106,448	119,596	228,839	70,453	109,238	252,239	315,531				1,202,344	1,415
Anuradhapura	188,676			123,717	454,216	105,947	507,255	676,866	353,163		19,192		2,429,032	2,538
Polonnaruwa			153,285	129,780	164,883		271,500	234,218	241,031				1,194,697	2,661
Badulla		271,712		326,994	149,853	203,388	535,759	748,929	312,233			15,554	2,564,422	2,853
Moneragale			118,535		359,127	86,945	381,513	417,532	140,987			9,942	1,514,581	2,976
Ratnapura	174,585		161,486	111,392	445,381	341,241	305,019	626,757	970,940		23,631	14,055	3,174,487	2,661
Kegalle			164,636	57,834	252,871	360,473	100,592	178,543	400,802		23,884	20,058	1,559,693	1,737
Total	3,995,838	271,712	2,888,308	3,967,802	3,929,311	4,080,931	7,491,340	8,260,519	8,193,257	15,503	1,044,849	265,173	44,404,543	2,002

Source : Medical Statistics Unit

Table : 31(b). Out Patient Attendance by District and Type of Institution, 2023

District	Teaching Hospitals	District General Hospitals	Base Hospitals Type A	Base Hospitals Type B	Divisional Hospitals Type A	Divisional Hospitals Type B	Divisional Hospitals Type C	Primary Medical Care Units with Maternity Homes	Other Institutions with Indoor Facility	Other Institutions without Indoor Facility	Primary Medical Care Units	Total Attendance	Attendance per 1,000 Population
Colombo	1,652,429	205,829	650,279		217,262	592,460	171,704		648,977		483,190	4,622,130	1879
Gampaha	329,948	212,036	182,301	511,971	347,556	118,131	381,869		396,981	3,789	675,714	3,160,296	1305
Kalutara	316,752	219,850	251,523	210,496	160,301	594,261	266,969			21,362	226,014	2,267,528	1773
Kandy	797,754	332,207	302,073	79,416	998,075	943,734	264,027		228,085	108,545	341,461	4,395,377	2966
Matale		240,945	130,684		467,036	234,961	127,369			718	322,293	1,524,006	2903
Nuwera Eliya		140,237	127,337	176,563	42,958	464,915	339,314				204,325	1,495,649	1915
Galle	538,843		419,715		192,154	603,906	507,198		18,636	79,753	652,006	3,012,211	2645
Matara		340,275	166,197	78,714	235,674	452,586	312,869			8,311	659,656	2,254,282	2594
Hambantota		214,106	158,274	268,437	105,388	713,110	449,821				237,004	2,146,140	3156
Jaffna	190,826		228,788	124,858		249,104	490,424		22,097		221,212	1,527,309	2432
Kilinochchi		121,935		42,140		22,112	150,678				25,880	362,745	2667
Mannar		99,593		30,384		146,082	80,180		10,557	3,621	77,663	448,080	3863
Vavuniya		232,274		59,432		81,571	147,048			19,810	44,555	584,690	2983
Mullaitivu		55,760	7,214	102,156	35,650	46,328	34,109				31,675	312,892	3161
Batticaloa	134,274		319,467	82,300	106,111	158,343	373,764			7,560	214,215	1,396,034	2399
Ampara	-	189,699	869,855	263,299	58,892	165,725	668,473	12,796	4,627	4,891	397,168	2,635,425	3519
Trincomalee		134,824	294,028	38,885		51,378	387,111		44,269	5,776	226,196	1,182,467	2669
Kurunegala	729,812		193,533	350,679	722,159	866,882	791,987	14,542			793,481	4,463,075	2584
Puttalam		175,126	144,425	285,270	85,398	103,065	305,529				412,751	1,511,564	1789
Anuradhapura	246,925		169,325	588,621	130,558	767,909	844,171		51,037	32,732	372,402	3,203,680	3372
Polonnaruwa		221,656	146,087	223,867		259,329	347,743				260,180	1,458,862	3278
Badulla	370,746		444,158	219,189	280,217	644,393	1,025,356			30,421	355,789	3,370,269	3761
Moneragale		129,083		492,254	111,438	470,313	466,637			7,997	149,401	1,827,123	3590
Ratnapura	246,164	190,676	149,171	546,564	398,153	336,472	752,072		44,897	25,054	1,185,568	3,874,791	3262
Kegalle		264,568	121,492	437,611	424,727	131,507	238,258		34,072	24,496	506,193	2,182,924	2447
Sri Lanka	5,554,473	3,720,679	5,475,926	5,213,106	5,119,707	9,218,577	9,924,680	27,338	1,504,235	384,836	9,075,992	55,219,549	2,506

Source : Medical Statistics Unit

Table 32. Out Patient Attendance by RDHS Division, 2022-2023

RDHS Division	2022				Total Visits 2022	2023				Total Visits 2023
	Quarter					Quarter				
	First	Second	Third	Fourth		First	Second	Third	Fourth	
Colombo	720,482	827,931	961,419	1,071,881	3,581,713	1,076,914	1,191,833	1,106,919	1,246,464	4,622,130
Gampaha	476,397	598,403	700,155	814,245	2,589,200	773,877	805,910	719,591	860,918	3,160,296
Kalutara	347,629	424,328	499,428	511,201	1,782,586	531,951	582,484	536,556	616,537	2,267,528
Kandy	718,871	834,796	976,384	1,178,679	3,708,730	1,053,744	1,134,064	1,038,875	1,168,694	4,395,377
Matale	253,752	293,327	368,288	442,455	1,357,822	378,404	376,895	353,254	415,453	1,524,006
Nuwera Eliya	254,019	261,198	340,230	319,120	1,174,567	347,249	382,724	352,786	412,890	1,495,649
Galle	444,636	522,720	603,670	743,726	2,314,752	701,744	778,217	721,790	810,460	3,012,211
Matara	342,639	417,352	481,887	583,059	1,824,937	531,853	570,390	538,839	613,200	2,254,282
Hambantota	351,174	408,649	492,830	647,200	1,899,853	497,240	558,718	479,847	610,335	2,146,140
Jaffna	264,204	290,936	325,169	392,328	1,272,637	360,706	372,265	377,078	417,260	1,527,309
Kilinochchi	61,540	68,505	58,931	70,795	259,771	83,875	93,717	85,981	99,172	362,745
Mannar	71,065	73,642	82,838	96,447	323,992	104,529	106,024	106,790	130,737	448,080
Vavuniya	96,318	120,153	61,145	153,958	431,574	135,687	143,528	139,997	165,478	584,690
Mullaitivu	67,035	72,092	81,278	92,939	313,344	78,650	81,167	71,659	81,416	312,892
Batticaloa	237,401	241,171	321,178	319,281	1,119,031	345,161	348,995	331,274	370,604	1,396,034
Ampara	175,281	209,238	255,992	275,378	915,889	260,038	287,115	254,571	288,568	1,090,292
Trincomalee	211,464	209,628	253,413	288,470	962,975	290,095	284,259	282,501	325,612	1,182,467
Kalmunai	232,062	264,548	346,137	403,943	1,246,690	339,403	391,228	390,934	423,568	1,545,133
Kurunegala	667,316	834,391	976,205	1,207,312	3,685,224	1,008,885	1,138,161	1,021,666	1,294,363	4,463,075
Puttalam	243,270	266,899	307,769	384,406	1,202,344	350,646	379,364	341,779	439,775	1,511,564
Anuradhapura	467,837	529,106	670,780	761,309	2,429,032	723,155	805,475	741,834	933,216	3,203,680
Polonnaruwa	224,132	255,901	320,767	393,897	1,194,697	339,072	380,259	338,840	400,691	1,458,862
Badulla	493,767	604,333	671,988	794,334	2,564,422	762,063	892,215	828,374	887,617	3,370,269
Moneragala	292,166	336,601	406,569	479,245	1,514,581	406,443	490,648	438,465	491,567	1,827,123
Ratnapura	653,774	722,132	830,176	968,405	3,174,487	932,131	963,431	904,707	1,074,522	3,874,791
Kegalle	336,928	404,437	464,534	353,794	1,559,693	511,177	560,813	510,754	600,180	2,182,924
Sri Lanka	8,705,159	10,092,417	11,859,160	13,747,807	44,404,543	12,924,692	14,099,899	13,015,661	15,179,297	55,219,549

Source : Medical Statistics Unit

Table 33 . Out Patient Department (OPD) Visits by Type of Hospital , 2022-2023

Type	2022				Total (2022)	2023				Total (2023)
	Quarter					Quarter				
	First	Second	Third	Fourth		First	Second	Third	Fourth	
TH	792,941	882,228	1,084,615	1,236,054	3,995,838	1,318,895	1,406,071	1,321,077	1,508,430	5,554,473
PGH	43,590	59,621	76,828	91,673	271,712	-	-	-	-	-
DGH	575,758	657,359	720,217	934,974	2,888,308	856,977	953,296	888,528	1,021,878	3,720,679
BHA	727,238	874,584	1,093,601	1,272,379	3,967,802	1,257,157	1,406,907	1,319,055	1,492,807	5,475,926
BHB	703,580	909,983	1,102,952	1,212,796	3,929,311	1,195,970	1,342,698	1,225,532	1,448,906	5,213,106
DHA	764,744	944,051	1,079,273	1,292,863	4,080,931	1,183,094	1,319,809	1,190,189	1,426,615	5,119,707
DHB	1,413,659	1,714,260	2,009,495	2,353,926	7,491,340	2,145,796	2,362,074	2,149,266	2,561,441	9,218,577
DHC	1,700,566	1,904,310	2,137,002	2,518,641	8,260,519	2,286,653	2,579,163	2,337,338	2,721,526	9,924,680
PMCU	1,688,546	1,840,864	2,210,269	2,453,578	8,193,257	2,214,266	2,255,015	2,101,155	2,505,556	9,075,992
PMCU & MH	3,208	3,163	4,342	4,790	15,503	6,931	7,255	6,466	6,686	27,338
Other 1	217,587	232,817	275,248	319,197	1,044,849	365,622	373,947	383,288	381,378	1,504,235
Other 2	73,742	69,177	65,318	56,936	265,173	93,331	93,664	93,767	104,074	384,836
Total Visits	8,705,159	10,092,417	11,859,160	13,747,807	44,404,543	12,924,692	14,099,899	13,015,661	15,179,297	55,219,549

Source : Medical Statistics Unit

Other 1 Other Institutions with Indoor Facility
 Other 2 Other Institutions without Indoor Facility

Table 34(a). Clinic Visits by Quarter, by RDHS Division, 2022

RDHS Division	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
Colombo	184,964	819,320	171,875	791,109	207,472	928,597	226,429	978,144	790,740	3,517,170
Gampaha	113,222	487,748	119,275	517,156	129,640	594,577	131,656	644,523	493,793	2,244,004
Kalutara	64,218	224,561	66,204	223,884	74,917	291,689	76,904	309,363	282,243	1,049,497
Kandy	136,827	625,249	125,582	599,078	138,235	682,780	155,130	724,475	555,774	2,631,582
Matale	32,244	156,576	33,567	157,588	39,614	195,018	35,718	204,720	141,143	713,902
Nuwara Eliya	35,021	133,095	30,846	121,584	34,026	133,520	19,371	86,597	119,264	474,796
Galle	76,179	277,459	72,004	253,772	85,312	279,186	84,889	279,227	318,384	1,089,644
Matara	58,374	178,029	55,711	182,998	65,463	217,470	67,148	246,847	246,696	825,344
Hambantota	37,170	145,600	33,473	132,612	44,146	178,793	49,836	191,567	164,625	648,572
Jaffna	53,759	267,458	55,134	291,916	52,941	300,657	57,654	319,127	219,488	1,179,158
Kilinochchi	11,222	45,109	12,456	42,356	13,350	48,905	13,015	45,528	50,043	181,898
Mannar	14,068	51,520	13,032	49,191	13,865	51,186	14,462	52,731	55,427	204,628
Vavuniya	19,130	76,146	22,901	85,762	6,868	19,515	23,453	94,720	72,352	276,143
Mullaitivu	10,347	34,074	10,981	32,592	12,844	37,235	11,718	43,003	45,890	146,904
Batticaloa	37,126	153,260	15,121	65,481	45,363	177,203	35,874	168,967	133,484	564,911
Ampara	14,755	88,529	21,130	87,885	24,084	100,348	21,911	99,885	81,880	376,647
Trincomalee	27,392	105,113	27,908	105,716	32,927	126,334	30,408	115,203	118,635	452,366
Kalmunai	47,177	143,112	33,411	141,625	39,912	158,696	30,632	153,174	151,132	596,607
Kurunegala	81,773	322,213	75,615	353,183	93,943	419,183	97,717	444,351	349,048	1,538,930
Puttalam	45,537	169,902	45,721	184,600	56,542	215,030	55,446	224,699	203,246	794,231
Anuradhapura	60,104	279,089	53,035	271,360	54,903	280,343	27,313	147,937	195,355	978,729
Polonnaruwa	40,666	146,704	36,827	156,889	38,897	181,553	42,386	194,306	158,776	679,452
Badulla	76,419	300,229	76,856	296,767	74,355	337,716	76,125	340,344	303,755	1,275,056
Monaragala	37,223	121,424	37,861	118,710	38,751	132,648	37,928	137,542	151,763	510,324
Rathnapura	78,185	317,078	83,164	333,253	94,359	394,111	97,290	429,605	352,998	1,474,047
Kegalle	52,723	232,920	49,665	248,116	62,923	296,264	47,329	224,417	212,640	1,001,717
Sri Lanka	1,445,825	5,901,517	1,379,355	5,845,183	1,575,652	6,778,557	1,567,742	6,901,002	5,968,574	25,426,259

Source : Medical Statistics Unit

Table 34(b). Clinic Visits by Quarter, by RDHS Division, 2023

RDHS Division	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
Colombo	240,865	1,096,339	218,038	1,023,661	231,648	1,051,531	238,013	1,107,899	928,564	4,279,430
Gampaha	147,892	655,400	132,134	619,574	138,566	645,666	158,152	688,325	576,744	2,608,965
Kalutara	76,370	315,128	74,204	314,282	79,858	342,548	81,552	353,578	311,984	1,325,536
Kandy	158,417	748,591	160,747	767,664	172,175	810,172	152,939	805,347	644,278	3,131,774
Matale	38,432	210,549	39,308	210,680	42,474	220,652	37,025	220,644	157,239	862,525
Nuwara Eliya	48,659	173,856	43,281	163,326	43,166	170,818	45,110	181,909	180,216	689,909
Galle	85,446	359,326	88,834	357,730	100,843	390,204	100,590	405,280	375,713	1,512,540
Matara	72,788	264,387	67,956	255,254	72,524	273,289	74,052	282,662	287,320	1,075,592
Hambantota	55,264	208,784	57,394	193,971	60,750	210,047	50,162	217,415	223,570	830,217
Jaffna	58,951	333,522	54,843	325,856	59,472	340,684	52,381	333,083	225,647	1,333,145
Kilinochchi	14,195	59,954	14,693	60,596	14,883	58,106	13,563	59,477	57,334	238,133
Mannar	15,282	56,505	16,092	57,910	15,688	56,313	17,780	61,053	64,842	231,781
Vavuniya	24,837	101,142	20,230	100,459	23,929	104,971	21,858	103,495	90,854	410,067
Mullaitivu	11,988	38,828	11,816	38,250	12,102	39,861	12,016	43,306	47,922	160,245
Batticaloa	46,528	187,242	47,391	196,147	52,368	213,453	45,600	211,256	191,887	808,098
Ampara	23,397	109,976	22,680	105,589	22,545	114,202	23,935	113,426	92,557	443,193
Trincomalee	27,822	120,150	28,909	129,726	29,217	138,765	32,129	136,141	118,077	524,782
Kalmunai	44,355	177,072	40,498	179,385	44,699	197,297	43,365	194,594	172,917	748,348
Kurunegala	100,688	468,757	100,314	459,718	95,395	480,947	94,981	514,128	391,378	1,923,550
Puttalam	59,861	234,014	57,664	231,227	65,189	241,703	61,179	250,868	243,893	957,812
Anuradhapura	67,916	318,444	69,269	318,913	70,533	336,527	67,019	335,770	274,737	1,309,654
Polonnaruwa	40,785	209,591	41,772	211,590	44,763	214,265	42,351	196,772	169,671	832,218
Badulla	75,912	348,159	85,706	361,121	89,553	388,914	92,045	387,437	343,216	1,485,631
Moneragala	42,762	139,969	44,621	147,780	59,458	160,624	49,674	152,372	196,515	600,745
Ratnapura	144,880	596,254	94,715	420,653	100,428	455,821	113,130	492,310	453,153	1,965,038
Kegalle	65,607	333,002	67,704	318,076	67,888	334,344	70,762	345,505	271,961	1,330,927
Sri Lanka	1,789,899	7,864,941	1,700,813	7,569,138	1,810,114	7,991,724	1,791,363	8,194,052	7,092,189	31,619,855

Source : Medical Statistics Unit

Table 35(a). Clinic Visits by Quarter, by Type of Hospital, 2022

Type of Hospital	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
Teaching Hospital	376,890	1,679,751	332,548	1,564,695	399,527	1,922,346	395,414	1,874,007	1,504,379	7,040,799
Provincial General Hospital	24,489	107,814	23,028	97,995	20,067	119,257	19,127	117,072	86,711	442,138
District General Hospital	261,306	942,657	265,541	956,886	280,192	1,079,200	305,717	1,223,186	1,112,756	4,201,929
Base Hospital (Type A)	195,841	727,500	179,305	748,648	221,914	846,976	211,596	860,483	808,656	3,183,607
Base Hospital (Type B)	99,214	437,920	103,950	460,240	128,160	557,013	108,251	486,410	439,575	1,941,583
Divisional Hospital (Type A)	87,408	349,312	80,495	367,717	91,761	427,984	102,091	458,846	361,755	1,603,859
Divisional Hospital (Type B)	117,018	486,250	126,218	501,576	139,530	558,498	135,611	570,910	518,377	2,117,234
Divisional Hospital (Type C)	112,152	458,608	113,750	454,953	122,687	513,280	115,411	513,282	464,000	1,940,123
Primary Medical Care Units and Maternity Homes	153	1,384	170	1,409	173	1,485	182	1,695	678	5,973
Other Hospital and Clinics ¹	74,182	265,638	63,143	250,745	61,828	251,641	65,171	268,512	264,324	1,036,536
Primary Medical Care Units	97,172	444,683	91,207	440,319	109,813	500,877	109,171	526,599	407,363	1,912,478
Grand Total	1,445,825	5,901,517	1,379,355	5,845,183	1,575,652	6,778,557	1,567,742	6,901,002	5,968,574	25,426,259

¹Includes : Mental,Chest,Leprosy,Military,Police,Prison,Fever, Cancer,Dental and Rehabilitation hospitals

Source : Medical Statistics Unit

Table 35(b). Clinic Visits by Quarter, by Type of Hospital, 2023

Type of Hospital	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
Teaching Hospital	478,306	2,348,897	438,739	2,136,934	465,986	2,262,900	468,338	2,362,339	1,851,369	9,111,070
District General Hospital	315,423	1,222,751	314,708	1,217,254	338,613	1,282,880	344,237	1,332,002	1,312,981	5,054,887
Base Hospital (Type A)	247,085	992,229	239,578	990,491	250,498	1,019,128	256,449	1,066,558	993,610	4,068,406
Base Hospital (Type B)	136,227	616,377	126,113	596,519	142,351	648,862	146,607	665,371	551,298	2,527,129
Divisional Hospital (Type A)	104,575	490,755	105,801	483,758	116,810	503,827	103,017	525,355	430,203	2,003,695
Divisional Hospital (Type B)	140,108	633,034	138,334	629,391	131,895	652,124	131,459	670,887	541,796	2,585,436
Divisional Hospital (Type C)	136,177	584,614	135,838	585,775	148,573	634,675	138,910	617,196	559,498	2,422,260
Primary Medical Care Units and Maternity Homes	159	1,951	118	1,674	60	1,725	80	1,948	417	7,298
Other Hospital and Clinics [‡]	95,996	388,600	86,219	356,226	99,329	384,292	85,654	353,662	367,198	1,482,780
Primary Medical Care Units	135,843	585,733	115,365	571,116	115,999	601,311	116,612	598,734	483,819	2,356,894
Grand Total	1,789,899	7,864,941	1,700,813	7,569,138	1,810,114	7,991,724	1,791,363	8,194,052	7,092,189	31,619,855

[‡]Includes : Mental,Chest,Leprosy,Military,Police,Prison,Fever, Cancer,Dental and Rehabilitation hospitals

Source : Medical Statistics Unit

Table 36. Clinic Visits by Type of Clinic, 2016 - 2023

Type of Clinic	2016	2017	2018	2019	2020	2021	2022	2023
Medical	12,081,931	12,639,230	13,609,792	14,586,731	10,932,051	9,160,491	11,445,926	14,727,430
Surgical	1,230,339	1,199,025	1,193,304	1,264,560	914,236	761,030	1,035,401	1,257,080
Orthopaedic	396,851	428,802	481,336	513,027	389,594	344,252	433,012	513,044
Thoracic	88,341	51,861	51,019	67,593	43,093	39,295	56,550	88,152
Cardiology	792,072	799,830	879,116	863,805	665,940	608,578	798,254	994,420
Neuro Surgical	85,426	96,190	85,924	94,378	78,882	71,189	97,653	149,558
Nerve	161,422	204,169	279,865	279,263	264,041	233,073	317,977	355,915
E.N.T.	514,429	531,539	561,326	598,198	387,692	308,762	496,274	602,833
Genito Urinary	93,802	113,159	134,741	135,750	117,171	111,407	149,138	167,322
Rectum	6,898	5,420	2,873	2,875	3,226	1,586	3,384	6,147
Skin	877,731	876,544	999,218	1,101,265	800,114	635,264	879,258	1,090,607
Paediatric	719,986	724,432	749,338	725,864	487,251	403,342	537,131	743,435
Psychiatric	1,077,541	1,098,637	1,128,036	1,203,172	955,088	800,356	1,047,341	1,227,803
Baby	631,053	613,574	640,686	605,790	476,404	470,789	455,032	498,393
Gynaecology and Obstetrics	1,720,538	1,732,762	1,775,922	1,721,838	1,432,991	1,266,516	1,337,932	1,417,987
Eye	1,527,818	1,468,437	1,589,141	1,664,924	1,128,594	925,876	1,356,274	1,709,283
Dental	3,180,347	3,154,244	3,441,489	3,636,278	2,336,293	1,766,506	2,784,635	3,410,512
Cancer	349,730	394,099	457,679	504,825	429,996	436,252	515,168	614,827
V.D	114,723	114,096	120,072	137,792	64,152	75,239	114,271	138,708
Diabetic	1,390,434	1,385,153	1,460,036	1,625,611	1,278,758	1,048,956	1,301,522	1,556,584
Other	276,474	227,000	204,012	211,958	217,101	167,235	323,438	350,327
Sri Lanka	27,317,886	27,858,203	29,844,925	31,545,497	23,402,668	19,635,994	25,485,571	31,620,367

Source : Medical Statistics Unit

Table 37(a). Clinic Visits by Type of Clinic and RDHS Division, 2022

Type of Clinic	Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Kilinochchi	Mannar
Medical	11,423,863	1,121,564	1,047,319	483,862	1,101,698	386,209	261,315	447,022	398,387	361,367	424,939	56,916	105,676
Dental	2,779,122	273,544	206,259	165,780	196,340	82,158	48,799	159,948	120,861	74,896	126,397	22,595	17,890
Eye	1,356,274	322,172	179,846	68,417	114,702	20,544	18,470	61,835	45,332	26,403	52,636	17,837	8,235
Gynaecology and Obstetrics	1,337,894	193,703	102,983	56,498	125,260	33,669	28,126	62,929	29,614	29,283	80,585	17,021	12,401
Diabetic	1,281,679	169,986	70,257	14,595	192,094	34,105	6,902	39,533	9,614	897	134,225	12,202	22,598
Psychiatric	1,047,001	152,340	105,333	53,670	85,887	34,254	13,281	42,929	39,499	29,037	56,013	10,969	7,607
Surgical	1,035,401	195,022	103,012	39,736	128,352	23,866	18,118	64,104	33,649	23,967	51,244	4,915	4,413
Skin	879,258	122,339	69,285	34,552	75,641	25,397	19,674	29,072	30,986	26,594	53,328	12,477	3,932
Cardiology	798,254	258,651	64,959	26,850	111,846	8,918	12,237	37,821	27,945	12,698	42,467	226	2,316
Paediatric	535,387	54,010	48,321	13,481	67,783	10,538	15,974	13,771	16,060	17,560	22,375	4,463	2,134
Cancer	515,168	204,396	13,355	7,766	71,816	951	3,207	40,358	4,042	4,773	9,944	109	498
E.N.T.	494,183	109,550	55,397	26,553	63,634	7,191	6,536	12,628	13,880	8,953	16,821	8,967	3,419
Baby	454,206	25,080	55,656	16,419	49,973	11,729	5,148	10,139	13,208	8,213	23,104	2,324	4,309
Orthopaedic	433,012	106,183	24,706	10,217	69,152	8,649	7,761	12,729	12,588	4,715	37,580	4,960	3,685
Other	323,374	50,886	39,027	16,308	76,242	2,759	3,573	12,928	11,975	1,379	9,466	406	2,866
Nerve	314,277	75,213	22,294	10,092	45,731	6,584		17,627	13,581	3,577	23,622	277	
Genito Urinary	149,138	29,267	10,232	2,791	22,831	1	2,712	9,423	3,978	3,521	8,543		
V.D	114,118	3,134	21,480	1,910	1,696	13,976	1,960	3,019	145	6,964	1,100	5,234	2,649
Neuro Surgical	97,653	27,840	4,283		20,709	1,952	909	5,115		2,625	4,769		
Thoracic	53,613	22,290			7,098	452		6,714		1,150			
Rectum	3,384				3,097		94						

Continued....

Source : Medical Statistics Unit

Table 37(a). Clinic Visits by Type of Clinic and RDHS Division, 2022

Type of Clinic	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kalmunai	Kurunegala	Puttalam	Anuradhapur a	Polonnaruwa	Badulla	Monaragala	Rathnapura	Kegalle
Type of Clinic	100,296	57,066	278,600	222,843	212,578	260,053	827,942	363,713	512,135	311,028	554,251	246,427	763,724	516,933
Medical	28,301	21,607	58,382	19,964	40,841	70,520	190,874	81,967	90,615	96,568	182,946	83,043	182,860	135,167
Dental	15,771	9,514	9,035	6,656	33,406	30,310	15,586	46,322	50,283	15,136	54,225	17,483	80,446	35,672
Eye	16,700	15,420	20,670	29,195	31,782	31,580	96,847	47,340	49,681	27,482	62,743	22,283	65,750	48,349
Gynaecology and Obstetrics	22,473	17,208	34,243	10,949	12,033	78,890	122,520	32,748	12,760	39,954	100,358	35,602	15,039	39,894
Diabetic	12,793	6,623	26,372	6,492	10,621	18,804	48,272	78,264	20,124	22,500	45,658	15,455	58,434	45,770
Psychiatric	4,961	2,517	28,147	25,436	19,301	22,993	35,054	19,042	21,630	19,313	58,838	15,644	46,979	25,148
Surgical	16,358	4,606	16,318	11,639	20,935	21,941	28,826	33,493	32,654	21,265	50,360	18,753	55,793	43,040
Skin	4,080	2,077	13,967		11,711	4,975	1,220	5,785	27,133	33,555	14,404	14,468	38,176	19,769
Cardiology	6,786	3,394	23,917	8,558	14,970	12,131	29,123	18,390	26,221	13,496	21,266	12,038	37,156	21,471
Paediatric	2,833	15	9,759	1,496	5,702	125	36,643	7,044	24,864	6,971	25,275	3,688	26,572	2,966
Cancer	7,846		8,409	5,507	12,333	15,686	6,305	9,807	18,814	12,012	20,041	10,031	25,409	8,454
E.N.T.	4,578	1,528	616	12,849	13,478	9,393	58,416	19,863	23,886	12,957	29,898	6,671	15,465	19,306
Baby	9,029	432	10,884	4,041	6,348	6,184	6,141	12,431	12,954	13,782	13,816	3,225	20,168	10,652
Orthopaedic	2,621	1,967	4,822	1,869	4,179	11,909	24,615	1,114	7,160	14,066	8,506	2,279	1,310	9,142
Other	1,590		4,561	4,518	24	430		4,428	7,962	13,711	16,191		27,491	14,773
Nerve	2,825		2,182	1,499			10,142	3,625	12,888	4,161	6,120	3,234	5,755	3,408
Genito Urinary	7,924	2,930	3,850	1,657	1,801	465	404	4,716	18,846	1,191	3,856		1,538	1,673
V.D	1,950		3,577	1,479		218		2,015	7,926		6,304		5,982	
Neuro Surgical	6,428		6,600		323			2,124		304				130
Thoracic									193					
Rectum	276,143	146,904	564,911	376,647	452,366	596,607	1,538,930	794,231	978,729	679,452	1,275,056	510,324	1,474,047	1,001,717

Source : Medical Statistics Unit

Table 37(b). Clinic Visits by Type of Clinic and RDHS Division, 2023

Type of Clinic	Sri Lanka	Colombo	Gampaha	Kalutara	Kandy	Matale	Nuwara Eliya	Galle	Matara	Hambantota	Jaffna	Kilinochchi	Mannar
Medical	14,727,217	1,411,209	1,303,763	662,501	1,348,624	504,916	369,743	698,900	557,806	452,704	485,062	77,378	114,794
Dental	3,410,512	313,134	254,010	182,883	313,655	83,777	80,584	201,372	147,125	108,630	129,453	40,498	21,831
Eye	1,709,283	364,017	210,692	92,761	123,798	22,572	21,005	85,239	59,718	39,720	67,026	24,090	14,199
Diabetic	1,556,584	190,736	74,138	18,674	223,918	43,696	8,030	47,897	16,832	13,556	176,096	13,432	23,534
Gynaecological and Obstetrics	1,417,987	220,926	103,462	49,789	127,236	27,483	41,796	66,742	33,046	30,911	79,790	17,531	11,789
Surgical	1,257,080	242,013	97,060	41,491	147,514	21,379	23,766	71,290	33,744	26,215	77,183	7,310	4,275
Psychiatric	1,227,803	174,529	106,564	61,793	111,138	37,073	21,805	60,374	47,638	35,056	56,347	14,815	7,168
Skin	1,090,607	162,339	83,732	48,887	85,652	27,430	29,725	47,968	33,303	37,570	49,305	15,443	5,848
Cardiology	994,420	309,958	61,762	33,475	134,074	13,657	17,549	44,288	26,603	20,323	32,926		3,210
Paediatric	743,435	82,198	61,850	21,012	77,989	23,149	27,895	26,062	22,240	21,964	30,784	8,040	2,204
Cancer	614,827	245,210	21,961	8,757	76,672	4,287	3,012	50,654	3,714	6,081	12,435	53	577
E.N.T	602,833	142,121	64,891	27,865	70,188	6,968	8,946	14,108	14,592	9,228	18,311	10,590	5,295
Orthopaedic	513,044	123,391	25,600	10,760	74,853	8,149	14,169	15,643	12,826	4,494	38,699	4,597	4,165
Baby	498,094	34,720	62,262	18,579	49,205	13,257	10,767	10,604	14,300	8,763	25,978	3,205	4,328
Nerve	355,915	82,745	19,834	12,440	50,833	2,650		23,505	19,630	5,568	22,893	525	
Other	350,327	57,039	34,857	28,693	40,126	4,570	4,707	16,864	25,635	2,207	5,991	626	2,655
Genito Urinary	167,322	37,828	10,817	2,059	25,327		3,147	10,638	4,673	4,037	7,140		
Neuro Surgical	149,558	53,193			26,635	7,630	1,419	6,468			3,916		
V.D.	138,708	7,963	11,710	2,588	11,946	5,644	1,844	6,212	2,167	3,190	2,006		5,863
Thoracic	88,152	24,161			9,787	4,238		7,712			11,804		46
Rectum	6,147			529	2,604								

Continued..

Source : Medical Statistics Unit

Table 37(b). Clinic Visits by Type of Clinic and RDHS Division, 2023

Type of Clinic	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kalmunai	Kurunegala	Puttalam	Anuradhapura	Polonnaruwa	Badulla	Moneragala	Ratnapura	Kegalle
Medical	161,963	66,097	380,460	248,487	259,757	347,273	1,099,959	444,415	673,293	403,935	638,877	292,688	1,022,520	700,093
Dental	39,479	17,256	98,237	23,975	43,188	79,737	211,456	99,300	121,641	101,157	225,781	85,314	223,399	163,640
Eye	29,401	14,469	21,285	28,817	37,661	34,731	18,099	54,108	70,667	19,521	56,967	21,210	130,916	46,594
Diabetic	21,317	13,926	53,930	9,324	17,555	94,299	159,554	37,712	12,241	51,446	102,760	48,409	37,289	46,283
Gynaecological and Obstetrics	21,484	11,015	23,290	26,123	31,236	31,975	96,870	54,151	51,825	29,271	71,081	27,047	77,753	54,365
Surgical	7,040	3,760	41,853	26,435	22,462	30,721	47,611	21,124	46,343	26,109	77,773	19,122	58,575	34,912
Psychiatric	6,676	5,935	32,681	14,130	15,158	20,488	57,850	71,206	27,566	32,270	50,341	19,100	76,091	64,011
Skin	20,863	6,336	23,264	12,078	25,886	25,685	36,773	42,727	45,321	27,002	60,963	22,460	56,365	57,682
Cardiology	9,572	4,117	32,773	9,448	11,214	9,741	2,896	11,353	39,316	37,825	21,879	18,292	46,241	41,928
Paediatric	10,611	4,347	21,106	10,292	16,359	13,036	50,196	25,106	31,703	18,587	42,607	15,515	50,156	28,427
Cancer	5,244		16,071	1,633	4,562	165	36,163	8,626	40,610	6,786	27,549	3,240	26,319	4,446
E.N.T	12,774	2,832	12,420	6,719	14,672	18,238	6,133	14,558	28,608	17,320	17,278	9,861	37,643	10,674
Orthopaedic	9,082	2,065	19,920	4,530	6,670	9,193	5,759	20,381	19,395	15,674	18,318	4,134	26,757	13,820
Baby	5,726	1,080		10,670	12,159	9,528	59,465	24,999	24,578	11,031	30,216	8,055	19,501	25,118
Nerve			10,341	2,282		1,396		8,331	8,163	17,980	11,151		38,417	17,231
Other	7,256	2,468	8,627	1,746	4,657	20,798	20,476	4,674	8,055	9,183	9,676	2,735	13,530	12,476
Genito Urinary	3,574		4,285	743			12,420	5,113	3,508	5,489	10,226	3,446	8,094	4,758
Neuro Surgical	11,454		5,984	2,549	168	808		15	16,597		5,897		6,825	
V.D.	9,923	4,542	104	3,095	1,317	489	1,870	7,262	39,978	1,632	1,379		1,619	4,365
Thoracic	16,628		1,467		101	47					4,912	117	7,028	104
Rectum				117				2,651	246					

Source : Medical Statistics Unit

Table 38(a). Utilization of Medical Institutions by Regional Director of Health Services Division, 2022

RDHS Division	Teaching Hospitals			Provincial General Hospitals			District General Hospitals			Base Hospitals Type A			Base Hospitals Type B		
	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate
Colombo	3.28	65.82	72.64				1.81	58.52	117.80	2.63	58.46	80.67			
Gampaha	2.65	61.67	84.16				2.05	60.46	107.10	1.88	56.35	108.65	1.91	66.02	125.76
Kalutara	3.47	78.65	82.20				1.89	51.58	99.30	1.76	70.94	146.70	2.71	69.17	92.90
Kandy	2.75	59.34	78.14				2.22	51.96	84.85	2.09	65.84	114.67			
Matale							2.19	50.06	82.96	2.18	102.10	170.52			
Nuwara Eliya							2.55	53.69	76.40	2.54	71.38	102.07	1.70	59.47	126.33
Galle	2.87	65.28	82.48							2.01	56.32	101.70			
Matara							1.99	47.89	87.34	1.78	47.12	96.22	1.84	46.78	92.95
Hambantota							2.50	59.82	86.64	2.28	81.52	129.51	2.07	70.50	123.69
Jaffna	2.73	77.06	102.26							2.12	42.97	73.52	1.66	42.22	92.76
Kilinochchi							2.12	69.05	118.37				1.24	32.86	96.79
Mullaitivu							2.14	51.59	87.50	1.30	22.63	63.33	1.55	26.53	62.51
Mannar							2.98	60.73	73.91				1.79	11.87	24.22
Vavuniya							2.18	70.99	117.97				1.58	35.07	80.89
Batticaloa	2.64	57.98	78.43							2.04	44.46	79.15	2.43	70.62	105.21
Ampara							2.53	50.79	72.70	1.52	58.64	140.23	2.56	59.41	84.06
Trincomalee							2.38	60.40	92.01	2.04	54.36	96.56	1.25	33.83	98.25
Kalmunai										2.15	48.27	81.44	1.48	33.13	81.60
Kurunegala	2.93	61.24	75.70							2.55	68.41	97.12	2.04	51.35	91.45
Puttalam							2.20	64.80	106.98	2.36	69.97	107.69	2.10	49.63	85.67
Anuradhapura	3.00	60.20	73.13							2.04	95.52	170.50	1.90	50.01	95.90
Polonnaruwa							2.54	59.74	85.39	1.78	69.65	142.56	1.65	50.93	111.98
Badulla				3.00	55.24	66.63				2.08	65.55	114.61	1.98	72.80	133.76
Monaragala							2.36	67.07	103.19				1.86	53.06	103.87
Ratnapura	2.78	61.49	80.26				1.73	67.07	141.07	2.10	53.71	92.91	1.96	55.29	102.67
Kegalle							2.37	57.66	88.22	3.12	69.81	81.14	3.03	73.25	87.80
Sri Lanka	2.97	64.03	78.19	3.00	55.24	66.63	2.21	57.80	94.84	2.14	60.11	102.07	2.06	55.40	97.92

Continued...

Table 38(a). Utilization of Medical Institutions by Regional Director of Health Services Division, 2022

RDHS Division	Divisional Hospitals Type A			Divisional Hospitals Type B			Divisional Hospitals Type C			Other Hospitals			Hospitals with Indoor Facility		
	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate
Colombo	1.48	31.47	77.45	1.21	51.20	153.21	1.25	82.94	241.09	8.10	64.62	28.52	3.54	63.88	65.37
Gampaha	1.48	23.16	57.10	1.16	36.38	114.03	1.22	34.28	102.68	7.88	48.33	21.95	2.42	55.51	83.07
Kalutara	1.53	25.38	60.48	1.44	30.81	78.07	1.58	34.69	79.53				2.33	59.26	92.44
Kandy	1.57	23.68	55.06	1.50	31.07	75.68	1.48	25.30	62.14	8.60	42.37	17.65	2.48	51.77	75.61
Matale	1.48	29.69	72.99	1.88	30.81	59.77	3.18	59.41	68.17				2.06	53.66	94.76
Nuwara Eliya	2.07	21.52	37.79	1.84	26.46	52.41	1.73	28.42	60.03				2.17	42.19	70.66
Galle	1.17	19.53	60.81	1.51	17.41	42.02	1.30	30.46	85.35	4.11	21.48	18.88	2.35	50.41	77.89
Matara	1.54	20.99	49.64	1.65	27.23	59.91	1.29	30.96	87.43				1.85	40.12	78.74
Hambantota	1.68	22.13	48.06	1.37	22.98	61.29	1.25	24.93	72.75				2.07	50.99	89.30
Jaffna				1.41	17.85	46.13	1.18	16.70	51.86	2.70	30.23	34.25	2.35	53.46	82.37
Kilinochchi							1.18	24.25	75.22				1.92	56.98	107.66
Mullaitivu	1.01	3.66	13.21	1.48	17.19	42.35							1.83	30.71	60.99
Mannar				1.83	19.96	39.78	1.00	9.99	36.29	4.97	9.49	6.79	2.56	36.15	51.36
Vavuniya							1.02	20.67	73.53				2.03	60.30	107.80
Batticaloa	1.29	14.32	40.45	1.52	18.72	44.85	1.70	23.80	50.98				2.27	44.73	71.05
Ampara				1.49	34.84	85.21	1.38	19.78	52.06				2.12	48.10	82.54
Trincomalee				2.01	27.41	49.45	1.33	23.76	64.85				2.09	51.12	88.82
Kalmunai	1.21	21.95	65.81	1.17	23.04	71.43	1.46	31.61	78.70	6.38	17.83	10.12	1.86	40.13	78.50
Kurunegala	1.48	28.19	69.06	1.40	21.52	56.05	1.30	20.26	56.81				2.38	48.87	74.43
Puttalam	1.42	20.55	52.72	1.25	17.41	50.65	1.46	18.49	45.81				2.13	52.60	89.71
Anuradhapura	1.63	31.18	69.72	1.52	28.46	67.91	1.51	25.07	60.57	4.40	26.33	21.77	2.37	51.14	78.42
Polonnaruwa				1.16	25.78	80.84	1.45	32.47	81.35	1.33	45.63	124.36	1.99	52.98	96.61
Badulla	1.70	34.25	73.38	1.84	31.17	61.62	1.60	39.50	89.53				2.32	52.63	82.33
Monaragala	1.47	25.81	63.81	1.51	33.85	81.26	1.20	56.51	171.77				1.83	53.00	105.31
Ratnapura	1.61	31.98	72.43	1.33	19.60	53.81	1.32	32.21	88.87				2.11	52.34	90.28
Kegalle	1.82	35.44	70.98	1.25	29.03	84.29	3.85	57.91	54.25	3.15	19.79	20.83	2.58	58.45	82.14
Sri Lanka	1.55	26.15	61.33	1.48	26.08	64.00	1.43	29.41	74.91	6.54	57.30	31.31	2.42	52.99	79.53

Source: Medical Statistics Unit

Table 38(b). Utilization of Medical Institutions by Regional Director of Health Services Division, 2023

RDHS Division	Teaching Hospitals			Provincial General Hospitals			District General Hospitals			Base Hospitals Type A			B+O2:R28		
	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate
Colombo	3.14	72.57	83.84							2.35	72.01	111.07			
Gampaha	2.81	68.16	87.96				2.04	70.07	124.65	1.83	71.49	142.07	1.92	80.54	152.54
Kalutara	3.37	86.86	93.54				1.76	58.11	119.94	1.70	78.60	167.75	2.18	76.87	128.40
Kandy	2.71	62.03	82.95				1.96	50.71	93.80						
Matale							2.05	53.43	94.74	1.98	103.97	191.05			
Nuwara Eliya							2.42	56.82	85.07	2.13	76.65	130.85	1.88	66.90	129.25
Galle	2.88	69.81	87.89							1.98	60.52	111.23			
Matara							1.96	51.56	95.36	1.60	47.16	107.09	1.73	57.89	122.00
Hambantota							2.22	55.01	89.94	2.13	73.08	124.61	2.25	77.85	125.87
Jaffna	2.66	77.68	105.92							2.16	48.31	81.25	1.85	54.43	106.68
Kilinochchi							2.00	88.02	160.42				1.36	37.83	101.05
Mullaitivu							1.87	54.09	105.19	1.29	41.08	115.42	1.33	24.45	66.83
Mannar							2.86	68.59	86.85				1.80	13.15	26.60
Vavuniya							2.27	84.27	134.59				1.56	37.69	88.12
Batticaloa	2.60	59.13	81.25							2.23	53.49	87.21	2.39	85.46	129.73
Ampara							2.44	53.73	80.12	1.57	71.42	165.38	2.39	71.92	109.42
Trincomalee							2.45	70.16	103.91	1.93	57.68	108.63	1.35	34.66	93.56
Kalmunai										2.04	52.13	92.74	1.48	42.61	104.62
Kurunegala	3.01	62.52	75.28							2.48	66.80	97.79	2.03	58.64	104.62
Puttalam							2.27	67.89	108.84	2.24	71.64	116.10	2.08	51.30	89.49
Anuradhapura	2.96	65.73	80.49							1.68	77.25	167.62	1.48	44.10	108.52
Polonnaruwa							2.38	64.29	98.05	1.77	74.22	152.32	1.54	46.06	109.01
Badulla	3.32	69.13	75.41							1.93	68.40	128.97	1.96	72.97	135.35
Monaragala							2.41	74.64	112.62				1.59	58.26	133.12
Ratnapura	2.82	74.49	95.78				1.61	69.37	156.41	2.17	59.81	100.03	1.89	60.18	116.08
Kegalle							2.25	62.73	101.35	2.95	79.86	98.24	2.99	86.67	105.32
Sri Lanka	2.95	69.15	84.84				2.15	62.66	105.68	2.05	64.85	115.15	2.00	61.55	111.65

Continued...

Table 38(b). Utilization of Medical Institutions by Regional Director of Health Services Division, 2023

RDHS Division	Divisional Hospitals Type A			Divisional Hospitals Type B			Divisional Hospitals Type C			Other Hospitals			Hospitals with Indoor Facility		
	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate
Colombo	1.25	30.42	88.32	1.13	34.62	111.86	1.20	104.09	316.54	7.48	66.04	31.67	3.50	69.71	72.20
Gampaha	2.13	35.14	59.86	1.21	40.94	123.37	1.22	35.57	105.88	6.70	59.03	31.76	2.46	64.07	94.55
Kalutara	1.53	33.56	79.89	1.44	32.69	82.91	1.63	40.00	89.34				2.23	66.23	107.75
Kandy	1.62	29.13	65.29	1.43	30.92	78.73	1.52	19.01	45.43	7.20	40.71	20.13	2.40	51.71	78.25
Matale	1.49	34.72	84.70	1.75	37.40	77.87	2.53	49.76	71.46				1.92	57.31	108.58
Nuwara Eliya	2.33	25.37	39.52	1.80	27.49	55.45	1.87	32.82	63.87				2.12	45.63	78.20
Galle	1.20	32.93	99.71	1.35	29.97	80.72	1.40	35.60	92.96				2.33	59.74	93.26
Matara	1.61	34.32	77.74	1.51	31.00	74.52	1.33	38.87	106.26				1.79	45.73	93.02
Hambantota	1.51	27.44	66.02	1.39	26.00	68.14	1.22	25.70	77.09				1.98	50.88	93.61
Jaffna				1.47	25.09	62.12	1.16	19.59	61.69	3.80	18.51	17.68	2.34	59.29	91.70
Kilinochchi				1.30	12.24	34.45	1.33	31.08	85.29				1.82	59.54	119.28
Mullaitivu				1.38	31.08	82.05							1.65	40.59	89.59
Mannar				1.57	15.22	35.38	1.31	16.29	45.48	3.50	11.41	11.48	2.44	38.08	56.63
Vavuniya							1.00	23.28	84.78				2.17	75.03	125.84
Batticaloa	1.16	11.80	37.08	1.50	18.60	45.23	1.60	24.05	54.80				2.28	47.62	75.20
Ampara				1.58	55.65	128.80	1.38	23.14	61.29				2.07	53.68	94.08
Trincomalee				2.21	34.16	56.25	1.30	21.17	59.40				2.10	56.88	98.46
Kalmunai	1.13	18.64	59.90	1.20	23.00	69.71	1.38	33.03	85.97	4.69	29.76	22.83	1.82	44.80	89.30
Kurunegala	1.46	30.93	76.88	1.40	27.36	71.15	1.28	21.81	61.97				2.28	49.75	79.30
Puttalam	1.46	26.55	66.09	1.13	20.12	64.89	1.37	19.75	52.63				2.10	55.62	96.08
Anuradhapura	1.09	26.61	89.10	1.46	29.09	72.67	1.36	28.95	77.67	3.96	27.50	25.23	2.16	51.55	86.55
Polonnaruwa				1.28	29.24	83.35	1.54	40.22	94.94	1.30	59.38	166.39	1.87	58.19	113.16
Badulla	1.60	34.74	79.00	1.67	31.89	69.67	1.56	39.03	90.94				2.36	59.15	90.90
Monaragala	1.45	29.75	74.43	1.50	40.07	97.66	1.15	47.66	150.50				1.81	57.22	114.85
Ratnapura	1.41	33.70	87.23	1.24	24.12	70.93	1.38	33.42	88.22				2.07	59.40	104.39
Kegalle	1.61	34.07	77.30	1.23	30.76	91.47	3.99	52.55	47.76	40.02	218.38	18.25	2.51	65.20	94.50
Sri Lanka	1.55	30.75	72.22	1.44	29.07	73.32	1.42	31.03	79.43	5.71	62.41	39.36	2.36	57.66	88.88

Source: Medical Statistics Unit

Table 39. Average Duration of Stay (Days) by Type and Speciality of Hospitals, 2014 - 2023

Type and Speciality of Hospital	2014	2015	2016	2017	2018	2019	2020	2021*	2022*	2023*
National Hospital, Colombo	3.7	3.7	3.7	3.5	3.5	3.5	3.4	3.7	3.8	3.5
National Hospital, Kandy	-	-	-	-	-	-	2.8	2.5	2.5	2.6
Teaching Hospitals ¹	3.3	3.2	3.1	2.9	2.9	2.8	2.7	3.1	2.9	2.9
Provincial General Hospitals	3.2	3.1	3.0	2.9	2.9	2.8	3.0	3.0	3.0	-
District General Hospitals	2.4	2.3	2.2	2.3	2.2	2.1	2.1	2.4	2.3	2.2
Base Hospitals Type A ¹	2.1	2.1	2.0	2.1	1.9	1.9	2.0	2.2	2.1	2.0
Base Hospitals Type B	2.1	2.1	2.1	2.1	2.0	2.0	1.8	2.2	2.1	2.0
Divisional Hospitals Type A	1.9	1.7	1.7	1.7	1.7	1.7	1.6	2.3	1.6	1.5
Divisional Hospitals Type B ¹	1.6	1.6	1.5	1.6	1.5	1.6	1.5	1.8	1.5	1.4
Divisional Hospitals Type C ¹	1.7	1.6	1.6	1.5	1.7	1.7	1.4	1.6	1.4	1.4
Childrens' Hospital	2.8	2.9	2.8	2.7	2.7	2.8	2.8	3.1	2.2	2.8
Eye Hospital	4.5	3.5	3.3	3.7	3.5	3.4	-	-	-	-
Cancer Hospital	5.1	4.7	4.3	4.3	3.9	4.0	3.9	3.6	3.6	3.5
Mental Hospitals	38.7	51.2	51.4	49.5	52.0	40.0	45.8	75.2	56.6	56.9
Chest Hospitals	14.7	15.9	15.5	14.9	9.8	8.7	7.6	10.1	9.0	8.0
Maternity Hospitals	3.7	3.8	3.8	3.5	3.6	3.6	3.2	3.6	3.5	3.4
Rehabilitation Hospitals	30.0	30.0	18.9	17.1	10.3	9.7	11.3	19.6	11.7	9.5

Source: Medical Statistics Unit

¹ Excludes Specialized Hospitals; NHSL, Mental, Eye, Leprosy, Chest, Cancer, Maternity, Children and Rehabilitation
 2021* Provincial General Hospital category include Badulla PGH only

Table 40. Registered Births and Hospital Births, 1990 - 2023

Year	Registered Live Births ¹	Live Births in Government Hospitals ²	Percentage of Live Births in Government Hospitals
1990a	294,120	241,390	82.1
1991a	304,347	262,388	86.2
1992	356,842	296,484	83.1
1993	350,707	298,567	85.1
1994	356,071	300,180	84.3
1995	343,224	297,949	86.8
1996b	330,963	287,514	86.9
1997b	325,017	284,955	87.7
1998	322,672	287,514	89.1
1999	328,725	300,866	91.5
2000	347,749	314,352	90.4
2001	358,583	325,813	90.9
2002	367,709	307,272	83.6
2003	370,643	316,465	85.4
2004	364,711	336,642	92.3
2005	370,731	341,539	92.1
2006	373,538	353,361	94.6
2007	386,573	356,852	92.3
2008	373,575	352,523	94.4
2009	368,304	339,437	92.2
2010	363,881	334,137	91.8
2011	362,044	338,463	93.1
2012	359,959	340,800	95.8
2013	365,762	347,033	94.9
2014	349,744	330,898	94.6
2015	336,097	315,221	94.1
2016	329,630	303,593	91.7
2017	326,052*	300,169	92.1
2018	328,112*	302,134	92.1
2019	319,010*	288,666	90.5
2020	301,706*	280,661	93.0
2021	284,848*	253,606	89.0
2022	275,321*	233,212	84.7
2023	247,900*	203,685	82.2

* Provisional

Source: ¹ Registrar General's Department

Excludes:

² Medical Statistics Unit^a Northern and Eastern Provinces^b Kilinochchi and Mullaitivu Districts

Table 41: Live Births, Still Births and Low Birth Weight Babies in Government Hospitals by District, 2022-2023

District	Live Births 2022	2022				Live Births 2023	2023			
		Still Births		Low Birth Weight ³			Still Births		Low Birth Weight ³	
		No.	Rate ¹	No.	Rate ²		No.	Rate ¹	No.	Rate ²
Colombo	24,820	158	6.3	4,842	19.5	23,870	163	6.8	4,605	19.3
Gampaha	14,057	95	6.7	2,499	17.8	12,381	94	7.5	2,251	18.2
Kalutara	9,333	68	7.2	1,564	16.8	8,032	53	6.6	1,397	17.4
Kandy	17,616	152	8.6	3,626	20.6	15,159	105	6.9	3,173	20.9
Matale	6,530	43	6.5	1,300	19.9	5,286	30	5.6	1,013	19.2
NuwaraEliya	7,558	49	6.4	2,505	33.1	6,568	54	8.2	2,374	36.1
Galle	13,451	80	5.9	2,418	18.0	11,824	77	6.5	2,214	20.9
Matara	7,091	35	4.9	1,400	19.7	6,096	33	5.4	1,353	19.2
Hambantota	8,050	29	3.6	1,382	17.2	7,183	19	2.6	1,198	36.1
Jaffna	7,613	49	6.4	1,326	17.4	7,348	53	7.2	1,262	17.2
Kilinochchi	2,438	23	9.3	348	14.3	2,516	26	10.2	338	13.4
Mullaitivu	965	9	9.2	166	17.2	686	4	5.8	120	17.5
Vavuniya	3,681	14	3.8	474	12.9	3,392	21	6.2	449	13.2
Mannar	1,934	8	4.1	151	7.8	1,791	10	5.6	363	20.3
Batticaloa	8,540	20	2.3	1,641	19.2	7,667	9	1.2	1,632	21.3
Ampara ⁴	12,087	55	4.5	1,968	16.3	10,038	47	4.7	2,343	23.3
Trincomalee	7,769	58	7.4	1,580	20.3	6,654	47	7.0	1,224	18.4
Kurunegala	17,282	106	6.1	3,165	18.2	14,972	74	4.9	2,925	19.5
Puttalam	11,176	76	6.8	1,668	14.8	9,479	69	7.2	2,014	21.2
Anuradhapura	11,435	77	6.7	2,236	19.6	8,363	66	7.8	1,425	17.0
Polonnaruwa	5,691	37	6.5	1,056	18.5	4,480	17	3.8	811	18.1
Badulla	11,699	60	5.1	2,695	23.1	9,901	62	6.2	2,219	22.4
Monaragala	4,877	24	4.9	1,019	20.9	3,737	30	8.0	744	19.9
Rathnapura	13,095	80	6.1	2,689	20.5	9,750	55	5.6	1,812	18.6
Kegalle	7,765	45	5.8	1,910	23.3	6,512	36	5.5	1,489	22.9
Sri Lanka	236,553	1,450	6.1	45,628	19.3	203,685	1,254	6.1	40,748	20.0

Source: Medical Statistics Unit

¹ Per 1,000 total births.

² Per 100 live births.

³ Birth weight less than 2500 grams.

⁴ Includes Kalmunai RDHS division.

Table 42(a): Performance of Dental Surgeons by Districts, 2022

Districts	Emergency Care					Routine care														Attendance					
	Extractions	Oro-facial pain relief	Dento-alveolar trauma	Soft tissue Injuries	Post Op infections / bleeding	TF	Amalgam	GIC	Composite	RCT (Dressings)	R C T (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD	Minor Oral surgery	HE Sessions	Referrals*	Others	Total Attendance	Pregnant mothers	Children less than 3 years	Adolescents 13-19 years	Inward Patients
Colombo	84,913	56,407	1,895	1,307	723	43,656	1,397	95,442	15,573	3,674	2,763	1,818	14,722	1,251	115	854	1,723	7,912	33,234	54,920	354,647	9,267	771	24,041	3,889
Gampaha	60,044	29,598	280	303	329	29,914	3,326	36,986	3,903	1,712	1,314	1,916	4,871	147	178	204	455	4,957	7,112	25,290	195,774	8,854	1,531	12,315	1,320
Kalutara	27,317	18,949	985	425	342	13,460	1,309	24,512	3,564	209	233	1,042	2,008	57	40	382	330	3,154	5,435	17,461	104,743	8,584	1,141	10,985	482
NIHS	3,547	2,721	20	7	6	2,739	29	7,153	1,258	29	33	1,269	1,086	114	48	18	11	498	1,055	4,147	17,071	1,795	737	1,886	0
Kandy	67,978	36,878	355	526	1,087	38,607	1,399	61,740	11,322	2,010	1,579	6,071	8,479	411	770	667	3,610	16,329	11,481	44,669	258,581	13,887	2,679	20,969	1,301
Matale	29,033	11,563	368	282	715	13,557	8	17,441	2,580	1,088	866	2,594	4,438	266	816	357	980	4,457	3,776	5,460	95,035	6,487	1,739	7,727	431
Nuwara Eliya	36,151	20,978	154	81	145	18,040	25	32,202	3,050	1,490	596	3,569	4,315	643	828	274	1,579	6,784	5,210	5,956	105,691	7,809	1,173	9,572	283
Galle	67,409	24,178	436	375	451	18,454	76	51,683	5,267	641	1,092	567	5,985	73	5	269	1,151	1,887	9,592	23,504	184,525	7,632	784	16,134	954
Matara	48,940	22,209	1,050	620	607	28,155	2,236	42,158	7,652	3,227	2,547	2,112	7,604	33	669	309	2,159	3,721	7,145	15,310	145,432	6,261	1,440	14,854	489
Hambantota	21,298	19,213	213	72	304	6,677	422	15,065	238	224	211	394	1,327	0	0	108	521	1,023	2,034	12,018	73,028	4,349	475	3,828	113
Jaffna	25,849	30,423	71	274	224	6,874	183	12,001	4,189	774	359	228	3,805	60	39	97	140	5,205	3,252	15,530	103,236	7,144	918	3,539	747
Kilinochchi	6,384	9,414	47	80	56	862	58	2,103	1,670	123	29	2	918	27	6	57	15	36	456	2,457	23,434	1,493	79	890	220
Mullaitivu	9,968	4,552	319	328	503	2,074	199	2,560	994	323	225	270	1,988	32	44	163	301	929	456	1,193	27,524	2,172	356	1,810	382
Vavuniya	7,924	6,616	4	12	45	1,937	32	4,705	149	104	39	38	470	2	0	25	18	912	719	8,155	28,777	2,309	155	1,448	239
Mannar	8,122	8,435	28	34	18	1,863	10	3,101	1,748	496	149	82	1,461	8	2	38	103	1,498	291	3,254	35,656	1,368	301	3,063	119
Batticaloa	42,609	29,340	331	558	513	8,568	37	14,638	10,605	1,504	813	415	7,931	25	535	169	1,116	1,631	3,183	27,048	123,025	13,159	630	13,882	790
Ampara	12,969	17,546	131	138	82	6,553	30	21,067	5,230	2,041	943	1,281	5,369	620	591	131	437	4,402	2,844	7,268	64,564	3,883	932	5,149	364
Trincomalee	38,411	31,067	133	57	311	5,234	223	7,810	3,231	605	329	9	3,430	0	516	73	824	2,820	1,381	25,816	108,406	19,267	5,236	19,625	463
Kalmunai	33,485	27,523	474	539	359	7,746	198	13,164	9,418	1,160	595	547	6,879	204	94	426	1,094	4,676	1,284	15,499	103,038	8,765	2,403	10,279	1,002
Kurunegala	71,868	47,408	730	581	570	22,761	5,273	55,328	9,336	3,074	1,892	3,297	11,302	1,253	410	824	3,161	10,716	11,662	46,713	285,036	22,294	10,289	23,366	1,634
Puttalam	31,551	17,405	137	123	1,709	14,998	14	15,640	3,565	299	618	98	2,875	18	14	243	1,208	2,902	3,538	7,328	75,351	5,440	410	4,243	374
Anuradhapura	35,734	32,051	279	182	263	13,805	172	20,282	2,819	1,240	512	1,083	1,991	69	4	231	463	9,194	3,819	18,512	119,072	6,843	1,529	8,171	930
Polonnaruwa	25,071	15,231	131	126	159	15,113	290	31,196	3,022	1,895	492	1,148	5,477	611	29	373	163	3,040	4,799	19,302	106,131	8,033	4,177	11,553	2,928
Badulla	51,015	30,811	737	521	1,338	22,268	2,130	34,353	16,453	2,171	1,465	2,500	10,608	129	262	414	913	11,305	9,716	35,824	198,404	15,125	5,329	22,162	727
Monaragala	26,945	25,696	579	573	162	15,339	182	45,503	6,772	1,978	1,181	2,095	8,969	175	158	390	983	2,207	3,180	18,560	142,868	9,178	4,052	18,621	975
Rathnapura	50,544	29,868	417	265	3,077	27,146	740	58,518	10,769	3,000	2,045	2,146	7,618	839	644	749	875	3,034	5,754	31,968	195,944	9,215	1,664	13,053	571
Kegalle	36,051	23,951	202	319	212	15,517	373	35,982	7,545	1,337	853	2,052	4,531	182	53	302	782	2,408	5,781	18,812	143,422	7,729	5,634	8,634	472
Sri Lanka	961,130	630,031	10,506	8,708	14,310	401,917	20,371	762,333	151,922	36,428	23,773	38,643	140,457	7,249	6,870	8,147	25,115	117,637	148,189	511,974	3,418,415	218,342	56,564	291,799	22,199

Note: Based on the consolidated statistics submitted by the Regional Dental Surgeons and Monthly Dental Returns

Source: Oral Health Services

Table 42(b): Performance of Dental Surgeons by Districts, 2023

RDHS Division	Emergency Care					Routine care														Attendance					
	Extractions	Oro-facial pain relief	Dento-alveolar trauma	Soft tissue Injuries	Post Op infections / bleeding	TF	Amalgam	GIC	Composite	RCT (Dressings)	R C T (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD *	Minor Oral surgery *	HE Sessions *	Referrals*	Others*	Total Attendance	Pregnant mothers	Children less than 3 years	Adolescents 13-19 years	Inward Patients
Colombo	95,362	66,814	2,104	1,766	992	71,569	1,971	85,056	18,638	2,906	5,034	2,185	24,083	361	246	665	3,703	9,842	42,133	77,334	436,180	13,468	3,968	52,208	9,294
Gampaha	71,553	36,129	386	318	894	44,876	2,106	45,716	5,750	2,629	2,425	2,973	12,121	445	90	545	1,125	8,458	12,264	32,281	250,808	12,900	3,083	21,110	994
Kalutara	58,486	31,146	381	868	938	38,753	1,890	49,006	8,524	600	375	2,672	10,553	426	171	468	1,236	6,266	10,538	34,902	211,827	10,863	3,527	23,070	948
Kandy	82,028	52,302	741	821	511	48,407	1,664	65,968	15,056	2,045	1,014	4,151	15,263	663	671	860	4,137	23,016	16,106	46,638	329,331	14,610	3,681	29,783	1,459
Matale	32,409	10,715	329	318	791	12,982	879	12,236	2,524	1,397	989	1,504	6,243	202	192	228	780	5,508	4,768	7,666	104,483	6,090	1,791	7,293	431
Nuwara Eliya	39,082	18,081	236	84	345	19,907	0	34,296	5,986	1,683	844	5,097	5,593	654	1,155	239	2,005	5,782	4,422	7,732	101,473	13,982	1,940	9,327	998
Galle	75,691	30,657	762	11	902	40,385	39	44,105	5,711	899	1,358	696	10,862	175	13	427	1,237	3,120	10,808	29,139	226,079	9,763	1,191	21,297	1,402
Matara	49,283	22,909	655	593	1,094	38,721	2,068	42,666	7,320	2,432	2,158	1,752	11,622	57	807	398	2,494	8,412	10,322	13,405	164,472	6,247	1,563	18,787	526
Hambantota	16,425	13,850	528	23	145	5,216	0	9,154	281	198	226	298	1,365	0	0	63	383	482	3,140	10,519	57,673	2,364	390	3,973	113
Jaffna	30,430	33,665	49	78	300	6,204	540	14,535	5,417	625	301	214	5,689	381	22	107	127	8,821	4,408	20,832	126,437	7,280	1,147	4,591	747
Kilinochchi	7,812	10,737	31	8	68	1,070	57	3,619	2,208	123	42	9	1,616	40	8	26	33	279	708	2,545	30,142	1,584	147	1,678	1,387
Mullaitivu	10,681	4,581	498	356	304	2,033	42	2,237	1,406	364	162	181	2,217	10	56	247	365	1,253	718	1,358	29,303	1,826	473	1,330	602
Vavuniya	7,627	8,205	682	38	90	2,257	112	5,454	417	208	91	142	1,351	45	1	78	62	1,195	960	11,406	36,077	3,491	569	3,490	102
Mannar	8,281	7,867	81	109	42	2,072	2	4,620	2,760	574	289	77	2,658	29	1	34	232	1,207	662	3,799	40,295	1,426	322	5,121	518
Batticaloa	40,280	27,899	240	261	548	6,981	13	14,371	10,722	1,473	762	257	10,253	136	383	159	1,006	2,494	4,620	19,472	124,351	10,503	643	12,563	596
Ampara	14,413	20,396	110	155	84	6,370	0	16,390	4,797	1,370	741	740	4,754	299	336	145	387	1,662	3,466	6,385	64,085	3,434	868	4,383	319
Trincomalee	38,082	26,440	108	81	205	3,573	227	7,825	2,367	346	103	90	5,540	39	35	74	761	12,112	1,100	11,455	82,212	8,025	1,328	3,929	373
Kalmunai	38,660	35,662	381	610	293	8,299	88	13,060	7,084	912	417	263	8,392	251	60	411	1,700	5,120	1,590	20,471	126,264	8,346	2,725	14,520	0
Kurunegala	85,754	56,482	825	686	2,001	57,076	7,099	44,636	12,547	3,987	2,614	3,686	15,398	1,372	215	1,340	3,563	11,365	15,637	57,962	333,549	8,149	405	2,734	189
Puttalam	45,739	24,059	311	131	178	9,110	98	16,304	6,810	1,265	1,119	464	3,523	63	8	363	2,259	4,901	4,401	9,152	100,960	8,340	2,404	10,586	768
Anuradhapura	33,087	28,413	253	149	181	14,559	1,946	7,061	4,310	1,410	582	526	2,687	583	105	236	596	3,597	3,972	20,359	139,022	6,344	1,100	7,197	947
Polonnaruwa	28,267	17,341	172	153	286	14,707	70	31,388	4,140	1,796	641	1,611	7,102	493	0	352	447	4,170	5,728	21,074	118,416	7,192	6,177	11,381	271
Badulla	59,635	32,936	514	251	732	26,316	1,946	41,639	23,605	2,306	2,033	3,142	18,716	253	141	487	1,131	24,893	12,044	36,685	282,133	13,112	4,441	26,286	581
Monaragala	32,763	30,045	997	895	445	19,557	76	33,284	11,448	1,487	778	1,809	14,706	36	65	431	1,347	7,118	5,879	18,289	168,029	8,347	6,465	22,548	1,430
Rathnapura	54,301	33,806	496	428	975	37,675	853	41,522	14,048	3,029	2,617	2,748	12,580	871	1,075	818	1,407	4,827	8,553	32,139	209,081	9,621	1,835	9,838	1,214
Kegalle	38,972	28,495	363	288	814	20,249	838	35,096	6,826	1,359	1,056	2,821	8,799	124	231	475	1,451	3,226	8,413	25,056	161,809	6,756	5,779	13,016	693
Sri Lanka	1,095,103	709,632	12,233	9,479	14,158	558,924	24,624	721,244	190,702	37,423	28,771	40,108	223,686	8,008	6,087	9,676	33,974	169,126	197,360	578,055	4,054,491	204,063	57,962	342,039	26,902

Note: Based on the consolidated statistics submitted by the Regional Dental Surgeons and Monthly Dental Returns

Source: Oral Health Services

Table 1: Number of suspected dengue cases and proportion of contribution by province/RDHS division, 2022 and 2023

Province/ RDHS	2022		2023	
	Number	%	Number	%
Western Province	37,058	48.3	40,236	44.9
Colombo	17,456	22.8	18,911	21.1
Gampaha	13,317	17.4	16,127	18.0
Kalutara	6,285	8.2	5,198	5.8
Central Province	7,963	10.4	11,515	12.7
Kandy	6,467	8.4	9,291	10.3
Matale	1,293	1.7	1,918	2.1
Nuwara Eliya	203	0.3	306	0.3
Southern Province	6,921	9.0	7,052	7.9
Galle	3,802	5.0	4,029	4.5
Hambantota	1,439	1.9	1,357	1.5
Matara	1,680	2.2	1,666	1.9
Northern Province	3,964	5.2	5,005	5.6
Jaffna	3,410	4.4	4,300	4.8
Kilinochchi	139	0.2	137	0.2
Mannar	282	0.4	223	0.2
Vavuniya	99	0.1	174	0.2
Mullaitivu	34	0.0	171	0.2
Eastern Province	4,851	6.3	7,527	8.4
Batticaloa	1,255	1.6	2,980	3.3
Ampara	177	0.2	242	0.3
Trincomalee	1,175	1.5	2,150	2.4
Kalmunai	2,244	2.9	2,155	2.4
North Western Province	6,624	8.6	7,374	8.2
Kurunegala	2,508	3.3	3,161	3.5
Puttalam	4,116	5.4	4,213	4.7
North Central Province	869	1.1	1,830	2.0
Anuradhapura	523	0.7	1,175	1.3
Polonnaruwa	346	0.5	655	0.7
Uva Province	1,814	2.4	2,553	2.8
Badulla	1,303	1.7	1,344	1.5
Monaragala	511	0.7	1,209	1.3
Sabaragamuwa Province	6,625	8.6	6,707	7.5
Ratnapura	3,523	4.6	3,142	3.5
Kegalle	3,102	4.0	3,565	4.0
Total	76,689	100.0	89,799	100.0

Source: Epidemiology Unit

Table 2: Number of deaths related to dengue by the province and RDHS area according to the residence of the deceased, 2022- 2023

Province/ RDHS area	2022		2023	
	Number	%	Number	%
Western province	24	33.3	23	37.1
Colombo RDHS	9	12.5	8	12.9
Colombo MC	2	2.8	4	6.5
Gampaha	10	13.9	7	11.3
Kalutara RDHS	0	0.0	3	4.8
NIHS Kalutara	3	4.2	1	1.6
Central province	5	6.9	9	14.5
Kandy	3	4.2	8	12.9
Matale	2	2.8	1	1.6
Nuwara Eliya	0	0.0	0	0.0
Southern province	6	8.3	6	9.7
Galle	3	4.2	2	3.2
Hambantota	1	1.4	0	0.0
Matara	2	2.8	4	6.5
Northern province	9	12.5	6	9.7
Jaffna	9	12.5	5	8.1
Kilinochchi	0	0.0	1	1.6
Mannar	0	0.0	0	0.0
Vavuniya	0	0.0	0	0.0
Mullaitivu	0	0.0	0	0.0
Eastern province	6	8.3	4	6.5
Batticaloa	4	5.6	1	1.6
Ampara	0	0.0	0	0.0
Trincomalee	1	1.4	3	4.8
Kalmunai	1	1.4	0	0.0
North western province	7	9.7	9	14.5
Kurunegala	1	1.4	4	6.5
Puttalam	6	8.3	5	8.1
North central province	0	0.0	0	0.0
Anuradhapura	0	0.0	0	0.0
Polonnaruwa	0	0.0	0	0.0
Uva province	2	2.8	2	3.2
Badulla	1	1.4	2	3.2
Monaragala	1	1.4	0	0.0
Sabaragamuwa province	13	18.1	3	4.8
Ratnapura	6	8.3	3	4.8
Kegalle	7	9.7	0	0.0
Total	72	100.0	62	100.0

Source: Epidemiology Unit

Table 3: Number of Premises inspected and Premise Indices by different RDHS areas, 2022-2023

Province/ RDHS	2022		2023	
	Number	Premise index	Number	Premise index
Western Province				
Colombo	19,105	10.2	25,391	10.7
Colombo MC	5,053	10.7	11,090	8.6
Gampaha	23,504	11.5	32,607	11.2
Kalutara	25,725	11.9	28,806	11.2
Central Province				
Kandy	24,058	9.0	33,096	8.1
Matale	7,877	6.0	7,033	5.6
Nuwara Eliya	5,326	4.9	6,696	5.7
Southern Province				
Galle	20,600	11.6	19,033	10.8
Hambantota	14,170	10.4	14,116	10.9
Matara	19,511	8.6	26,894	7.6
Northern Province				
Jaffna	7,138	4.6	5,039	8.7
Kilinochchi	2,278	7.6	2,583	9.1
Mannar	9,095	4.7	8,037	8.0
Vavuniya	15,200	5.4	16,145	5.5
Mullaitivu	1,827	7.1	3,020	7.7
Eastern Province				
Batticaloa	16,727	8.4	12,947	9.6
Ampara	2,462	10.9	1,934	12.6
Trincomalee	7,123	6.1	10,290	4.8
Kalmunai	14,820	8.7	11,715	9.6
North Western Province				
Kurunegala	18,015	11.5	19,405	11.5
Puttalam	10,234	7.1	9,763	9.5
North Central Province				
Anuradhapura	1,695	7.5	2,342	6.7
Polonnaruwa	5,809	8.7	8,494	6.9
Uva Province				
Badulla	2,717	13.8	5,189	7.8
Monaragala	17,803	12.1	16,574	9.3
Sabaragamuwa Province				
Ratnapura	14,177	13.1	14,056	9.8
Kegalle	34,477	7.0	44,730	7.3
Total	346,526	9.3	397,982	9.1

Source: Epidemiology Unit

Note: Based on the Aedes immature (larval ± pupae) surveys,

Table 4: Number of blood smear examination for Malaria by Districts/RNO regions, 2022

District/ RMO region	2022
Sri Lanka	788,612
Colombo	93,294
Gampaha	39,044
Kalutara	21,423
Kandy	45,273
Matale	32,578
Nuwara-Eliya	11,168
Galle	22,744
Matara	22,054
Hambantota	24,673
Jaffna	28,801
Kilinochchi	13,106
Mannar	11,272
Vavuniya	17,101
Mullaitivu	18,590
Batticaloa	65,365
Ampara	21,288
Trincomalee	13,515
Kurunegala	57,170
Puttalam	19,128
Anuradhapura	36,798
Polonnaruwa	19,872
Badulla	32,456
Moneragala	27,285
Kegalle	16,841
RMO regions	
Kalmunai	27,206
Maho	14,350
Embilipitiya	36,217

Source: Anti Malaria Campaign

Annexure III

Table 1. Base and above Hospitals not reported eIMMR data as at 27.10.2024

Name	Type	2021				2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
National Eye Hospital	TH		X	X	X			X	X	X	X	X	X
National Dental Hospital	TH	X	X	X	X	X	X	X	X	X	X	X	X
Kuliyapitiya	TH									X	X	X	X
Avissawella	DGH	X	X	X	X					X	X	X	X
Gampaha	DGH												X
Trincomalee	DGH												X
Kamburugamuwa	DGH(NGH)									X			
National Institute of Infectious Diseases	BHA	X	X	X	X								
Gampola	BHA										X	X	X
Tissamaharama	BHB	X	X	X	X								
Mankulam	BHA												X
Teldeniya	BHB					X	X	X	X			X	X
Kalpitiya	BHB	X	X	X	X	X	X	X	X			X	X
Kalawana	BHB			X	X								
Padaviya	BHB	X	X	X	X								
Bibile	BHB										X	X	X
Akkaraipattu (Elawatuwan)	BHA								X				

Note: Data collection period for Annual Health bulletin is 20 months

Medical Statistics Unit
Ministry of Health

385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10

Telephone: +94112695734
E-mail: medicalstatisticsunit@gmail.com

www.health.gov.lk