Auditing Implementation of Sustainable Development Goals - Strong and Resilient National Public Health System (related to SDG 3.d) in Sri Lanka

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Abbreviations

ACCD	-	National Advisory Committee on Communicable Diseases
ADB	-	Asian Development Bank
AMR	-	Antimicrobial Resistance
API	-	Application Programming Interface
DA	-	Department of Agriculture
DAPH	-	Department of Animal Production and Health
DDG	-	Deputy Director General
DGHS	-	Director General of Health Services
DMC	-	Disaster Management Center
DDMCU	-	District Disaster Management Centre Units
DNP	-	Department of National Planning
DPPER	-	Disaster Preparedness Plan for Emergency Response
DPRD	-	Disaster Preparedness and Response Division
EIMMR	-	Electronic Indoor Morbidity and Mortality Return
ET&R	-	Educational Training and Research
FAO	-	Food and Agriculture Organization
FCAU	-	Food Control Administrations Unit
GIS	-	Geographical Information System
GMO	-	Genetically Modified Organisms
GN	-	Grama Niladhari
HDC	-	Health Development Committee
HIU	-	Health Information Unit
HIS	-	Health Information System
HIMS	-	Health Information Management System
HHIMS	-	Hospital Health Information Management System
HRH	-	Human Resource for Health
ICT	-	Information Communication Technology
IDI	-	INTOSAI Development Initiative
IDMP	-	Institutional Disaster Management Plan
IHR	-	International Health Regulation
IMMR	-	Indoor Morbidity and Mortality Return
INGOs	-	International Non-Government Organizations
INTOSAI	-	International Organization of Supreme Audit Institutions
JEE	-	Joint External Evaluation
LA	-	Local Authority

LS	-	Laboratory Service
MOFAR	-	Ministry of Fisheries and Aquatic Resources
MRI	-	Medical Research Institute
MRA		Medical Recording assistant
MRO		Medical Recording Officer
MSD	-	Medical Supplies Division
MSMIS	-	Medical Supplies Management Information System
NAPHS	-	National Action Plan for Health Security
NCC	-	National Coordinating Committee
NCD	-	Non Communicable Diseases
NCDM	-	National Council for Disaster Management
NGOs	-	Non-Government Organizations
NHDC	-	National Health Development Committee
NPF	-	National Policy Framework
OIE	-	Office International dec Epizooties (World Organization for Animal Health)
OPD	-	Out Patient Department
PCs	-	Provincial Councils
PDHS		Provincial Department of Health Service
PHEs	-	Public Health Emergencies
PHS	-	Public Health Services
PIP	-	Public Investment Programme
POEs	-	Point of Entries
RDHS	-	Regional Department of Health Service
SDG	-	Sustainable Development Goals
SPAR	-	State Party self-Assessment annual Reporting tool
SPRP		Strategic Preparedness and Response Plan
SPC		State Pharmaceuticals Corporation
SGBV		Sexual and gender-based violence
UHC	-	Universal Health Coverage
UNFPA		United Nations Population Fund
VPH	-	Veterinary Public Health
WB		World Bank
WHO	-	World Health Organization
WGIPR		Working Group for Information Processes and Re engineering

1. Executive Summary

At present, the people all around the world are at risk of emergencies and disasters including those associated with infectious disease outbreaks, conflicts, natural, technological and other hazards. Therefore, reducing the health risks and consequences of emergencies is vital for local, national and global health security. Strong and resilient health system is the ability of health systems not only to prepare for shocks, but also to minimise the negative consequences of such disruptions, recover as quickly as possible, and adapt by learning lessons from the experience to become better performing and more prepared.

Ensure healthy lives and promote well-being for all at all ages had been stated under Goal 3 out the 17 Sustainable Development Goals established by the United Nations in 2015. Out of the targets established to achieve Goal 3 of the Sustainable Development,"Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks" is expected by the target 3.d . The achievement of this target is assessed by the indicator; 3.d.1(International Health Regulations (IHR) capacity and health emergency preparedness) and by the indicator 3.d.2(percentage of bloodstream infections due to selected antimicrobial resistant organisms). In order to prevent and protect against, control and provide a public health response to the international spread of diseases, the International Health Regulations (IHR) 2005 had been adopted in the Fifty-eighth World Health Assembly on 23 May 2005. As a member country of the United Nations, Sri Lanka is also abided to follow the IHR (2005) and the Directorate of Quarantine Unit and Epidemiology Unit of Ministry of Health act as the Co – National Focal Points of IHR -2005 in Sri Lanka.

The main reason for the selection of this audit as a performance audit is to contribute to the cooperate audit on Implementation of Sustainable Development Goals - Strong and Resilient National Public Health System (related to SDG 3.d) under the supervision of INTOSAI Development Initiative (IDI). The audit had been conducted by taking the system approach regarding the health security and disaster management in Sri Lanka. The main objective of this audit is, assessing how the Government had strengthen health system's capacities to forecast, prevent and prepare for public health risks building on emerging lessons learnt from recent public health events. Hence, the audit observations had been made on the legal framework of relevant institutions, implementation and monitoring regarding the health system and the disaster management system.

The main observations covered up during this audit as non-identification of the strategies on health emergencies and disaster risk management directly within the Government National Policy (Vistas of Prosperity and Splendor), relevant amendments had not been done to the Quarantine and Disease Prevention Ordinance as approved by the Cabinet, the existence of the Sustainable Development Policy in draft level, some important areas of IHR coordination, communication and advocacy, antimicrobial resistance, food safety, bio safety and bio Security, immunization and IHR related hazards like chemical events and radiation emergencies had not been included in draft SDG Policy to achieve 3 d target. Further, not finalization of National Disaster Management Plan (2021-2030) up to audited date of 30 April 2023 and non-implementation of some activities as per SENDAI Framework had been observed.

National Action Plan for Health Security (NAPHS 2019-2023) had been prepared with the collaboration of the main stakeholders based on the gaps identified during the JEE and other routine evaluations. However, it had been observed in the audit that eight main stakeholders were unaware about the NAPHS. The funds of rupees 3,807 million needed for implementation of said plan had to be provided through their own annual financial provisions allocated under the Government institutions those were responsible for it. The 14 institutions out of 29 such institutions who responded to the audit had carried out some activities of NAPHS as their routine works by using Government Consolidated fund and foreign funds. Accordingly, they were unable to fully implementation of all activities of the said plan which they had to be responsible.

Also the financial provisions made for the health projects which cover the 3d target of the SDGs were different from the Public Investment Programme (PIP 2021-2024) and the required financial resources allocated in the annual budget were Rs. 2,443.2 million less and Rs.10,156.2 million less in 2021 and 2022 respectively. Hence, this situation caused the delays of achieving the targets in the relevant projects. There is a huge gap between the recommended capital fund and budgetary allocations for Provincial Councils (PCs) every year. Furthermore, the release of imprest had been recorded as only 50 percent to 60 percent out of the budgetary allocations every year. Therefore, limited financial resources were not sufficient in order to improve and maintain health facilities. The financial allocation of Rs2,299 million for health sector had been distributed in nine provinces without consideration of the spread of rural and estate population. Even though total allocation for the

rural hospital development was Rs.5000 million in 2021, the imprest of only Rs.3,350 million had been released for that.

As per the NAPHS, it had been planned to conduct National IHR Steering Committee Meetings twice a year for monitoring and evaluation of the said plan. However this meeting had not been held within the years of 2020 and 2021. National Health Council which is an important platform to discuss health issues at highest level had not been assembled since 2004. National Health Development Committee is the intermediate level of health sector but only one meeting per year had been held during the year 2020 and 2021. Health Development Committee which helps to discuss health related matters, but it had been assembled only once in the year 2020. National Council for Disaster Management meetings had not been held since 2010.

Necessary amendments had not been made to Animal Disease Act No. 59 of 1992 in the arears of zoonotic diseases, antimicrobial resistance, antimicrobial usage, antimicrobial residues and food safety by the year of 2022. Antimicrobial resistance plan had not been implemented at the expected level due to lack of funds. Further, bio security surveillance and monitoring programme had not been started in commercial livestock and poultry farms. The relevant parties had not taken actions to develop legislature to ensure strict over sight and enforcement of unauthorized over the counter sale of antibiotics in both human and animal. Indicator for SDG 3d 2 target (percentage of blood stream infections due to selected antimicrobial resistant organisms) had not been developed up to 2022 and the need assessment had not been completed by the relevant parties which will cause for efficient reporting to WHO , FAO and OIE. Work force plan for IHR in Animal Sector had not been completed by the Department of Animal Production and Health.

Medical Supplies Division is responsible for prioritizing medical supplies for Government sector, but its planned activities had not been implemented as scheduled in the NAPHS. Health Promotion Bureau is the focal point of risk communication but some of its planned activities had not been completed within specified time period. The Ministry of Health has taken immediate action based on global health alerts and made strategic preparedness and response plan for Covid 19 in the years 2020 and 2021, and also established the Presidential Task Force. The Ministry of Health purchased 42 million vaccines for the cost of Rs. 66 billion and vaccinated first dose for 97 percent (Out of over 12 years of age), second dose for 83 percent (out of over 12 years of age) and Booster vaccination for 56 percent (Out of fully

vaccinated). However, some information regarding the purchase of vaccines had not been provided for the audit. Therefore it is unsatisfied about adhering procurement guidelines for this matter. Non availability of carder to strengthen health information unit, having only 40 percent Government health institutions with unique identification of health clients facility, lack of updated citizen centric health web portal and dashboard are some other observations made during this audit.

According to IHR State Party Self- Assessment Annual Reporting Tool (SPAR), out of 24 indicators, indicator C3.1: Collaborative effort on activities to address zoonosis had remained at level 1 from 2018 to 2020 and mapping and prioritizing of zoonoses had not been conducted, the indicator C12.1: resources for detection and alert (Chemical Events) had remained at level 2 from 2018 to 2020 and surveillance capacity for chemical exposures and access to the laboratory facilities were in ad hoc basis.

Considering the above issues, it is recommended, to re-establish the National Health Council, to held the meetings of the IHR Steering Committee continuously and to expedite the process of forming of National Sustainable Development Policy and Strategy. Also the Sustainable Development Council should maintain a continuous monitoring system for SDG targets including SDG 3.d target. Further, it is recommended to strengthen the coordination between IHR Steering Committee and relevant stakeholders through continuous reporting system on the progress of the IHR and the AMR, to introduce efficient inventory control system for pharmaceuticals, to establish a sound health information system in order to exhibit the overall health information of the country.

Also, the actions should be taken in order to improve the activities at lower-level of SPAR for strengthening public health system. Furthermore , it is recommended for Ministry of Finance to prioritize the projects / programmes regarding health security in Public Investment Programme 2021 to 2024. It is recommended to get the coordination of Finance Commission as a main stakeholder in NAPHS and the Line Ministry of Health should get active involvement of all stakeholders when implementation of that plan. When allocating resources for RDHSs, the distribution of the population and availability of other relevant necessary factors should be considered. Monitoring of national priorities, including health related SDGs requires, well established mechanisms for accountability, inclusive, independent, evidence based, transparent and lead to remedial actions.

02. Introduction

2.1 Background

Democratic Socialist Republic of Sri Lanka is an island country in South Asia, with about 21.8 million populations and a Gross Domestic Product of 88.93 billion USD (2021). Sri Lanka became a member of United Nations in 1955 and work closely with it thereafter. After introducing the 2030 Agenda for Sustainable Development Goals, Sri Lanka also committed to achieve the Sustainable Development Goals. As the main initiative for this, Sri Lanka has established a separate Cabinet Ministry for Sustainable Development on 18th March 2016 to steer the facilitation and coordination of the implementation of SDGs. Sri Lanka Sustainable Development Act No.19 of 2017 in conformity with the Sustainable Development Goals has been enacted in the Parliament. The Sustainable Development Council had established under the Act which provides leadership to formulate a National Policy and Strategy on Sustainable Development and monitor the implementation of the same.

(a) Disaster Risk, Hazards and their Impacts in Sri Lanka

Disaster risk, hazards and their impacts in Sri Lanka are on the increase due to a multitude of factors. Population dynamics, increasing demand for natural resources such as water and land, rapid and unplanned urbanization, development planning devoid of disaster risk and exposure are some of the key contributory factors in this regard. Disasters which threaten the country are mostly weather and water related such as flooding, landslides, lighting and drought. Sri Lanka was severely affected by the 2004 Indian Ocean earthquake and tsunami, leaving thousands of people dead and displaced. In addition, climate change brings forth unpredictable increases in hydro meteorological hazards, both in their occurrences and intensity. The 2020 Global Climate Risk Index Report lists Sri Lanka in the sixth place among the countries most affected by extreme weather events in 2017. Historical data indicate an increasing trend in the frequency of occurrences of

floods, landslides, drought and related impacts. Most of the disaster situation is managed at national and district levels.

The Disaster Management Centre (DMC) plays a supporting role and provides assistance in terms of creating awareness, preparedness planning, mitigation, and emergency response and also by way of providing much needed relief assistance to support the vulnerable and temporarily displaced communities.

(b) Health Risk and Risk Management

The people all around the earth are at risk of emergencies and disasters including those associated with infectious disease outbreaks, conflicts, and natural, technological and other hazards. The main factors of such hazards are climate change, unplanned urbanization, population growth and displacement, antimicrobial resistance and state fragility. Health system resilience is the ability of health systems not only to prepare for shocks, but also to minimise the negative consequences of such disruptions, recover as quickly as possible, and adapt by learning lessons from the experience to become better performing and more prepared. The impacts of many types of health hazardous events may lead to emergencies and disasters without effective risk management. The risk management concept has been applied in many different fields and, especially over the past 20 years, in relation to major societal shocks, including those causing health emergencies. Hazard wise profiling of public health for Sri Lanka is as follows.

Cateogry		Hazard	Impact	Frequency	Vlunerability	Capacity	Exposure	Risk Score out of 100
1	Natural Hazards	Flood	3	4	5	5	5	9.6
		Drought	3	4	3	2	3	8.64
		Landslides	3	3	4	4	2	2.88
		Extreme heat	1	2	1	2	3	0.48
		Extreme cold	1	1	1	1	1	0.16
		Cyclone	4	1	2	4	3	0.96
		Lightening	2	3	3	2	3	4.32
		Tornado	1	2	1	2	3	0.48
		Earthquake	1	1	1	1	1	0.16
		Tsunami	5	1	5	4	1	1
		Coastal Erosion	1	1	2	1	1	0.32
		Salt Water Intrusion	1	1	2	1	1	0.32
2	Man-made Hazards	Fire	2	3	3	3	3	2.88
		Forest Fire	1	2	2	3	3	0.64
		Land Transprtation Accident	3	3	3	4	4	4.32
		Water Transprtation Accident	1	1	1	4	2	0.24
		Air Transprtation Accident	1	1	1	4	1	0.08
		Chemical Accidents	2	1	3	3	1	1.44
		Industrial Accidents	2	1	1	3	1	0.32
		Radio - Nuclear Accidents	1	1	1	2	1	0.12
		Construction Failure	1	1	1	4	1	0.24
		Oil Spill	1	1	1	2	1	0.24
3	Biological Hazards	Epidemics	4	5	5	5	5	16
		Animal Diseases	2	1	1	1	1	0.08
		Plant Diseases	2	1	1	1	2	0.32
4	Complex Hazards	Civil or Internal Strife	2	1	2	4	3	0.64
		Terrorist Attack	2	1	1	3	1	0.32

Source: National Action Plan for Health Security (NAPHS 2019-2023)

(c) **Implementation of International Health Regulations (IHR)-2005 in Sri Lanka**

i. The IHR (2005) were adopted by the Fifty-eighth World Health Assembly on 23 May 2005. They entered into force on 15 June 2007. The purpose and scope of the IHR (2005) are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

ii. Therefore, Sri Lanka has also committed to implement and develop International Health Regulations (IHR) 2005 core capacities. In 2012 and 2014 Sri Lanka has requested for extension to achieve IHR core capacities and fulfilled those capacities in 2016.

iii. The Co – National Focal Points of IHR -2005 in Sri Lanka are the Directorate of Quarantine Unit and Epidemiology Unit of Ministry of Health. The JEE was

conducted from 14th – 23rd June 2017 and its drafts report was shared among the stake holders and after getting there comments, the final report was published by the WHO in August 2017. Secretary of Health requested from stakeholders to prepare 5 year National Action Plan for Health Security (NAPHS) based on the gaps identified during the JEE and during other routine evaluations.

(d) State Party Self-Assessment Annual Reporting Tool

State Parties and the Director-General of Health Services report to the World Health Assembly on the implementation of the IHR. State Parties use a self-assessment tool for their annual reporting called the State Party Self-Assessment Annual Reporting Tool (SPAR).

The SPAR tool consists of 35 indicators for the 15 IHR capacities needed to detect, assess, notify, report and respond to public health risk and acute events of domestic and international concern. For each of the 15 capacities, one to three indicators are used to measure the status of each capacity. Indicators are further broken down to a few elements called attributes, which further define the indicator at each level. The score of each indicator level will be classified as a percentage of performance along the “1 to 5” scale. The level of the capacity will be expressed as the average of all indicators.

For each indicator, one of the five levels that best describes the State Party’s implementation status should be selected. To obtain the most accurate view of national capacities, it is recommended to respond to all the indicators and select one level per indicator. If two or more levels are selected, the lowest level will be regarded as the implementation status. If any level is not selected of an indicator, it is regarded as no capacity exists and the final score for this indicator will be calculated as zero1evel.

(e) National Steering Committee on IHR- 2005

Ministry of Healthy, Sri Lanka created the National Steering Committee on IHR-2005 with the involvement of health and non-health members in 2016. The need to conduct the JEE to review IHR implementation status was discussed at the

first meeting of the National Steering Committee under the chairmanship of Director General Health Services in August 2016. In the latter part of 2016, Ministry of Health has requested from WHO to assist technically and financially to conduct JEE.

(f) **National Action Plan and Joint External Evaluation (JEE)**

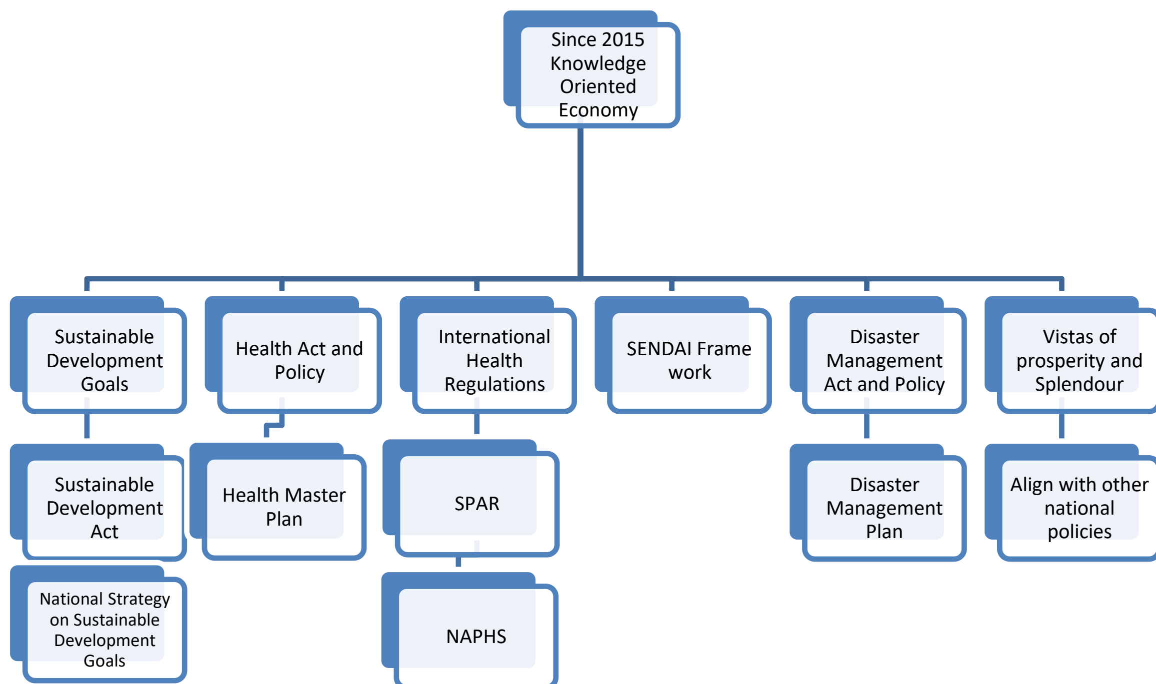
As part of its commitment to the International Health Regulations, the Government of Sri Lanka embarked on the process of developing a National Action Plan for Health Security (NAPHS)

The process of development of the National Action Plan for Health Security of Sri Lanka (2019-2023) started in 2017, few months after the Joint External Evaluation (JEE) was conducted. The national IHR Steering Committee initiated the development of NAPHS focusing on JEE recommendations and current public health challenges. In addition to the contribution for NAPHS, Ministry of Health has coordinated the activity. Therefore many stakeholders such as Department of Animal Production and Health, Ministry of Agriculture, Ministry of Mahaweli Development and Environment, Central Environment Authority , Sri Lanka Atomic Energy Regulatory Council, Sri Lanka Atomic Energy Regulatory Board, Ministry of Defense, Ministry of Foreign Affairs, Department of Immigration and Emigration, Sri Lanka Ports Authority, Airport Aviation and Services (Sri Lanka) (private) Limited, Ministry of Fisheries and Aquatic Resources and Ceylon Association of Shipping Agents contributed to the NAPHS.

It had been proposed that monitoring and evaluation of NAPHS would be mainly done by the heads of relevant Ministries / Departments/Units as well as Inter-Ministerial IHR steering committee. During the JEE mission the external team developed three cross cutting recommendations which require urgent high level commitment and prioritization as follows.

- Strengthen multi sectorial engagement and foster a true one health approach
- Enhance surveillance
- Ensure Sustainable and Scalable Health Security through improved documentation.

Legal Frame work of Health Security in Sri Lanka



2.2 Related Institutions

(a) **Ministry of Health**

(i) **Vision**

A healthier nation that contributes to its economic, social, mental and spiritual development.

(ii) **Mission**

To contribute to social and economic development of Sri Lanka by achieving the highest attainable health status through promotive, preventive, curative and rehabilitative services of high quality made available and accessible to people of Sri Lanka.

(iii) **Objectives**

- To empower community for maintaining, promoting their health
- To improve comprehensive health services delivery actions
- To strengthen stewardship management functions
- To improve the management of human resources

(b) **Disaster Management Centre (DMC)**

(i) **Vision**

Safer communities and sustainable development in Sri Lanka.

(ii) **Mission**

To create a culture of safety among communities and the nation at large through systematic management of natural, technological, and manmade disaster risks.

(iii) **The principal functions of the DMC**

- Assisting the Council in the preparation of the National Disaster Management Plan and the National Emergency Operation Plan.
- The implementation of the National Disaster Management Plan and the National Emergency Operation Plan
- Ensuring that the various Disaster Management Plans prepared by Ministries, Government Departments or public corporations conforms to the National Disaster Management Plan

- Issuing instructions and guidelines to appropriate organizations, non-governmental organizations, district secretaries and divisional secretaries on activities relating to disaster management and initiating and implementing work programmes in co-ordination with such organizations and secretaries
- Promoting research and development programmes in relation to disaster management and setting up and maintaining a data base on disaster management
- Submitting reports to the Council from time to time and whenever required by the Council in regard to its activities.

(c) **Sustainable Development Council**

(i) **Vision**

A Sustainably developed Sri Lanka for all

(ii) **Mission**

Promoting Sri Lanka as a sustainably developed nation through an inclusive and holistic approach that ensures environmental, social and economic harmony**.**

(iii) **The principal functions**

- SDG driven policy making and planning
- SDG financing and budgeting
- SDG monitoring, evaluation and reporting
- SDG related research, development and innovations
- SDG based education, awareness and communications
- Multi-stakeholder partnerships for SDG achievement

(d) **Ministry of Finance**

The principal functions

- Providing policy guidance to relevant State Ministries, and formulating policies in relation to the subject of Finance, and formulating, implementing, monitoring and evaluating policies, programmes and projects, related to subjects and functions under the Departments, State Corporations and Statutory Institutions for the creation of a "People Centric Economy" based on the national policies implemented by the government, and in accordance with the policy statement "Vistas of Prosperity and Splendour"
- Providing facilities to direct development activities in coordination with all ministries through the Presidential Task Force for Eradicating Poverty and Economic Revival.

(e) **Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government**

The Ministry carried out the functions as follows.

- Formulation, implementation, monitoring and evaluation of policies, programmes and projects, in relation to the subjects of, Provincial Councils and Local Government
- District and Divisional administration activities and Strengthening people-centered services provided by District and Divisional Secretariats
- Regulation of activities relevant to Provincial Councils
- Conduct of research on all aspects of administration of Provincial Councils and Local

(f) Finance Commission

(i) **Vision**

A prosperous Sri Lanka with balanced regional development.

(ii) **Mission**

Recommendation of policies for achieving balanced regional development of the country recognizing different provincial specific needs.

(iii) **The principal functions**

- Recommendations of the Commission to the President
- Assessment of Provincial Needs
- Negotiation on Provincial Needs with the Government

2.3 Audit Approach

Main reason for the selection -of this audit is the contribution to the cooperate audit on Auditing Implementation of Sustainable Development Goals - Strong and Resilient National Public Health System (related to SDG 3.d) conducted out by INTOSAI Development Initiative (IDI). Accordingly, the audit had been conducted regarding the health security system and disaster management system in Sri Lanka by taking the system approach. Hence, this audit covered the legal framework, implementation and monitoring system regarding the health sector and the disaster management.

2.4 Scope of Audit

Our performance audit is carried in accordance with guidelines issued by the International Organization of Supreme Audit Institutions (INTOSAI), provisions in Article 154(1) of the Constitution of the Democratic Socialist Republic of Sri Lanka and provisions in the National Audit Act No 19 of 2018.In order to attain a conclusion on the observations of audit and its recommendations how far the stated objectives are achieved. As the basis for the determination of what are the related risk areas for achieving such objectives, we obtain an understanding of the institutions, their operating functions and systems of internal control.

Our function have been pre-planned and linked with the audit plan. The extent of our performance audit has been Limited on the availability of time for the audit and update the scope of audit and human resources.

The NAPHS, the SPAR tool, Health Plans, Disaster Management Plans and guidelines of IDI had been used as criteria for audit. Even though the health security system and disaster management systems are consist of various Government institutions and the projects implemented by them. The audit observations are based on the information submitted by the Government institutions who have responded to the requisition of information by the audit.

2.5 Limitations of Scope

Our audit had been limited to Government institutions since there was no opportunity to gather information from private sector and civil societies. In addition, the audit was unable to do the physical verification of the hospital facilities and other facilities due to Covid – 19 pandemic and transport issues faced by the audit. Sixty Two institutions out of Government institutions, were unable to reply and certain replies provided by some institutions were insufficient for information called by the audit.

2.6 Audit Methodologies

(a) Analyzing the response of the Government institutions for requisition of information by the audit.

(b) Analyzing the Action Plans health statistics, Public Investment Programme, Budget Estimate and Performance Reports of the relevant institutions.

(c) Analyzing the current information presented by the relevant website and media.

2.7 Audit Objectives, Sub Audit Objectives and Audit Criteria

Audit objective is assessing how the Government had strengthen health system's capacities to forecast, prevent and prepare for public health risks building on emerging lessons learnt from recent public health event

Main Audit Question	Sub Audit Questions
1. How is the Government putting in place legal and policy frameworks and institutional arrangements to take forward the lessons to enhance capacities to forecast, prevent and prepare for public health risks through the country's legislation, policy, plans, budget and programmes, including the country's existing sustainable development strategy?	1.1 How does the Government have taken the necessary measures to align the legal and policy frameworks as well as the institutional set-up in relation to public health and emergency and disaster risk management? 1.2 Do institutional arrangements exist for effective vertical and horizontal coherence suggested to promote an integrated approach, incorporating both measures related to health security? 1.3 Do the legal and policy frameworks and institutional arrangements proposed adequately address the needs of identified vulnerable groups related to public health emergency and disaster risk management? 1.4 Does the Government inform and involve citizens and stakeholders (including state and non-state actors like legislative bodies, the public, civil societies and the private sector) in the processes and institutional arrangements to put in place robust legal and policy frameworks of public health emergency and disaster risk

	management.
	1.5 Are Government actions for implementing health system strengthening efforts for forecasting, prevention and preparation for public health risks and health security strategies, policies, and plans effective, accountable and inclusive?
2. How is the Government ensuring the required resources and capacities for health system strengthening to effectively meet SDG 3.d target related to public health resilience?	2.1 Are Government budgets at different levels aligned, sufficient and adequate for anticipating capacities required to forecast, prevent and prepare for public health risks? 2.2 Does Government include all relevant stakeholders in the planning and budgeting for strengthening capacities to forecast, prevent and prepare for public health risks? 2.3 Do the Government plans and budgets address the specific needs of identified vulnerable groups related to the target? 2.4 Does the Government secure possible means of needed resources for assessing its capacities and monitoring activities in relation to forecasting, preventing and preparing for PHEs/shocks?
3. How does the Government do monitoring and reporting for enhancing capacities to forecast, prevent and prepare future public health risks?	3.1 Does the Government regularly conduct regularly simulation exercises to test its capacities to respond PHEs/shocks, and use the results to inform health system strengthening efforts aimed at improving capacities?

	3.2 Has the Government action plans and strategies that address the gaps identified in IHR monitoring and evaluation (M&E) and other assessment frameworks?	

Sub Audit Questions	**Criteria**	**Source**
1.1 How does the Government have the necessary measures to align the legal and policy frameworks as well as the institutional set-up in relation to public health emergency and disaster risk management?	1.1.1 Inclusion of the strategies on health emergency and disaster risk management in the national policy and strategy on sustainable development in Sri Lanka	Sri Lanka Sustainable Development Act, No. 19 OF 2017(certified on 03rd of October, 2017)
	1.1.2 Inclusion of the strategies on health emergency and disaster risk management in the Statement of Government Policy	• SENDAI Frame work • Vistas of Prosperity and Splendor (the Statement of Government Policy)
	1.1.3. Inclusion of the strategies on health emergency and disaster risk management in National Health Policy of Sri Lanka 2016 - 2025 Strengthen Service delivery to achieve preventive health	• Health Service Act No 12 of 1952 • Health master plan

	goals • To improve the Health status and reduce the dependency of the Elderly , Disabled and Displaced • To prevent possible entry of Pandemic diseases concerned	
	1.1.4. Inclusion of the strategies on health emergency and disaster risk management in national policy and program on the management of disasters. The Council must formulate a National Policy and program on the management of disasters as per the Sri Lanka Disaster Management Act, No. 13 of 2005	Sri Lanka Disaster Management Act, No. 13 of 2005
1.2 Do institutional arrangements exist for effective vertical and horizontal coherence suggested to promote an integrated approach, incorporating both measures related to health security?	1.2.1. Participation of members of IHR steering committee, National Health Development Committee, Provincial Health Development Committee	JEE report
	1.2.2 Active involvement of Sustainable Development	Sri Lanka Sustainable Development Act, No. 19

	Councils in carrying out the functions incorporating the measures related to health security.	OF 2017(certified on 03rd of October, 2017)
	1.2.3 The active participation of Health council in carrying out the functions of the council as per health act	• Health Services Act No 12 of 1952 • National Action Plan for Health Security
	1.2.4 The active participation of Disaster Management council in carrying out the functions	Sri Lanka Disaster Management Act, No. 13 of 2005
	1.2.5 Developing the Disaster Management Plan in Sri Lanka as per SENDAI Framework.	SENDAI frame work Sri Lanka Disaster Management Act, No. 13 of 2005
	1.2.6 Need of involvement of multi sectorial stakeholders in planning, implementation , monitoring and reporting on public health emergency and disaster risk management	JEE Report-2017 International Health Regulation 2005
1.3 Do the legal and policy frameworks and institutional arrangements proposed adequately address the needs of identified vulnerable groups related to public health emergency and disaster risk management?	1.3.1 Identification of vulnerable groups and their needs in policies and plans mentioned under sub question 1 and 2 above.	National Health Policy of Sri Lanka 2016 – 2025 Disaster management policy
	1.3.2.The identification of	SENDAI Frame work

	vulnerable groups should be identified in local level time to time by the health authorities (MOH) and divisional secretaries	
1.4 Does the Government inform and involve citizens and stakeholders (including state and non-state actors like legislative bodies, the public, civil societies and the private sector) in the processes and institutional arrangements to put in place robust legal and policy frameworks of public health emergency and disaster risk management	1.4.2. The current health status of citizens should be communicated from local level to national level	Best practice
	1.4.3. Communication of reliable data to the citizens and the all stakeholders by the public and private media	WHO Guideline for Emergency Risk Communication (ERC) Policy and Practice. Geneva:
1.5 Are Government actions for implementing health system strengthening efforts for forecasting, prevention and preparation for public health risks and health security strategies,	1.5.1The Government actions for implementing health system strengthening efforts for forecasting, prevention and preparation for public health risks and health security strategies, policies, and plans	National Action Plan for Health Security Health Master Plan Disaster Management Plan

policies, and plans effective, accountable and inclusive?		
	1.5.2 Inclusive of women, children, disable people, elderly people faced violence exploitations as priority groups	National Disaster Management Policy
2.1 Are Government budgets at different levels aligned, sufficient and adequate for anticipating capacities required to forecast, prevent and prepare for public health risks?	2.1.1The consideration of public health emergency and disaster risk management in the Public Investment Programme	Financial Regulations of the Government of The Democratic Socialist Republic Of Sri Lanka 1992 Budget estimates 2018-2022 Action Plans of Finance Commission (2019-2021)
	2.1.2.Need to be allocated financial provision of the National Budget as per Public Investment Programme	Public investment Programme(2017-2020 & 2021-2024)
	2.1.3 Policy of the Finance Commission for providing financial assistance to the Provincial Councils	13th Amendment to the Constitution of the Democratic. Socialist Republic of Sri Lanka in 1987.
2.2 Does the Government include all relevant stakeholders in the planning and budgeting for strengthening	2.2.1.The inclusion of all relevant stakeholders regarding public health emergency and disaster risk management in the Public	• National Health Policy of Sri Lanka 2016 – 2025 • Disaster management

capacities to forecast, prevent and prepare for public health risks?	Investment Programme	policy
	2.2.2.The inclusion of all relevant stakeholders regarding public health emergency for Financial Provision for disaster risk management in the provincial councils	SENDAI Framework
2.3 Do the Government plans and budgets address the specific needs of identified vulnerable groups related to the target?	2.3.1Necessity to address the specific needs of identified vulnerable groups in the national budget	• National Health Policy of Sri Lanka 2016 – 2025 • Disaster management policy 2010
	2.3.2 The inclusion of the targets considering the specific needs of the identified vulnerable groups in the Strategic Plan and in the Action Plans regarding public health emergency and disaster risk management	• National Health Policy of Sri Lanka 2016 – 2025 • Disaster management policy 2010
2.4:Does the Government secure possible means of needed resources for assessing its capacities and monitoring activities in relation to forecasting, preventing and preparing for PHEs/shocks?	2.4.1.The existence of updated information systems to identify and secure the needed human resources regarding public health emergency and disaster risk management	• Health Master Plan (2016-2025) • Health Policy (2016-2025)
	2.4.2.The existence of updated	• Health Master Plan

	information systems to identify and secure the needed physical resources regarding public health emergency and disaster risk management	(2016-2025) • Health Policy (2016-2025)
	2.4.3. Availability of financial provision of the National Budget as per Public Investment Programme	Financial Regulations of the Government of The Democratic Socialist Republic of Sri Lanka 1992
	2.4.,4. Adequate availability of financial provision of the provincial councils	13th Amendment to the Constitution of the Democratic. Socialist Republic of Sri Lanka in 1987.
2.5 How does the Government provide financial and resource requirements at emergencies?	2.5 Adequate availability of financial, human and physical resources	• Public Investment Programmes (2017-2020 & 2021-2024) • Budget estimates(2018-2022) • NAPHS(2019-2023)
3.1 Does the Government regularly conduct regularly simulation exercises to test its capacities to respond PHEs/shocks, and use the results to inform health system strengthening efforts aimed at improving capacities?	3.1.1 The existent of an emergency preparedness and response plan	Sri Lanka Disaster Management Act, No. 13 of 2005

	3.1.2 Simulation exercise to identify the gaps between desired capacities and actual capacities and request financial provision accordingly.	• Sri Lanka Disaster Management Act, No. 13 of 2005 • SENDAI Frame work 2015-2030
3.2 Has the Government action plans and strategies that address the gaps identified in IHR monitoring and evaluation (M&E) and other assessment frameworks?	3.2.1Active participation of relevant Authorities for monitoring and evaluation	• Health Services Act No.12 of 1952 • Sri Lanka Disaster Management Act, No. 13 of 2005 • JEE Report 2017
	3.2.2 Improvement of IHR indicators from lower level to higher level	• International Health Regulations 2005 • SPAR Tool 1st edition and 2nd edition

2.8 Authority for Audit

This performance audit was carried out under my direction in pursuance of provisions in Article 154 (1) of the Constitution of the Democratic Socialist Republic of Sri Lanka and the National Audit Act No 19 of 2018.

3. Detailed Audit Findings

3.1 Legal and Policy Frameworks and Institutional Arrangements in relation to Public Health Security and Disaster Risk Management

3.1.1 Alignment of the Legal and Policy Frameworks in relation to Public Health Security and Disaster Risk Management

The legal framework for health security and disaster risk management mainly consists of Health Services Act, Disaster Management Act and the policies of health and disaster management as follow.

(a) The Health Services Act

The legal framework for the health services in Sri Lanka had been based on the report of the Dr.J.H.L.Cumpston the Director General of Health Services of Australia in February 1980. According to the recommendations of the same report the Health Services Act No. 12 of 1952 had been prepared and the Department of Health had been established according to the section 2(1) of the Act. According to the section 3(1) of the act, the head of the department had been appointed from the medical profession with the designation of Director General of Health Services.

(b) **National Health Policy, National Health Strategic Framework and National Health Master Plan**

Other than the above, in year 2017, the current National Health Policy (2016-2025) of Sri Lanka and the relevant National Health Strategic Master Plan (2016-2025) had been approved by the Cabinet of Ministers on 18 June 2017. When preparation of the policy, the policy issues identified had been included in a separate document with the title of National Health Strategic Framework for Health Development (2016-2025). The specific strategies identified to implement with regard to each of the identified policy issue had also been listed in the said document.

The Health Master Plan is a set of documents indicating specific objectives of each of sub sectors of Preventive, Curative, Rehabilitative and Health Administration Services. In addition to that there are some sectoral policies prepared by Ministry of Health regarding health specific areas.

Within the National Strategic Framework ensure the maximum security against the international spread of disease, with the minimum interference with world traffic and trade had been identified as a policy issue and strengthening PoEs to Prevent a possible entry of disease with international spread in complying the IHR 2005 and strengthening the legal framework related to public health emergency of international concern (PHEIC) relating to the Quarantine Act had been identified as the strategies for overcoming the identified issues. These strategies had been similarly identified within preventive services of the National Health Strategies a Master Plan (2016-2025).

(c) **Sri Lanka Disaster Management Act No. 13 of 2005**

The Sri Lanka Disaster Management Act No. 13 of 2005 was enacted on 13 May 2005 and the Act required establishing two important Institutions, namely The National Council for Disaster Management (NCDM) and the Disaster Management Centre (DMC). DMC was established with effect from 01 August 2005 as provided by the Act.

(d) **National Policy on Disaster Management**

As per the Section 4 of the Sri Lanka Disaster Management Act No. 13 of 2005, NCDM shall formulate National Policy on Disaster Management. Accordingly NCDM approved the policy on 28 December 2010. The National Policy on Disaster Management aligns with the Government of Sri Lanka 2010 Development Policy Framework and calls for creation of a culture of safety of the nation through systematic management of disaster risks, strengthened relevant laws; and reduced disaster losses through training and awareness for the public. In addition, the national policy and programmes on disaster management shall provide for;

(i) The protection of life of the community, property and environment from disasters and development and maintenance of disaster resilient infrastructure and economic development activities in disaster prone areas.

(ii) The effective use of resources for preparedness, prevention, response , relief, reconstruction and rehabilitation

(iii) The enhancement of public awareness and training to help people to protect themselves from disaster.

(iv) Capacity building among people living in areas vulnerable to disasters in relation to the risk management and the application disaster management and mitigation practices

(v) Pre-disaster planning, preparedness and mitigation while sustaining and further improving post- disaster relief, recovery and rehabilitation capabilities

(e) **National Action Plan for Health Security (NAPHS)**

In January 2017 Sri Lanka initiated the preliminary work on JEE to identify IHR implementation status of the country. Based on the JEE recommendations the NAPHS had been prepared by the Ministry of Health with a view to contribute towards a safer nation by strengthening IHR core capacities and capabilities by adopting a multi stakeholders approach. This plan had been prepared based on following 19 technical areas in order to implement and develop IHR core capacities.

(i) National Legislation, Policy and Financing

(ii) IHR Coordination, Communication and Advocacy

(iii) Antimicrobial Resistance

(iv) Zoonotic Disease

(v) Food Safety

(vi) Biosafety and Bio security

(vii) Immunizations

(viii) National Laboratory System

(ix) Real Time Surveillance

(x) Reporting

(xi) Workforce Development

(xii) Preparedness

(xiii) Emergency Response Operation

(xiv) Linking Public Health and Security Authority

(xv) Medical Counter Measures and Personnel Deployment

(xvi) Risk Communication

(xvii) Point of Entry

(xviii) Chemical Event

(xix) Radiation Emergencies

Further, the objectives under each technical areas, the strategic actions, responsible authorities, output indicators and timelines for implementation of each strategic objective had been identified within the NAPHS.

3.1.1.1 Alignment of Government Policy for Health Emergencies

The National Policy Framework (NPF) of the Government "Vistas of Prosperity and Splendor" constitutes of 10 key policies which aimed at achieving the outcomes of a productive citizenry and a contented family, a disciplined and just society and a prosperous nation. "A productive citizen and a Happy Family" is one of these policies and western medicine had been identified as a sub sector there on..

Although Strategies relating to "Implement Suwa Divimaga programme" and "Implement Healthcare Facility Development Programme" had been identified within the key policy of "Productive Citizen and a Happy Family", strategies on health emergency and disaster risk management had not been directly identified within the National Policy.

3.1.1.2 Quarantine and Prevention of Disease Ordinance (1897)

In Sri Lanka, the Quarantine and Prevention of Disease Ordinance governs the prevention of the spread of disease and measures relating to Quarantine. In year 2014, the Government did an assessment of the extent to which Sri Lanka's existing legislation was sufficient for IHR implementation. In year 2016, following this assessment the Cabinet of Ministers of Sri Lanka approved several amendments to the Quarantine and Prevention of Disease Ordinance in order to bring it in line with IHR requirements. Following observations are made regarding this.

(a) Under the first technical area of NAPHS (National legislation, policy and financing), it had been expected to incorporate the cabinet approved legal amendments to Quarantine and Disease Prevention Ordinance of Sri Lanka in order to have capability to implement the IHR in Sri Lanka. These amendments had been planned to be completed by the end of the year 2021 through the collaborative efforts of Deputy Director General (PHS1), Chief Legal Officer of Ministry of Health, National Focal Points of IHR 2005 of Ministry of Health. However, it was observed in audit that relevant amendments to the Quarantine and Disease Prevention Ordinance had not been done by the responsible parties as expected in the NAPHS within the specified time period which will delay in bringing the legislation up to date with IHR requirements.

(b) According to the NAPHS, establishment of a multisectoral group for further adjustments to laws and regulation to fully comply with the IHR-2005 and conduct meetings had been identified as an activity that has to be done with the collaborative effort of the Director General of Health Services (DGHS), Deputy Director General of Public Health Services (DDG-PHS1), Legal Officer of Ministry of Health, National Focal points for IHR of Ministry of Health and Heads of other units and Ministries. This activity had been planned to be carried

out throughout whole period of the plan beginning from year 2019. However, actions had not been taken to establish multi sectoral groups for further adjustments to laws and regulations to fully comply with the IHR-2005.

3.1.1.3 Alignment of Sustainable Development Act No. 19 of 2017 to Health Security and Disaster Risk Management

The Government of Sri Lanka took various steps to implement Sustainable Development goals within the country after becoming a signatory to the 2030 Agenda. Enactment of the Sustainable Development Act No. 19 of 2017 to provide the legal framework as well as the establishment of the Sustainable Development Council as the National Focal Point for coordinate, facilitate, monitor and report on the SDG Implementation are remarkable steps taken by the government in this regard. According to the instructions of Sustainable Development Council, "the National Policy and Strategy on Sustainable Development had been drafted as per the article 11 of Sustainable Development Act No 19 of 2017". Following observations are made in this regard.

(a) According to the draft National Policy, "Good Health and Longevity are Ensured, while promoting wellbeing for all at all ages " had been identified as the goal 03 of the policy while " increase the International Health Regulations (IHR) core capacity index and health emergency preparedness up to 70 percent by 2030", had been identified as the target 3d . Although this policy had been drafted after the consultations with stakeholders including Government institutions, members of academia and civil societies in year 2020, the draft policy and strategy had not been forwarded to the Parliament to get the approval of Cabinet of Ministers until year 2022. But, the Sustainable Development Council had stated to the audit that there is a decision to revise the National Policy and Strategy on Sustainable Development to reflect the current national context and priorities.

(b) It has proposed 7 strategies to achieve the 3d target in the draft Sustainable Development Policy. Although there are 19 core capacities to be achieved for successful implementation of IHR in Sri Lanka, it was observed in the audit that the strategies of IHR coordination, Communication and Advocacy,

Antimicrobial Resistance, Food Safety, Bio Safety and Bio Security, Immunization and IHR related hazards like chemical events and Radiation Emergencies etc. do not include within the proposed strategies in the draft Sustainable Development Policy.

3.1.1.4 Alignment of National Disaster Management Plan to SENDAI framework

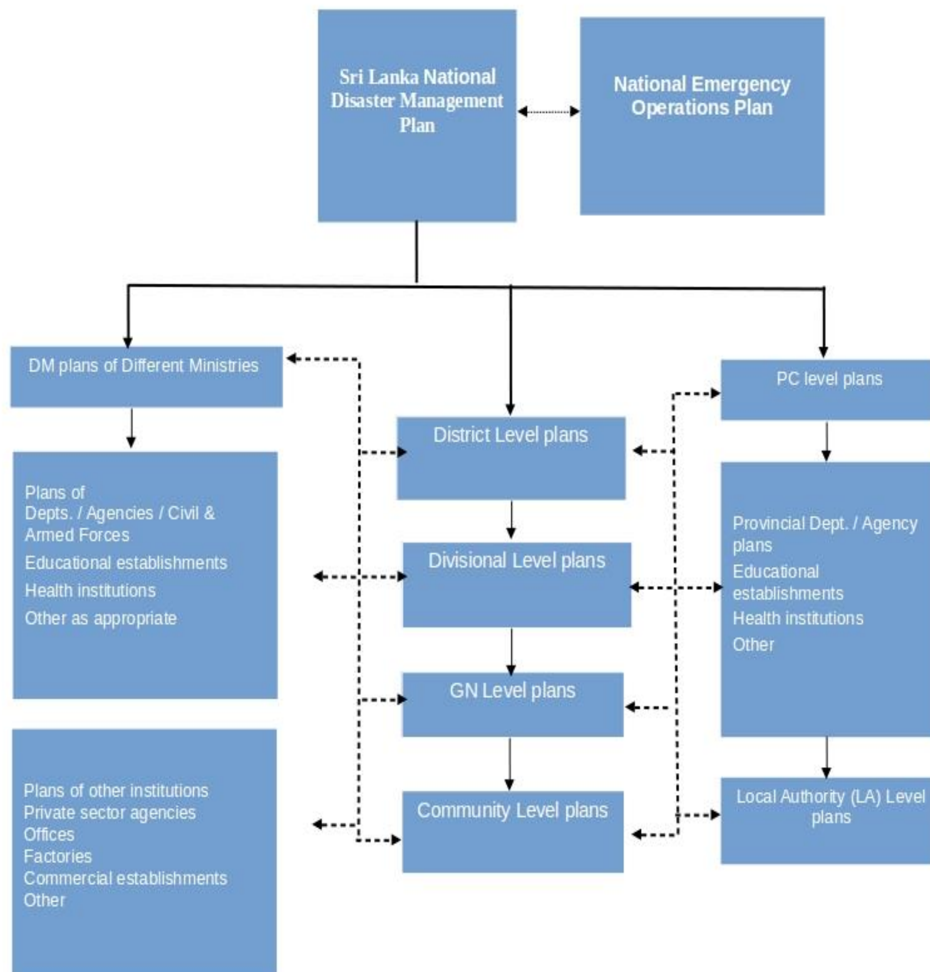
National Disaster Management Plan is the overall guiding document covering intended activities of the major phases – mitigation, preparedness, emergency operations and post disaster activities, such as relief, recovery and reconstruction as well as training, public awareness and education.

The users of this plan is all stakeholders; officials of sub-national administrations (provincial and district); relevant personnel from Governmental and Non-Governmental organizations; community leaders, private sector, civil society, professional organizations and people's representatives. National Disaster Management Plan should be implemented in conjunction with other plans on related national policies. Plans and policies of the related sectors covering the subjects as indicated in the Act have been taken into consideration in preparing this plan to the maximum extent possible and where there are any lapses such plans and policies will be taken into consideration as and when identified during implementation. All line Ministries, Departments and agencies, when preparing their plans will take this Plan into consideration. Administrations at Provincial, Local Authority, District, Divisional and Grama Niladhari levels also will have their plans accordingly. All implementing authorities, NGOs and grass root level organizations will have their operational plans in conformity with National Disaster Management Plan.

All these plans at all levels and different sectors are to be developed in conformity with the National Disaster Management Plan and National Emergency Operational Plan and will consist of the following component parts as applicable:

- Risk Assessment
- Disaster Prevention and Mitigation Plan
- Disaster Preparedness Plan for Emergency Response (DPPER)
- Contingency Plans
- Disaster Rehabilitation and Reconstruction Plan

Conformity of Disaster Management Plans at all Levels and in all Sectors is as follows.



(a) However, the National Disaster Management Plan (2023-2030) was in draft level up to first quarter of 2023. The draft National Disaster Management Plan had been prepared according to the SENDAI framework. The Ministry of Health has been identified as a stakeholder for risk reduction and management of national and global health risk. Even though the success of Health Emergency Disaster Risk Management relies on joint planning and action by ministries of health and other Government Ministries, the National Disaster Management Agency, the private sector, communities and community based organizations, assisted by the international community; the

Disaster Management Centre had not planned and implemented any disaster management activities in relation to IHR and AMR directly other than natural disasters. However, the project on Systematic Diagnostic Assessment of Chemical Disaster Risk in Sri Lanka had been carried out by National Building Research Organization under the Line Ministry. Simulation exercise for Chemical Explosion in the Colombo Harbor which was conducted on with all stakeholders and the hospital drills had been held with the assistance of the Disaster Preparedness and Response Division of Ministry of Health.

(b) When comparing Sendai Frame Work priorities with action plans of Disaster Management Centers in the years 2021 and 1st quarter of 2022, the following observations are made.

(i) Priority 01- Understanding disaster risk

The following activities had not been done in the action plans of Disaster Management Centers in the years 2021 and 1st quarter of 2022.

- To promote collect, analysis management and dissemination of relevant data,
- To assess periodically disaster risks to made sensitive hazard explosive
- To promote real time access to reliable data,
- To use of traditional indigenous and local knowledge,
- To strengthen technical and scientific capacity to promote investment in innovation
- To apply risk information to vulnerable capacity,

But it included only capacity checked with differently able people.

(ii) Priority 02-Strengthening disaster risk governance to manage disaster risk

The following activities had not been done in the action plans of Disaster Management Centers in the years 2021 and 1st quarter of 2022.

- An assessment of disaster risk management capacity,
- To encourage the establishment of mechanism
- Compline with existing land regulation including those addressing that land use resources management, health and safety standards,
- To encourage parliamentarians
- To support of discuss risk reduction.

(iii) Priority -3 investing in disaster risk reduction for resilient

The following activities had not been done in the action plans of Disaster Management Centers in the years 2021 and 1st quarter of 2022.

- To promote mechanism for disaster risk transfer and insurance
- To protect or support the protection of cultural sites,
- To promote the disaster risk resilience of work places, Disaster risk assessment of land use policy
- To develop of new building codes
- To enhance the resilient of national health system
- Implementation of the international Health Regulation of 2005 (WHO) addressing disaster induced human mobility
- To strengthen the sustainable use management of eco system to increase business resilience.

(iv) Priority 4 - Enhancing disaster preparedness for effective response and to "build and back better in reconstruction."

The following activities had not been done in the action plans of Disaster Management Centers in the years 2021 and 1st quarter of 2022.

- To prepare or review and periodically update disaster preparedness and contingency policies
- To establish community center for the promotion of public awareness and stock piling of necessary materials

- To adapt public policies and actions that supports the role of public services
- To develop guidance for preparedness for disaster reconstruction
- To strengthen the capacity of local authorities to evaluate living in disaster prone areas,
- To establish a mechanism of case register and a data base of mortality to prevent morbidity,
- To enhance recovery schemes to provide psychosocial support and mental health care
- To review and strength as appropriate Laws and Procedures on international corporation

(c) National Health Security Plan (2019-2023) of Ministry of Health has included nineteen main sections to provide health security for Sri Lankans. Out of 19 sections, Disaster Preparedness and Response section has joint responsibility to perform the activities with Disaster Management Centers to reduce disaster risk. But the following activities had not been done,

- to prepare training curriculum,
- to prepare operation protocol and criteria to make lessons learnt reports

3.1.1.5 Animal Disease Act No.59 of 1992

Animal Disease Act is an Act to provide for the control and prevention of contagious disease in animals; for the control of the import and export of animals, animal products and veterinary drugs and veterinary biological products; and for matters connected therewith or incidental thereto.

The Department of Animal Production and Health (DAPH) is the state institution which is responsible for providing technical leadership to the livestock industry and its stakeholders in Sri Lanka. In addition to provision of technical expert service, the DAPH implements a range of statutes as well, pertaining to the livestock sector. Animal Disease Act is one of the Acts that implement by the DAPH in relation to its subject area. The DAPH had identified the areas of zoonotic diseases, antimicrobial

resistance, antimicrobial usage, antimicrobial residues and food safety as the areas, needed to be amended under the Animal Disease Act. No. 59 of 1992. It was observed in audit that the necessary amendments had not been made to the Act by the end of year 2022.

3.1.2 Institutional Arrangements Exist for Effective Vertical and Horizontal Coherence

3.1.2.1 Inter-sectoral Coordination and Collaboration in Health Security

(a) **National Health Council**

The Charter for Health Development had been signed by the Prime Minister and Minister of Health with the WHO on 7th February 1980. The aim of this task was to achieve the goal of "Health for all by the year 2000" by keeping the Primary Health Care as the Key approach to achieving the goal. As a part of this strategy the Government has established the National Health Development network, consisted with following levels.

Level	Organization	Chairman
Cabinet	National Health Council	Prime Minister
Ministry	National Health Development Committee	Secretary Health
Services	Health Development Committee	DGHS

The National Health Council which is the apex body of National Health Development Network had been established in November 1980 with the Prime Minister as the Chairman. This was the first formal mechanism to ensure political commitment for intersectional collaboration at national as well as sub national levels. The council consisted with Ministers of Health, Agriculture Development and Research, Higher Education, Finance and Planning, Local Government, Housing and Construction and Home Affairs at the beginning. Thereafter Ministers of Labour, Rural Development, State Lands and Land Development and

Mahaweli Development, Fisheries, Woman's Affairs and Teaching Hospitals had been added . The functions of the council were:

- To provide national level political leadership for health development
- To guide Ministries, Departments and other organizations engaged in Health activities
- To coordinate activities of Ministries and other organizations
- To create greater awareness among people of the importance of health
- To promote community participation and involvement

Following observations are made regarding this,

(i) Although National Health Council is an important platform to discuss health issues at the highest level, it had not been gathered since 2004, which causes to being absent of the existence of a formal mechanism to ensure political commitment for intersectoral collaboration at national level as well as sub national level.

(ii) Due to absence of a high-level health development body like National Health Council, different national Steering Committees, and National Task Forces had been setup from time to time.

eg:. Covid 19 Task Force, Vaccination Task Force.

(b) **National Health Development Committee (NHDC)**

National Health Development Committee is the intermediate level of the Health Development Network identified & ratified by the parliament in 1980.This is an important platform to discuss the policy matters relevant to the health sector with the involvement of the senior officials of the Ministry of Health, Secretaries of other Ministries, Provincial Authorities & relevant non-health stakeholders. It had been planned to conduct two NHDC meetings per year under the Chairmanship of Secretary of the Health. However, it was observed in the audit that but only one

meeting per year had been held during the years of 2020 & 2021with the involvement of the relevant parties of health related sectors.

(c) **Health Development Committee (HDC)**

The Health Development Committee had scheduled to meet under the Chairmanship of the DGHS & it has planned to conduct 6 meetings per year. This is an important platform which helps to discuss health related matters with the Technical Directors of the Department of Health Services with Provincial & Regional Directors of Health & Directors of Hospitals. Following observations are made in this regard**.**

(i) Although there are six meetings have been planned per year to be conducted, the committee had been gathered only in once in the year 2020 and only four times in the year 2021 due to Covid 19 lock downs and restrictions of the physical gatherings. This situation caused to weaken the coordination between Department of Health Services and the Provincial Department of Health and also to weaken the monitor the progress of the projects under Department of Health Services.

(ii) According to the information received from the Ministry of Health, the current economic crisis as well as the limitations with the technical knowledge and the services provision had made barriers for the smooth operation of the HDC meetings physically as well as virtually. Further, the decisions taken at the meetings such as paying salary, maintaining transport, implementing new reforms are not able to operate due to the lack of budgetary allocations, limited infrastructure facilities and formal supply chain.

(d) National Steering Committee for IHR

Sri Lanka established the National Steering Committee for the International Health Regulations (IHR) 2005 with the involvement of health & non-health members in the year 2016. The National Steering Committee gathers under the Chairmanship of DGHS for overall monitoring of the NAPHS. Following observations are made in this regard.

(i) Although the Steering Committee comprises with 19 members including the DGHS as the head, the Sustainable Development Council which is the National Focal Point for coordination, facilitation, monitor & report on the SDG of Sri Lanka is not included in the IHR Steering Committee as a member. This situation reflects the weaknesses of coordination among the relevant institutions for implementation of IHR.

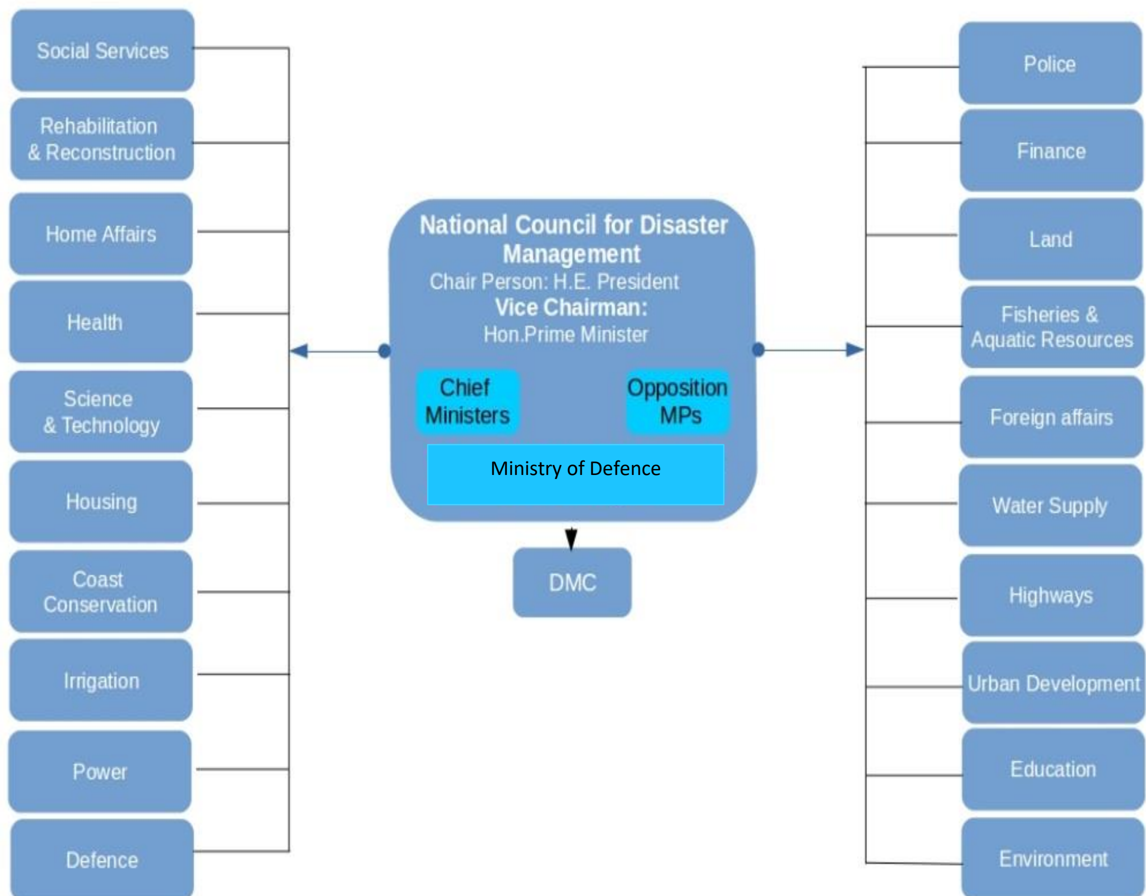
(ii) According to the NAPHS, the IHR Steering Committee should be gathered at every six months for monitoring & evaluation of the plan at national level. However, the Steering Committee had not been gathered during the year 2020 and 2021 due to covid-19 situation in the country.

3.1.2.2 Inter-Sectoral Coordination and Collaboration in Disaster Management

According to the Disaster Management Act, the National Council for Disaster Management (NCDM) and the Disaster Management Centre (DMC) had been established as the lead agency on disaster risk management in the country in implementing the directives of NCDM. The Disaster Management Centre (DMC) has to assist the National Council for Disaster Management to implement certain functions assigned to the Council. It functions are as follows.

- Preparation and implementation of National Disaster Management Plan and National Emergency Response Plan
- Assist Ministries, Government Departments and Corporations to prepare Institutional Disaster Management Plan based on the National Plan.
- Preparing and implementing programmes and plans for disaster preparedness, mitigation, prevention, relief, and rehabilitation and reconstruction activities.
- Coordinating of organizations which implement such programmes and plans and obtain financial assistance from the Treasury for such activities and release the same to the relevant regions and monitor and evaluate these activities.
- Promoting research and development programmes and setting up and maintaining a data base on disaster management.

Multi sectorial Disaster Management of Sri Lanka is as follows.



Following observations are made in this regard.

(a) As per the sub section of the Act, the Council shall meet as often as may be necessary, but not less than once in every three months. Even though the activities of DMC should be carried out under the supervision of National Council for Disaster Management, the meetings of Council had not been held since 2010. Hence, there was no opportunity to align the activities of DMC with the other sectors of the country and less coordination among the other institutions including the Ministry of health.

(b) DMC had prepared Guidelines on Preparation of IDMP 2021 for all Ministries, Government Institutions, Departments and Agencies based on NDMP(2013-2017). However, it was insufficient to coordinate the relevant institutions for disaster management. It had been observed that the Guidelines on Preparation of IDMP 2021 were based on the old National Disaster Management Plan.

3.1.3 The Legal Framework that covers the Needs of Identified Vulnerable Groups

3.1.3.1 National Health Policy and Master Plan

It has identified the necessity of strengthen the health care delivery system to further reduce the morbidity and mortality due to communicable diseases in the National Health Policy and National Health Master Plan. These two documents include health emergencies and disaster risk management strategies. Some highlights of National Health policy that paid attention to the vulnerable groups are as follows.

(a) **Under the Preventive Care Services.**

The vigilance of Quarantine and Migration Health Units regarding the possible entry of diseases concerned of international spread with compliance to International Health Regulations (IHR 2005) has been emphasized in the National Health Policy. It is necessary to develop mechanisms to minimize the health impact due to climate change and climate anomalies.

(b) **Under the Curative Care Services.**

(i) Ensuring the delivery of comprehensive Accident, Emergency and Urgent Care services at all levels of health care to reduce preventable mortality and morbidity related to accidents and emergencies is needed

(ii) Competent emergency preparedness and response teams should be established with customized outreach primary healthcare units to serve at the time of an emergency and a disaster.

(iii) To ensure the efficient and effective supply of quality medical items to relevant health institutions.

(c) **Under the Rehabilitative Care Services**

(i) According to the National Health policy, under the Rehabilitative Care Services the following sub programmes should be addressed; health of the

elderly, health of the disabled or differently able people, protection of children from abuse, exploitation, violence and neglect as well as the management of children with neurological disabilities including Autism"

(ii) Further, the events that threaten the continuity of health services are also considered as emergencies by the health sector and the health sector disaster preparedness and response has been included under a separate programme in the Health Master Plan.

3.1.3.2 Identification of the needs of vulnerable groups within the National Policy on Disaster Management

The National Policy on Disaster Management is multi-dimensional. Accordingly disaster management should take into account several intersecting dimensions which include multi hazards, multi phases, and multi sectors, multi- stakeholders, multi locality and multi-temporal. Government, nongovernment, private sector, academic, media, religious and other organizations and individuals have a collective responsibility for disaster management. The agencies should target resources based on severity of and vulnerability to potential hazards and disasters. All people affected by disaster have equal rights to receive assistance and information regardless of ethnicity, gender, religious beliefs ability or other personal attributes. The special consideration should be given for marginalized groups and those with special needs or otherwise vulnerable including persons with disabilities, senior citizens, sick pregnant women, children and displaced persons and gender equality should be emphasized. Special effort should be taken to prevent violence unlawful engagement against entire community during disaster situation. Hence, the legal frame work of disaster risk management emphasizes the need of identified vulnerable groups.

Handbook on "Gender, Sexual Gender Based Violence in Disasters" was prepared, published and launched by the Preparedness Planning division of the DMC. This was an action included in the policy framework and National Action Plan (2016-2020) to address Sexual gender based violence in Sri Lanka, initiated by the Ministry of Women, Child Affairs and Social Empowerment. The sensitization workshops have been conducted at national level and at sub national level (5 district) during year 2022

and officials of the DPRD unit at Ministry of Health have contributed to these programmes as resource persons.

Further a booklet on "Management of Safety Centres amidst COVID – 19" had been published and launched by the Preparedness Planning division in 2021 and copies of same had been given to the officials of the Ministry of Health. Further awareness programmes regarding the content of this booklet had been conducted online during year 2021 among all district DDMCU's. Proper and effective early warning and the emergency operation mechanisms have been established including all marginalized groups

3.1.4 Implementation of IHR-2005

Ministry of Health is the main body responsible for implementing the International Health Regulations in Sri Lanka. The Ministry of Health performs this role with the collaboration of stakeholders from a verity of other Ministries and Departments. When performing this role, the Director of Quarantine Unit and the Chief Epidemiologist of the Ministry of Health had been nominated as the joint focal points for the IHR.

When preparing the National Action Plan for Health Security(NAPHS) which was prepared with the expectation of strengthening of the country's ability to prevent, detect and respond to public health threats & thereby to protect its citizens from impact of health disasters, the contribution of many stakeholder had obtained by the Ministry of Health. According to the NAPHS, there are 19 main stakeholders who are responsible for each technical area and also there are other stakeholders (Ministries /Departments etc.) whom should be work with each stakeholder to attain IHR core capacities.

3.1.4.1 Antimicrobial Resistance Activities

The importance of combating antimicrobial resistance had been identified in the NAPHS. Furthermore, it had identified one health approach is as one of the ways to achieve this objective. In addition to that need of national comprehensive plan to combat antimicrobial resistance and strengthening of surveillance and laboratory

capacity at the national and international level had been identified too. Following observations are made regarding this.

(a) According to the NAPHS, it had been planned to development of a system for multisectoral coordination between human and animal sectors by Ministry of Health, Department of Animal Production and Health (DAPH) and Ministry of Fisheries and Aquatic Resources (Mo FAR). Although a mechanism had been established through National Advisory Committee on AMR, the implementation of the AMR Strategic Action Plan had not been implemented at the expected level, mainly due to unavailability of funds.
(b) It had been planned to strengthen the infection control surveillance in farms by the DAPH from the year 2019 to 2023. Although biosecurity surveillance and monitoring programs had been started in poultry breeder farms by the DAPH, this had not been started in commercial livestock and Poultry Farms.

(c) It had been planned to develop legislature to ensure strict oversight and enforcement of unauthorized over the counter sale of antibiotics in both human and animal health sector by the Ministry of Health, Department of Animal Production and Health (DAPH), Ministry of Fisheries and Aquatic Resources (Mo FAR) and Department of Agriculture (DA). This activity had been planned to be conducted from the year 2019 to year 2023. Although a period of three years had been lapsed, action had not been taken to initiate the development of regulations for antimicrobial sale and legislations for antimicrobial stewardship even as of the month of August 2022.

3.1.4.2 Zoonotic Diseases

It had been identified the importance of measured behaviors, policies and/or practices to prevent and minimize the transmission of zoonotic diseases into human population in the NAPHS. Further , it states the importance of development of national operational frame work based on international standards, guidelines and successful existing models that specify the actions necessary to promote one health approaches to policies, practices and behaviors that could minimize the risk of zoonotic disease emergence and spread.

It had been planned to finalize and approve zoonotic diseases control strategy by the Director General of DAPH and the Director/ Wild Life Health of Department of Wildlife Conservation during the year 2019. According to the information received from DAPH, it was preparing a disease control plan inserting major zoonotic diseases (brucellosis / tuberculosis and salmonellosis, etc.). However, Department of Wildlife Conservation had stated that it is unaware about the National Action Plan for Health Security.

3.1.4.3 Food Safety

According to the NAPHS, state Parties should have surveillance and response capacity for food and water borne diseases risk or events. It states the importance of effective communication and collaboration among the sectors responsible for food safety, safe water and sanitation. Further it states the importance of timely detection and effective response of potential food related events in collaboration with other sectors responsible for food safety. Following observations are made in this regard.

(a) According to the NAPH, it had been planned to develop a National Food Safety Policy and Strategic Plan by Food Control Administrative Unit (FCAU), Ministry of Agriculture, Mo FAR and DAPH within the year of 2019 and 2020. However, this activity had not been completed by the responsible parties as planned in the NAPHS.

(b) It had been planned to sharing of a common action plan by the Ministry of Health, Ministry of Agriculture, Mo FAR and DAPH. This activity had been planned to be carried out from the year 2020 to 2023. However actions had not been taken to start of preparing such a plan as per the NAPH by the responsible parties.

(c) It had been planned to building the capacity of risk profiling team and update regulations based on good hygiene practice by the Ministry of Health, Ministry of Agriculture, Mo FAR and DAPH. Further, Capacity building had been planned to be completed within the year of 2020 and 2021and updating 08 regulations on Good Hygienic Practices had been planned to be carried out from the year 2019 to 2023. In this regard, only the Ministry of Agriculture had appointed a team of 16 persons as Crop Leaders for its risk profiling activities.

3.1.4.4 Bio Safety and Bio Security

According to NAPHS, National biosafety and bio security system is in place to ensure the safety from dangerous pathogens who are identified, held, secured and monitored in a minimal number of facilities according to best practices such as biological risk management training and educational outreach. Following observations are made regarding this.

(a) It had been planned to improve pathogen control measures, including standards for physical containment and operational handling and containment failure reporting systems by the Deputy Director General(LS), MRI, Deputy Director General(ET&R), Director General (DAPH), Department of Agriculture and Central Environment Authority. However it was observed in audit that this activity had not been started as per the plan by Deputy Director General (LS) and Director General (DAPH) and only the MRI is maintaining a registry of pathogen. Also in case of other institutions which responsible for implementing this activity they had stated that they are willing to give their necessary support whenever requested by MoH as the leading agency for implementing this action plan. This implies that there were no proper coordination between the MoH and relevant implementing institutions to succeed this action plan.

(b) It had been planned to complete training needs assessment by the Deputy Director General (LS), MRI, Deputy Director General (ET&R), Director General (DAPH), Ministry of Agriculture, Department of Agriculture, Ministry of Environment and Central Environment Authority in the years of 2019 and 2020. According to the responses received from responsible parties, this activity had only been completed by the Ministry of Agriculture while other institutions had not been responded .

(c) It had been planned to develop a Training of Trainers programme on biosafety based on the results of the needs. This activity had been plan to be done from the year 2019 to year 2023 by the Deputy Director General (Laboratory Service), MRI, Deputy Director General (ET&R), Director General (DAPH), Ministry of Agriculture, Department of Agriculture, Ministry of Environment and Central Environment Authority. However, it was observed in audit that this activity had

not been initiated by the Deputy Director General (LS) and Director General (DAPH) even as of the month of August of year 2022 while other institutions had not responded or were not being aware of that.

3.1.4.5 National Laboratory System

According to the NAPHS, real time bio surveillance with a national laboratory system and provision of effective modern point of care was targeted by this technical area. There should be a national laboratory system with capable of safely and accurately detecting and characterizing pathogens causing epidemic diseases including both known and unknown. Following observations are made in this regard.

(a) It had been planned to improve the specimen transport system and develop a systematic national programme and establish regulations for a specimen referral network for each of the core tests by the Deputy Director General(LS),Deputy Director General(ET&R), MRI, Department of Agriculture and MoFAR. This activity had been planned to be carried out from the year 2019 to 2023. However, these activities had not been initiated by the Deputy Director General (LS) and MoFAR even as of the month of April 2023 while other institutions had not responded

(b) It had been planned to establish regulations for a specimen referral network for each of the core tests by Deputy director General (LS), Deputy Director General (ET&R), MRI, Department of Agriculture and Ministry of Fisheries. This activity had been planned to be carried out from the year 2019 to 2023. According to the responses received from the DDG (LS) for the progress of the activities of NAPHs, this activity had not been initiated by them while responses had not been made by other institutions

(c) According to the National Action Plan for Health Security, it had been planned to establish a plan for evaluating new point of care tests by the Deputy Director General (LS), Deputy Director General (ET&R), MRI, Department of Agriculture, Ministry of Fisheries and Department of Animal Production and Health. This activity had been planned to be carried out from the years 2019 to 2023. According to the responses receive d from the Deputy Director General

(LS) of Ministry of Health , Ministry of Fisheries, MRI and Department of Animal Production and Health they have not started this activity even as of the month of August 2022. Furthermore, responses had not been made by other institutions regarding this.

3.1.4.6 Reporting

According to the NAPH (2019-2023), it had been planned to conduct a need assessment to identify the real need of developing protocol, processes, regulations and legislation regarding reporting of IHR issues. These activities had been planned to be completed by the National IHR focal points and Department of Animal Production and Health within the years of 2019 and 2020. However, as this activity had not been completed by the relevant parties as specified in the NAPHS, which will cause to delay the development of a system for efficient reporting to WHO, FAO and OIE.

3.1.4.7 Workforce Development

It had been planned to prepare work force development strategic plan for IHR in Animal Sector by the Department of Animal Production and Health during the year 2020. However this activity had not been completed by the Department of Animal Production and Health even as of the month of May 2022.

3.1.4.8 Medical Countermeasures and Personnel Deployment

Medical Supplies Division of Ministry of Health is the main section responsible for providing all pharmaceuticals, surgical items, laboratory items, radioactive items etc. for Government sector healthcare institutions throughout the country. Following observations are made regarding the progress of activities assigned to it in the National Action Plan for Health Security.

(a) According to the National Action plan for Health Security, the responsibility of understanding a risk assessment for national and regional drugs stores for internal disasters that could affect them and external disasters for which they would have

to respond to had been vested with Medical Supplies Division(MSD). However, action had not been taken to start the activity by the MSD even as at 21 March 2023.

(b) It had been planned to update current disaster preparedness and response plan by the end of year 2021by the Medical Supplies Division. However, it was observed in audit that MSD had been unable to complete that task within the specified time period.

(c) It had been plan to start the training of the staff of Medical Supplies Division on disaster management from the year 2020 and to carry out that activity until the end of 2023. However, this training activity had not been started by the Medical Supplies Division even of 21 March 2023.

(d) It had been planned to start assessing the emergency preparedness and response capacity through annual desktop simulation exercise by Medical Supplies Division. However it was observed in audit that as this process had not been started even of 21 March 2023.

3.1.4.9 Risk Communication

According to the NAPHS, State Parties should have risk communication capacity which is multi-level and multi faced, real time exchange of information, advice and opinion between experts and officials or people who face a threat or hazard to their survival, health, economic or social wellbeing so that they can take informed decisions to mitigate the effects of the threat or hazard and take protective and preventive action.

Health Promotion Bureau is the focal point for risk communication of Ministry of Health. According to the National Action Plan for Health Security, several activities had been planned to increase the risk communication capacity.

It had been planned to appointing a media spokesman at RDHS level and train them especially on media briefing with the objective of improve the understanding of the concerns of the affected communities by the health staff at a disaster situation. However, this activity had not been started by Health Promotion Bureau.

3.1.4.10 Points of Entries

According to the NAPHS, State Parties should designate and maintain the core capacities at the international airports and ports which implement specific public health measures required to manage a variety of public health risks.

As Co-focal point for the IHR, the Quarantine Unit is responsible mainly for two capacities including IHR coordination and Points of Entry. Hence, Airport Health Office at Bandaranayake International Airport Katunayake, Port Health Office of Colombo Harbor, Office of the Assistance Port Health Officer at MRI (Vaccination only), Port Health Office at Galle, Port Health Office at Mattala Rajapaksha International Airport Hambantota work under the guidance of this unit. As per the NAPHS, when working towards the attainment of IHR core capacities, the Quarantine Unit has to implement some activities with other stakeholders and some activities by itself. Following observations are made regarding this.

(a) As per the NAPHS, purchase of equipment for the vector surveillance (e.g. during ship sanitization need to detect rat urine etc.) had to be completed by the Director Quarantine by the end of the year 2021.However, purchase of these equipment had not been made by the Director of Quarantine within the expected time period.

(b) It was observed in the audit that, an integrated vector surveillance & control mechanism had been planned to be established by the Director Quarantine with the collaboration of Director General of Department of Animal Production & Health. This activity had been planned to be started in year 2020 & expected to be continued up to the end of year 2023. According to the information received from the Director of Quarantine regarding the progress of this activity, they had done only the discussions regarding this matter.

3.1.5 Involvement of Citizens and Stakeholders

3.1.5.1 Involvement of citizens and stakeholders in legal and policy frame work of public health emergency

When preparing the National Health Policy, a situational analysis (identification of the problem by the relevant stakeholder and assess the problem and identify the need for a developing a policy.) of each sub sector of health services had been carried out by the experts of the sub sectors including the professional colleges of each discipline of medicine and surgery. Findings of these sub sector situational analysis had been included under each sub sectoral profile in the National Health Strategic Master Plan (2016-2025).

After completing the sectoral analysis and preparation of strategic framework, the health master plan had been prepared indicating specific objectives of each sub sector, the major activities identified for each sub sector and the expected output with verifiable indicators to monitor and evaluate the progress. Then the master plan had been submitted for public opinion and nearly 400 comments had been received from various parties like Provincial Ministries of Health Services, Trade Unions etc. After receiving their comments, those comments had been incorporated into the draft plan and had been finalized it.

3.1.5.2 Awareness about the National Action Plan for Health Security.

NAPHS had been prepared with a view to contribute towards a safer nation by strengthening IHR Core capacities to prevent, detect and respond to public health threats efficiently and effectively adopting a multi stakeholder approach. Following observations are made regarding this.

(a) Eight institutions had stated that they are not known and not responsible for the activities stated in National Action Plan for Health Security (Annex 1)

(b) The above situation shows that the lack of coordination among relevant institutions when going forward to achieving of IHR status.

(c) When analyzing the activities assigned to each of the above institutes, it was observed in audit that some of those institutions are the only one institute that exist to perform a specific task assigned in the National Action Plan for Health Security.

eg. i. Ministry of Environment has to perform the lead role with other stakeholders when establishing an apex body for overall management of chemicals. However, Ministry of Environment has stated that it is unaware about this task.

ii. Department of Agriculture is the only institute responsible to improve testing capacity in plant Quarantine laboratories for phytosanitary tests relevant to plant health in relation to Genetically Modified Organisms (GMO)

iii. Department of Agriculture is the only institute responsible for expand the national system for outsourcing testing activities for quality assurance.

iv. Department of Agriculture is the only institute responsible to develop a specimen detention, storing and transport system for plant Quarantine Laboratories'

As there is no other one to perform the above activities other than the above institutes, it was observed that the unawareness of the relevant institutes regarding this plan leads to delay the achieving the objectives of IHR

3.1.5.3 Participation of INGOs & NGOs

The INGOs & NGOs that involve with health related activities in Sri Lanka has participated in different ways as follows in implementing health related activities in Sri Lanka. and had spent a sum of Rs. 23 billion during the period from 2019 to 2021.

(i) Donation of equipment to assist communities and state sector service providers affected by covid 19 pandemic to conduct rapid health facility assessment

(ii) Provision of personal protective equipment to covid 19 health facilities

(iii) Establish and improve computerized database system for the MOH office.

(iv) Conduct rapid health facility assessment

(v) Running orphanages

(vi) Water & sanitation

(vii) Improve access to safe drinking water to the children

(viii) Counseling programmes

(ix) Others (Develop health care services, donation of dry rations to householders affected by covid 19, empowering the education and health conditions of children affected by HIV,etc.)

The funds provided by the INGOs and NGOs to implement health related activities are as follow.

Year	**2019**	**2020**	**2021**
No.of INGOs &NGOs	18	117	62
Amount (Rs Million)	2,728	12,571	8,358

3.1.6 Taking Immediate Action Based on Global Health Alerts

3.1.6.1 Strategic Preparedness and Response Plan

Since the first reported case of a tourist from China infected with the COVID 19 virus in February 2020, Sri Lanka has reported a total of 670,668 confirmed cases of COVID 19 as at 22nd September 2022, with the first indigenous case reported on 11th March 2020. In order to tackle this health crisis, the Ministry of Health of Sri Lanka has developed the “COVID 19 Sri Lanka Strategic Preparedness and Response

Plan 2020”and further developed as “COVID 19 Sri Lanka Strategic Preparedness and Response Plan 2021”with several additions and adaptations in response to lessons learnt over the previous year.

The Plan has developed by the Ministry of Health based on the guidelines on the Strategic Preparedness and Response Plan of the world Health Organization and in consultation with the relevant stakeholders. The overall goal of this plan is to end the COVID 19 pandemic and build resilience and readiness for the future”.

The Plan is based on the following pillars

(a) Coordination, planning, financing and monitoring
(b) Risk Communication, community engagement and infodemic management.
(c) Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures.
(d) Point of entry international travel and transport and mass gatherings.
(e) Laboratories and diagnostics
(f) Infection prevention and control and protection of the health workforce
(g) Case management, clinical operations and therapeutics
(h) Operational support and logistics and supply chain
(i) Maintaining essential health services and systems
(j) Vaccination

According to the COVID 19 Strategic Preparedness and Response Plan of 2021, some highlights of the Government efforts to tackle this problem are as follows.

(a) In order to tackle this health crisis, a Presidential Task Force for the prevention of the COVID 19 outbreak has been established. This signifies the priority that has been given at the Presidential level to outbreak control. In addition to that, Ministry of Health regularly reviews the direct impact of COVID 19 and updates the strategies and guidelines according to the pandemic severity and other health needs of the country.

(b) National Health Emergency Operation Center for Covid 19 prevention and control was established at the Disaster Preparedness and Response Division to

assist the health sector for COVID 19 response through multi stakeholder coordination. Further regular review of prevention and containment of the epidemic transmission in the districts with all PDHS and RDHS is conducted under the guidance of additional Secretary (PHS).

(c) In case of the risk communication system the risk communication network has functioned under the leadership of the Health Promotion Bureau Capacity Building of district level health care workers on Risk Communication was done via online training programmes. Further hotlines and important numbers has shared widely and one to one communication has been established to answering the public queries. In addition to that, IEC materials had been prepared on COVID 19 in all 3 main languages.

(d) In relation to Points of Entries, "The National Public Health Contingency plan for PoEs" is implemented at all PoEs". In relation to laboratories and diagnostics, laboratory capacity had been developed by adding laboratory equipment worth of 380 million rupees. Further, a proper mechanism was adapted for the transportation of patients with COVID 19 and health care workers are provided with personal protection equipment.

(e) In relations to case management clinical operations and therapeutics Intermediate Treatments Centers were established to care asymptomatic and mild cases. Further, ICU capacities had been identified, and mapped. Clinical Practice guidelines had been developed including dead body management and shared with health care providers. The number of hospitals declared to house patients had been increased covering all provinces on the island, to ensure readiness to respond to many suspected and confirmed cases.

(f) In relation to operational support and logistics and supply chain it has mapped all possible resources available and supply systems in health including MSD and RMSD as well as other systems and implemented the logistic management strategies.

(g) In case of maintaining essential health services and systems guidelines had been issued on managing clinic services for NCD and steps had been taken to deliver

the monthly drug stocks to the door steps of patients with the support of the postal Department and soon. Further, patients asking for clinic appointments have been asked to dial hotline 9390.

3.1.6.2 Covid -19 Vaccination Programme

According to the SPRP (2021), the priority measure of vaccination is, to Development and implementation of a national deployment and vaccination plan. For this purpose following measure has been taken.

(a) Establishment of National Coordinating Committee (NCC) on 18th November 2020

(b) Establishment of following sub committees.

(i). Technical Subcommittee for prioritization targeting and surveillance for covid 19 vaccine.

(ii). Technical subcommittee for maintenance of cold chain and logistics on covid-19 vaccine.

(iii). Technical subcommittee for costing for implementation of covid 19 vaccines.

(c) The National Advisory Committee on Communicable Diseases (ACCD) appointed a technical working group, the National Immunization Technical Advisory Group (NAITAG) to provide guidance on vaccine selection, prioritization of population groups and deployment of National Development and Vaccination Plan (NDVP).

(d) The National Deployment and Vaccination Plan (NDVP) was developed and presented to the ACCD and to NCC and then finalized.

(e) Also, as a concerted high level national intervention is required to achieve coordination and collaboration among relevant Government agencies and stakeholders of national district and local levels for effective deployment of

vaccines and vaccination and also Presidential Task Force had been established by the President of Sri Lanka in December 2020 .

(f) According to the information of State Pharmaceutical Corporation, Sri Lanka has purchased 42,829,630 doses of different types of vaccines as of 31 March 2022 as follows.

Type of Vaccine	Purchase Details				
	Qty. Purchased	Unit Cost (USD)	Cost of Vaccine (Rs. Billion)	Freight Cost (Rs. Billion)	Total Cost (Rs. Billion)
Sinopharm	23,000,000	15 7	39.179	324	39,503
Astra Zeneca(Covishield)	500,000	5	533	1	534
Pfizer	18,999,630	7	26.034	-	26,034
Sputnik v	330,000	10	667	35	702
Moderna			**No details**		
Total	42,829,630				66,773

According to the vaccination dashboard of Presidential Secretariat, the total numbers of Covid-19 vaccinations given out of the total eligible population of 17,655,390 (over12 years) as at 20th September 2022 are as follows.

Vaccinated dose	Number	Percentage
1st dose	17,128,086	97% (out of over 12 years of age population)
2nd dose	14,675,454	83% (out of over 12 years of age population)
Booster	8,172,153	56% (out of fully vaccinated)

Number of people vaccinated (According to the type of vaccine)

Types of Vaccine	Type of Dose	Number
Astra Zeneca	1st dose	1,479,631
	2nd dose	1,418,593
Sinopharm	1st dose	12,054,658
	2nd dose	11,221,406
Sputnik v	1st dose	159,110
	2nd dose	155,812
Pfizer	1st dose	2,629,886
	2nd dose	1,092,282
	1st Booster dose	8,172,153
	2nd Booster dose	182,396
Moderna	1st dose	804,801
	2nd dose	787,361

Although we requested the information such as number of instances that purchase had been made, the way that procurement notice delivered, number of bidders, the basis of selection of bidders etc. regarding the purchase of vaccine of Covid 19, relevant information had not been provided by the SPC for the audit.

3.2 Require Resources and Capacities for Health System Strengthening to Effectively meet SDG 3.d target

Sufficient resources and capacities are needed on time for health system strengthening to effectively meet SDG 3.d target. Therefore, the ways of acquiring required resources and capacities should be identified when the activities for strengthening the health system are planned.

3.2.1 Alignment of the Government Budgets at different levels for sufficient capacities required for public health risks

The budget estimates presented by yearly to the Parliament for approval are grouped into administrative, economic, and functional categories. Government revenue sources are classified into tax revenue, nontax revenue, provincial council revenue,

and grants. Tax, nontax, and provincial council revenue are presented in detail in the estimates. Foreign grants, on the other hand, are included in summary form under nontax revenue.

The Finance Commission is responsible for facilitating fund allocations from the Central Government to Provincial Councils. An annual needs assessment is a prerequisite for allocating and apportioning funds for the capital and recurrent expenditures of Provincial Councils. All Government spending programs, including donor-funded projects, must be included in the central budget and have proper clearance from the DNP and the cabinet of ministers. The Government's Financial Regulation No. 3 requires a two-stage approval process for project plans.

3.2.1.1 The Consideration of Public Health Emergency in the Public Investment Programme

The costing of the activities of NAPHS had been done by respective units based on guidelines given and experiences on preparing national budget. Each unit had been expected to find funds from the Government and donor agencies as mentioned in the NAPHS. (Annex 2). Following observations had been done in this regard.

(a) WHO technically supported the development of NAPHS. But they had not allocated any funds for implementation of that. Heads of respective units/Departments/Ministries of 19 technical areas in NAPHS had to implement and monitor their relevant activities of NAPHS as per decision taken at 5th IHR Steering Committee Meeting. However, the sources of resources needed for the implementation of the NAPHS had not been discussed.

    In addition, implementation of NAPHS had not been included in the PIP. Therefore, the implementation of NAPHS had not been included in the National Budget. Accordingly, the funds needed for implementation of NAPHS had to be provided through the normal provisions allocated under the relevant institutions. As per responses given by the 29 institutions, responsible for implementing NAPHS, 14 institutions had mentioned that they carried out some activities which are relevant for actions of NAPHS as their general

works by using Government Consolidated fund and foreign funds. Accordingly, they were unable to implement every activities of NAPHS for which they were responsible. The allocations needed to implement relevant actions of NAPHS had not been provided in other 15 institutions even by their general provisions. Accordingly, it had been observed that funds had not been allocated properly to implement NAPHS. However, the projection of funds for health sector as per PIP (2021-2024) as follows.

Area	**2021**	**2022**	**2023**	**2024**
	Rs.Million	**Rs. Million**	**Rs. Million**	**Rs. Million**
Supply of Pharmaceuticals and Consumables	48,422	47,500	44,500	52,000
Human Resource Development	2,179	788	1,000	1,500
Control of Communicable and Non-Communicable Diseases	1,465	1,339	1,417	1,500
Health Promotion and Disease Prevention	920	612	635	600

(b) Both PIP (2017-2020) and PIP (2021-2024) emphasized the importance of health sector. In PIP 2017-2020 Rs.226, 639 million out of total public investment of Rs. 3,829,805 million had been allocated for the health sector. It was 6 percent of total public investment. In PIP (2021-2024) Rs. 327,018 million out of total public investment of Rs. 3,812,027 million had been projected for health. It was 8 percent of total public investment. In addition, PIP (2021-2024) has given priority for the following areas in the health sector.

(c) At present, 45 health projects have been carried out under the Ministry of Health. Out of them, following two projects had been relevant for 3d target of

SDG 3 but they were not relevant fully. The details of those projects as per PIP (2017-2020) and PIP (2021-2024) are as follows.

Name of the Project	**Main Objective**	**Estimate Rs. Million**	**Project duration**	**Financial sources**	**Total projection in PIP 2017-2020 Rs. Million**		**Total projection in PIP 2021-2024 Rs. Million**	
					GoSL	Foreign	GoSL	Foreign
Health System Enhancement Project - ADB	To strengthen healthcare facilities in Central, North Central, Uva and Sabaragamuwa provinces	35,346	2018 /10-2025 /11	ADB / GoSL	0	0	3,750	18,210
Sri Lanka COVID 19 Emergency Response and Health Systems Preparedness Project - WB	To implement activities on COVID-19 management and prevention	79,614	2020/04 - 2023/12	WB / GoSL	0	0	20,455	10,498

(i) **The Health System Enhancement Project (HSEP)**

The Health System Enhancement Project (HSEP) is the first ADB-financed health operation in Sri Lanka after a gap of 20 years. The project improves efficiency, equity, and responsiveness of the primary healthcare (PHC) system based on the concept of providing universal access and continuum of care to quality essential health services. Firstly the project was USD 60 million (comprising USD 37.5 million in concessionary loan and USD 12.5 million grant, and USD 10 million equivalent from the Government of Sri Lanka in counterpart funds). In addition, as per No. HSEP/AR/PMU//Audit IHR/2022 the letter of Project Director, the total project cost had been increased to USD 183 million, available human resources and other facilities such as transport were at minimum level as compared with the expansion of the project. Even though total estimated cost of the project was Rs. 33,840 million as per the information of Ministry of Health, the total estimated cost was Rs. 34034 million according to PIP 2021-2024.

It had been delivered through a project investment modality and was effective from February 2019 and had to be completed in May 2023. However, as per the Ministry the financial progress and physical progress of the project up to 31 December 2021 were 19 percent and 32 percent respectively.

The amount of USD 0.6 million for implementing IHR activities had been estimated but the actual amount of expenditure on IHR activities had not been presented to the audit by HSEP. Accordingly total estimated cost of IHR activities was 0.3 percent compared with the total estimated cost of the project.

(ii) **Sri Lanka COVID 19 Emergency Response and Health Systems Preparedness Project (WB)**

As per the letter No. CERHSP/Audit/2022/SDG and dated 13th December 2022 sent by the Project Director of the said project, the main objectives of the project is as follows.

- To support capacity strengthening of surveillance and response systems for contact tracing, case finding, confirmation and reporting, and strengthen capacities of the MoH to respond to surge capacity through trained and well-equipped health workers and medical officers and equipped facilities. In addition to support financially and in kind of food, elderly, disabled and patients with kidney disease from low-income households and households who lost their livelihoods.
- To support strengthening the capacity of national and sub-national institutions to respond to public health emergencies.
- To support enhancing zoonotic diseases information systems to be linked to the health surveillance system developing a uniform disease information system in country, to provide better analytical capacity contributing towards progressively better pandemic responsiveness and control.

The total estimated cost is Rs.82,523 million and expenditure of Rs.74,122 million had spent up to 30th November 2022. The medical equipment and vehicles had been purchased from 7th August 2020 to 22nd March 2022 for Rs. million 12,176.

(c) Since the Sri Lanka Atomic Energy Regulatory Council is the main stakeholder for radiation emergencies, the council should get sufficient financial resources to implement the activities of NAPHS. No projection was made for radiation emergencies in the PIP (2017-2020). However, 2 annual programmes under the Ministry of Power which were relevant for radiation emergencies had been included in the PIP (2021-2024) as follows.

Name of the project	Allocation for 2021 Rs. Million	Allocation for 2022 Rs. Million	Projection 2022 2024 Rs. Million
Radiation protection services to facilitate protection of workers, public and environment from exposure to unwarranted ionizing radiation.	200	109	361
Implementing an effective and efficient regulatory regime for protecting potentially harmful effects of ionizing radiation	10	3	10

(e) The Department of Animal Production and Health is the main stakeholder on Zoonotic diseases. There were no separate fund allocations for the prevention and control of zoonotic diseases or for the implementation of IHR- NAPHS in part or in general. However the Department had obtained allocations for the projects regarding the prevention and control of diseases of livestock and poultry in the PIP (2021-2024) as follows. Out of this comparatively little amount has been used for the prevention and control of zoonotic diseases like Avian Influenza, Salmonellosis, Brucellosis and Bovine Tuberculosis.

Name of the project	Allocation for 2021 Rs. Million	Allocation for 2022 Rs. Million	Projection 2022-2024 Rs. Million
Control of Contagious Diseases	80	268	268
Production of Vaccine against Foot and Mouth Disease locally	100	330	330
Expansion and Modernization of Animal Quarantine Units	4	4	14
Quality Assurance of Animal Origin Feed for Food Safety and Export Facilitation	50	50	164
Production of Compatible and High Quality Animal Vaccine Locally for Substitution of Vaccines Imported	70	70	226

Minimization of Risk of Disease to Humans and Livestock through Wildlife Disease Surveillance	10	10	36
Upgrading Poultry and Fish Disease Diagnosis and Surveillance Facilities at Veterinary Investigation Centers	15	15.5	32

3.2.1.2 The Consideration of Disaster Risk Management in the Public Investment Programme

As per PIP (2017-2020), disaster management had not been emphasized as a main sector. However, PIP (2017-2020) allocated Rs.14,598 million and Rs.2,062 million as local funds and foreign funds respectively. It was 6 percent of total Public Investment. However, Environment and Disaster Management had been identified as a sector in the PIP (2021-2024). Accordingly, local funds of Rs. 6,940 million and foreign funds of Rs.2,720 million had been projected for Disaster Management during the period of 2021-2024 under the State Ministry of National Security, Home Affairs and Disaster Management (Ministry of Defense).

There were 2 projects which were relevant for Health Security as follows.

Name of the project	Duration	Total estimate Rs. Million	Public investment for 2017-2020 Rs. Million	Budget estimate for 2021
Systematic Diagnostic Assessment of Chemical Disaster Risk in Sri Lanka	2018-2019	33	25	8
Development of Multi hazard risk profile in Sri Lanka	2016-2019	247	179	10

3.2.1.3 Financial provision of the National Budget as per Public Investment Programme

In order to confirm the availability of sufficient financial resources for the objective of health security and disaster risk management, the financial provision of the National Budget for that objective should be done as per Public Investment Programme. However, it had been observed that financial provision for the National budget had not been done according to the projections of PIP as follows.

(a) The Ministry of Health had implemented the activities of NAPHS by using funds of WHO and the local funds which were provided for other purposes because annual budget had not provided funds for NAPHS. In addition, the Annual Budget has allocated funds for health programmes and projects less than the projection in the PIP from 2017 to 2021 as follows.

Description	2017 Rs.Million	2018 Rs.Million	2019 Rs.Million	2020 Rs.Million	2021 Rs.Million
PIP Projections(Total)	43,567	50,328	58,911	67,647	85,145
Annual Budget	35,746	34,062	30,307	31,913	23,969
Difference between PIP & budget (percentage)	18	32	49	53	72

(b) The financial provisions made for the health projects which cover the 3d target of the SDGs as per the para 3.2.1.1(c) were different from the PIP2021-2024. Accordingly, it had been observed that the required financial resources had not been allocated in the annual budget as planned. Even though . Rs.3,244 million and Rs.10,850 million had been allocated for these projects in the years 2021 and 2022 respectively, actual utilization of allocation were 800.8 million rupees in the year 2021 and 693.8 million rupees in the year 2022. Hence, this situation caused the delays of achieving the targets in the relevant projects

(c) No budgetary allocations had been made in the years 2021 and 2022 for annual programmes under the State Ministry of Solar, Wind and Hydro Power Generation Projects Development (Ministry of Defense) which were relevant for radiation emergencies and included in the PIP 2021-2024 as per the para 3.2.1.1(d).

(d) No allocations had been made as per the PIP 2021-2024 for 3 projects (production of vaccine against foot and mouth disease, production of compatible and high quality animal vaccine locally for substitution of vaccines imported, and Upgrading Poultry and Fish Disease Diagnosis and Surveillance Facilities at Veterinary Investigation Centers locally) regarding the zoonotic diseases carried out by the Department of Animal Production and Health in the year 2022. In addition, Rs.201 million had been actually allocated by revised budget even though annual budget estimate in the year 2022 was Rs.186 million for other 3 projects(Control of Contagious Diseases, Quality Assurance of Animal Origin Feed for Food

Safety and Export Facilitation and Minimization of Risk of Disease to Humans and Livestock through Wildlife Disease Surveillance)

3.2.1.4 Mechanism of Providing Financial Assistance for the Health Security of the Provincial Councils by the Finance Commission

The Needs Assessment of the Provinces is a pre-requisite in the process of allocation and apportionment of funds. The Provincial Councils are provided with the Guidelines by the Finance Commission to carry out their need assessment. In addition, the development policy framework of the public expenditure management and estimated annual expenditure within the framework of the Medium-Term Development Plans of the Provinces and effectiveness of previous performances on spending public funds by the Provincial Councils are taken into consideration in the need assessment.

The annual requirements, on capital and recurrent nature expenditure of all the Provinces are prepared by the respective Provincial Council and submitted to the Finance Commission. The requirements of Provinces are reviewed by the Finance Commission before making recommendations to H.E. the President and to the Government.

(a) The Finance Commission recognizes the importance of Health Sector in Sustainable Development Goals for promoting healthy lives and wellbeing for all ages. Accordingly, the Finance Commission has requested the Provinces to consider improvement of Curative Services, improvement of Preventive Services and organizational and management development in their Annual Development Plan.

The Finance Commission issues Guidelines to the Provincial Councils annually to facilitate preparation of Provincial Annual Development Plans for capital investments. As per the annual report 2019, the Chairman and some members of the Finance Commission and the Secretary along with other relevant officers visited all the nine provinces to review Provincial Annual Development Plans and granted concurrence for implementation. However, the Finance Commission had not allocated or provided funds for

PCs for implementations of NAPHS in the budget allocations for PCs. As per the letter of the Finance Commission dated 9 th May 2022, the projects of the line ministry had not been integrated properly with the Development Plans of the Provincial Councils. At the National Health Development Committee Meeting held on 28 October 2021, the Commission had emphasized the need of the effective dialog between the line Ministry and the PCs.

(b) As per the above mentioned letter of the Commission, there is a huge gap between the recommended capital fund and budgetary allocations for PCs every year. Further release of imprest has been recorded as only 50 percent to 60 percent of the budgetary allocations every year. Therefore, at the most of the National Health Development Committee Meetings, the issues on delays to reimburse the payments of RDHSs had been discussed.

In the health sector, hence no required financial resources for capital expenditure are available on time. The details are as follows.

Description	2019 Rs.Million	2020 Rs.Million	2021 Rs.Million	2022 Rs.Million
Recommended capital amount	39,399	99,000	77,950	217,000
Budgetary allocation	27,334	12,756	26,944	18,000
Imprest releasment	13,581	12,756	15,191	-
As a % of allocation	50	100	56	-

(c) **Distribution of Funds**

As per the National Health Development Committee Meeting held on 29th November 2019, it was emphasized the inequality of funds distribution among the nine provinces. When the distribution of capital allocation

among provinces in the year 2022 had been analyzed, the distribution of population had not been considered.

Even though the spread of population in the Western Province was 28 percent out of total population, the capital allocation of Rs. 228 million had been provided. It was 10 percent compared to the total capital budget allocation for all provinces. The spread of population in Northern Province was 5 percent. However, the capital allocation of Rs. 318 million had been provided to the Northern Province Therefore, the capital allocation had been provided without considering the spread of population. Accordingly, the service provided in hospitals of Western Province was insufficient due to unavailability of resources.

3.2.2 Inclusion of all relevant stakeholders in the allocation of the resources

All stakeholders and their needs should be identified and those should be taken into the account in the allocation of resources for a particular task. Stakeholders can be divided into the following 3 basic categories.

(a) Affected Parties

(b) Other Interested Parties

(c) Vulnerable Groups

3.2.2.1 The inclusion of all relevant stakeholders regarding public health emergency and disaster risk management in the Public Investment Programme

All relevant stakeholders relating to public health resilience and health emergency and disaster risk management should be considered in Public Investment Programmes. All Government institutions are included in the PIP and some of the activities under the NAPHS come under the projects of the relevant stakeholders in different sectors other than health sector and disaster management. PIP discusses overall health sector other than health security system. Therefore, the stakeholders who are relevant for health security and disaster management have not been identified specifically. Hence,

the importance of the stakeholder engagement of health security has not been emphasized at the top level of the fund allocation.

3.2.2.2 The inclusion of all relevant stakeholders regarding financial provision in the Provincial Councils for public health emergency and disaster risk management

The Finance Commission had not allocated funds for NAPHS which had been prepared considering all relevant stakeholders other than allocating funds for capital expenditure on health programmes carried out in routine manner. However, as per the guidelines regarding to the formulation of Medium- term Development Plan as well as the Provincial Annual Development Plan it has been emphatically mentioned that the Provincial Authorities should take in to consideration the Sustainable Development Goals by the Commission

3.2.3 The Consideration on the Specific needs of Identified Vulnerable Groups at the Allocation of Resources

When the resources are allocated for health sector and disaster management, vulnerable groups and their needs should be identified in order to maintain good health security and disaster management. The following observation has been made thereof.

3.2.3.1 Inclusion of needs of the vulnerable groups regarding health emergency and disaster risk management in the National Budget

Following observations are made.

(a) In the PIP 2021-2024, following key strategies of disaster management had been mentioned in order to address the specific needs of identified vulnerable groups.

- Ensuring appropriate compensation for affected people and properties.
- Ensuring the safety of vulnerable people such as women and children

It had been targeted to establish a permanent "Care Centre System" for facilitating and minimizing the difficulties faced by the people, especially the

women and children who are frequently affected by natural disasters and fabricating a procedure to rent the “Care Centers ”in disaster-free periods to meet the expenses required to maintain these centers. However, annual allocation had not been provided for this purpose in the 2021 and 2022 the National Budgets.

(b) Vulnerable groups had not been identified for health emergencies and disaster risk management activities within the national budget.

3.2.3.2 Inclusion of needs of the vulnerable groups regarding health emergency and disaster risk management in the Provincial Budget

As per health policy, rural and estate people are considered especially in the rehabilitation. The distribution of rural and estate people among the provinces of Sri Lanka as per the census of 2012 is as follows.

Name of the Province	Population	No. of Rural people	Percentage of rural population compared to total rural population	No. of estate people	Percentage of estate population compared to total estate population
Western Province	5,851,130	3,534,083	22	46,809	5
Central Province	2,571,557	1,815,519	12	486,024	54
Southern Province	2,477,285	2,172,579	14	42,114	5
Northern Province	1,061,315	884,075	6	0	0
Eastern Province	1,555,510	1,165,077	7	0	0
North Western Province	2,380,861	2,273,722	14	9,523	1
North Central province	1,266,663	1,215,996	8	0	0
Uva province	1,266,463	1,034,700	7	162,107	18
Sabaragamuwa province	1,928,655	1,656,715	11	156,221	17

(a) In 2021 total allocation for rural hospital development was Rs.5,000 million. However, the imprest of only Rs.3,350million had been released. Hence, sufficient financial resources had not been provided for the development of rural hospitals.

(b) However the financial allocation of Rs2,299million had been distributed in nine provinces without consideration of spread of rural and estate population, when the annual allocation for the development of rural hospitals had been provided. Even though, the distribution of rural population in Western Province was 22 percent, financial allocation of Rs554million was nine percent compared to total allocation given for rural hospital development in 2021. In addition the distribution of estate population in the Central Province and Uva Province were 54 percent and 18 percent respectively. However, an imprest of Rs.400 million which was 12 percent compared to total allocation had been given to Central Province for rural hospital development in 2021. And imprest of Rs. 434 million had been also given to Uva Province for the same purpose. However, it was 4 percent compared to the total allocation for rural hospital development in 2021. Even though the spread of rural population and the spread of estate population were 14 percent and one percent in the North Western province respectively, the allocation of Rs. 602 million that was 10 percent compared to total allocation had been provided for rural hospital development in 2021.

3.2.4 Securing possible means of needed resources for health emergency and disaster risk management

When possible emergencies are identified, the availability of sufficient resources should be confirmed. In the case of Sri Lanka as a developing country has no strength to provide additional financial, physical and human resources immediately to manage the outbreaks. Therefore, effective collaboration of external parties who can provide financial and physical resources, in addition to Government funds at the emergencies should be maintained properly. The following observations had been done thereof.

3.2.4.1 The existence of updated information system needed to utilize human resources and physical resources efficiently for public health emergency and disaster risk management

(a) The health statistics division of the Ministry of Health collects health statistics on HRM annually and Human Resource Management Information System (HRMIS) has been established in the year 2015 and the second version of that has been established in the year 2018. The total cost of new edition was Rs.5 million. As per the letter (No. HP/HI/A/06/2020) of Deputy Director General, Planning, although there was a facility to get the details of health staff in any hospital immediately, it had not been shared information for immediate decision making in health security.

(b) The Health Statistics Division of the Ministry collects the health statistics physical resources annually. In addition the Medical Supplies Division of the Ministry maintains information system on medical supplies. The Medical Supplies Division (MSD) is the main organization responsible for providing all Pharmaceuticals, Surgical items, Laboratory Items, Radioactive Items, Printed materials for the Government sector healthcare institutions throughout the country. MSMIS (Medical Supplies Management Information System) had been established to connect the central system where the medical supplies are stored until they are distributed among healthcare institutions. However, MSD were unable to submit details of stocks as at 30th April 2022 when the audit division requested by the letter No.PEA/A/2020/SDG/03 and dated 17th May 2022.

3.2.4.2 Availability and sufficiency of human resources needed for public health emergency and disaster risk management

Sufficient human resources should be recruited in health institutions in order to tackle with any outbreak. The sufficient medical personnel and specialist should be assigned according to the distribution of population. However, there were deficiencies in human resources for all Regional Directorate of Health Service. When the distribution of medical staff had been analyzed with the distribution of population among the RDHS the following observations are made as follows.

(a) The grass root medical staff is vital in primary health care. However, the grass root medical staff in Sri Lanka was very low in general. Even though Colombo Gampaha, Kaluthara, Rathnapura, Kurunagala are high populated districts in Sri Lanka, no sufficient staff of Supervising Public Health Inspectors, Supervising Public Health Midwives, Public Health Midwives, Public Health Inspectors, Public Health Field Officers and Food and Drug Inspectors had been assigned for these high populated districts. In addition, no Public Health Field Assistants had been assigned in Colombo, Kaluthara, Mathale, Nuwaraeliya, Galle, Matara, Hambantota, Jaffna, Mannar, Vavuniya, Mullaitivu and Batticaloa. No Food and Drug Inspectors are assigned in Gampaha and Matale Districs,. Hence, the maintenance of health security in health outbreaks is difficult due to insufficiency of grass roots level medical staff and improper distribution of such staff.

(b) At health emergencies, the staff of hospitals that support the medical officers should be sufficient in order to carry out relevant treatments as soon as possible. No Dental Technicians had been assigned in the Districts of Mullaitivu, Batticaloa, Mannar, Vavuniya Moneragala, Rathnapura, Matale, Nuwara Eliya Kilinochchi and Ampara. No Speech Therapists had been assigned in Nuwaraeliya and Mulative Districts. In addition sufficient staff according to the distribution of population had not been assigned in all RDHS. Hence, the hospitals have less ability to tackle health emergencies immediately.

(c) There are 35 specialist positions in Sri Lanka. If Specialists in every disease are available in each district, overcrowding of National Hospitals as well as other main hospitals can be eliminated. However in each RDHS, unavailability and insufficient availability of Specialists had been observed. The summery of that is as follows.

RDHS	Unavailability of Specialists	Insufficient availability of Specialists
Kilinochchi	29	-
Mullative	26	1
Mannar	19	-
Matale	15	1
Nuwara Eliya	13	16
Rathnapura	2	20
Kegalle	8	20
Kurunegala	9	25
Gampaha	4	23
Kalutara	5	21
Matara	8	18
Puttalama	8	17

3.2.4.3 Availability and sufficiency of physical resources needed for public health emergency and disaster risk management

The physical resources belonging to the health sector is vital for public health emergency. The hospital facilities medical instruments and medicines should be available sufficiently. The following observations are made in this regard.

(a) Hospital facilities

(i) The total number of paediatric beds was 11,693 while the total number of children under the age of 15 was 8,466,465 (The data of children was presented up to the age of 14 years. But only children under 12 have been admitted to the paediatric ward.) Therefore, there were 724 children per a paediatric bed. Even though the distribution of the beds should be parallel to the distribution of children population among the districts, number of paediatric beds were not sufficient for RDHS Ratnapura, Kegalle,

Trincomalee, Kurunegala, Anuradhapura, Polonnaruwa, Vavuniya, Matale and it was worse for Gampaha, Kalutara, Nuwara Eliya and Puttalam.

(ii) The total number of Obstetrics/Gynaecology beds was 14,572 while the total number of women aged 15 and over was 14,342,549. Therefore, there were 984 women per a Obstetrics/Gynaecology bed. Even though the distribution of the beds should be parallel to the distribution of female population among the districts, number of Obstetric/Gynaecologybeds were not sufficient for 11 RDHS and it was worse for Gampaha and Kalutara.

(iii) The Cardiologists, Neurologists, Neuro Surgeons and ENT Surgeons were assigned for Kalutara, Trincomalee, Vavuniya, Anuradhapura, Gampaha, Kegalle, Kurunegala, Matale, Matara, Monaragala, Nuwara Eliya, Puttalam, Batticaloa, Ampara, Kalmunai, Badulla, Rathnapura, Jaffna, Polonnaruwa and Monaragala RDHSs. No Cardiology beds, Neurology beds and ENT beds were available according to the data of the health statistics 2019.

(b) **Sufficiency of Pharmaceuticals**

As per data received by the Audit on the stock of vital and essential Pharmaceuticals on 20 April 2022 of 14 hospitals maintained by the Health Ministry, the stock of the 15 vital pharmaceuticals and the 1205 essential pharmaceuticals were unavailable. In addition, the stock of the 49 vital pharmaceuticals and the 943 essential pharmaceuticals existed only for days less than 30 days.

Stock level refers to the amount of pharmaceuticals that should be maintained by the hospitals to continue their treatments and avoid any situations like under stocking or overstocking. Every hospital should always keep an optimum amount of inventory to ensure the regular operation of its activities. However, the relevant institutions had not considered about inventory controls, when the pharmaceuticals were purchased. It had been observed that minimum level, danger level, reorder level, maximum level and average level of the stock of medicines had not been maintained as per the details received by the audit on the purchasing pharmaceuticals of the Medical Supplies Division.

3.3 Effective Monitoring and Reporting for Enhancing Capacities of Health Security

Central and provincial links in health care are maintained and strengthened through the National Health Development Committee and regular meetings of the directors of institutions under the Ministry of Health.. A key strategy for intersectoral action and coordination at all levels is the establishment of the National Health Development Network, consisting of the Health Development Committee (HDC) at the sectoral level, the National Health Development Committee (NHDC) and the ministerial National Health Council, viewed as the apex body.

National-level intersectoral committees have been set up under the DGHS to address major issues in communicable and noncommunicable disease control, prevention of injuries, school health, nutrition and other programmes. These committees, comprising relevant government and nongovernment agencies and development partners, meet on a regular basis to ensure intersectoral collaboration and policy harmonization. In this regard, the following observations are made.

3.3.1 Identification of Gaps in Monitoring and Evaluation (M&E) of Health Security

Following observations had been made in this regard.

3.3.1.1. Active Participation of Relevant Authorities for Monitoring and Evaluation

In Sri Lanka, the HIS and the medical statistics have been used as a platform to monitor and evaluate Health security at national level as well as SPAR at both regional and global level.

(a) **Health Information System**

Health information is disseminated mainly through national, regional, institutional and programme publications and the main publication is the Annual Health Bulletin of Sri Lanka. Presently, some of health information is made available through the official website of the Ministry of Health and the websites of respective health institutions. It has identified that inadequate coordination among existing information systems, limited data sharing, moderate use of information for decision making and insufficient information leading to relatively modest quality of health information are

as some of major problems related to National Health Information System in Sri Lanka.

Further, the majority of private sector health data with an exception of data on immunization, diseases and maternal mortality are not reported to the state. In order to overcome these problems and many other problems related to health information system, strategies had been proposed through the "National Health Information Strategic Plan" of National Health Policy. The Directorate of Health Information of the Management Development and Planning Unit of the Ministry of Health is the focal point implementation of the Health Information Policy and it is responsible for periodically review and revise the policy and the strategic plan.

When examining the progress of the strategic plan, following observations are made.

(i) It had been planned to identify budget lines (under activity area 1:3:1:1) for health information for implementation of strategies described in the health information strategic plan. The responsibility of identifying of these budget lines had been vested with the secretary to the health and the Director General of Health Services. Although government funds had been allocated from the years 2018 to 2021 for this purpose, it was observed in audit that currently there is no fixed budget line to maintain the existing ICT services, which causes to make an obstacle to continuous annual resource allocation and financing for sustainability of Health Information System.

(ii) According to the strategy 2.1.1 of National Strategic Plan of Health Information, it had been planned to identify minimum set of indicators at national, sub national and institutional levels by the Deputy Director General (planning) and Director Health Information. The time frame for the initial evaluation of this action area is 6 months. Although a period of 4 years had been lapsed since the inception of implementation of National Health Information Policy, this activity had not been completed by the responsible parties. This situation causes to delaying the alignment of health data collection and related information process with information needs and indicators at all levels.

(iii) It had been planned to revise the existing data collection forms and data elements of national significance to maintain relevance by the relevant national body in consultation with Working Group for Information Processes and Re engineering(WGIPR) periodically by all Deputy Director Generals, Director Health Information and WGIPR under National Health Information Steering Committee. However this activity had not been started by the responsible parties due to non-formation of WGIPR.

(iv) It had been planned to establish a mechanism that reports health related data elements from state (Other than health) and non-state agencies. This activity had been planned to be completed within 18 months by the Director General of Health Services, Director Health Information, Director (PHSD), and Working Group of Information Processes and Reengineering collectively. However, such a mechanism which needs to integration of health and health related data element information from state and non-state sector into the national health information system had not been established by the relevant parties.

(v) It had been planned to empower the Health information Unit (HIU) of the Ministry of Health as the national focal point on health information management to provide sector wide Health Information System leadership in order to facilitate the implementation of the National Policy on Health Information. It had been planned to complete this activity by the Director General of Health Services within 12 months from year 2017. However, due to the non-availability of approved carder for consultant health informatics, limited permanent staff, lack of technical expertise such as software engineers and network specialist, this activity had not been completed even by the end of year 2021.

(vi) It had been planned to establish health information management units as designated focal points on health information management at the provincial level, RDHS level, at relevant national directorates, specialized campaigns, Special Hospitals, Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base hospitals. Although focal points were established in PDHS and RDHS for ICT projects, the inadequacy of number of Medical

Officers and ICT officers who qualified in health informatics at provincial level and regional level had caused as an obstacle for effective implementation of the health information management units.

(vii) It had been planned to establish a mechanism to issue a unique identifier to all health clients to ensure continuity of care (Life-Long health record). This identifier should be given at the first point of contact with health care for each health client. Although this activity had been planned to be completed within 12 months from year 2017, only 40 percent of Government curative care health institutions had been able to issue an unique identifier as of the end of year 2021.

(viii) It had been planned to device a mechanism to maintain and routinely update GIS (Geographical Information System) Health layer by the Director Health Information within the 24 months from the implementation of Health Information Strategic Plan in 2017. However, this activity had not been completed by the responsible party even as of the end of year 2021.

(ix) It had been planned to establish a national health observatory or dashboard for internal and external users to reflect the health status and service delivery. This activity had been planned to be completed within 36 months from the year 2017 by the Director Health Information and Deputy Director General (Planning). However, the task had not been completed by the responsible parties within the planned time period which causes to delaying the effective dissemination of health information to all health clients.

(x) It had been planned to establish and timely update a citizen centric Health Web Portal within a period of 12 months from the year 2017 by the Deputy Director General (Planning) and Director Health Information. However, it was observed in audit that it is still under development, which also causes to delaying the effective health information dissemination to all health clients.

(b) **Medical Statistics Unit**

Medical Statistics Unit is the Central Unit for processing of collected data from health institutions in Sri Lanka. In this data collection process, the indoor morbidity and mortality data are collected using both the methods of manual system and e-version of the IMMR. Following observations are made regarding this data collection process.

(i) Although there were 643 Governments health institutions in the health system of Sri Lanka at the end of year 2019, collection of data through e-version had been made only from nearly 500 government hospitals as computers and internet facilities were not available in some health institution.

(ii) The morbidity data is collected only from the government hospitals which provide western medicine and have indoor treatment facilities. As a result, the data relating to outdoor treatments (OPD treatments) are not available in the morbidity data which makes an obstacle in making correct decisions about disease prevention & control.

(iii) The repeat visits, transfers and multiple admissions of the same patient for same disease are reflected in the morbidity data as additional cases. According to the Medical Statistics Unit, the morbidity data available in Sri Lanka should be interpreted with caution due to this condition.

(iv) It had been identified that the requirement of number of Medical Recording Staff as of 31 December 2019 as 161 personnel. However, the actual cadre existed at that date were 100 personnel according to the statistics of Medical Statistics Unit. Although the data entering process is a duty of the Medical Recording Officer, due to the availability of limited number of qualified Medical Recording Officers in the system, other staff categories such as Medical Recording Assistants, Planning and Programming Assistants and Development Officers are involved in it.

(v) Due to the above issues, and according to the identified needs for development of hospital information system, the programme of

"Improvements for the quality, timelines and dissemination of hospital information system" of National Health Strategic Master Plan 2016-2025 (Health Administration & HRH) had been introduced by the Ministry of Health. Following observations are made regarding the progress of implementation of strategies identified in the said programme.

Strategies	**Progress**
•Re-establishing MRO post with appropriate recruitment and promotion procedures	•Health Administration had decided to recruit MRO & MRA cadre for Line Ministry hospitals as an initial stage. However recruitments had not been made up to the date of 31 December 2021.
•Establish a learning Management System (LMS) for the needs of Medical Record Staff and other users	•Only the essential guidelines / training materials had been introduced through home page of eIMMR web based data collection software.
•Introduce an eversion for data collection in OPD and Clinics	•The discussions had been held with only the relevant authorities
•Develop an institution frame to collect data from uncovered areas such as private sector, indigenous medicine sector	•Proposed and planned to establish a formal Institution Registry with a continuously updating mechanism to cover all the health institutions in the island.
•Link with other information system	•Had been developed an API to connect with HIMS and HHIMS hospital management systems to capture disease data.

3.3.1.2 IHR State Party Self- Assessment Annual Reporting Tool

States Parties and the Director-General report to the World Health Assembly on the implementation of the IHR. States Parties use a self-assessment tool for their annual reporting called the State Party Self-Assessment Annual Reporting Tool. Ministry of Health, Sri Lanka as a State party to World Health Assembly had reported annually up to year 2021.

The SPAR (State Party Self-Assessment Annual Reporting) tool consists of 24 indicators for the 13 IHR capacities needed to detect, assess, notify, report and respond to public health risk and acute events of domestic and international concern. For each of the 13 capacities, one to three indicators are used to measure the status of each capacity. Indicators are further broken down to a few elements called attributes, which further define the indicator at each level. The SPAR had been amended to 15 capacities and 35indicators in the year 2021. Accordingly, Sri Lanka scored 64marks for SPAR.

3.3.1.3 Participation of Stakeholders to fill SPAR Tool

As per filled SPAR 2021(1st edition) which was submitted to the Performance Audit Division, no civil societies had been involved to fill SPAR. Therefore it caused to decrease the situation of the capacities.

3.3.2 Improvement of IHR indicators from lower level to higher level

When the indicators of SPAR have been compared between the year 2018 and 2021, following observations had been done.

(a) According to IHR State Party Self- Assessment Annual Reporting Tool, out of 24 indicators, indicator C3.1 Collaborative effort on activities to address zoonoses had remained at level 1 from 2018 to 2020 as mapping and prioritizing of zoonoses had not been conducted. Under the 7 th section, zoonotic disease of NAPHS the main stakeholder is Department of animal production and Health(DAPH) while the other stakeholder is Ministry of Fisheries and Aquatic Resources Development. Assuring an efficient preventive and curative animal health service is an objective of the DAPH which had 25Veterinary Investigation Centers. However IHR Steering Committee or focal point of IHR had not been taken remedial actions to improve the status of the capacity on zoonotic diseases.

(b) The indicator C12.1 Resources for detection and alert (Chemical Events) had remained at level 2 from 2018 to 2020 as surveillance capacity for chemical exposures and access to the laboratory facilities were in ad hoc basis

(c) In addition, new 3 indicators and 1changed indicator were at level 1 as per 2nd edition SPAR. They are ;

- Gender equality in health emergencies- New
- Laboratory quality system- New
- Health care associated infections- New
- One health collaborative efforts across sectors on activities to address zoonoses

New 3 indicators and 3 changed indicators were at level 2 as per 2nd edition SPAR. They are ;

- Financing for IHR implementation- new
- Effective national diagnostic network –New
- Infection prevention and control programmes- New
- Specimen referral and transport system- changed

- Implementation of a laboratory biosafety and biosecurity regime- changed

- Resources for detection and alert (Chemical events)- changed

As the focal point of IHR, the quarantine unit of ministry of Health had not include remedial activities in their action plans in proceeding years in order to expedite the activities in level 1,2,3 as mentioned in State Party Self- Assessment Annual Reporting Tool.

4. Recommendations

4.1 Ministry of Health

(a) To be re -established National Health Council immediately and collaborate the every activity done by the main stakeholders regarding 3d target through the continuous meeting of the Health Council with the IHR Steering Committee.

(b) Strengthen the coordination between IHR Steering Committee and relevant stakeholders through continuous reporting system on the progress of the IHR and the AMR

(c) Procurement guidelines should be followed for every purchases including vaccines and efficient inventory control system should be introduced for pharmaceuticals

(d) DPRD & IHR focal points should take actions to make aware of all the stakeholders about their responsibility regarding NAPHS and the Line Ministry of Health should get active involvement of all stakeholders when implementation of NAPHS

(e) Finance Commission should be considered as a stakeholder in NAPHS

(f) The actions should be taken in order to expedite the activities at lower-level SPAR for strengthening public health system.

(g) Establish a sound health information system to exhibit the overall health information of the country

(h) Advocate reprioritizing health in the government budget allocations while implementing sustainable healthcare financing strategies for the long run.

(i) Establish mechanisms for accountability, inclusive, independent, evidence based, transparent and lead to remedial actions.

(j) When allocating resources for RDHSs, the distribution of the population and availability of other relevant necessary factors should be considered. .

4.2 Sustainable Development Council

(a) Expedite the process of forming a Sustainable Development National Policy and Strategy.

(b) As the Sustainable Development Council is the main institution for monitoring and evaluation of SDGs under the Act, the council should maintain a continuous monitoring system for SDG targets including SDG 3.d target.

4.3 Disaster Management Council / Disaster Management Center

(a) The meetings of the National Council for Disaster Management should be held as often as necessary, but not less than once in every 3 months and continues review the progress

(b) Expedite the process of finalizing the draft plan of disaster management

4.4 Ministry of Finance

(a) The projects / programmes regarding health security should be prioritized in Public Investment Programme 2021 to 2024

(b) When preparing the budget the projects or programme which need the priority should be identified by the need assessment and distribute sufficient funds timely manner

4.5 Ministry of Public Administration, Home Affairs, Provincial Councils and Local Government/ Finance Commission

(a) When preparing Annual Development Plan on provincial basis Line Ministry of Health of Provincial Councils and Finance Commission should be coordinated with the main stakeholders in NAPHS. The Line Ministry of Health should get active involvement with Provincial Councils and Provincial Councils should emphasize the importance of NAPHS.

(b) When allocating resources for RDHSs, the distribution of the population and the availability of other relevant necessary factors should be considered.

Sgd./W.P.C. Wickramaratne
Auditor General

W.P.C. Wickramaratne

Auditor General

04 July 2023

Annex 1

The institutions who had stated that they were not know and not responsible for the NAPHS

Name of the Institution	**JEE indicator**	**Activity No.**
Ministry of Environment Industrial Technology Institute	To establish on apex body for overall management of chemicals	CE1 1.3-01
Ministry of Environment Industrial Technology Institute	To develop analytical facilities to monitor environmental and health effects of chemical events	CE1 1.4
Ministry of Environment	To develop capacities in chemical events response and detection	CE1 1.5
Ministry of Environment	Enabling environment is in place for management of chemical events	CE2 2.1-01,02
	To share information and monitoring and evaluation of chemical hazards and chemical events for future planning of response	CE2 2.2-01,02
	To establish post incident and long term considerations	CE2 2.3-01,03,04
Department of Agriculture	Antimicrobial Resistance Detection	P 3.1-03
	Antimicrobial stewardship Activities	P3.4- 01,02,06,07

	Mechanism for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of food borne diseases	P5.1 1.1.1.3.2.3
	Biosafety and biosecurity training and practice	P 6.2-01,02,03
	Whole of government biosafety and biosecurity system in place for human animal and agriculture facilities	P.6.1-01,02,04,05
	Laboratory testing for detection of priority diseases	D1.1-01,02,03,04,05
	Specimen referral and transport system	D1.2-01,02,03,04,05
	Effective modern point of care and laboratory based diagnostics	D 1.3-01,02,03
	Laboratory quality system	D 1.4-01,02,03
Department of Wildlife Conservation	Surveillance system in place for priority zoonotic diseases	P 4.1-01,02,03

Annex 2

Budget Estimate of NAPHS

	Technical Area	**Main stakeholder**	**Other stakeholder**	**Estimated amount Rs.**
1	National Legislation, Policy and Financing	Deputy Director General- Public Health Services -1/ MoH	DDG-Planning/MoH Quarantine Unit/ MoH Epidemiology Unit/ MoH Director/ International Health/ MoH Legal Unit/ MoH Legal Units of other Ministries Department of Legal Draftsmen	1,950,000
2	IHR Coordination, Communication and Advocacy	Director /Quarantine Unit/ MoH	Chief Epidemiologist/ MoH Quarantine Unit Disaster Preparedness and Response Division WHO	1,600,000
3	Antimicrobial resistance	Deputy Director General- Laboratory Services/ MoH	DDG-ET & R/MoH Director/Lab Services/ MoH Medical Research Institute/	90,000,000

			MoH Department of Animal Production and Health (DAPH) Ministry of Fisheries and Aquatic Resources Development	
4	Zoonotic Disease	Director General/ Department of Animal Production and Health (DAPH)	DAPH Ministry of Fisheries and Aquatic Resources Development	637,700,000
5	Food Safety	Deputy Director General / Environment & Occupational Health/ MoH	Directorate/E & OH/MoH Epidemiology Unit/ MoH DAPH Department of Agriculture Ministry of Fisheries and Aquatic Resources Development	1,273,100,000
6	Biosafety and Biosecurity	Deputy Director General - Laboratory Services/ MoH	DDG-ET & R/MoH DDG-MSD/MoH Medical Research Institute/ MoH Director/Lab Services/ MoH DAPH	174,420,000

			Director (Bio-Diversity) Ministry of Mahaweli Development and Environment	
7	Immunizations	Chief Epidemiologist/ Epidemiology Unit/ MoH	Epidemiology Unit/ MoH DAPH	1,000,000
8	National Laboratory System	Deputy Director General - Laboratory Services/ MoH	DDG-ET & R/MoH DDG-MSD/MoH Director/Lab Services/ MoH Director/MSD Medical Research Institute/ MoH DAPH Department of Agriculture Ministry of Fisheries and Aquatic Resources Development	147,000,000
9	Real Time Surveillance	Chief Epidemiologist/ Epidemiology Unit/ MoH	Epidemiology Unit/ MoH DAPH	40,000,000
10	Reporting	Chief Epidemiologist/ Epidemiology Unit/ MoH	Epidemiology Unit/ MoH DAPH	1,000,000
11	Workforce	Deputy Director	Directorate/ET &R/MoH	21,220,000

	Development	General / Education Training & Research Unit/ MoH	Epidemiology Unit/ MoH DAPH	
12	Preparedness	National Coordinator/ Disaster Preparedness and Response Division / MoH	Disaster Preparedness and Response Division / MoH Ministry of Disaster Management DAPH	28,300,000
13	Emergency response operation	National Coordinator/ Disaster Preparedness and Response Division / MoH	Disaster Preparedness and Response Division / MoH Ministry of Foreign Affairs Department of Immigration and Emigration Ministry of Disaster Management	15,700,500
14	Linking Public Health and Security Authorities	National Coordinator/ Disaster Preparedness and Response Division / MoH	Disaster Preparedness and Response Divison / MoH Ministry of Defence Ministry of Disaster Management	6,000,000

15	Medical Counter measures and Personnel Deployment	Deputy Director General / Medical Supplies Division/ MoH Director/ Medical Supplies Division/ MoH	Medical Supplies Division/ MoH Disaster Preparedness and Response Division / MoH Ministry of Disaster Management Medical Supplies Division/ MoH Ministry of Foreign Affairs	125,100,000
16	Risk Communication	Director/ Health Promotion Bureau/ MoH	Directorate/ Health Promotion Bureau/ MoH Epidemiology Unit/ MoH Quarantine Unit/MoH, Disaster Preparedness and Response Division / MoH Ministry of Disaster Management	6,825,000
17	Points of Entry (PoE)	Director/Quarantine Unit/ MoH	Epidemiology Unit/ MoH Quarantine Unit Ministry of Foreign Affairs Department of Immigration and Emigration Harbour Master/Sri Lanka Ports Authority	179,400,000

			Airport Aviation Sri Lanka Ceylon Association of Shipping Agents	
18	Chemical Events	Chemical & Hazardous Waste Management Unit / Central Environment Authority Deputy Director General / Environment & Occupational Health/ MoH	Central Environment Authority Directorate/ E & OH/MoH Directorate/NCD/MoH Head/National Poison Centre/ NHSL Director (Pollution Control & Chemical Management)/ Ministry of Mahaweli Development & Environment Director (Hazardous Waste & Chemical Management) Ministry of Mahaweli Development & Environment Ministry of Defence	1,045,500,000
19	Radiation Emergencies	Director General/ Sri Lanka Atomic Energy Regulatory Council	Sri Lanka Atomic Energy Regulatory Council Sri Lanka Atomic Energy Regulatory Board	11,300,000

	Ministry of Defence Epidemiology Unit/ MoH Quarantine Unit/MoH, Disaster Preparedness and Response Division / MoH Ministry of Disaster Management Ministry of Defence	
Total		3,807,115,500