



Home Office

Country Policy and Information Note

Sri Lanka: Medical treatment and healthcare

Version 1.0

July 2020

Preface

Purpose

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Jamaica.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date(s) in the country information section. Any event taking place or report/article published after these date(s) is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union member states plus Denmark, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the UK or other national COI teams. Previous MedCOI responses are stored on its database which participating states are able to access.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team](#).

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Assessment

Updated: 29 June 2020

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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Country information

Section 1 updated: 29 June 2020

1. Overview of the healthcare system

1.1.1 All Sri Lankans benefit from free health care¹ financed through government funding, generated through taxation². The healthcare system also receives contributions from both donors and the private sector³.

1.1.2 The Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM), Sri Lanka Essential Health Services Package 2019, stated:

‘Sri Lanka has a well-established public health system dating back to the establishment of the first health unit in the 1920s. The well-planned network of Medical Officer of Health units provide a comprehensive, quality, and evidence-based package of services covering reproductive, maternal, new born and child care, disease surveillance, prevention and control, as well as other promotive and preventive services. Grass-root level public health workers (Public Health Midwives and Public Health Inspectors) cover the entire country at household level and provide strategic interventions as per the national guidelines. Supervising officers at the field, regional and national level provide supportive supervision and feedback to the field officers. The high standards of the integrated public healthcare delivery system has enabled Sri Lanka to achieve good health gains at a low cost.’⁴

1.1.3 Roar media, a services news platform covering South Asia, reported in April 2018, ‘Technically speaking, the system is entirely state funded, and services are provided free of charge at the point of delivery. In reality, however, a sizable chunk of the country’s households – 60% in fact – are driven to spending their own finances out of pocket for surgery, drugs, laboratory tests, specialized treatment and medical investigations.’⁵

1.1.4 The same source reported:

‘Despite the efforts of the Sri Lankan government to provide a well-networked system of healthcare for the whole island, the Ministry of Health acknowledges the existence of rural-urban and regional disparities in healthcare resources across the country. The most hard hit appear to be the population from the estate sector [plantations], conflict areas and less prosperous districts.

‘The estate sector, for instance, has always had a high MMR (Maternal Morbidity Rate) and IMR (Infant Mortality Rate) in countrywide statistics. It also fares badly in nutrition, with one third of the women of reproductive age suffering malnourishment. While community ignorance and low education levels also exacerbates the issue, plantation workers often have difficulty in accessing healthcare services due to logistical reasons – such as transport

¹ MoHNIM, ‘Sri Lanka Essential Health Services Package 2019’, (pvii), [url](#)

² Women and Media Collective, (Government Expenditure on Health, p2), 2015, [url](#)

³ Women and Media Collective, (Government Expenditure on Health, p2), 2015, [url](#)

⁴ MoHNIM, ‘Sri Lanka Essential Health Services Package 2019’, (p1), [url](#)

⁵ Roar Media, ‘Sri Lanka’s Healthcare System: Everyone, Everywhere?’, 10 April 2018, [url](#)

limitations and difficult terrain – as well as regional disparities in physical and human resources. For instance, estimates suggest that the current doctor: population ratio in Colombo is much higher than that in Nuwara Eliya.⁶

- 1.1.5 Reporting in September 2018 on the challenges faced by the healthcare system, the World Bank stated:

‘Widespread access to healthcare and increasing prosperity has accelerated the demographic and epidemiological transitions as Sri Lanka’s population ages. This is increasing prevalence and burden of non-communicable diseases - both chronic (diabetes, cancers, cardiovascular diseases, mental health issues etc.) and acute ailments such as injuries.

‘At the same time, the country continues to face communicable diseases such as tuberculosis, dengue, and influenza. Furthermore, malnutrition among mothers and children has not adequately improved, with 16.8% of babies delivered each year born with a low birth-weight, and 17% of children under-five being too short for their age - or stunted.’⁷

- 1.1.6 The World Health Organization (WHO) Sri Lanka Annual Report 2017, Making a Difference, stated: ‘Seventy-five per cent of total deaths in Sri Lanka are attributable to NCDs [non-communicable disease]. Cardiovascular diseases are now the leading cause of death, with cancer coming in second. NCDs are estimated to account for nearly 20% of premature deaths in the country (i.e. deaths that occur between the ages of 30 and 70 years).’⁸

- 1.1.7 The World Health Organization (WHO), in its Country Cooperation Strategy 2018–2023, noted: ‘Noncommunicable disease rates are rising and the proportion of the elderly is increasing. Despite free health care, out-of-pocket spending is increasing. Mental health and road traffic accidents persist as significant health issues. Health systems that have delivered results until now need to be reviewed and reorganized to address the epidemiological and demographic challenges.’⁹

- 1.1.8 The Australian Department of Foreign Affairs and Trade (DFAT), ‘Country Information Report, Sri Lanka’, 4 November 2019, stated:

‘The public health system offers universal free health care; however, regional disparities exist in the quality of care and facilities, particularly between urban and rural areas. Health outcomes are worse in the north and east, partly because of the delay in rebuilding destroyed infrastructure and diminution of human capital during the war. Some medicines and treatments are available only from private providers. Some specialist services are available in Colombo and district-level hospitals, including in the north and east. There are few hospitals in the war-affected interior areas of the east, and those in need of treatment must travel to district hospitals in Ampara and Trincomalee.’¹⁰

⁶ Roar Media, ‘Sri Lanka’s Healthcare System: Everyone, Everywhere?’, 10 April 2018, [url](#)

⁷ World Bank, ‘Elevating Sri Lanka’s Public Health to the Next Level’, 14 September 2018, [url](#)

⁸ WHO, Sri Lanka Annual Report 2017, ‘Making a Difference’, (p25), [url](#)

⁹ WHO, ‘Sri Lanka–WHO Country Cooperation Strategy 2018–2023’, (Executive Summary), [url](#)

¹⁰ DFAT, ‘Country Information Report, Sri Lanka’, (p12), 4 November 2019, [url](#)

- 1.1.9 Two Sri Lankan-based doctors, Dr Jayamal De Silva, MBBS (Colombo), MD (Psychiatry), Senior Lecturer in Psychiatry, and Dr Nadeeka Chandraratne, MB BS (Col), MSc (Comm. Med), MDS (Col), MD (Comm. Med), DFPH (UK), FRSPH (UK), Consultant Community Physician, undertook research, commissioned by the UK Home Office Country Policy and Information Team, to establish what medical treatment and healthcare is available in Sri Lanka. Their research findings, compiled using a range of open sources, dated February 2020, noted:

‘The Sri Lankan health system comprises of Western allopathic and other traditional systems. Of these, the Western system is the main sector catering to the needs of the majority and furthermore information on the other systems is incomplete and often not available. Allopathic system provides services through both the public and the private sector. The public sector has a wide network of health care institutions countrywide and is provided free at the point of delivery.

‘The health services of the Government function under a Cabinet Minister. When the 13th amendment to the constitution was incorporated in 1989 and provincial councils were established, health became a devolved subject resulting in separate Provincial Ministries of Health in each of the nine provinces of the country, in addition to the Ministry of Health at National level.

‘The share of care between the public and the private sector are different for inpatient and outpatient care. The public sector providing around 95% of the inward care and around 50% of the outpatient care services free at point of delivery providing a safety net to citizens (Ministry of Health, 2016). In addition to the services provided by the Department of Health Services, Provincial Councils and the Local Authorities, there is separate service provision for the armed forces and the police.’¹¹

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Section 2 updated: 29 June 2020

2. Primary (Public) healthcare

- 2.1.1 Sri Lanka’s Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM), December 2017 report on ‘Reorganising Primary Health Care in Sri Lanka’, stated:

‘Sri Lanka’s model of primary health care (PHC), available free through a government health system with island-wide availability, forms a sound basis for providing universal health coverage. The public sector continues to provide the bulk of inpatient care but has ceded most outpatient provision to the private sector. Even then, it continues to be the predominant source of such care for the very poor, who cannot afford private care.

‘However, this system is increasingly under pressure from the change in demography and disease patterns, and the growing out-of-pocket expenditure for chronic diseases. The increasing consumer expectations for

¹¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

better quality and improved responsiveness in health care facilities is leading more Sri Lankans to opt for the private sector.¹² (See also [Private sector](#))

2.1.2 The MoHNIM report described the two main sectors within the primary healthcare system:

‘Primary community health services – The country is divided into Medical Officer of Health (MOH) areas which is managed by a MOH and public health field staff consisting of public health midwives (PHM), public health nursing sisters, and public health inspectors is responsible for prevention and promotion of health. They have mainly focused on maternal and child health and communicable disease prevention but are increasingly being delegated new responsibilities.

‘Primary medical/curative health services – Through a network of Primary Medical Care Units (PMCU) formerly central dispensary/ maternity home and Divisional Hospitals (DH) [formerly peripheral units and rural and district hospitals] the former offering outpatient services and the latter both outpatient and inpatient services for diagnosis and treatment. These are manned by non-specialist medical doctors and other staff including Registered Medical Officers, nurses, dispensers, few dental surgeons and Medical Laboratory Technicians.’¹³

2.1.3 The MoHNIM, Sri Lanka Essential Health Services Package 2019, stated:

‘Public health care providers are classified in three sub-systems: preventive primary healthcare (PHC) providers, curative PHC providers and referral hospitals...

- ‘1. Primary Medical Care Units (PMCU), previously known as Central Dispensaries, are relatively basic facilities, devoted to outpatient care. Services provided include OPD [Outpatient Department] consultations, dressings and injections, and drug dispensing. Some PMCUs have dental services and most do not have laboratory services. PMCUs are staffed by Medical Officers (usually one or two) or Assistant Medical Officers (AMO), as well as drug dispensers. Until recently Nursing Officers were not appointed to PMCUs; however Public Health Nursing Officers (PHNO) are now being recruited to HLCs [Healthy Lifestyle Centers] at this level. Most PMCU host MOH field clinic centres, where family planning, maternal care and immunization are provided by the MOH [Medical Officer of Health] team with the support of the facility team.
- ‘2. Divisional Hospitals (DH) are, in essence, PMCUs with inpatient capacity. The number of MO [Medical Officers] is higher because they provide round-the-clock service, and usually have some nursing staff. Some may have laboratory, and even a Public Health Laboratory Technician able to perform microscopy examinations. Some special clinics are usually conducted at this level, such as NCD [Non-Communicable Diseases] or mental health clinics. The premises may be utilised as field clinics for MCH [Maternal and Child Health] and

¹² MoHNIM, ‘Reorganising Primary Health Care in Sri Lanka’, (p34), December 2017, [url](#)

¹³ MoHNIM, ‘Reorganising Primary Health Care in Sri Lanka’, (p34), December 2017, [url](#)

immunisation activities, but the conduct of the clinic comes under the purview of the MOH.

'3. Outpatient departments of secondary and tertiary care institutions (other than specialised hospitals).'¹⁴

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2.2 Referral facilities

2.2.1 The MoHNIM, Sri Lanka Essential Health Services Package 2019, noted:

'There is a variety of referral facilities, from first-level referral hospitals to specialized units. Some facilities, such as STD [sexually transmitted disease] clinics, do not include inpatient care, but the provision of specialized services linked to specific conditions or programmes.'¹⁵

a. Secondary care hospitals

'Base hospitals (BH) of different levels (A,B) are secondary level institutions that provide at least the four main specialties of Internal Medicine, Paediatrics, Obstetrics and Gynaecology, and Surgery, including theatre and blood bank, delivered by medical consultants with the assistance of medical officers. These hospitals may provide additional services, depending on resource availability. They also have support services, such as laboratory, radiology and pharmacy, among other services.

'BH are the first level of referral for PHC institutions – both preventive and curative. However, referred patients can still chose which hospital they will attend. Majority of BH are funded and managed by provincial and district health authorities.'¹⁶

b. Tertiary care hospitals

'Teaching Hospitals, Provincial General Hospitals and District General Hospitals provide secondary and tertiary care services, with ranges according to their location and availability of staff and equipment. All these hospitals are funded and managed centrally by the MOHNIM. These facilities are staffed by medical consultants, grade medical officers, nursing officers, professions supplementary to medicine and paramedics.

'A few, highly specialized tertiary hospitals – e.g., Maharagama Cancer (Apeksha) Hospital, Lady Ridgeway or Sirimavo Bandaranaike paediatric hospitals, De Soysa Hospital for women, Castle Street Hospital for women, Eye hospital, mental hospital – play a role as centres of excellence.

'In addition to the medical clinics for the attention of referred cases and managed by appointment, all secondary and tertiary hospitals run a PHC-level, walk-in OPD service. As mentioned previously, patients can choose their provider in every occasion they seek care.'¹⁷

c. Special clinics

¹⁴ MoHNIM, 'Sri Lanka Essential Health Services Package 2019', (p5-6), [url](#)

¹⁵ MoHNIM, 'Sri Lanka Essential Health Services Package 2019', (p7), [url](#)

¹⁶ MoHNIM, 'Sri Lanka Essential Health Services Package 2019', (p7), [url](#)

¹⁷ MoHNIM, 'Sri Lanka Essential Health Services Package 2019', (p7), [url](#)

‘Some public health programmes (e.g. Tuberculosis, STD/HIV/AIDS) run their own clinics, usually at district level. Staffed by trained or specialized MO, these clinics are involved in the final diagnosis of the relevant conditions (e.g., diagnostics of tuberculosis or sexually transmitted diseases are only final when assessed at a Chest or STD clinic) and the management and follow up of the patients. Some of these programmes provide services intermittently at district or BH level, by deploying their consultants – and drugs and supplies – to these “branch clinics”. This is the case for chest, STD and mental health clinics, for example.’¹⁸

d. Emergency care

‘The emergency care services cover both the management of emergency cases at the health facilities, and the coordination and management of massive emergencies – either man-made or natural. Sri Lanka suffers from frequent natural hazards including floods, landslides, cyclones, droughts, wind storms, coastal erosion, and others. The MoHNIM has set up an Emergency Operations Centre, in charge of coordinating information sharing as well as the transfer of resources to emergency sites.

‘All hospitals, from Divisional Hospital upwards, are to provide emergency services of increasing level of complexity. Most secondary and tertiary hospitals, and some DH, operate Emergency Treatment Units (ETU), in many cases complemented with Preliminary Care Units (PCU) or triage units. Road injuries are the first cause of hospitalization in Sri Lanka, and their management requires well-structured teams and services. There are public and private ambulance services. The “1990” publicly-managed ambulance (pre hospital) service is expected to cover the whole country in the future.’¹⁹

2.2.2 See also [Annex C](#).

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2.3 Private sector healthcare

2.3.1 The December 2017 MoHNIM report noted: ‘Sri Lanka has a large private health services sector, and the growth of the private sector has been encouraged by state policy, as it is a necessity to fill the gap created by the low level of government spending. In the context of health, the issue is not substantial private sector utilisation or the spending on health per se; these are unavoidable as long as Sri Lanka is not able to increase government spending on health to at least 5% of GDP.’²⁰

2.3.2 The MoHNIM, Sri Lanka Essential Health Services Package 2019, stated:

‘There are three main groups of providers in the private sector:

‘1. Hospitals, with profile and standards of quality of care comparable to those of the public system, although with large differences in terms of waiting time and other facilities.

¹⁸ MoHNIM, ‘Sri Lanka Essential Health Services Package 2019’, (p7), [url](#)

¹⁹ MoHNIM, ‘Sri Lanka Essential Health Services Package 2019’, (p7), [url](#)

²⁰ MoHNIM, ‘Reorganising Primary Health Care in Sri Lanka’, (p64), December 2017, [url](#)

'2. Clinics, either solo or group practices, providing general or specialized care. Both clinics and hospitals rely heavily on MO and consultants working in the public sector and who are allowed dual practice. According to the Census of Private, Cooperative and Estate Hospitals 2013, there were at least 1,900 public sector doctors working part-time at private facilities. Although the main regular users of the private sector are the better off population, even poor people use these services because of convenient hours, shorter waiting times, availability of diagnostic tests, and perceived quality.

'3. Private institutions providing diagnostic services (e.g. lab, radiology), as well as private pharmacies.'²¹

2.3.3 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'The private sector provides ambulatory care, inpatient care and rehabilitative care of varying degrees of sophistication. According to the Private Health Sector review (2015) there are 424 full time and 4845 part-time medical officers. These are supplemented by government medical officers doing private practice in their off-duty hours who provide the bulk of private primary outpatient care. Most of these private clinics are operated on a solo practitioner basis and most also dispense medicines. The private hospitals provide outpatient and inpatient services and specialist consultation services, the latter being mostly specialists in government service practicing in their off-duty hours. The bulk of the in-patient care in the private sector is under government sector specialists practicing in the private sector. In addition, there is a thriving business of private pharmacies and investigative services that cater for the wealthy and poor alike. The private sector provides access to all types of care at a cost. Most patients pay out of pocket on a fee-for-service basis.

'The private sector is claimed to have certain advantages; the main being convenience, services being available at times when patients are free to attend. In addition, the ability to select the specialist of his or her choice, and continuity with the same doctor is also considered important reasons for seeking private sector services. Greater confidentiality in private settings as compared to public facilities was also identified to be an important factor in patient's choosing services from private sector option.'²²

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Section 3 updated: 29 June 2020

3. Discrimination in accessing health care

3.1.1 In August 2017 the UN Committee on Economic, Social and Cultural Rights stated in its Concluding Observations on the fifth periodic report of Sri Lanka that 'The Committee, while welcoming the National Plan of Action for the Social Development of the Plantation Community (2016-2020), is concerned that the Up-country community (or so-called "plantation Tamils") suffer from

²¹ MoHNIM, 'Sri Lanka Essential Health Services Package 2019', (p8), [url](#)

²² Dr Jayamal De Silva and Dr. Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

direct and indirect discrimination (including caste-based) with regard to most Covenant rights, including [...] lack of access to health care.’²³

- 3.1.2 The same report stated further ‘The Committee is concerned that [...] discrimination against lesbian, gay, bisexual, transgender and intersex persons is widespread, including in [...] health care...’

‘that persons with disabilities face challenges in accessing health services and information (art. 12)...’.²⁴

- 3.1.3 An article published by Roar Media in April 2018, reported:

‘Everyone has the right to unrestricted access to quality healthcare, regardless of gender, sexual orientation or lifestyle. Policy-wise, Sri Lanka offers healthcare to all, but it is not uncommon to come across stories where certain people have been overlooked, shunned or had unpleasant experiences within the healthcare sphere.

‘For instance, in the year 2015, a [country-wide report](#) on sexual and reproductive healthcare revealed that the sector has a tendency to side-line people who are not a part of the “traditional” heterosexual family. Single women, for example, might find it difficult to be included in national health schemes due to conservative mindsets regarding sexual activity outside marriage. At-risk populations like sex workers, and sexual minorities, also suffer from adverse experiences in the healthcare sector, mostly due to a lack of information on the problems faced by the LGBTQ community, the criminalization of homosexuality and cultural prejudice. Statistics to support this claim are far and few in between, but research conducted by Equal Ground revealed that 29% of the individuals who identified as LGBTQ in the survey had been refused medical treatment at some point in their lives.’²⁵

- 3.1.4 The article further noted:

‘When Roar Media spoke to Sriyal Nilanka, Communications Officer of Equal Grounds Sri Lanka, he was emphatic about the existing disparity in healthcare when it came to HIV/AIDS patients and members of the LGBTQ community.

“Take transgender persons for instance,” he explains. “There are a lot of unpleasant situations that arise when transgender persons are admitted to a hospital or have to go into healthcare for some reason.” This, according to him, ranges from cases of blatant discrimination and refusal of treatment, to unwanted sexual advances and fear-mongering. There was even one case he had come across where a doctor from a well-known public hospital had taken to passing around the contact numbers of gay persons and making sexual advances towards them. Traumatic and negative experiences like this only serve to make these individuals more reluctant to approach healthcare institutes, even when they are in dire need of treatment. Medical personnel are more often than not openly hostile, insensitive or ignorant of the specific healthcare needs of sexual minorities.’²⁶

²³ UN CESR, Concluding Observations, 4 August 2017, [url](#)

²⁴ UN CESR, Concluding Observations, 4 August 2017, [url](#)

²⁵ Roar Media, ‘Sri Lanka’s Healthcare System: Everyone, Everywhere?’, 10 April 2018, [url](#)

²⁶ Roar Media, ‘Sri Lanka’s Healthcare System: Everyone, Everywhere?’, 10 April 2018, [url](#)

- 3.1.5 See also the Country Policy and Information Note on [Sri Lanka: Sexual orientation and gender identity or expression](#).
- 3.1.6 The US State Department, Country Report on Human Rights Practices 2019 – Sri Lanka, 11 March 2020, stated:
- ‘Various laws forbid discrimination against any person with physical, sensory, intellectual, or mental disabilities in employment, education, air travel, other public transportation, and access to health care. In practice, however, discrimination occurred in employment, education, and provision of state services, including public transportation. Children with disabilities attended school at a lower rate than other persons. There were regulations on accessibility, but accommodation for access to buildings and public transportation for persons with disabilities was rare. Observers of the November [2019] presidential election noted process improvements were needed to ensure participation of persons with disabilities in future elections.’²⁷
- 3.1.7 See also [People living with disabilities](#)

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Section 4 updated: 29 June 2020

4. Communicable diseases

- 4.1.1 The World Health Organization (WHO), 2017 Annual Report on Sri Lanka, noted:

‘Proof of Sri Lanka’s successes in addressing communicable diseases can be seen in the rapidly falling morbidity and mortality attributable to these diseases. The island made public health history in 2016 by receiving WHO certification for the elimination of malaria, lymphatic filariasis (LF), and maternal and neonatal tetanus as public health problems...

‘Diseases with outbreak potential such as dengue and leptospirosis continue to pose a challenge to the country. New cases are reported every year....

While leprosy was eliminated as a public health issue in the 1990s, a small but worrying increase in the number of cases has been noted in the recent past. The presence of paediatric leprosy cases indicates active transmission, while deformities and relapses highlight late case detection and poor compliance with leprosy treatment. Around 2000 leprosy cases are reported in Sri Lanka each year, of which 10% are found in children. The biggest problem is access to treatment. To address this problem, WHO supported the creation of outreach satellite clinics that would bring key diagnostic and treatment services closer to communities, especially in rural areas. An increasing number of relapses from 2013 indicate the possibility of drug resistance.’²⁸

- 4.1.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s, Research findings, February 2020, noted:

²⁷ USSD, Country Report 2019 - Sri Lanka, (Section 6.) 11 March 2020, [url](#)

²⁸ WHO, ‘Who Sri Lanka Annual Report 2017, Making a Difference’, (p16), [url](#)

'The Medical Officer of Health (MOH) system which forms the cornerstone of the public health infrastructure in Sri Lanka dates back to (1926) British times. The prevention of communicable diseases at the community level is identified as a main responsibility of the MOH. The Epidemiology Unit of Sri Lanka functions as the apex organization in controlling of communicable diseases in the country. It implements activities related to disease surveillance and immunization in the country.

'The control of communicable diseases is mainly done through the notification process. Notifiable Diseases were first gazetted, and notification of communicable diseases became a legal requirement in Sri Lanka as early as 1897. Legislation drafted in relation to major communicable diseases include measures such as restricting movements of people during epidemics, Immunization, and compulsory notification. Every registered medical practitioner professing to treat diseases, who attends on any person having symptoms of any disease in the notifiable disease list is required to notify to the proper authorities. Any person who contravenes this regulation shall be guilty of an offence and is liable to be prosecuted in the Magistrate Court...

'The Expanded Programme of Immunization (EPI) in Sri Lanka is considered a success story of controlling communicable diseases worldwide. Sri Lanka maintains an immunization coverage of 90 – 100% to all EPI vaccines in the country.

'With the existing strong system of preventing and controlling communicable diseases, Sri Lanka had been successful in eliminating Lymphatic Filariasis, Leprosy, Malaria, Polio, and mother to child transmission of HIV.

'However, there are a few communicable diseases such as Dengue, Leptospirosis, and acute lower respiratory tract infections that are observed in the country with seasonal variations. The epidemiology unit produces a Weekly Epidemiology Record which summarises the trends and situation in respect of the week under consideration.'²⁹

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Section 5 updated: 29 June 2020

5. Pharmaceutical sector

5.1.1 Sri Lanka currently produces about 12% of pharmaceutical tablets locally but hopes to increase this output to 60% by 2020, which would also help to reduce costs of importing them³⁰.

5.1.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'In 1987, the State Pharmaceuticals Manufacturing Corporation (SPMC) was founded. It is now the largest drug manufacturer in Sri Lanka, providing 72 drugs to the Department of Health Services (MoH) at low profit margins.

²⁹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

³⁰ Daily Mirror, 11 January 2018, [url](#)

'Until year 2015, legal basis for and regulation of medicinal drugs were provided through the Cosmetic Devices Drugs act (CDD) (1980 act no 27). The government approved the National Medicinal Drug Policy (NMDP), in year 2007. The implementing body which is the National Medicinal Regulatory Authority was established by the National Medicinal Regulatory Act an act of parliament in 2015 (Parliament of the Democratic Socialist Republic of Sri Lanka, 2015). The NMRA [National Medicinal Regulation Authority] act enabled the Sri Lankan government to issue a pricing formula for 72 essential medicines that are required to treat diabetes mellitus, hypertension, cardiovascular diseases and other common diseases.'³¹

5.1.3 The Oxford Business Group, reporting in March 2018, noted:

'In early January [2018] the State Pharmaceuticals Manufacturing Corporation (SPMC) announced it was joining forces with Malaysian investment firm Pharma Zone to develop a dedicated industrial centre for the manufacture of pharmaceuticals products.

'Pharma Zone, a partnership of the Sultan of Johor and Malaysian property development company Equine Capital, will provide \$10m for the construction of infrastructure necessary for pharmaceuticals production.'³²

5.1.4 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, further noted:

'The national List of Essential Medicines for Sri Lanka can be accessed from [\[National List of Essential Medicines\]](#) (Ministry of Health, 2013-2014). According to the Service Availability and Readiness Assessment for Sri Lanka 2017 readiness score for essential medicines was 83 out of 100 for the hospitals in Sri Lanka. There had been no major difference in the readiness score between public and private sector hospitals (83 and 81 out of 100 respectively). The most commonly available drugs were paracetamol (99%) and prednisolone (99%), while the least commonly available drug was allopurinol (20%). The following drugs were also available in more than 95% of health facilities: metronidazole; amoxicillin; metformin; ACE inhibitors (e.g., any one of these – enalapril, lisinopril, ramipril, or perindopril), thiazides (e.g. hydrochlorothiazide (HCT)), aspirin, diclofenac sodium, omeprazole (or any alternative such as pantoprazole or rabeprazole), salbutamol and chlorpheniramine. These drugs were available universally across different types of health facilities.

'The following drugs were available in less than 50% of health facilities at the national level: fluconazole, co-trimoxazole, ceftriaxone injection, isosorbide di-nitrate tablet (ISDN), budesonide/formoterol inhaler, allopurinol, oral bicarbonate supplements (sodium bicarbonate), parenteral iron-sucrose supplements, and erythropoietin injections. In general availability of the above-mentioned essential medicines was lower in Divisional Hospitals, compared to the secondary and tertiary health care facilities. Availability of essential medicines prescribed for chronic non-communicable diseases such as hypertension, diabetes, ischaemic heart disease were higher than other

³¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

³² Oxford Business Group, 29 March 2018', [url](#)

types of medicines. (Ministry of Health, Nutrition and Indigenous Medicine and Department of Census and Statistics, 2018).³³

- 5.1.5 See also [Annex B Alphabetical list of available medication, February 2020](#).

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Section 6 updated: 29 June 2020

6. Treatment and medication for specific conditions

6.1 Tuberculosis (TB)

- 6.1.1 The World Health Organization (WHO), Sri Lanka Annual Report 2017, Making a Difference, stated:

‘In Sri Lanka, the prevalence of TB has remained stagnant over the past decade, while the number of patients presenting with multidrug-resistant (MDR)-TB has gradually increased over the years. TB continues to be a public health problem with nearly 8000-10 000 new cases reported every year. The country now needs to “bend the curve” by reducing the number of TB cases. Priority interventions for achieving this goal will be to improve case-finding, ensure treatment completion among TB patients and contain drug resistance. In addition, disparities in the prevalence of TB across geographical sectors and socioeconomic classes need to be addressed.

‘WHO’s support for the prevention and control of TB in 2017 included epidemiological analysis and programme reviews, and development of national strategic plans. WHO is also helping the country with capacity development of human resources as well as boosting diagnostic capacity.

‘A national TB manual with protocols for early diagnosis, management and follow up of patients with TB was developed in 2017.

‘With funding support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), WHO provided technical assistance for a TB drug resistance survey.

‘WHO also supported the mid-term review of Sri Lanka’s National Programme for TB Control and Chest Diseases (NPTCCD) in July 2017 to evaluate the current status of TB control in the country. At the end of the review, specific interventions to improve case detection, strengthen monitoring and evaluation systems, and enhance coordination between stakeholders were proposed to the MoH [Ministry of Health]. WHO will continue to support the national TB programme to strengthen the services required to “bend the curve” for TB.’³⁴

- 6.1.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s, Research findings, noted that:

‘There are approximately 10,000 patients diagnosed every year in Sri Lanka. Majority of cases are detected in urban areas and nearly half of them are sputum positive. All the chest clinics around the country delivers Directly Observed Treatments (DOTs) to prevent spread of the disease. Contact screening is also carried out as part of management of TB patients.

³³ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

³⁴ WHO, Sri Lanka Annual Report 2017, ‘Making a Difference’, (p18), [url](#)

GeneXpert tests are available from 30 locations over the country representing all the districts. Digital X-rays as well as microscopy evaluations are also available throughout the country from government hospitals. There are close to 200 microscopy centres. (Health, 2017) The recent TB regional Green Light Committee hosted by the WHO regional office has discussed the following for the TB control in Sri Lanka: Universal Drug Susceptibility testing must be achieved at the soonest possible by end of 2018.

6.1.3 The same document noted that

‘According to the WHO report on TB in Sri Lanka, there have been 56 patients infected with TB and 26 with multi-drug resistant (MDR) in the year 2018. TB treatment coverage is thought to be around 64% and the national budget for TB treatment and control is 5.1 millions USDs. HIV positive TB incidence has remained low from the year 2000 up to date... Treatment success rate is mentioned as 84% in the Annual Health Bulletin 2016.’³⁵

6.1.4 The following medications were available for the treatment of TB in both adults and children from the chest clinics throughout the country: Eethambutol, isoniazid, ofloxacin, pyrazinamide, rifampicin, isoniazid + rifampicin and other combinations, streptomycin, cycloserine, ethionamide and levofloxacin’³⁶.

6.1.5 See also [Paediatrics](#).

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6.2 HIV/AIDS and sexually transmitted diseases (STD)

6.2.1 The World Health Organization (WHO), Sri Lanka Annual Report 2017, Making a Difference, stated:

‘Sri Lanka continues to have a low prevalence of HIV in the general population at 0.1%; however, the prevalence is higher among key populations; and is reported at 1.5% among men who have sex with men. HIV is also reported fairly regularly among female external migrant workers; however, this is unlikely to be a key driver of the epidemic. Since 2004, no HIV cases have been reported following blood transfusions.

‘In 2016, a total of 249 new HIV cases were identified, of whom 181 (72%) were started on antiretroviral therapy (ART). In 2017, an estimated 4000 people were living with HIV in Sri Lanka; 2139 (53%) knew their HIV status; 1068 PLHIV are on treatment (27%) and 825 (21%) are virally suppressed...

‘External review of the National HIV/AIDS Programme conducted in October 2017 recognized the importance of facilitating national policies to protect the rights of people living with HIV to combat stigma and discrimination, which continued to create challenges and barriers to accessing health services. The review also recommended scaling up and fast-tracking prevention, treatment and care services for key population groups, including prisoners. It was also noted that the sexually transmitted disease (STD) clinics have become friendlier and more accessible to key populations.’³⁷

³⁵ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

³⁶ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

³⁷ WHO, Sri Lanka Annual Report 2017, ‘Making a Difference’, (p20), [url](#)

- 6.2.2 The same report further noted, 'WHO is supporting the National STD/AIDS Control Programme (NSACP) in generating data through sentinel surveillance, implementing targeted interventions among key and vulnerable populations, and monitoring progress towards elimination of MTCT of syphilis and HIV.'³⁸
- 6.2.3 The Women and Media Collective, a Sri Lankan women's rights group, noted in its 2015 report on access to sexual and reproductive health care in Sri Lanka: 'According to the National STD/AIDS control programme any citizen can access state run services which are free of charge and offered by trained clinical staff. The package of services for STD and HIV management include antiretroviral therapy (ART), testing facilities, drugs for management, health education, counselling, condom promotion, partner management and follow up services.'³⁹
- 6.2.4 The WHO report also noted:
'The scale up of HIV screening of pregnant mothers started in 2013 and universal coverage was achieved in late 2016. The country has universal coverage for screening of syphilis and treatment of HIV-positive pregnant women and HIV-exposed infants. By 2018, Sri Lanka is expected to achieve the targets for the elimination of MTCT [mother to child] of syphilis and HIV.
'As of 2017, there were 33 full-time STD clinics and 23 branch STD clinics, providing etiological diagnosis and care services for sexually transmitted infections (STIs) to nearly 200 000 attendees annually. Over the years, bacterial STIs have shown a gradual decline while viral STIs such as genital herpes and genital warts have shown an increasing trend.'⁴⁰
- 6.2.5 In March 2018, the UN Committee on the Rights of the Child stated in its Concluding Observations 'The Committee, [...] recommends that the State party: [...] ensure that age-appropriate sexual and reproductive health education is part of the mandatory school curriculum, paying special attention to preventing early pregnancy and sexually transmitted infections'.⁴¹
- 6.2.6 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:
'Sri Lanka continues to be a low prevalence country for HIV although the numbers of HIV positive cases have been slowly rising over the years. The estimated numbers of adults living with HIV as of 2018 is 3500 and new infections were less than 1000. Total number of People Living with HIV diagnosed and alive was 2709 as at the end of 2018 (cumulative reported number minus cumulative reported deaths) (National STD/AIDS Control Programme, 2019). Overall prevalence among key populations (KPs) which include female sex workers (FSW), males having sex with males (MSM), beach boys (BBs), people who use drugs (PWUD) and people who inject drugs (PWID) is <1%. But among the MSM, the prevalence is at 1.5%.

³⁸ WHO, Sri Lanka Annual Report 2017, 'Making a Difference', (p21), [url](#)

³⁹ Women and Media Collective, (Availability of services for HIV and AIDS, p12), 2015, [url](#)

⁴⁰ WHO, Sri Lanka Annual Report 2017, 'Making a Difference', (p20-21), [url](#)

⁴¹ UN CRC, 'Concluding observations', 2 March 2018, [url](#)

Moreover, among the reported cases, the numbers of MSM have also slowly been rising with close to half of those positive reporting male to male sex. The other population group where HIV has been consistently documented are returnee migrant workers and where the number of cases detected has been rising over the years. In all other population groups, only a few cases have been detected. The National STD/AIDS Control Programme (NSACP) of the Ministry of Health is the main government organization which coordinate the national response to sexually transmitted infections including HIV/AIDS in Sri Lanka. It collaborates with many national and international organizations such as the Global Fund to Fight Against AIDS, TB and Malaria (GFATM) and UN organizations while providing leadership and technical support to 33 island wide STD clinics and 21 ART centers. It provides STI and HIV laboratory services through a comprehensive laboratory network. HIV diagnosis is not a notifiable condition in Sri Lanka. However, because of the centralised HIV confirmatory system with Western Blot, all confirmed HIV seropositive persons are reported, and basic epidemiological information is collected by NSACP.

‘The “treat all” policy of WHO was adopted in 2016 and the government provides free antiretroviral therapy (ART) to all people living with HIV along with diagnosis and management of opportunistic infections (OIs). According to WHO guidelines, the preferred first-line ART regimen is TDF+FTC+EFV fixed dose combination. In 2018, four drugs were included in the National formulary: dolutegravir, atazanavir/ritonavir, lamivudine/abacavir combination which are adult ARV formulations and dispersible zidovudine/ lamivudine for paediatric use. The WHO has declared that Sri Lanka has eliminated Mother to Child Transmission of HIV in 2018 and the country has declared a goal of Ending AIDS by 2025 and has developed a road map to achieve this goal.’⁴²

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6.3 Cancer

- 6.3.1 The National Cancer Control Programme (NCCP) of the Ministry of Health is responsible for the coordination of cancer services in Sri Lanka. The NCCP collaborates with national and international organisations and the 23 cancer hospitals across the country⁴³.
- 6.3.2 The number of new cancer cases in 2018 amounted to over 23,000, of those breast cancer was the highest with 3,000. The number of cancer related deaths in 2018 was over 14,000⁴⁴.
- 6.3.3 A MedCOI response of 5 July 2019 stated that the following tests and treatments were available:
- Inpatient treatment by an internal specialist (internist);
 - Outpatient treatment and follow up by an internal specialist (internist);
 - Inpatient treatment by an oncologist;

⁴² Dr Jayamal De Silva and Dr. Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁴³ NCCP, ‘Welcome to the National Cancer Control Programme’ undated, [url](#)

⁴⁴ WHO, IARC, ‘Sri Lanka, 2018’, [url](#)

- Outpatient treatment and follow up by an oncologist;
- Chemotherapy;
- Laboratory research / monitoring of full blood count; e.g. Hb, WBC & platelets⁴⁵.

6.3.4 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'The most prevalent cancer in females is breast cancer. And the most prevalent cancers among males are lip, oral cavity and pharynx cancers. Screening for cervical cancer by Cervical cytology (PAP) and direction of high-risk patients for Acetic acid visualization (VIA) are conducted by the Well Woman Clinics offered by the Ministry of Health. The Breast palpation / clinical breast exam (CBE) and referral of patients for tertiary care breast centres for mammography are also conducted by the Well Woman Clinics. Screening for other cancers are not routinely conducted by the preventive health sector. However, opportunistic screening is conducted for all patients presenting to primary healthcare institutions and health promotion interventions are carried out island wide to reduce risk factors for cancer.

'The following government hospitals are armed with specialised cancer treatment facilities which include an oncologist, an oncosurgeon, and chemotherapy and radiotherapy treatment.

- '1. Apeksha Hospital, Maharagama (National Cancer Institute)
- '2. Teaching Hospital – Kandy
- '3. Teaching Hospital – Karapitiya
- '4. Teaching Hospital – Jaffna
- '5. Teaching Hospital – Anuradhapura
- '6. Provincial General Hospital – Badulla
- '7. Teaching Hospital – Kurunegala
- '8. Teaching Hospital – Batticaloa
- '9. Provincial General Hospital – Ratnapura

'In addition, few leading private hospital in Colombo too offer treatment facilities for cancer.'⁴⁶

6.3.5 A MedCOI response, dated 27 May 2020, noted in regard to treatment for prostate cancer 'Cancer specialists are readily available in Sri Lanka to treat men with prostate cancer and radiotherapy treatment is readily available as part of the treatment. Surgical removal of the prostate gland is commonly carried out in both public and private sector hospitals in Sri Lanka, as part of treatment for prostate cancer.'⁴⁷

⁴⁵ MedCOI, Response, 5 July 2019

⁴⁶ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁴⁷ MedCOI, Response, 27 May 2020

6.3.6 The website of the Ministry of Health National Cancer Control, (NCCP) Programme, also provides a list of Cancer [Treatment Centers](#) of Sri Lanka by area⁴⁸.

6.3.7 See also [Palliative care](#).

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6.4 Renal failure/chronic kidney disease (CKD)

6.4.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Chronic kidney disease (CKD) is a major burden on the healthcare system of Sri Lanka. Diabetes, hypertension, and the various forms of glomerulonephritis are well-recognized etiologies. With increasing prevalence of non-communicable diseases, in particular diabetes and hypertension, the burden of CKD is expected to rise. Since the 1990s, a new CKD, where no obvious cause is identifiable, has been described in Sri Lanka. This new condition has resulted in a rise in the incidence of CKD in rural Sri Lanka, and has been aptly named chronic kidney disease of unknown etiology (CKDu). Alternate suggested names for this condition include chronic agricultural nephropathy (CAN) and CKD of multifactorial origin (CKD-mfo)...The Epidemiology Unit of the Ministry of Health, Sri Lanka has established surveillance on chronic kidney disease since October 2013.'⁴⁹

6.4.2 See [page 47](#) in [Annex A](#) for the list of the 49 hospitals declared as sentinel sites for kidney disease surveillance.

6.4.3 A MedCOI response of 23 June 2019 stated that the following treatments were available:

- Chronic haemodialysis;
- Outpatient treatment and follow up by a nephrologist;
- Outpatient treatment and follow up by a surgeon;
- Inpatient treatment by a nephrologist;
- Outpatient treatment and follow up by a surgeon;
- Inpatient treatment by an internal specialist (internist);
- Outpatient treatment and follow up by an internal specialist (internist)⁵⁰.

6.4.4 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'According to the Service availability and Readiness Assessment Survey (2017) of Sri Lanka, 52% of health institutions offered services for CKD diagnosis. This service is offered by 97% of tertiary care hospitals, 92% of secondary care hospitals, 41% of Divisional Hospitals, and 57% of Private Hospitals. Management and/or long-term follow up of CKD patients were

⁴⁸ NCCP, 'Cancer Treatment Centers of Sri Lanka', 2019, [url](#)

⁴⁹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁵⁰ MedCOI, Response, 23 June 2019

available in 49% of health institutions and monitoring of renal functions in 49% of health institutions at the national level. The service availability for CKD management and/or long-term patient follow up by facility type was almost similar to the CKD diagnostic services. Haemodialysis and peritoneal dialysis services were available predominantly in tertiary care hospitals (59% and 66% respectively). Haemodialysis and peritoneal dialysis were available in few Private Hospitals too (18% and 12% respectively). The NHSL, some of the Teaching Hospitals (56%) and few Private Hospitals (7%) performed renal transplantations.⁵¹

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6.5 Hepatitis, liver disease and transplants

6.5.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Due to high prevalence of alcohol use, liver diseases are common in Sri Lanka. Alcoholic liver diseases and liver diseases due to fatty liver are the two commonest forms seen in Sri Lanka. Hepatitis B and C prevalence rates are low. Hepatitis A, which is spread by feco-oral route is moderately prevalent.

'When it comes to hepatitis B, Sri Lanka belongs to low endemic countries. Sri Lanka practices universal precautions and excellent injection practices. Hepatitis C is more prevalent compared to Hep B. Even among prison inmates, the prevalence rates for Hepatitis were found to be low. Hepatitis B vaccine is available in Sri Lanka since 2003.⁵²

6.5.2 The same source noted:

'The first successful liver transplant in Sri Lanka was carried out on 27th June 2010, at the National Hospital of Sri Lanka. Currently, two government hospitals, the National Hospital of Sri Lanka and the North Colombo Teaching Hospital performs liver transplants free of charge. The North Colombo Teaching Hospital is armed with a Hepato-Pancreatico-Biliary and Liver unit which was formally established in February 2012. The liver transplants carried out in Sri Lanka is predominantly cadaveric transplants, but the units had been successful in few live donor transplants as well.⁵³

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6.6 Diabetes

6.6.1 Diabetes is a condition that causes a person's blood sugar (glucose) levels to become too high⁵⁴. There are 2 main types of diabetes:

- 'Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin.

⁵¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁵² Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁵³ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁵⁴ NHS, 'Diabetes', updated 12 July 2016, [url](#)

- ‘Type 2 diabetes – where the body doesn't produce enough insulin, or the body's cells don't react to insulin.’⁵⁵

6.6.2 A MedCOI response of 29 November 2018 stated that the following treatments were available in Sri Lanka:

- Outpatient treatment and follow up by a general practitioner;
- Inpatient treatment by an internal specialist (internist);
- Outpatient treatment and follow up by an internal specialist (internist);
- Inpatient treatment by an endocrinologist;
- Outpatient treatment and follow up by an endocrinologist;
- Inpatient treatment by an ophthalmologist;
- Outpatient treatment and follow up by an ophthalmologist;
- Laboratory research of blood glucose;
- Medical devices internal medicine: blood glucose self-test strips for use by patient⁵⁶.

6.6.3 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

‘The prevalence of diabetes among the adult population in Sri Lanka is estimated to be 7.9% with females having a higher prevalence (8.4%) than the males (7.3%) (WHO fact sheet). According to the STEPS 2015 report, only 69% of adults with self-reported high blood sugar (65.7% for males and 73.1% for females) were estimated to be taking medicines. Among those previously diagnosed as having high blood sugar, 12.3% were on insulin (13.5% for males and 11.3 % for females). Sri Lankan doctors are well equipped to deal with diabetes and its complications as they receive a good training on identifying and treating them. The government hospitals in Sri Lanka generally provide investigations such as Fasting blood sugar, urine sugar and even HbA1c [your average blood glucose (sugar) levels for the last two to three months⁵⁷] (in larger hospitals only). Oral Glucose Tolerance Tests (OGTT) are carried out for all the pregnant mothers and other patients where necessary.

‘Most larger hospitals [sic] including some base hospitals have ophthalmology clinics and consultant ophthalmologists. They screen for diabetes retinopathy and eye disease. Treatment is provided for retinopathy, which includes retinal laser therapy at the Eye Hospital Colombo.’⁵⁸

6.6.4 A MedCOI response of 29 November 2018 stated that the following medication was available:

⁵⁵ NHS, ‘Diabetes’, updated 12 July 2016, [url](#)

⁵⁶ MedCOI, Response, 29 November 2018

⁵⁷ Diabetes UK, ‘What is HbA1c?’, n.d., [url](#)

⁵⁸ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

- Insulin, premixed: aspart (rapid acting) and aspart protamine (intermediate acting) like ® Novomix (Medication group Diabetes: insulin injections; mix of intermediate and rapid acting);
- Insulin: combination of insulin degludec (extra-long acting) and insulin aspart (rapid acting) (Medication group Diabetes: insulin injections; mix of ultra-long acting and rapid acting);
- Gliclazide (Medication group Diabetes: oral/ tablets);
- Metformin (Medication group Diabetes: oral/ tablets);
- Glibenclamide (Medication group Diabetes: oral/ tablets);
- Tolbutamide (Medication group Diabetes: oral/ tablets)⁵⁹.

6.6.5 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's report further added, in reference to diabetes:

'The government hospitals of Sri Lanka dispense most of the essential medications free of charge to the patients who attend the clinics. Occasionally, the medicines run out and the poor patients are affected by it.

'Metformin and sulphonylureas are readily available at primary health care institutions while insulin is available only at selected primary carer institutions. HbA1C levels for diabetes control, examination of fundus and foot for complications of diabetes are carried out at secondary and tertiary care institutions.

'However, insulin is reported to be somewhat cheaper in the Private market in Sri Lanka compared to countries such as the Germany. However, it could still be very costly compared to the wages the general public receive.

'Most of the commonly used drugs are available in Sri Lanka. Most of the base hospitals would have this set of medicines available from their pharmacies. The Sri Lanka essential Medicines List states that the many of those medications following have to be available in the country. Soluble insulin, biphasic isophane insulin, metformin, glibenclamide, tolbutamide, and gliclazide are generally available from government hospitals. The Sri Lanka diabetes Federation web site informs that there are newer medications available for the treatment of diabetes in Sri Lanka. Most of these medicines are available from the private sector hospitals and pharmacies. The following are available: Tolbutamide, Gliclazide, Gliclazide (MR), Glibenclamide, Glipizide, Glimepiride, Sitagliptin, Linagliptin, Saxagliptin and Vildagliptin.

'There is a variety of insulins available in the private sector. These include soluble insulin, isophane insulin, Mixed insulin (mustard), and long acting insulins.'⁶⁰

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⁵⁹ MedCOI, Response, 29 November 2018

⁶⁰ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

6.7 Neurological conditions

- 6.7.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Neurological conditions are common in the medical practice in Sri Lanka. The neurologists are trained in the management of [the] following conditions: Headaches, Infections, Cerebrovascular disease, Disorders of consciousness Epilepsy, Movement disorders, Demyelination and vasculitis, Dementia, Disorders of cranial nerves, Disorders of the peripheral nervous system, Disorders of the spine and spinal cord, Autonomic nervous system, Neuro-ophthalmology, Neuroimmunology, Sleep disorders, Pain, Head injury.

'Currently there are more than 30 neurologists and 15 neurosurgeons in the government free health care system all over the country. Most neurosurgeons are available only at the major hospitals such as teaching and provincial general hospitals. The Sri [Lankan] Association of Neurologists lists more than 50 members in their list and the numbers are rising.

'CT [Computed Tomography] and MRI [Magnetic resonance imaging] brain scanning are available in Sri Lanka. All provincial general hospitals host CT scanners. MRIs are available at the [National Hospital of Sri Lanka]. Contrast media for the use of patients undergoing neuroimaging are available free of charge for these patients.'⁶¹

- 6.7.2 The following medications are available from the neurology clinics which are operative at the government hospital clinics:

'[C]arbamazepine, diazepam, clobazam, clonazepam, phenytoin, phenobarbitone, sodium valproate, topiramate and lamotrigiene [Lamotrine]. For the treatment of migraine, sumatriptan and propranolol are available in addition to non-steroidal anti-inflammatory drugs such as ibuprofen and diclofenac sodium as well as aspirin. Morphine and tramadol are available for the treatment of pain in neurology and cancer care. Most newer drugs are available for purchasing from the private sector. They include levetiracetam, gabapentine and pregabalin.'⁶²

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6.8 Coronary heart disease (CHD)

- 6.8.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, noted: 'Cardiovascular disease accounts for 34% of the total deaths on Sri Lanka and Ischemic heart disease and stroke are the two main causes of death respectively.'⁶³

- 6.8.2 The report findings noted:

'Cardiologists are available in most of the large [h]ospitals in Sri Lanka. There are 59 cardiologists working in the government health system. Where there are no cardiologists, the consultant physicians would look after these

⁶¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶² Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶³ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

patients. Most large hospitals would have echocardiogram facilities. Major provincial hospitals have intervention cardiological services such as stenting. Emergency units in base hospitals are equipped in managing acute cardiac conditions including acute myocardial infarctions... The following medications are available and considered essential cardiac medications in Sri Lanka. Heparin, warfarin, and enoxaparin are available from base hospitals where there are consultant physicians available for managing patients with acute and chronic cardiac conditions. Atenolol, diltiazem, GTN, ISMN, Verapamil, amiodarone, atropine, digoxine, adrenaline, lignocaine and adenosine...

'Specialized cardiac units are established in the two national hospitals and the main teaching hospitals. These units offer a range of cardiac care facilities which include Intensive Coronary care unit facility with Coronary Care Units and Intermediate coronary care units and in ward facilities with specialised paediatric wards. The units also offers invasive and non-invasive cardiac investigation facilities such as cardiac catheterization and angiography laboratory with biplane digital subtraction angiography facility where Coronary angiography, angioplasty, stenting, mitral-valvuloplasty and other interventional procedures as paediatric pulmonary and aortic valvuloplasty, 2D Colour Doppler Echocardiography including Trans-oesophageal echocardiography and stress echocardiography, Treadmill stress testing, Holter monitoring, Ambulatory blood pressure monitoring, Tilt table testing, Pacemaker facility with a screening unit and facilities for temporary, single and dual chamber pacemakers...'

'Hypertension is a major health problem in Sri Lanka. Most General Practitioners and primary health care clinics manage thousands of hypertensive patients...

'Cardiac bypass grafts and stenting are provided in the public health system in Sri Lanka. Currently there are close to 20 thoracic surgeons working in major hospitals... There are few who work for the private sector completely and occasionally visiting surgeons from India carry out cardiac surgeries in major private hospitals... There are approximately 500 cardiac surgeries carried out in the government sector each month. The stents are given free of charge for these surgeries.'⁶⁴

- 6.8.3 The following cardiac medications are available and considered essential: Heparin, warfarin, and enoxaparin are available from base hospitals where there are consultant physicians available for managing patients with acute and chronic cardiac conditions. Atenolol, diltiazem, GTN, ISMN, Verapamil, amiodarone, atropine, digoxine, adrenaline, lignocaine and adenosine⁶⁵.
- 6.8.4 The following available medicines, considered essential and commonly used for heart failure, are: Carvedilol, digoxine, enalapril, furosemide, HCT, spironolactone, dopamine and noradrenaline⁶⁶.

⁶⁴ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶⁵ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶⁶ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

- 6.8.5 The following most commonly available medicines used for the treatment of hypertension: Atenolol, enalapril, hydralazine, HCT, labetalol, methyldopa and nifedipine⁶⁷. There are newer medications available in the private sector for a reasonably higher price⁶⁸.

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6.9 Gastroenterological conditions

- 6.9.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Malignancies of the gastrointestinal tract (oesophagus, stomach and colon) accounts for nearly 20% of the cancer mortality in Sri Lanka. Common gastroenterological conditions observed in Sri Lanka are gastroesophageal reflux disease, acute and chronic gastritis, irritable bowel syndrome, inflammatory bowel disease, Gastroenteritis, and diseases of the colorectum which include anal fissures, haemorrhoids and sphincter anomalies.'⁶⁹

- 6.9.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's report added:

'Management of gastrointestinal tumours are mainly done at specialised oncology units whereas the care facilities for other gastroenterological conditions are offered at almost all tertiary care institutions in the country. The offered facilities include anorectal function testing (evaluation of constipation and faecal incontinence), diagnostic and therapeutic endoscopy including enteral stents, biliary stents, banding of oesophageal varices, small-bowel enteroscopy, endoscopic treatment for gastrointestinal bleeding and endoscopic ultrasound, testing for chronic constipation, including radionuclide gastric and intestinal transit studies, 24-hour pH monitoring, gastro-duodenal motility, ambulatory motility recordings and provocative testing for non-cardiac chest pain.'⁷⁰

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6.10 Gynaecological conditions

- 6.10.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's report noted:

'Common gynaecological conditions in Sri Lanka includes the cancers of the female reproductive tract and menstrual cycle related abnormalities. Cervical cancer is the second commonest malignancy among females with an age-standardized incidence rate of 8.2 per 100,000 population in 2014. It accounts for 8.6% of newly diagnosed cancers among females. Ovarian cancer is the fourth commonest malignancy with an age-standardized rate of 7.2 per 100,000 population accounting for 7.3% of female cancer incidence. Uterine cancer stands as the eighth commonest with an age-standardized rate of 5.2 per 100 000 population consisting 4.7% fall newly diagnosed female malignancies... Gynaecological malignancies are managed at specialised cancer units while the specialised obstetricians and

⁶⁷ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶⁸ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁶⁹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁷⁰ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

gynaecologists working in the tertiary care institutions and private sector offer treatment to other common gynaecological conditions.⁷¹

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6.11 Reproductive health

6.11.1 The Women and Media Collective, 2015 Country Profile, stated:

‘The TFR [Total Fertility Rate] according to the most recent Sri Lanka Demographic and Health Survey (SLDHS) is 2.3... That is, a woman in Sri Lanka would have an average of 2.3 children by the end of her childbearing period, if current age specific fertility rates remain unchanged. A closer look at trends in fertility rates noted that there has been a slight increase in the TFR from 1.9 in 2000. While there is no significant difference in urban (2.2) and rural (2.3) fertility rates, those in the estate sector are relatively higher, at 2.5. There was also no significant difference when comparing education levels and wealth quintiles. Data further noted that only one in 10 children are born less than 24 months after a previous birth and the median interval between births is more than 4 years...’⁷²

6.11.2 The same profile, noted:

‘Sri Lanka’s MMR [Maternal Mortality Ratio] stands at 37.7 maternal deaths per 100,000 live births... When considering the past two decades, the highest and lowest MMR recorded was 63.0 (in 1996) and 31.1 (in 2010) respectively. However, it must be noted that the favourable national maternal mortality statistics hide regional and sectoral differences... Sri Lanka is currently targeting zero maternal mortality... The IMR [Infant Mortality Rate] for Sri Lanka in 2012 was 9.2 deaths per 1,000 live births showing a drop from 13.1 in 2002...’⁷³

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6.12 Dengue fever

6.12.1 Dengue Fever is spread via the bite of an infected dengue mosquito. As described by the Epidemiology Unit of the Ministry of Health in Sri Lanka:

‘Dengue symptoms are similar to flu, caused by a virus. Dengue can materialise as two forms of disease:

‘(a) Dengue Fever (DF) – marked by an onset of sudden high fever, severe headache, pain behind the eyes, and pain in muscles and joints. Some may also have a rash.

‘(b) Dengue Haemorrhagic Fever (DHF) – is a more severe form, seen only in a small proportion of those infected. Typically DHF is characterised by high continuous fever for less than 7 days; bleeding from various parts of the body (including nose, mouth and gums or skin bruising); severe continuous

⁷¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁷² Women and Media Collective, (Total Fertility Rate, p3), 2015, [url](#)

⁷³ Women and Media Collective, (MMR, Infant Mortality Rate (IMR)), p5-6), 2015, [url](#)

abdominal pain mainly due to enlarged liver, and shock in severe cases. This can lead to death. DHF is more serious in children.⁷⁴

- 6.12.2 In 2017, an outbreak of dengue cases reached over 80,000 cases across the country caused by heavy rains, standing water pools and uncleared household waste which are potential breeding grounds for mosquito larvae⁷⁵.
- 6.12.3 In 2018, the number of dengue cases dropped to nearly 52,000 and by March 2019, 28,000 suspected dengue cases had been reported to the Epidemiology Unit from all over the country. The majority of cases (43%) were reported from the Western Province⁷⁶.
- 6.12.4 In 2018, 50 deaths were recorded throughout the year due to dengue virus. There were 28 dengue-related deaths across the country reported in the first five months of 2019⁷⁷.
- 6.12.5 The distribution of dengue cases by month in 2019 was recorded by the [Epidemiology Unit of the Ministry of Health](#)⁷⁸.
- 6.12.6 According to the Epidemiology Unit of the Ministry of Health, there is no specific treatment for dengue fever:
- ‘Treatment is symptomatic –
- keep the person home and allow to rest, this will help recover more quickly
 - give plenty of fluids to drink
 - allow to eat what they can
 - Paracetamol may relieve symptoms of fever and joint pain. Aspirin and other NSAIDs [Non-steroidal anti-inflammatory drugs] must be avoided.
- 6.12.7 However, careful early clinical management frequently saves lives of DHF patients⁷⁹.

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6.13 Palliative care

- 6.13.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s report, noted:
- ‘Palliative care has been given a prominence in Sri Lanka recently. The [National Cancer Control Program](#) has drafted a new National Strategic Framework for Palliative Care Development. The Postgraduate institute of Medicine has introduced a postgraduate diploma in palliative care medicine since 2015. The doctors who are trained in this sub-specialty would be able to deliver effective palliative care services within the government hospital system. The Sri Lanka Medical Association has set up a palliative care task force for the advancement of the field in the country. The Ministry of Health

⁷⁴ Epidemiology Unit, ‘Dengue Fever Fact Sheet’, undated, [url](#)

⁷⁵ WHO, Dengue fever – Sri Lanka, 19 July 2017, [url](#)

⁷⁶ MoH, Epidemiology Unit, ‘Dengue update’, 2019, [url](#)

⁷⁷ The Straits Times, ‘28 people dead, over 18,000 affected by dengue in Sri Lanka’, 6 June 2019, [url](#)

⁷⁸ MoH, Epidemiology Unit, ‘Disease Surveillance Trends’, 2019, [url](#)

⁷⁹ MoH, Epidemiology Unit, ‘Dengue Fever Fact Sheet’, undated, [url](#)

has planned to set up a dedicated palliative care hospital which was planned to be operative by 2019 in Anuradhapura.

'Palliative care is available through major private sector hospitals in Sri Lanka. The Nawaloka Hospital offers a variety of services for terminally ill and end stage patients.'⁸⁰

- 6.13.2 Reporting on the new palliative care hospital in Anuradhapura, The Times of Sri Lanka, noted in October 2018: 'The hospital, the first of its kind in the country, which will also serve as a centre of research in palliative care and Chronic Kidney Disease of Unknown Origin (CKDu) will also enable training opportunities for the staff both locally and in Australia.'⁸¹
- 6.13.3 However, the cornerstone-laying ceremony for construction of the hospital, to be built by the Sri Lanka Army, was only laid on 22 February 2020. No planned completion date was reported⁸².
- 6.13.4 The website of the Ministry of Health National Cancer Control, (NCCP) Programme, noted that clinics offering palliative Care in Sri Lanka include:
- Apeksha Hospital Maharagama
 - Teaching Hospital Ratnapura
 - Lady Ridgeway Hospital for Children
 - Teaching Hospital Karapitya
 - Colombo South Teaching Hospital Kalubowila
- 6.13.5 In addition to these clinics, basic palliative care services are arranged through Oncology clinics in all cancer treatment centres in the country⁸³.
- 6.13.6 Morphine and tramadol are available for use in palliative care through the [essential medicines list](#)⁸⁴.

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7. Paediatrics

- 7.1.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:
- 'Sri Lanka proudly hosts the largest children's hospital in the world in its capital city. According to the Annual Health Bulletin 2016, there are 172 paediatricians working in the government hospitals around the country...
- 7.1.2 'Paediatricians in Sri Lanka are well trained to handle all the paediatric conditions that are common in our setting. The extensive training, they receive include mandatory overseas training in a country such as the UK. They receive a training in managing many conditions which include the following: behavioural problems, cardiology, dermatology, diabetes and

⁸⁰ Dr Jayamal De Silva and Dr. Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁸¹ The Times of Sri Lanka, 21 October 2018, [url](#)

⁸² Sri Lanka Army, 'Army to build world's first eco-friendly palliative care...', 22 February 2020, [url](#)

⁸³ MoH, National Cancer Control, (NCCP) Programme, 2019, [url](#)

⁸⁴ Dr Jayamal De Silva and Dr. Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

endocrinology, growth and development, gastroenterology and hepatology, genetics and dysmorphology, haematology and oncology. infection, immunity and allergy, metabolic medicine, musculoskeletal, neonatology, nephro-urology, neurology and neurodisability nutrition, ophthalmology, pharmacology, poisoning and accidents, respiratory medicine and ENT [ear, nose and throat], safe guarding, transfusion medicine, sexually transmitted diseases.’⁸⁵

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7.2 Ear, nose and throat (ENT), audiology and speech therapy

7.2.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s report, noted:

‘Speech therapy is available from the LRH [Lady Ridgeway Hospital] and other major hospitals such as the Colombo South Teaching Hospital and North Colombo Teaching Hospital free of charge. Altogether there are 70 speech therapists available in the government sector hospitals providing treatment for both children and adults. And there are 46 ENT surgeons working in the country providing services to both adults and children.

‘The ENT specialists in Sri Lanka are capable of treating the full spectrum of ENT conditions including the trauma, congenital abnormalities, inflammations, neoplasms, autoimmune and degenerative disorders. They are specially trained in dealing with deafness which include management of a deaf child and forensic audiology.’⁸⁶

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7.3 Support and care for children with disabilities

7.3.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s report, noted:

‘The Lady Ridgeway Hospital in Colombo has facilities, staff and equipment for providing occupational therapy, speech therapy and physiotherapy for disabled children. Similar services are available from the Sirimao Bandaranaike Children’s Hospital Peradeniya...

‘There are various non-governmental organizations providing services for children with disabilities. They range from day care services to full treatment programs with speech therapy, occupational therapy and rehabilitation. Many are charities operating in various parts of the country. However, the opportunities for special education in Sri Lanka is limited. And [most] of these are provided by non-governmental organizations.’⁸⁷

7.3.2 See [page 61-62](#) in [Annex A](#) for the number of available health professionals in each District working in the Rehabilitation Field.

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⁸⁵ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁸⁶ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

⁸⁷ Dr Jayamal De Silva and Dr. Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

8. Mental health

8.1 Overview of mental health care

8.1.1 The DFAT report, 4 November 2019, stated:

‘The government is devoting progressively greater attention and resources to mental illness. A National Mental Health Policy, adopted in 2005 and subsequently renewed in 2015, sits alongside a National Mental Health Action Plan. The Ministry of Health operates the National Institute of Mental Health in Colombo. The only state-run hospital dedicated to treating mental illness, it has 1,200 full-time staff and 1,500 beds. The National Institute of Mental Health admits over 8,000 patients annually. It operates a National Mental Health Helpline, launched in October 2018, and offered psychosocial support to those affected by the 2019 Easter Sunday terrorist attacks.’⁸⁸

8.1.2 The same report further added:

‘Improving access to mental health services, including at the community level, is a government priority. As part of this effort, the government has deployed cadres of mental health workers to the district level and rolled-out a Training of Trainers in Mental Health and Psycho-Social Wellbeing Programme in the Northern Province. District-level hospitals have mental health facilities and some non-governmental organisations (NGOs) (e.g. Women In Need and Women’s Action Network) provide psychosocial support services, including in Tamil-populated areas. The International Committee of the Red Cross (ICRC) provides psychosocial support to the families of missing persons, including peer-to-peer counselling in the north, east and south. The families of missing government soldiers receive some psychosocial support from the Ministry of Defence. The Office on Missing Persons (OMP...), established in September 2017, will provide mental health and psychosocial care for the families of missing persons as part of its functions.

‘According to local sources, there is significant, ongoing need for psychosocial support in the north and east, particularly for former combatants, the families of missing persons and those affected by the 2004 Indian Ocean tsunami (which also affected people in the south and west). Despite some improvements, mental health services, overall, are considered inadequate, particularly in former conflict areas, and there remain ongoing challenges in accessing mental health care. Mental illness is not widely discussed in Sri Lankan society and carries stigma at the community level. This, in turn, deters victims from revealing and seeking treatment for mental illness. Some families seek traditional methods to “cure” mental illness, including through use of local healers.’⁸⁹

8.1.3 A UK Home Office Fact-Finding Mission (FFM) to Sri Lanka was conducted between 28 September and 5 October 2019. A report on the FFM (FFM report) was subsequently published in January 2020⁹⁰. On 2 October 2019,

⁸⁸ DFAT, ‘Country Information Report, Sri Lanka’, (p12-13), 4 November 2019, [url](#)

⁸⁹ DFAT, ‘Country Information Report, Sri Lanka’, (p13), 4 November 2019, [url](#)

⁹⁰ UK Home Office, ‘FFM to Sri Lanka’ (p5), January 2020, [url](#)

the fact-finding team, consisting of 3 officials from the Country Policy and Information Team, visited the state-run National Institute of Mental Health (NIMH). Health care professionals from the NIMH provided information on the hospital's facilities, which are outlined below⁹¹.

- 8.1.4 The NIMH has a 24-hour emergency care and a 24-hour outpatient facility. According to the team at NIMH they provide comprehensive treatment for people with all ranges of mental health problems. The hospital covers a 50km radius and has 72 psychiatric nurses within the community⁹². The NIMH indicated that, at the time of the FFM team visit, there was no waiting list for their services⁹³.
- 8.1.5 At the time of the FFM visit, the NIMH had:
- 1,420 beds
 - 14 consultants
 - 72 medical officers
 - 439 nursing officers
 - 18 community nurses (based at hospital)⁹⁴.
- 8.1.6 In addition to providing care for those with mental health issues, the hospital also ran:
- an outreach programme, going to schools to promote mental health
 - an awareness of gender-based violence
 - a volunteer programmes
 - a National Mental Health Helpline which is open 24/7. Trained nurses and doctors can give help and advice.
 - A mental unit open to the general public to help reduce the stigma of mental health within the community⁹⁵.
- 8.1.7 The NIMH also provided involuntary care in a secure unit⁹⁶.
- 8.1.8 The FFM team were also told by the NIMH that psychiatric care was provided in mental health units in all general hospitals across the 25 districts of Sri Lanka. University hospitals also had psychiatric units⁹⁷. According to the NIMH, there were 100 consultant psychiatrists in the country and 300 mental health officers⁹⁸. There were also 350 primary units in the country, with a target is to have 1 mental health officer in each unit⁹⁹. Mental health care was reported to be available for everyone within a 10km radius¹⁰⁰.

⁹¹ UK Home Office, 'FFM to Sri Lanka' (paras 9.1.1 and 9.1.11), January 2020, [url](#)

⁹² UK Home Office, 'FFM to Sri Lanka' (para 9.1.2), January 2020, [url](#)

⁹³ UK Home Office, 'FFM to Sri Lanka' (para 9.1.11), January 2020, [url](#)

⁹⁴ UK Home Office, 'FFM to Sri Lanka' (para 9.1.3), January 2020, [url](#)

⁹⁵ UK Home Office, 'FFM to Sri Lanka' (para 9.1.4), January 2020, [url](#)

⁹⁶ UK Home Office, 'FFM to Sri Lanka' (para 9.1.5), January 2020, [url](#)

⁹⁷ UK Home Office, 'FFM to Sri Lanka' (para 9.1.8), January 2020, [url](#)

⁹⁸ UK Home Office, 'FFM to Sri Lanka' (para 9.1.9), January 2020, [url](#)

⁹⁹ UK Home Office, 'FFM to Sri Lanka' (para 9.1.10), January 2020, [url](#)

¹⁰⁰ UK Home Office, 'FFM to Sri Lanka' (para 9.1.10), January 2020, [url](#)

8.1.9 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Currently Sri Lanka has close to 100 psychiatrists working all over the country. There are 67 consultant psychiatrists working in the Ministry of health and the rest work for the University psychiatry units attached to the teaching hospitals in different provinces... NIMH has several acute and intermediate care facilities apart from the specialised services it houses. The specialised services include the high secure forensic unit, mother-baby unit, geriatric unit and a special ward for the mentally retarded. NIMH runs an out-patient clinic at the National Hospital of Sri Lanka, Colombo...

'There are a total of 2960 beds for the psychiatric patients in hospitals distributed in the country. Most beds are found in the NIMH [National Institute of Mental Health] in Colombo. Yet, there are in-patient units found in less resourceful places such as Jaffna. However, there are no in-patient settings (wards) in Kilinochchi, Mulaithiu, Puttalam and Moneragala districts at the time of writing. These four District General Hospitals are staffed by a consultant psychiatrist and out-patient and liaison services are available...

'All in-patient services are supervised by a visiting consultant psychiatrist. In some settings such as teaching hospitals where there are university units, the units are staffed by several consultant psychiatrists. For example, Colombo south teaching hospital and National hospital of Sri Lanka has eight consultants each in the university psychiatry unit. But the distribution varies. Teaching hospital Jaffna at present has two consultants working there.'¹⁰¹

8.1.10 The report further added:

'In most settings, the consultant psychiatrist is supported by a range of other professionals as team members. There are several categories of medical officers who are employed under the supervision of consultant psychiatrist. The diploma doctors are the doctors who have a postgraduate diploma in psychiatry and are employed in clinics and community settings. They work under the supervision of a consultant psychiatrist but are capable of delivering a skilled service as they are given a postgraduate training for one year. There are designators medical officers identified as Medical officer of mental health (MOMHs) who get a three months additional training in psychiatry following their internship. Most of these doctors work only in psychiatric settings in larger hospitals where there is a consultant for supervision. At the same time, all other medical officers in Sri Lanka can cater to psychiatric emergencies and follow up psychiatric patients who are initially diagnosed by consultants. It is enabled as they are given at least two-and-a-half months of psychiatric training during the medical undergraduate training.

'Apart from the medical staff, all the psychiatric clinics are staffed by a Community Psychiatric Nurse or a general nurse. Some are identified as community mental health teams which comprise of a doctor, community psychiatric nurse and a social worker. Psychiatric social workers and

¹⁰¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

occupational therapists are available in all major hospital settings. Some provinces such as the Northern province have a community support worker in the team. There are volunteers at times in some of the psychiatric units.

'At present psychologists are available only in few university psychiatry units. The government hospital units which are under the Ministry of Health do not staff psychologists yet. Psychologists with postgraduate clinical psychology training and health promotion officers are planned to be recruited to the system in the near future.'¹⁰²

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8.2 Schizophrenia and other psychotic disorders

8.2.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Schizophrenia is a commonly diagnosed disorder in most psychiatry clinics and hospitals. All the hospitals where there is a consultant psychiatrist will treat all forms of psychotic illness which include schizophrenia, persistent delusional disorder, and acute psychotic episodes. Medical treatment is available all over the country. Most first generation and second-generation antipsychotic medications including clozapine are available in most government hospitals and are provide free of charge. In the NIMH [National Institute of Mental Health] report these conditions are mentioned as delusional disorders.'¹⁰³

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8.3 Mood disorders: depressive disorders and bipolar disorder

8.3.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Mood disorders are commonly seen in Sri Lanka mental health settings. The patients either present with depressive or manic episodes. Most patients are managed as out-patients at the government hospital clinics. Most commonly used antipsychotic medications such as olanzapine, quetiapine and haloperidol are readily available. Quetiapine might not be available in smaller government hospitals. As mood stabilizers, quetiapine, sodium valproate, carbamazepine, lamotrigiene and lithium carbonate are prescribed. Monitoring facilities for lithium levels and kidney and thyroid function tests are available in most private settings. They are available in larger government hospitals such as teaching hospitals and provincial general hospitals free of charge. Availability of lamotrigiene and quetiapine varies in the government hospital clinics.

'For the treatment of depression, cognitive behavioural therapy is available from teaching hospitals and some private sector hospitals as well as private clinics run by the psychologists. Specialized psychotherapies are generally not available from smaller government hospitals such as base hospitals or

¹⁰² Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹⁰³ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

community clinics. Commonly used medications for depression are available all over the country.¹⁰⁴ (See [Medication](#)).

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8.4 Stress related disorders

8.4.1 During a visit to the NIMH, the UK Home Office FFM team were told by a psychiatric consultant that Post-Traumatic Stress Disorder (PTSD) was treated at the hospital. The consultant also commented that more social and family support was available than in the West and many people recover with this support. According to the consultant, there were 2 or 3 experts in PTSD in Sri Lanka (1 based in Jaffna), but general psychiatrists were also able to treat PTSD¹⁰⁵.

8.4.2 According to the Commissioner General of Rehabilitation, consulted during the FFM, the rehabilitation (of former LTTE cadres) involved psychological treatment, education and therapies which included treatment for PTSD¹⁰⁶. In a meeting with representatives from the Human Rights Commission (HRC) of Sri Lanka, the FFM team were told that PTSD was a condition seen across the country and psycho-social services were lacking¹⁰⁷.

8.4.3 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Post-traumatic stress disorder [PTSD] and other stress related conditions are found to a lesser extent compared to other settings. This has been attributed to various factors including the variability of presentation due to culture specific factors. Most psychiatry clinics and consultant psychiatrists manage these conditions as out-patients. Medications used for treatment of PTSD such as fluoxetine, sertraline, venlafaxine and other medications which include commonly used antipsychotics for augmentation (risperidone) and mood stabilizers are available from most larger government hospitals... Newer medications such as duloxetine and bupropione are registered and available in Sri Lanka from private sector pharmacies.

'Cognitive Behavioural Therapy is available from teaching hospitals clinics and private sector psychologists. EMDR [Eye Movement Desensitisation Reprogramming] is not routinely available from any of the government sector hospitals. However, there is an EMDR society in Sri Lanka which trains therapists and [accredits] them. Their service is available through trained therapist networks in the private sector.'¹⁰⁸

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8.5 Anxiety spectrum disorders

8.5.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted: 'Treatment for anxiety spectrum disorders are available in the form of medications and psychotherapy. Most

¹⁰⁴ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹⁰⁵ UK Home Office, 'FFM to Sri Lanka' (para 9.1.7), January 2020, [url](#)

¹⁰⁶ UK Home Office, 'FFM to Sri Lanka' (p43), January 2020, [url](#)

¹⁰⁷ UK Home Office, 'FFM to Sri Lanka' (para 9.1.7 and p41), January 2020, [url](#)

¹⁰⁸ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

antidepressants are available ... New medications such as buspirone are available only from the private sector. Likewise, CBT [Cognitive Behavioural Therapy] is available from teaching hospitals in the government sector hospitals and many private sector hospitals. [...]In addition to what was mentioned earlier, most university psychiatry units in the country provide a range of services to the general public free of charge. These include in-patient services and out-patient clinics. There are psychologists, social workers, occupational therapists and community psychiatry nurses who are attached to these units and provide a multidisciplinary care. The Universities of Colombo, Peradeniya, Jayewardenepura, Ragama, and Ruhuna have well equipped well-staffed units. They have 5 to 8 psychiatrists working for them at a given time. At present, university of Jaffna and the Eastern university do not have permanent psychiatrist, even though the two teaching hospitals attached have consultants working for them. Rajarata university has one consultant psychiatrist and a senior registrar in psychiatry. ¹⁰⁹

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8.6 Substance abuse

8.6.1 The Commissioner General of Rehabilitation, consulted during the FFM, noted that the Bureau was now mainly responsible for rehabilitating drug addicts. At the time of the FFM visit, the Commissioner said there were 2 centres with 1,800 persons who receive education and vocational training¹¹⁰.

8.6.2 See the [Bureau of Commissioner General Rehabilitation](#) for further information on its drug rehabilitation programme.

8.6.3 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'Treatment for substance use disorders are provided by the consultant psychiatrists as both in-patients as well as out-patients. Detoxification of alcohol is usually carried out either in a medical setting or psychiatric setting. Heroin detoxification is carried out using symptomatic treatment. There are four rehabilitation centres run by the National Dangerous Drugs Control Board and provide short term rehabilitation based on evidence-based approaches free of charge. There are numerous private sector rehabilitation programmes available for a fee.

'Medications such as disulfiram, acamprosate and naltrexone for relapse prevention are only available from the private sector.'¹¹¹

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8.7 Other services

8.7.1 Dr Jayamal De Silva and Dr Nadeeka Chandraratne's, Research findings, February 2020, noted:

'A range of Non-governmental organizations (NGOs) are working for delivery of mental health services in Sri Lanka. Some provides [sic] counselling and

¹⁰⁹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹¹⁰ UK Home Office, 'FFM to Sri Lanka' (p43), January 2020, [url](#)

¹¹¹ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

helplines. There are several helplines for people who feel suicidal, with the assumption that the attempts could be prevented.

‘Some NGOs provide residential care for the chronic patients who require long term rehabilitation. Sahanaya is such an organization which runs a day care centre in Colombo and a residential care facility at Gorakana.’¹¹²

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8.8 Helplines

8.8.1 During a visit to the NIMH, the FFM team were informed of the toll-free national mental health helpline (tel: 1926), manned 24/7¹¹³. People who call the helpline were referred to their closest mental health team and linked to social support services if needed¹¹⁴.

8.8.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s, Research findings, February 2020, noted:

‘Sri Lanka has several counselling helplines. The NIMH runs a 24-hour general mental health helpline which is operated by trained nurses. They direct patients to the respective local centres as appropriate after the initial counselling. Their telephone number is 1926.

‘Sumithrayo is an organization which has been having a suicide prevention helpline for years. Apart from the telephone counselling, they operate as a drop-in centre for counselling.

‘The National Authority on Tobacco and Alcohol (NATA) has a helpline for quitting tobacco and alcohol use. Its telephone number is 1948.’¹¹⁵

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8.9 Medication

8.9.1 According to the NIMH, all basic medicines (for mental health disorders) were available in the public sector¹¹⁶. Newer medication may only be available in the private sector¹¹⁷.

8.9.2 Dr Jayamal De Silva and Dr Nadeeka Chandraratne’s, Research findings, February 2020, noted:

‘Common medications which are used in psychiatry are dispensed from all the hospitals which run clinics. Some of the newer or restricted medications may not be available in smaller hospital clinics which are staffed by only a diploma doctor or an MOMH [Medical officer of mental health]. For example, sertraline, venlafaxine, quetiapine and donepezil as well as methylphenidate would be available in larger hospitals up from District hospital type A. There are three types of depot medications and clozapine are available.

Methylphenidate is also available for the treatment of ADHD [Attention deficit hyperactivity disorder].

¹¹² Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹¹³ UK Home Office, ‘FFM to Sri Lanka’ (para 9.1.6), January 2020, [url](#)

¹¹⁴ UK Home Office, ‘FFM to Sri Lanka’ (para 9.1.6), January 2020, [url](#)

¹¹⁵ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹¹⁶ UK Home Office, ‘FFM to Sri Lanka’ (para 9.1.9), January 2020, [url](#)

¹¹⁷ UK Home Office, ‘FFM to Sri Lanka’ (para 9.1.9), January 2020, [url](#)

‘Commonly available medications under the essential medicines list include the following: fluphenazine, haloperidol, olanzapine, risperidone, amitriptyline, fluoxetine, imipramine, carbamazepine, lithium carbonate, valproic acid, diazepam, clomipramine, and methylphenidate hydrochloride.

‘The private sector pharmacies have a wider range of medications which include Amisulpiride [Amisulpride], aripiprazole, Mirtazepine, Duloxetine [Duloxetine], Buspirone, Atomoxetine, zolpidem, bromazepam, donepezil, memantine, melatonin, bupropione, NRTs [Nicotine Replacement Therapies], Naltrexone, acamprosate [acamprosate], disulfiram, Zuclopenthixol decanoate, quetiapine. Some of these medications are available from the government hospitals from time to time depending on the medical supplies department dispensing process.’¹¹⁸

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Section 9 updated: 29 June 2020

9. People living with disabilities

- 9.1.1 The WHO 2017 report stated ‘Sri Lanka is one of the fastest ageing countries in the world, and this demographic transition is expected to affect the disability rate. According to the Department of Census and Statistics, about 1.6 million people in Sri Lanka, i.e. almost 10% of the population, live with disabilities.[...].The Government of Sri Lanka ratified the UN Convention on the Rights of Persons with Disabilities in February 2016. This requires the country to “recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination of disability”.’¹¹⁹
- 9.1.2 In 2017 Disability organizations Joint Front wrote a submission to the UN Universal Periodic Review of Sri Lanka stating that ‘ Identification and early detection of disability could minimize the severity of disabilities that may occur prior to, during and after the birth. Though the Government has made interventions the medical sector lacks timely interventions, systematic referrals and follow ups. Public health education programs as well as the general health education curriculum do not include basic disability identification and prevention programs are insufficient. Access to health services is a challenging task for PwDs due to lack of physical accessibility and non-availability of information non-availability of audio visual communication boards and sign language interpreters even in leading state hospitals. The persons with severe disabilities and other difficulties are expected to wait in long queues for many hours and do not get the required attention. The required facilities are not available in the hospitals to get a reasonable health service for PwDs.’¹²⁰
- 9.1.3 See also [Discrimination in accessing health care](#)

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¹¹⁸ Dr Jayamal De Silva and Dr Nadeeka Chandraratne, Research findings, February 2020, [Annex A](#)

¹¹⁹ WHO, Sri Lanka Annual Report 2017, ‘Making a Difference’, [url](#)

¹²⁰ Disability organizations Joint Front, ‘Submission for the Review of the Situation of Persons with Disabilities in Sri Lanka’, March 2017, [url](#)

10. COVID-19

- 10.1.1 The Coronavirus pandemic has forced countries across the globe to take drastic measures in order to contain the spread of the virus. Sri Lanka is no exception and the government has taken measures to minimise the number of coronavirus cases. The below information is current at the time of publication but decision makers should be aware that owing to the nature of COVID-19 this information may change. Where more up to date information is required decision makers should refer to CPIT for the latest available COI.
- 10.1.2 According to an April 2020 online news report on The Hindu 'Some 10,000 frontline health workers in Sri Lanka are working tirelessly to arrest the spread of COVID-19 that has affected 235 people and claimed seven lives until Wednesday [15 April]. Partnering them in their response to the public health crisis is the Sri Lankan military, playing many roles from contact-tracing to running quarantine centres to distributing relief.'¹²¹
- 10.1.3 Deutsche Welle, Germany's international broadcaster, reported in May 2020: 'Sri Lanka closely monitored the pandemic's movement right after the first case appeared in the nation, tracking any potential COVID-19 suspects. "The first case came out in Sri Lanka in the last week of January [2020], after which there were no cases till about mid-March. During that gap, the government ensured that the public health surveillance was activated to find any cases with respiratory illnesses. Once the cases were identified, we conducted the needed diagnostics so that we were able to rule out any suspected COVID-19 cases," explained Pendse from the WHO [World Health Organisation].
- 'Sri Lanka had already developed a surveillance system based on the Open Source DHIS2 platform in early 2020. The system has since become the basis for the worldwide deployment of the DHIS2 COVID-19 response package via the Health Information Systems Program (HISP) to respond to the outbreak.
- 'The country also released the mobile-app COVID Shield to help people keep track of their health and provide support during self-isolation and quarantine. The app is now being deployed in several other countries, including the Maldives.
- 'In addition, the Sri Lankan government also closed down public health clinics and instead started delivering routine health checks and medication directly to the homes of patients. A hotline was created to allow non-COVID patients seek advice from healthcare workers.'¹²²

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¹²¹ The Hindu, 'COVID-19 | Sri Lankan military is helping the country fight the...', 15 April 2020, [url](#).

¹²² Deutsche Welle, 'How Sri Lanka successfully curtailed the coronavirus...', 18 May 2020, [url](#)

This project is part funded by the EU Asylum, Migration and Integration Fund. Making management of migration flows more efficient across the European Union.



Annex A

Sri Lanka: Medical treatment and healthcare, February 2020

Sri Lanka: Medical Treatment and Healthcare

February 2020

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Overview of Health Care System

The Sri Lankan health system comprises of Western allopathic and other traditional systems. Of these, the Western system is the main sector catering to the needs of the majority and furthermore information on the other systems is incomplete and often not available. Allopathic system provides services through both the public and the private sector. The public sector has a wide network of health care institutions countrywide and is provided free at the point of delivery.

The health services of the Government function under a Cabinet Minister. When the 13th amendment to the constitution was incorporated in 1989 and provincial councils were established, health became a devolved subject resulting in separate Provincial Ministries of Health in each of the nine provinces of the country, in addition to the Ministry of Health at National level.

The share of care between the public and the private sector are different for inpatient and outpatient care. The public sector providing around 95% of the inward care and

around 50% of the outpatient care services free at point of delivery providing a safety net to citizens (Ministry of Health, 2016). In addition to the services provided by the Department of Health Services, Provincial Councils and the Local Authorities, there is separate service provision for the armed forces and the police.

The decentralization entrusted a significant role for the nine provincial ministries of Health. The Central Ministry of Health was responsible for stewardship functions such as policy making, development of guidelines, program monitoring and technical oversight, the purchase and distribution of drugs and consumables, human resources training and deployment and the operation of the tertiary and a few other selected hospitals. The Nine Provincial Ministries of Health, were deemed responsible for primary and secondary levels of curative care and all preventive services.

- Primary healthcare

The Sri Lankan health system is recognized internationally as a high impact low-cost model. This achievement was built on the foundations of a health-care system that has been free at the point of delivery since 1951; a sound primary health-care approach since the mid-1920s (significantly in advance to the Declaration of Alma-Ata in 1978); establishment of a wide network of close-to-client primary health-care services. The demand for services was greatly influenced by universal adult franchise as early as 1931; and increasing literacy including that of women. Sri Lanka is therefore well positioned to achieve UHC, however, current demographic, epidemiological, social and economic transitions are challenges that need to be overcome to ensure universal and equitable health financing and care provision (de Silva, Ranasinghe, & Abeykoon, 2016).

- Private sector healthcare

The private sector provides access to all types of care at a cost and is a growing force, due both to greater investment from private players — who recognize the prevailing gaps in the delivery of public services and the evolving demographic and epidemiological profile of Sri Lanka — as well as greater demand from the population, including the poor — for “quicker, cleaner, and more flexible” health care services (Govindaraj, Navaratne, Cavagnero, & Sheshadri, 2014; Salgado, 2012).

The private sector provides ambulatory care inpatient care and rehabilitative care of varying degrees of sophistication. According to the Private Health Sector review (2015) there are 424 full time and 4845 part-time medical officers (Amarasinghe, 2015). These are supplemented by government medical officers doing private practice in their off-duty hours who provide the bulk of private primary outpatient care. Most of these private clinics are operated on a solo practitioner basis and most also dispense medicines. The private hospitals provide outpatient and inpatient services and specialist consultation services, the latter being mostly specialists in government service practicing in their off-duty hours. The bulk of the in-patient care in the private sector is under government sector specialists practicing in the private sector. In addition, there is a thriving business of private pharmacies and investigative services that cater for the wealthy and poor alike. The private sector provides access to all types of care at a cost. Most patients pay out of pocket on a fee-for-service basis.

The private sector is claimed to have certain advantages; the main being convenience, services being available at times when patients are free to attend. In addition, the ability to select the specialist of his or her choice, and continuity with the same doctor is also considered important reasons for seeking private sector services. Greater confidentiality in private settings as compared to public facilities was also identified to be an important factor in patient's choosing services from private sector option (Govindaraj et al., 2014).

- Communicable diseases

In Sri Lanka written laws relating to public health date back to the early British period, and the initial legislation was mostly concerned with prevention and control of major communicable diseases. Strict implementation of these laws was responsible for a reduction in the incidence of diseases such as smallpox, plague, and cholera.

The Medical Officer of Health (MOH) system which forms the cornerstone of the public health infrastructure in Sri Lanka dates back to (1926) British times. The prevention of communicable diseases at the community level is identified as a main responsibility of the MOH. The Epidemiology Unit of Sri Lanka functions as the apex organization in controlling of communicable diseases in the country. It implements activities related to disease surveillance and immunization in the country.

The control of communicable diseases is mainly done through the notification process. Notifiable Diseases were first gazetted, and notification of communicable diseases became a legal requirement in Sri Lanka as early as 1897. Legislation drafted in relation to major communicable diseases include measures such as restricting movements of people during epidemics, Immunization, and compulsory notification. Every registered medical practitioner professing to treat diseases, who attends on any person having symptoms of any disease in the notifiable disease list is required to notify to the proper authorities. Any person who contravenes this regulation shall be guilty of an offence and is liable to be prosecuted in the Magistrate Court. The list of notifiable conditions as approved by the Advisory Committee on Communicable Diseases on 5th September 2008) (Ministry of Health Nutrition and Indigenous Medicine, 2008) in Sri Lanka is presented in table below:

The Group A Notifiable disease are Internationally Notifiable diseases and should be informed to the Director General of Health Services, Deputy Director General (Public Health Services), Epidemiologist, Regional Epidemiologist, Divisional Director of Health. The Group B diseases should be notified to the Divisional Director of Health Services/Medical Officer of Health.

Group A*	Group B**
<ul style="list-style-type: none"> • Cholera • Plague • Yellow Fever 	<ul style="list-style-type: none"> • Acute Poliomyelitis / Acute Flaccid Paralysis • Chicken pox • Dengue Fever / Dengue Haemorrhagic Fever • Diphtheria • Dysentery

	<ul style="list-style-type: none"> • Encephalitis • Enteric Fever • Food poisoning • Human Rabies • Leptospirosis • Leprosy • Leishmaniasis • Malaria • Measles • Meningitis • Mumps • Rubella / Congenital Rubella Syndrome • Simple Continued Fever of over 7 days or more • Tetanus • Neonatal Tetanus • Typhus Fever • Viral Hepatitis • Whooping Cough • Leishmaniasis • Severe Acute Respiratory Syndrome (SARS) or suspected of SARS • Tuberculosis
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The Expanded Programme of Immunization (EPI) in Sri Lanka is considered a success story of controlling communicable diseases worldwide. Sri Lanka maintains an immunization coverage of 90 – 100% to all EPI vaccines in the country.

With the existing strong system of preventing and controlling communicable diseases, Sri Lanka had been successful in eliminating Lymphatic Filariasis, Leprosy, Malaria, Polio, and mother to child transmission of HIV.

However, there are a few communicable diseases such as Dengue, Leptospirosis, and acute lower respiratory tract infections that are observed in the country with seasonal variations. The epidemiology unit produces a Weekly Epidemiology Record which summarises the trends and situation in respect of the week under consideration.

- Pharmaceutical sector

In 1987, the State Pharmaceuticals Manufacturing Corporation (SPMC) was founded. It is now the largest drug manufacturer in Sri Lanka, providing 72 drugs to the Department of Health Services (MoH) at low profit margins.

Until year 2015, legal basis for and regulation of medicinal drugs were provided through the Cosmetic Devices Drugs act (CDD) (1980 act no 27). The government approved the National Medicinal Drug Policy (NMDP), in year 2007. The implementing body which is the National Medicinal Regulatory Authority was established by the National Medicinal Regulatory Act an act of parliament in 2015 (Parliament of the Democratic Socialist Republic of Sri Lanka, 2015). The NMRA act enabled the Sri Lankan government to issue a pricing formula for 72 essential medicines that are required to treat diabetes mellitus, hypertension, cardiovascular diseases and other common diseases.

The national List of Essential Medicines for Sri Lanka can be accessed from https://nmra.gov.lk/images/PDF/publication/publication_003.pdf (Ministry of Health, 2013-2014). According to the Service Availability and Readiness Assessment for Sri Lanka 2017 readiness score for essential medicines was 83 out of 100 for the hospitals in Sri Lanka. There had been no major difference in the readiness score between public and private sector hospitals (83 and 81 out of 100 respectively). The most commonly available drugs were paracetamol (99%) and prednisolone (99%), while the least commonly available drug was allopurinol (20%). The following drugs were also available in more than 95% of health facilities: metronidazole; amoxicillin; metformin; ACE inhibitors (e.g., any one of these - enalapril, lisinopril, ramipril, or perindopril), thiazides (e.g. hydrochlorothiazide (HCT)), aspirin, diclofenac sodium, omeprazole (or any alternative such as pantoprazole or rabeprazole), salbutamol and chlorpheniramine. These drugs were available universally across different types of health facilities.

The following drugs were available in less than 50% of health facilities at the national level: fluconazole, co-trimoxazole, ceftriaxone injection, isosorbide di-nitrate tablet (ISDN), budesonide/formoterol inhaler, allopurinol, oral bicarbonate supplements (sodium bicarbonate), parenteral iron-sucrose supplements, and erythropoietin injections. In general availability of the above-mentioned essential medicines was lower in Divisional Hospitals, compared to the secondary and tertiary health care facilities. Availability of essential medicines prescribed for chronic non-communicable diseases such as hypertension, diabetes, ischaemic heart disease were higher than other types of medicines. (Ministry of Health, Nutrition and Indigenous Medicine and Department of Census and Statistics, 2018).

Medical conditions:

- Cancer (oncology)

The most prevalent cancer in females is breast cancer. And the most prevalent cancers among males are lip, oral cavity and pharynx cancers. Screening for cervical

cancer by Cervical cytology (PAP) and direction of high-risk patients for Acetic acid visualization (VIA) are conducted by the Well Woman Clinics offered by the Ministry of Health. The Breast palpation / clinical breast exam (CBE) and referral of patients for tertiary care breast centres for mammography are also conducted by the Well Woman Clinics. Screening for other cancers are not routinely conducted by the preventive health sector. However, opportunistic screening is conducted for all patients presenting to primary healthcare institutions and health promotion interventions are carried out island wide to reduce risk factors for cancer (Annual Health Bulletin, 2016).

The following government hospitals are armed with specialised cancer treatment facilities which include an oncologist, an oncosurgeon, and chemotherapy and radiotherapy treatment (National Cancer Control Programme).

1. Apeksha Hospital, Maharagama (National Cancer Institute)
2. Teaching Hospital- Kandy
3. Teaching Hospital – Karapitiya
4. Teaching Hospital – Jaffna
5. Teaching Hospital - Anuradhapura
6. Provincial General Hospital - Badulla
7. Teaching Hospital - Kurunegala
8. Teaching Hospital - Batticaloa
9. Provincial General Hospital - Ratnapura

In addition, few leading private hospital in Colombo too offer treatment facilities for cancer.

- Diabetes

The prevalence of diabetes among the adult population in Sri Lanka is estimated to be 7.9% with females having a higher prevalence (8.4%) than the males (7.3%) (WHO fact sheet). According to the STEPS 2015 report, only 69% of adults with self-reported high blood sugar (65.7% for males and 73.1% for females) were estimated to be taking medicines. Among those previously diagnosed as having high blood sugar, 12.3% were on insulin (13.5% for males and 11.3 % for females).

Sri Lankan doctors are well equipped to deal with diabetes and its complications as they receive a good training on identifying and treating them. The government hospitals in Sri Lanka generally provide investigations such as Fasting blood sugar, urine sugar and even HBAiC (in larger hospitals only). Oral Glucose Tolerance Tests (OGTT) are carried out for all the pregnant mothers and other patients where necessary.

Most larger hospitals including some base hospitals have ophthalmology clinics and consultant ophthalmologists. They screen for diabetes retinopathy and eye disease. Treatment is provided for retinopathy, which includes retinal laser therapy at the Eye Hospital Colombo.

- Accessibility of treatment

Recent initiation of Healthy Life Style Centres by the Non-communicable unit of the Sri Lanka ministry of health increased the accessibility of services for the patients with diabetes. These centres are staffed by a medical officer and a trained nursing

officer and supportive staff. They carry out screening and treatment for diabetes and related disease at the primary care level. (World Health Organization, 2017)

- Medications available for diabetes

The government hospitals of Sri Lanka dispense most of the essential medications free of charge to the patients who attend the clinics. Occasionally, the medicines run out and the poor patients are affected by it. (Sunday Times, no date)

Metformin and sulphonylureas are readily available at primary health care institutions while insulin is available only at selected primary carer institutions. HbA1C levels for diabetes control, examination of fundus and foot for complications of diabetes are carried out at secondary and tertiary care institutions.

However, insulin is reported to be somewhat cheaper in the Private market in Sri Lanka compared to countries such as the Germany. However, it could still be very costly compared to the wages a the general public receive. (Health Action International, 2017)

Most of the commonly used drugs are available in Sri Lanka. Most of the base hospitals would have this set of medicines available from their pharmacies. The Sri Lanka essential Medicines List states that the many of those medications following have to be available in the country. Soluble insulin, biphasic isophane insulin, metformin, glibenclamide, tolbutamide, and gliclazide are generally available from government hospitals.(Ministry of Health, Sri Lanka, 2014) The Sri Lanka diabetes Federation web site informs that there are newer medications available for the treatment of diabetes in Sri Lanka. Most of these medicines are available from the private sector hospitals and pharmacies. The following are available: Tolbutamide, Gliclazide, Gliclazide(MR), Glibenclamide, Glipizide, Glimepiride., Sitagliptin, inagliptin, Saxagliptine and Vildagliptin. (Sri Lanka Diabetes Foundation, 2019)

There is a variety of insulins available in the private sector. These include soluble insulin, isophane insulin, Mixed insulin (mustard), and long acting insulins. (Sri Lanka Diabetes Foundation, 2019)

- Kidney diseases and renal failure

Chronic kidney disease (CKD) is a major burden on the healthcare system of Sri Lanka. Diabetes, hypertension, and the various forms of glomerulonephritis are well-recognized etiologies. With increasing prevalence of non-communicable diseases, in particular diabetes and hypertension, the burden of CKD is expected to rise. Since the 1990s, a new CKD, where no obvious cause is identifiable, has been described in Sri Lanka. This new condition has resulted in a rise in the incidence of CKD in rural Sri Lanka, and has been aptly named chronic kidney disease of unknown etiology (CKDu). Alternate suggested names for this condition include chronic agricultural nephropathy (CAN) and CKD of multifactorial origin (CKD-mfo) (Rajapaksha et al, 2016)

CKDu appears to disproportionately affect poor, rural, male farmers in hot climates. Despite more than 20 years of study in Sri Lanka and globally, the problem of CKDu is not well understood. The Government of Sri Lanka accords a very high priority to addressing CKDu. A Presidential Task Force on CKDu was set up in 2014 to provide oversight and coordinate the efforts of various sectors, agencies and ministries towards the prevention and treatment of CKDu.

The World Health Organization (WHO) report on “Kidney Disease of Uncertain Aetiology (CKDu) in Sri Lanka” says that the age standardized prevalence of CKDu among females in the age group of 15 to 70 years of age is 16.9% and that of males in the same age category is 12.9% (WHO, 2016).

The Epidemiology Unit of the Ministry of Health, Sri Lanka has established surveillance on chronic kidney disease since October 2013. The following 49 hospitals are declared as sentinel sites for surveillance (Epidemiology Unit,2017).

1. DH Padawiya
2. DH Madawachchiya
3. BH Kabithigollawa
4. BH Thambuththegama
5. DH Kakirawa
6. BH Madirigiriya
7. DH Hingurakgoda
8. DH Elahara
9. DH Welikanda
10. DH Aralaganwila
11. DH Nikawawa
12. DH PadawiSripura
13. DH Giradurukotte
14. BH Mahiyangana
15. DH Galenbidunuwawa
16. TH Anuradapura
17. GH Polonnaruwa
18. TH Kandy
19. GH Vavuniya
20. BH Dehiattakandiya
21. TH Jaffna
22. GH Mullaithivu
23. GH Killinochchi
24. TH Kurunagala
25. DH Kahatagasdigiliya
26. DH Thanamalwila
27. DH Buttala
28. GH Mannar
29. DH Sampathnuwara
30. NHSL
31. NINDT
32. TH Karapitiya
33. GH Sri Jayewardenepura
34. TH Kalubowila
35. DH Rambewa
36. DH Polpithigama
37. BH Nikaweratiya
38. BH Dambulla
39. DH Gomarankadawala
40. DH Badulla
41. BH Wellawaya
42. BH Cheddikulam
43. BH Mallavi
44. DH Mamaduwa
45. BH Tissamaharama
46. BH Tangalle
47. DGH Hambantota
48. DH Bakamuna

25. DH Hettipola, Wilgamuwa

According to the Service availability and Readiness Assessment Survey (2017) of Sri Lanka, 52% of health institutions offered services for CKD diagnosis. This service is offered by 97% of tertiary care hospitals, 92% of secondary care hospitals, 41% of Divisional Hospitals, and 57% of Private Hospitals. Management and/or long-term follow up of CKD patients were available in 49% of health institutions and monitoring of renal functions in 49% of health institutions at the national level. The service availability for CKD management and/or long-term patient follow up by facility type was almost similar to the CKD diagnostic services. Haemodialysis and peritoneal dialysis services were available predominantly in tertiary care hospitals (59% and 66% respectively). Haemodialysis and peritoneal dialysis were available in few Private Hospitals too (18% and 12% respectively). The NHSL, some of the Teaching Hospitals (56%) and few Private Hospitals (7%) performed renal transplantations.

- Hepatitis

Due to high prevalence of alcohol use, liver diseases are common in Sri Lanka. Alcoholic liver diseases and liver diseases due to fatty liver are the two commonest forms seen in Sri Lanka. Hepatitis B and C prevalence rates are low. Hepatitis A, which is spread by feco-oral route is moderately prevalent. (Wijewantha, 2017)

When it comes to hepatitis B, Sri Lanka belongs to low endemic countries. Sri Lanka practices universal precautions and excellent injection practices. Hepatitis C is more prevalent compared to Hep B. (Epidemiology Unit, 2017) Even among prison inmates, the prevalence rates for Hepatitis were found to be low. (Niriella et al., 2014)

Hepatitis B vaccine is available in Sri Lanka since 2003. (Ministry of Health, 2019)

- Liver transplants

The first successful liver transplant in Sri Lanka was carried out on 27th June 2010, at the National Hospital of Sri Lanka (Wijeratne et al, 2011). Currently, two government hospitals, the National Hospital of Sri Lanka and the North Colombo Teaching Hospital performs liver transplants free of charge. The North Colombo Teaching Hospital is armed with a Hepato-Pancreatico-Biliary and Liver unit which was formally established in February 2012. The liver transplants carried out in Sri Lanka is predominantly cadaveric transplants, but the units had been successful in few live donor transplants as well (University of Kelaniya, 2019).

- HIV/AIDS

Sri Lanka continues to be a low prevalence country for HIV although the numbers of HIV positive cases have been slowly rising over the years. The estimated numbers of adults living with HIV as of 2018 is 3500 and new infections were less than 1000. Total number of People Living with HIV diagnosed and alive was 2709 as at the end of 2018 (cumulative reported number minus cumulative reported deaths) (National STD/AIDS Control Programme, 2019).

Overall prevalence among key populations (KPs) which include female sex workers (FSW), males having sex with males (MSM), beach boys (BBs), people who use drugs (PWUD) and people who inject drugs (PWID) is <1%. But among the MSM, the prevalence is at 1.5%. Moreover, among the reported cases, the numbers of

MSM have also slowly been rising with close to half of those positive reporting male to male sex. The other population group where HIV has been consistently documented are returnee migrant workers and where the number of cases detected has been rising over the years. In all other population groups, only a few cases have been detected.

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health is the main government organization which coordinate the national response to sexually transmitted infections including HIV/AIDS in Sri Lanka. It collaborates with many national and international organizations such as the Global Fund to Fight Against AIDS, TB and Malaria (GFATM) and UN organizations while providing leadership and technical support to 33 island wide STD clinics and 21 ART centers. It provides STI and HIV laboratory services through a comprehensive laboratory network. HIV diagnosis is not a notifiable condition in Sri Lanka. However, because of the centralised HIV confirmatory system with Western Blot, all confirmed HIV seropositive persons are reported, and basic epidemiological information is collected by NSACP.

The “treat all” policy of WHO was adopted in 2016 and the government provides free antiretroviral therapy (ART) to all people living with HIV along with diagnosis and management of opportunistic infections (OIs). According to WHO guidelines, the preferred first-line ART regimen is TDF+FTC+EFV fixed dose combination. In 2018, four drugs were included in the National formulary: dolutegravir, atazanavir/ritonavir, lamivudine/abacavir combination which are adult ARV formulations and dispersible zidovudine/ lamivudine for paediatric use. The WHO has declared that Sri Lanka has eliminated Mother to Child Transmission of HIV in 2018 and the country has declared a goal of Ending AIDS by 2025 and has developed a road map to achieve this goal.

Mental Health System in Sri Lanka

- History

Since ancient times, psychiatric treatments were carried out by the indigenous physicians who followed a system of medicine similar to Ayurveda. (Minas et al., no date) There were other traditional healing systems based on exorcism and folk religion. These systems exist today as well even though the popularity has declined. Since the British Colonial era, there were three asylums which catered to the whole of the population of Sri Lanka.(Mendis, 2018) Following Tsunami in 2004, there was a rapid expansion of psychiatric services with opening of in-patient units in most district hospitals and a shifting of emphasis to community care. (Minas, Mendis and Hall, 2017)

Currently Sri Lanka has close to 100 psychiatrists working all over the country. There are 67 consultant psychiatrists working in the Ministry of health (Annual Health Bulletin of Sri Lanka, 2016) and the rest work for the University psychiatry units attached to the teaching hospitals in different provinces.

- Mental Diseases Ordinance

Sri Lanka has an archaic yet functional mental health law identified as the Mental Diseases Ordinance 1873. This was amended in 1956.(Government of Sri Lanka, 2019) The ordinance allows involuntary admissions. This covers admissions to the forensic psychiatric services as well. However, the ordinance has provisions to have

a patient admitted against his/ her will only to the National Institute of Mental Health (NIMH- Angoda), which is the former mental hospital/ asylum at Angoda. (Psychiatry and 2011, no date) Theoretically, patients cannot have involuntary admissions to any other hospital. In practice however, some patients are kept in General hospitals using the common law. Most of the time, the treating psychiatrist discusses with the family in order to help them in such situations and a collaborative decision is taken to keep the patient in such a setting.

Consent by proxy is not considered valid in Sri Lanka. All involuntary admissions to NIMH need to be notified to the Director of the institute. NIMH has several acute and intermediate care facilities apart from the specialised services it houses. The specialised services include the high secure forensic unit, mother-baby unit, geriatric unit and a special ward for the mentally retarded. NIMH runs an out-patient clinic at the National Hospital of Sri Lanka, Colombo.

- Infra-structure: Mental Health

There is a well distributed network of mental health services in the country which are mostly based on larger government hospitals. Many large hospitals have in-ward facilities for treatment. (Minas et al., 2017) The following hospitals have in ward facilities:

1. Teaching hospitals
2. Provincial general hospitals
3. District general hospitals
4. District hospitals type A (previously known as Base Hospitals)

There are a total of 2960 beds for the psychiatric patients in hospitals distributed in the country. Most beds are found in the NIMH in Colombo. (Annual Health Bulletin of Sri Lanka 2016) Yet, there are in-patient units found in less resourceful places such as Jaffna. However, there are no in-patient settings (wards) in Kilinochchi, Mulaithiu, Puttalam and Moneragala districts at the time of writing. (Annual Health Bulletin 2016) These four District General Hospitals are staffed by a consultant psychiatrist and out-patient and liaison services are available. The mental health directorate and the Sri Lanka college of psychiatrists collaborate in developing services in these less resourceful places.

- What are the services available in a typical psychiatry in-ward facility in Sri Lanka?

All in-patient services are supervised by a visiting consultant psychiatrist. In some settings such as teaching hospitals where there are university units, the units are staffed by several consultant psychiatrists. For example, Colombo south teaching hospital and National hospital of Sri Lanka has eight consultants each in the university psychiatry unit. But the distribution varies. Teaching hospital Jaffna at present has two consultants working there.

Variety of services in Mental Health

- In patients

As mentioned earlier, most larger hospitals have in-ward treatment facilities. Almost all teaching and provincial general hospitals have wards for both male and female

patients. Electro-convulsive therapy (ECT) is also available in these types of larger hospitals.

- out patients

All teaching hospitals, provincial and district general hospitals have out-patient treatment facilities. There are several types of clinics available including general adults, child and adolescent, geriatric, and substance abuse treatment clinics. Some university psychiatry units have separate psychotherapy and clozapine clinics.

All psychiatry clinics are open for all the citizens in the country. Likewise, any patient could get admitted to any unit depending on the requirement. The waiting time for a first visit clinic might have a range of one day to two weeks. All emergencies are attended usually within 24 hours. Patients can access any specialized clinic depending on the availability of such in the nearest hospital.

- Community clinics

All the consultants in smaller hospitals run and supervise community psychiatry clinics. The purpose of a community clinic is to improve accessibility of services and enhance compliance as a result. Domiciliary visits are carried out hand in hand with community clinics and patients are given depot anti-psychotic medications at their own places. The home visits are usually done by a medical officer and a community psychiatric nurse.

- Human Resources in psychiatry:

In most settings, the consultant psychiatrist is supported by a range of other professionals as team members. There are several categories of medical officers who are employed under the supervision of consultant psychiatrist. The diploma doctors are the doctors who have a postgraduate diploma in psychiatry and are employed in clinics and community settings. They work under the supervision of a consultant psychiatrist but are capable of delivering a skilled service as they are given a postgraduate training for one year. There are designators medical officers identified as Medical officer of mental health (MOMHs) who get a three months additional training in psychiatry following their internship. Most of these doctors work only in psychiatric settings in larger hospitals where there is a consultant for supervision. At the same time, all other medical officers in Sri Lanka can cater to psychiatric emergencies and follow up psychiatric patients who are initially diagnosed by consultants. It is enabled as they are given at least two-and-a-half months of psychiatric training during the medical undergraduate training.

Apart from the medical staff, all the psychiatric clinics are staffed by a Community Psychiatric Nurse or a general nurse. Some are identified as community mental health teams which comprise of a doctor, community psychiatric nurse and a social worker. (Gambheera H, 2011) Psychiatric social workers and occupational therapists are available in all major hospital settings. Some provinces such as the Northern province have a community support worker in the team. There are volunteers at times in some of the psychiatric units.

At present psychologists are available only in few university psychiatry units. The government hospital units which are under the Ministry of Health do not staff psychologists yet. Psychologists with postgraduate clinical psychology training and health promotion officers are planned to be recruited to the system in the near future.

- Mental Health Conditions that are commonly seen and treated in Sri Lanka

The annual report of the National Institute of Mental Health 2014 records successfully treated patients during the previous year as follows. (Health, 2014)

Table 3 Diagnosis of the patients discharged from NIMH, 2014

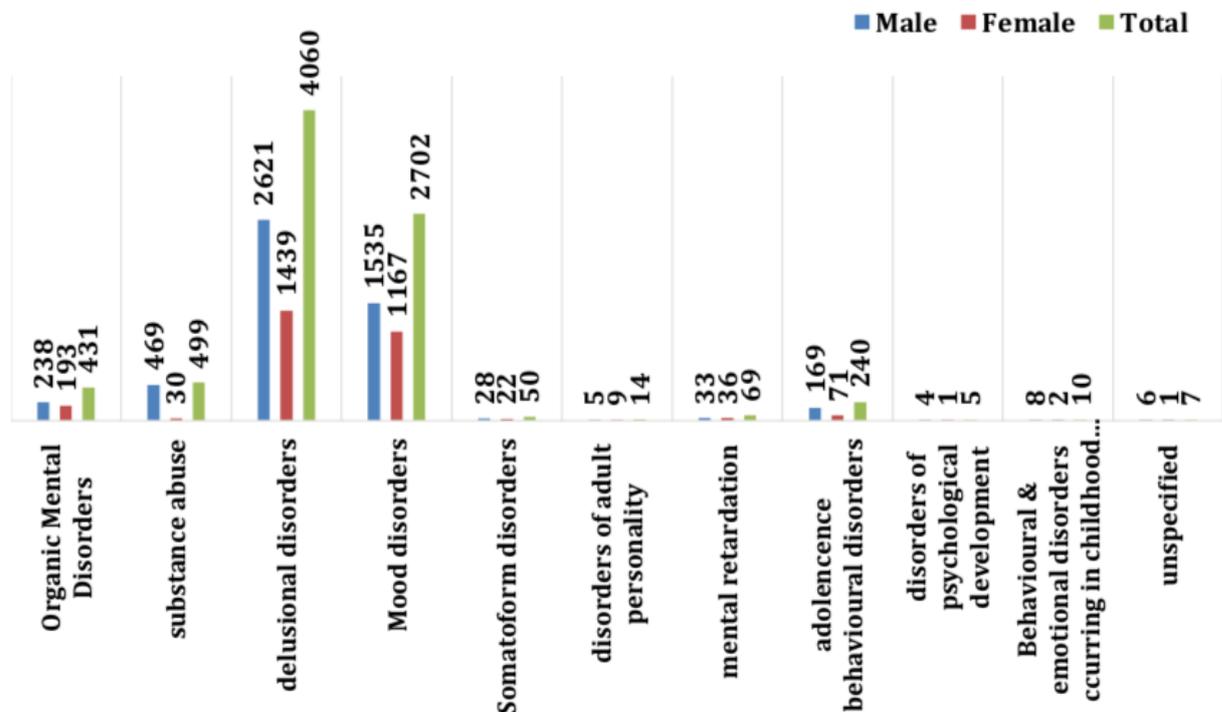


FIGURE 1 DESCRIPTION OF DISCHARGED PATIENTS FROM THE NIMH: 2014

Almost all categories mentioned in the ICD-10 or DSM-V are found in Sri Lanka. As an illustration, the following table is presented which is derived from the Annual Report of the NIMH in 2014.

The NIMH being a tertiary care referral centre and a place where most severe patients are referred would bias the picture. This is the only place where patients are admitted against their will under the Mental Diseases Ordinance.

The neurotic and stress related disorders are mostly managed as out patients and present to either community clinics, outpatient departments or to general hospitals.

a. Schizophrenia and other psychotic disorders

Schizophrenia is a commonly diagnosed disorder in most psychiatry clinics and hospitals. All the hospitals where there is a consultant psychiatrist will treat all forms of psychotic illness which include schizophrenia, persistent delusional disorder, and acute psychotic episodes. Medical treatment is available all over the country. Most first generation and second-generation antipsychotic medications including clozapine are available in most government hospitals and are provided free of charge. In the NIMH report these conditions are mentioned as delusional disorders.

b. Mood disorders: depressive disorders and bipolar disorder

Mood disorders are commonly seen in Sri Lanka mental health settings. The patients either present with depressive or manic episodes. Most patients are managed as out-patients at the government hospital clinics. Most commonly used antipsychotic medications such as olanzapine, quetiapine and haloperidol are readily available. Quetiapine might not be available in smaller government hospitals. As mood stabilizers, quetiapine, sodium valproate, carbamazepine, lamotrigine and lithium carbonate are prescribed. Monitoring facilities for lithium levels and kidney and thyroid function tests are available in most private settings. They are available in larger government hospitals such as teaching hospitals and provincial general hospitals free of charge. Availability of lamotrigine and quetiapine varies in the government hospital clinics.

For the treatment of depression, cognitive behavioural therapy is available from teaching hospitals and some private sector hospitals as well as private clinics run by the psychologists. Specialized psychotherapies are generally not available from smaller government hospitals such as base hospitals or community clinics. Commonly used medications for depression are available all over the country.

c. Substance abuse:

Treatment for substance use disorders are provided by the consultant psychiatrists as both in-patients as well as out-patients. Detoxification of alcohol is usually carried out either in a medical setting or psychiatric setting. Heroin detoxification is carried out using symptomatic treatment. There are four rehabilitation centres run by the National Dangerous Drugs Control Board and provide short term rehabilitation based on evidence-based approaches free of charge. There are numerous private sector rehabilitation programmes available for a fee.

Medications such as disulfiram, acamprosate and naltrexone for relapse prevention are only available from the private sector.

d. Stress related disorders

Post-traumatic stress disorder and other stress related conditions are found to a lesser extent compared to other settings. This has been attributed to various factors including the variability of presentation due to culture specific factors. Most psychiatry clinics and consultant psychiatrists manage these conditions as out-patients. Medications used for treatment of PTSD such as fluoxetine, sertraline, venlafaxine and other medications which include commonly used antipsychotics for augmentation (risperidone) and mood stabilizers are available from most larger government hospitals (see below the list of essential medications) Newer medications such as duloxetine and bupropione are registered and available in Sri Lanka from private sector pharmacies.

Cognitive Behavioural Therapy is available from teaching hospitals clinics and private sector psychologists. EMDR is not routinely available from any of the government sector hospitals. However, there is an EMDR society in Sri Lanka which trains therapists and accreditate them. Their service is available through trained therapist networks in the private sector. (EMDR Sri Lanka Association, 2019)

e. Anxiety spectrum disorders

Treatment for anxiety spectrum disorders are available in the form of medications and psychotherapy. Most antidepressants are available as mentioned below. New medications such as buspirone are available only from the private sector. Likewise,

CBT is available from teaching hospitals in the government sector hospitals and many private sector hospitals.

- Psychiatric Drugs and their availability

Common medications which are used in psychiatry are dispensed from all the hospitals which run clinics. Some of the newer or restricted medications may not be available in smaller hospital clinics which are staffed by only a diploma doctor or an MOMH. For example, sertraline, venlafaxine, quetiapine and donepezil as well as methylphenidate would be available in larger hospitals up from District hospital type A. There are three types of depot medications and clozapine are available. Methylphenidate is also available for the treatment of ADHD.

Commonly available medications under the essential medicines list include the following: fluphenazine, haloperidol, olanzapine, risperidone, amitriptyline, fluoxetine, imipramine, carbamazepine, lithium carbonate, valproic acid, diazepam, clomipramine, and methylphenidate hydrochloride. (Ministry of Health Sri Lanka, 2014)

The private sector pharmacies have a wider range of medications which include Amisulpiride, aripiprazole, Mirtazepine, Duloxetine, Buspirone, Atomoxetine, zolpidem, bromazepam, donepezil, memantine, melatonin, bupropione, NRTs, Naltrexone, accamprosate, disulfiram, Zuclopenthixol decanoate, quetiapine. Some of these medications are available from the government hospitals from time to time depending on the medical supplies department dispensing process.

Drug registration information could be found in the National Medicinal Regulation Authority (NMRA) website. The current price of a generic drug can be obtained by contacting “Rajay Osu Sala”, the state pharmaceutical company retail outlets. (STATE PHARMACEUTICALS CORPORATION PRICE LIST, 2019) Generic medicines are available for an affordable price for most patients. (Senarathna, Mannapperuma and Fernandopulle, 2011)

- Can a patient get down a drug which is not registered in Sri Lanka?

Any person can request a special personal licence to get down a medication which is prescribed by a qualified doctor in Sri Lanka for personal use. This has to be done by making a special application to the National Medicinal Regulatory Authority (NMRA) (National Medicines Regulatory Authority Act, No. 5 of 2015).

- Human resources and their distribution, university psychiatry units

In addition to what was mentioned earlier, most university psychiatry units in the country provide a range of services to the general public free of charge. These include in-patient services and out-patient clinics. There are psychologists, social workers, occupational therapists and community psychiatry nurses who are attached to these units and provide a multidisciplinary care. The Universities of Colombo, Peradeniya, Jayewardenepura, Ragama, and Ruhuna have well equipped well-staffed units. They have 5 to 8 psychiatrists working for them at a given time. At present, university of Jaffna and the Eastern university do not have permanent psychiatrist, even though the two teaching hospitals attached have consultants working for them. Rajarata university has one consultant psychiatrist and a senior registrar in psychiatry.

- Services for the minority –

Most of the Mental Health services in Sri Lanka are staffed by persons who speak minority languages (Tamil and English). In special circumstances, where there are language issues, the staff nurses or other staff members act as translators. When a deaf person is seen for assessment, a sign language interpreter could be arranged as a translator. They are arranged through the social services department of Sri Lanka. In areas where the majority speak either Tamil or Sinhala, almost all the staff are well versant with the respective language. All doctors in Sri Lanka can speak in English.

- Other professionals: GPs, DMOs, physicians,

The number of persons per a medical doctor in Sri Lanka is 1,118. (Annual Health Bulletin of Sri Lanka 2016) The current medical workforce has a reasonable knowledge in psychiatry and mental health and most are capable of prescribing commonly used psychiatric medications. All MBBS qualified doctors can prescribe antidepressants, antipsychotics and other psychoactive medications. Most GPs will manage depression and anxiety themselves. This was made possible because of the introduction of psychiatry in the medical curricula in Sri Lanka. (Sciences, 2018)

- Private sector professionals: including psychologists and counsellors

The private sector in large cities have psychologists working for almost all the large private hospitals in Sri Lanka. The “channelling” website, which is the portal for reservation of a consultation by a specialist in Sri Lanka listed 28 clinical psychologists who are available in numerous private sector hospitals and clinics in the country. (channelling.com, 2019 b) These services are especially available in main cities such as Colombo, Kandy and Galle. (channelling.com, 2019)

Counselors are available in many settings. As there is no single authority in Sri Lanka for accreditation of counsellors, they come from different backgrounds and levels of expertise. The state sector has social workers doing counselling in the government hospitals. There are other counsellors available in almost all the divisional secretariat offices which are the smallest administrative structures in the country. These divisional secretariat offices have child protection, probation and other officers who act as agents for respective government agencies and carry out counselling as well.

- Mithuru Piyasa Centres

The state health system in Sri Lanka initiated the Mithuru Piyasa program to cater for the domestic violence survivors. These centres host trained medical officers and nursing officers to help DV survivors with counselling, treatment and advise. Patients are referred to the nearest psychiatry service for further management when needed. We have cited one such example operating at the largest hospital for women in Sri Lanka (Castle Street Hospital for Women, 2019)

Other services:

- School counsellors

Sri Lanka has a network of school counsellors working in most larger schools. They are teachers specially trained for carrying out counselling.

- Non-Governmental Organizations (NGOs) –

A range of Non-governmental organizations (NGOs) are working for delivery of mental health services in Sri Lanka. Some provides counselling and helplines. There are several helplines for people who feel suicidal, with the assumption that the attempts could be prevented. (Sumithrayo - Sumithrayo Org, 2019)(Sri Lanka Suicide Hotlines - Suicide.org, 2019)

Some NGOs provide residential care for the chronic patients who require long term rehabilitation. Sahanaya is such an organization which runs a day care centre in Colombo and a residential care facility at Gorakana. (National Council for Mental Health - Gorakana Residential Facility, 2019)

- Help lines:

Sri Lanka has several counselling helplines. The NIMH runs a 24-hour general mental health helpline which is operated by trained nurses. They direct patients to the respective local centres as appropriate after the initial counselling. Their telephone number is 1926. (NIMH introduces mental health helpline ‘1926, 2019)

Sumithrayo is an organization which has been having a suicide prevention helpline for years. Apart from the telephone counselling, they operate as a drop in centre for counselling. (Sumithrayo - Sumithrayo Org, no date)

The National Authority on Tobacco and Alcohol (NATA) has a helpline for quitting tobacco and alcohol use. Its telephone number is 1948 (National Authority on Tobacco and Alcohol, no date)

There are several non-governmental sector organizations which work in the field of mental health promotion and prevention of alcohol and drugs. (ADIC Sri Lanka - Alcohol and Drug Information Centre, 2019)

- Neurological conditions

Neurological conditions are common in the medical practice in Sri Lanka. The neurologists are trained in the management of following conditions: Headaches, Infections, Cerebrovascular disease Disorders of consciousness Epilepsy, Movement disorders, Demyelination and vasculitis, Dementia, Disorders of cranial nerves, Disorders of the peripheral nervous system Disorders of the spine and spinal cord Autonomic nervous system Neuro-ophthalmology, Neuroimmunology, Sleep disorders, Pain, Head injury. (Postgraduate Institute of Medicine, 2014).

Currently there are more than 30 neurologists and 15 neurosurgeons in the government free health care system all over the country. Most neurosurgeons are available only at the major hospitals such as teaching and provincial general hospitals. (Annual Health Bulletin of Sri Lanka 2016). The Sri Association of Neurologists lists more than 50 members in their list and the numbers are rising. (Association of Sri Lankan Neurologists, 2017)

CT and MRI brain scanning are available in Sri Lanka. All provincial general hospitals host CT scanners. MRIs are available at the NHSL. Contrast media for the use of patients undergoing neuroimaging are available free of charge for these patients. (Sri Lanka National List of Essential Medicines, 2014)

The following medications are available from the neurology clinics which are operative at the government hospital clinics: carbamazepine, diazepam, clobazam, clonazepam, phenytoin, phenobarbitone, sodium valproate, topiramate and

lamotrigiene. For the treatment of migraine, sumatriptan and propranolol are available in addition to non-steroidal antiinflammatory drugs such as ibuprofen and diclofenac sodium as well as aspirin. Morphine and tramadol are available for the treatment of pain in neurology and cancer care. (Sri Lanka National List of Essential Medicines, 2014). Most newer drugs are available for purchasing from the private sector. They include levetiracetam, gabapentine and pregabalin.

- Cardio Vascular Disease (CVD)

The broad disease category CVD comprises atherosclerosis related ischemic heart disease, stroke and peripheral vascular disease. Cardiovascular disease accounts for 34% of the total deaths on Sri Lanka and Ischemic heart disease and stroke are the two main causes of death respectively (WHO, 2018).

According to STEPS survey 2015, which quantifies the risk factors for CVD, 45.7% men and 5.3% women currently used some form of tobacco product (either smoked or smokeless) while 35.3% of males and 4.1% of females were daily tobacco users. One third (34.8%) of the males were current alcohol users (drank in the past 30 days), while 40.2% were lifetime abstainers. A great majority (96.5%) of females were lifetime abstainers. 22.5% of the males and 38.4% of the females did not meet the WHO recommendation of physical activity (Ministry of Health, 2015). Healthy Life Style Centres had been established by the Ministry of Health with the objective to screen and identify behavioural and intermediate risk factors for CVD and other non-communicable diseases among adults between the age of 40 to 65 years (Annual Health Bulletin of Sri Lanka 2016).

Cardiologists are available in most of the large. Hospitals in Sri Lanka. There are 59 cardiologists working in the government health system. (Annual Health Bulletin of Sri Lanka 2016) Where there are no cardiologists, the consultant physicians would look after these patients. Most large hospitals would have echocardiogram facilities. Major provincial hospitals have intervention cardiological services such as stenting. Emergency units in base hospitals are equipped in managing acute cardiac conditions including acute myocardial infarctions. The following medications are available and considered essential cardiac medications in Sri Lanka. Heparin, warfarin, and enoxaparin are available from base hospitals where there are consultant physicians available for managing patients with acute and chronic cardiac conditions. Atenolol, diltiazem, GTN, ISMN, Verapamil, amiodarone, atropine, digoxine, adrenaline, lignocaine and adenosine. (Sri Lanka, 2014)

Specialized cardiac units are established in the two national hospitals and the main teaching hospitals. These units offer a range of cardiac care facilities which include Intensive Coronary care unit facility with Coronary Care Units and Intermediate coronary care units and inward facilities with specialised paediatric wards. The units also offers invasive and non-invasive cardiac investigation facilities such as cardiac catheterization and angiography laboratory with biplane digital subtraction angiography facility where Coronary angiography, angioplasty, stenting, mitral-valvuloplasty and other interventional procedures as paediatric pulmonary and aortic valvuloplasty, 2D Colour Doppler Echocardiography including Trans-oesophageal echocardiography and stress echocardiography, Treadmill stress testing, Holter monitoring, Ambulatory blood pressure monitoring, Tilt table testing, Pacemaker facility with a screening unit and facilities for temporary, single and dual chamber pacemakers (Institute of Cardiology, 2018).

The following medicines which are used in heart failure are considered essential and are available in Sri Lanka: carvedilol, digoxine, enalapril, furosemide, HCT, spironolactone, dopamine and noradrenaline. (Sri Lanka, 2014)

Hypertension is a major health problem in Sri Lanka. Most General Practitioners and primary health care clinics manage thousands of hypertensive patients. HLCs screen them for raised blood pressure and complications resulting from that. Most commonly used medications are available in Sri Lanka. Notably the following drugs are available: atenolol, enalapril, hydralazine, HCT, labetalol, methyldopa and nifedipine. There are newer medications available in the private sector for a reasonably higher price.

Cardiac bypass grafts and stenting are provided in the public health system in Sri Lanka. Currently there are close to 20 thoracic surgeons working in major hospitals in Sri Lanka. (Annual Health Bulletin of Sri Lanka 2016) There are few who work for the private sector completely and occasionally visiting surgeons from India carry out cardiac surgeries in major private hospitals in Sri Lanka. There are approximately 500 cardiac surgeries carried out in the government sector each month. The stents are given free of charge for these surgeries. (Daily News, 2019)

- Paediatrics

Sri Lanka proudly hosts the largest children's hospital in the world in its capital city. (Lady Ridgeway Hospital, 2019). According to the Annual Health Bulletin 2016, there are 172 paediatricians working in the government hospitals around the country. This number has to be supplemented with the paediatricians who are working for the university paediatric units and the ones who do full time private practice. (Annual Health Bulletin of Sri Lanka, 2016)

Paediatricians in Sri Lanka are well trained to handle all the paediatric conditions that are common in our setting. The extensive training, they receive include mandatory overseas training in a country such as the UK. They receive a training in managing many conditions which include the following: behavioural problems, cardiology, dermatology, diabetes and endocrinology, growth and development, gastroenterology and hepatology, genetics and dysmorphology, haematology and oncology, infection, immunity and allergy, metabolic medicine, musculoskeletal, neonatology, nephro-urology, neurology and neurodisability nutrition, ophthalmology, pharmacology, poisoning and accidents, respiratory medicine and ENT, safe guarding, transfusion medicine, sexually transmitted diseases. (Postgraduate Institute of Medicine, 2014)

The Lady Ridgeway hospital provides the full spectrum of paediatric services including cardiology, oncology, plastic surgery and many more. (Lady Ridgeway Hospital, 2019). Peradeniya hosts a similar specialized hospital which was opened recently and increases the accessibility of the general public to the paediatric care. (Sirimavo Bandaranayake specialized children hospital - Peradeniya, 2019)

- Child ENT, audiology and speech therapy

The Lady Ridgeway Hospital has facilities and consultants for all the ENT and speech therapy needs. Audiology facilities are sometimes tapped through Rathmalana Audiology Centre which provides facilities on a not for profit basis. (LRH, 2019), (Home | Rathmalana Audiology Centre, 2019)

Speech therapy is available from the LRH and other major hospitals such as the Colombo South Teaching Hospital and North Colombo Teaching Hospital free of charge. Altogether there are 70 speech therapists available in the government sector hospitals providing treatment for both children and adults. And there are 46 ENT surgeons working in the country providing services to both adults and children. (Annual Health Bulletin of Sri Lanka, 2016)

The ENT specialists in Sri Lanka are capable of treating the full spectrum of ENT conditions including the trauma, congenital abnormalities, inflammations, neoplasms, autoimmune and degenerative disorders. They are specially trained in dealing with deafness which include management of a deaf child and forensic audiology.

Advanced ENT investigations are part of the training of the ENT surgeon. The investigations include radiological tests. Facial nerve function tests, endoscopic techniques, audiological investigations, tests of vestibular functions. (PGIM, 2016) Most investigations such as CT scans, endoscopies and other related tests are available from both government and private sector hospitals.

f. Medicines available for treatment of ENT conditions

The following are used in disease conditions in the ear: Betamethazone+ neomycine combination, clotrimazole, sodium bicarbonate in glycerine, glicerIn ichthamol solution, ciprofloxacin. Following are used in conditions affecting the nose: Xylometazoine, betamethasone, silver nitrate, beclomethasone. The following are used for the conditions affecting the oropharynx: nystatin and povidone iodine. Vertigo medications include: cinnarizine, betahisine, and prochlorperazine. (Ministry of Health Sri Lanka, 2014)

- Paediatric care for the children with TB

All children are immunized for TB on the first day of their life. Unless there is a serious contra-indication, this injection is given universally. Then the children who develop features suggestive of TB are evaluated by the paediatricians. There were 248 cases of TB among children who are less than 14 years detected as new cases in the year of 2017. (National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health, 2017). All TB patients get full diagnostic services and treatment with multi-drug regimes in order to prevent resistance. All TB cases are registered in the National Programme and followed up accordingly till they finish the course of treatment. (National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health, 2017). Tuberculin skin test, chest X-rays and bacteriological confirmation are available for all patients who are suspected of having TB through the chest clinics at major hospitals throughout the country.

The guideline specifies the procedure to follow when suspected case of drug resistant tuberculosis is managed. And the risk of TB in HIV positive individuals is also evaluated separately. All HIV exposed infants are given preventive treatments.

The following medications are available for the treatment of TB in both adults and children from the chest clinics throughout the country: ethambutol, isoniazid, ofloxacin, pyrazinamide, rifampicin, isoniazide + rifampicin and other combinations, streptomycin, cycloserine, ethionamide and levofloxacin. (Sri Lanka, 2014)

In fact, there is a national guideline issued by the national TB control programme in Sri Lanka which gives extensive details and guidance on investigations and

management of TB and related conditions among children. (National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health, 2018)

- Support and care for the children with disabilities

Maternal and child health services in Sri Lanka is at a relative high level. The maternal mortality rate is lowest in the region and was approximately 33/ 100,000 in 2016. The obstetric and neonatal care is of high standard. (Annual Health Bulletin of Sri Lanka 2016)

The Lady Ridgeway Hospital in Colombo has facilities, staff and equipment for providing occupational therapy, speech therapy and physiotherapy for disabled children. Similar services are available from the Sirimao Bandaranaike Children's Hospital Peradeniya. (LRH, 2019), (Sirimavo Bandaranayake specialized children hospital - Peradeniya, 2019)

University of Kelaniya conducts postgraduate programs in disability studies and prepare professionals for working in this field. (Faculty of Medicine, University of Kelaniya, 2019)

There are various non-governmental organizations providing services for children with disabilities. They range from day care services to full treatment programs with speech therapy, occupational therapy and rehabilitation. Many are charities operating in various parts of the country. (MJF Charitable Foundation, 2019), (CPLF, 2019),(CRC | Home, 2019).

However, the opportunities for special education in Sri Lanka is limited. (Muttiah, Drager and O'Connor, 2016) And Most of these are provided by non-governmental organizations.

Recently, the Health Minister has spoken at the World Health Organization summit and stated that Sri Lanka is geared to provide rehabilitation in multiple aspects. This includes physical as well as psychological rehabilitation of the needy persons in the society. (Daily News, 2017)

Table below shows the number of available health professionals who are involved in providing rehabilitation services. This excludes the persons who work fulltime in the private sector.

Table 1 Health Professionals Working in the Rehabilitation Field (adopted from the AHB 2016)

	RDHS Division (District)	Physiotherapists	Speech therapists	Occupational therapists
1	Colombo	157	24	44
2	Gampaha	54	7	18
3	Kalutara	13	1	3
4	Kandy	49	8	8
5	Matale	5	1	1
6	Nuwara Eliya	6	1	-
7	Galle	27	4	6
8	Matara	12	3	5
9	Hambanthota	7	1	2
10	Jaffna	16	1	2
11	Kilinochchi	2	-	-

12	Mannar	2	-	-
13	Vavuniya	6	1	-
14	Mallaitiv	3	-	-
15	Batticaloa	11	-	3
16	Ampara	8	1	2
17	Trincomalee	8	1	1
18	Kalmunai	8	2	-
19	Kurunegala	22	3	3
20	Puttalam	7	1	1
21	Anuradhapura	19	2	3
22	Polonnaruwa	11	1	2
23	Badulla	19	3	3
24	Moneragala	0	1	-
25	Ratnapura	13	2	3
26	Kegalle	11	1	1
27	Sri Lanka (total)	500	70	111

Most of these professionals who work in settings such as district hospitals will allocate some time from their time table for the rehabilitation of the children who are referred by the paediatricians, psychiatrists and other health professionals.

- Specialized Rehabilitation Facilities

The Rheumatology and Rehabilitation Hospital at Ragama caters specifically to the needs of disabled persons. It has a special unit addressing the needs of the children. This is a fully equipped rehabilitation hospital which is run by consultants in the relevant fields. The hospital provides services for a broad range of conditions. They are arthritis, connective tissue disorders, stroke, spinal injury, childhood muscular skeletal disorders, rehabilitation of amputees, health education and counselling, and vocational rehabilitation. It provides wheel chair and special seating services and laboratory services as well. (Rheumatology and Rehabilitation Hospital - Ragama, 2019)

Some private sector specialized clinics have come up during the recent past. They provide physiotherapy, occupational therapy and speech therapy services. The services could be costly and are on par with or above the consultation fees of consultant medical specialists in the country. (Oral Aural Centre, 2019), (Ratmalana Audiology Centre, 2019), (Lanka Doctor, 2019), (Physiotherapy Sri Lanka | Revival Physical Medicine Centre Colombo Sri Lanka , 2019). Information on rehabilitation services provided by the government hospitals could be obtained by calling the government information center (GIC) . For example, when we accessed the GIC website in order to find such information, it listed the rheumatology and rehabilitation service available at the Lady Ridgeway Hospital for Children in Colombo. (GIC, 2019)

- Eye conditions and diseases

There are four major eye conditions which are common in Sri Lanka. They are cataract, glaucoma, refractive errors and conjunctivitis. (Ministry of Health, 2019a) Early childhood nutrition programmes in Sri Lanka provide high dose vitamin A for all the children free of charge for prevention of blindness related to vitamin deficiencies.

The National Eye Hospital provides the full spectrum of modern eye care free of charge for any citizen in Sri Lanka. The following services are available from the National Eye Hospital: emergency care, out-patient eye clinics, eye bank, laser treatment, refraction and visual field assessments, orthoptics and biometry. There are special clinics available such as vitrio-retinal, orbital and oculoplastic, cornea and external eye disease, and glaucoma. (Ministry of Health, 2019a)

The vision 2020 action plan for combatting blindness in Sri Lanka aims at dealing with eye problems as a public health priority. There are 65 eye surgeons working in the public health system at present and more around 25 in the private sector. (Ministry of Health, 2013), (Annual Health Bulletin of Sri Lanka 2016)

The following medications are available free from the government hospitals under the essential medicines list: acyclovir, ciprofloxacin, miconazole, tetracycline, hydrocortisone, prednisolone, phenylephrine, lidocaine, acetazolamide, latanoprost, pilocarpine, timolol, atropine, tropicamide, and bevacizumab.

- Gastroenterological conditions

Malignancies of the gastrointestinal tract (oesophagus, stomach and colon) accounts for nearly 20% of the cancer mortality in Sri Lanka (WHO, 2014) Common gastroenterological conditions observed in Sri Lanka are gastroesophageal reflux disease, acute and chronic gastritis, irritable bowel syndrome, inflammatory bowel disease, Gastroenteritis, and diseases of the colorectum which include anal fissures, haemorrhoids and sphincter anomalies. Management of gastrointestinal tumours are mainly done at specialised oncology units whereas the care facilities for other gastroenterological conditions are offered at almost all tertiary care institutions in the country. The offered facilities include anorectal function testing (evaluation of constipation and faecal incontinence), diagnostic and therapeutic endoscopy including enteral stents, biliary stents, banding of oesophageal varices, small-bowel enteroscopy, endoscopic treatment for gastrointestinal bleeding and endoscopic ultrasound, testing for chronic constipation, including radionuclide gastric and intestinal transit studies, 24-hour pH monitoring, gastro-duodenal motility, ambulatory motility recordings and provocative testing for non-cardiac chest pain.

- Gynaecological conditions

Common gynaecological conditions in Sri Lanka includes the cancers of the female reproductive tract and menstrual cycle related abnormalities. Cervical cancer is the second commonest malignancy among females with an age-standardized incidence rate of 8.2 per 100,000 population in 2014. It accounts for 8.6% of newly diagnosed cancers among females. Ovarian cancer is the fourth commonest malignancy with an age-standardized rate of 7.2 per 100,000 population accounting for 7.3% of female cancer incidence. Uterine cancer stands as the eighth commonest with an age-standardized rate of 5.2 per 100 000 population consisting 4.7% fall newly diagnosed female malignancies (National Cancer Control Programme, 2019).

Hemachandra (2007) reports a prevalence of 62.4% self-reported gynaecological symptoms among ever married women. The most common gynaecological problem was premenstrual syndrome (62.4 %), followed by problems related to menstrual bleeding (43.1%). The prevalence of dysmenorrhoea had been 33.4%.

Gynaecological malignancies are managed at specialised cancer units while the specialised obstetricians and gynaecologists working in the tertiary care institutions and private sector offer treatment to other common gynaecological conditions.

Tuberculosis and other lung diseases

- Tuberculosis

Sri Lanka has a special TB treatment and prevention program. (National Programme for Tuberculosis Control and Chest Diseases, Ministry of Health, 2017), This national programme oversees the control and treatment of all the TB cases diagnosed in Sri Lanka. Proper surveillance and treatment as well as follow up is assured as TB is taken up as a public health priority. There are approximately 10,000 patients diagnosed every year in Sri Lanka. Majority of cases are detected in urban areas and nearly half of them are sputum positive.

All the chest clinics around the country delivers Directly Observed Treatments (DOTs) to prevent spread of the disease. Contact screening is also carried out as part of management of TB patients. GeneXpert tests are available from 30 locations over the country representing all the districts. Digital X-rays as well as microscopy evaluations are also available throughout the country from government hospitals. There are close to 200 microscopy centres. (Health, 2017)

The recent TB regional Green Light Committee hosted by the WHO regional office has discussed the following for the TB control in Sri Lanka: Universal Drug Susceptibility testing must be achieved at the soonest possible by end of 2018.

- Workload analysis at Gene X pert sites.
- Improve coordination for use of Gene X pert machines.
- Establishment of sputum collection centres at all hospitals and strengthening transportation networks.
- Active adverse events monitoring is a must and needs to be emphasized to all attending the patients
- Infection Prevention Control (IPC) and taking measures for Triaging of patients, such as free availability of masks for patients and taking administrative measures to build waiting areas with open spaces to provide proper ventilation, providing coughing booths at OPDs etc.
- Switching from longer regimen to shorter regimen
- Encouraging private hospitals to include TB screening in corporate agreements
- Continuous sensitization of General Practitioners
- Urgent workload assessment of Public Health Laboratory Technicians (PHLTs) , radiologist and other staff and redistribution, as necessary
- Operationalization of digital X-ray for screening
- Innovative means to approach migrants
- Innovative insurance plans that cover TB treatment (Health, 2017)

According to the WHO report on TB in Sri Lanka, there have been 56 patients infected with TB and 26 with multi-drug resistant (MDR) in the year 2018. TB treatment coverage is thought to be around 64% and the national budget for TB treatment and control is 5.1 millions USDs. HIV positive TB incidence has remained low from the year 2000 upto date. (WHO, 2018). Treatment success rate is mentioned as 84% in the Annual Health Bulletin 2016.

The following medications are available for the treatment of TB in both adults and children from the chest clinics throughout the country: ethambutol, isoniazid, ofloxacin, pyrazinamide, rifampicin, isoniazide+rifampicin and other combinations, streptomycin, cycloserine, ethionamide and levofloxacin. (Sri Lanka, 2014)

- Asthma

Prevalence of asthma among adults as estimated comes around 31%. Though a 23% reported experiencing wheezing, only 11% were on regular treatment for asthma. It assumed that a substantial proportion of people deny of having asthma whilst having symptoms and are not on regular treatment. (Amarasiri et al., 2016)

The following medications are available through the Sri Lank Essential Medicines list: adrenaline, hydrocortisone, prednisolone, beclomethasone, ipratropium bromide, salbutamol. And theophylline. There are other newer medications available through the government as well as the private sector.

- Palliative care

Palliative care has been given a prominence in Sri Lanka recently. The National Cancer Control Program has drafted a new National Strategic Framework for Palliative Care Development. (Health, 2018) The Postgraduate institute of Medicine has introduced a postgraduate diploma in palliative care medicine since 2015. The doctors who are trained in this sub-specialty would be able to deliver effective palliative care services within the government hospital system. (PGIM, 2015). The Sri Lanka Medical Association has set up a palliative care task force for the advancement of the field in the country. (The Sunday Times, 2017). The Ministry of Health has planned to set up a dedicated palliative care hospital which was planned to be operative by 2019 in Anuradhapura. (The Sunday Times, 2018).

Palliative care is available through major private sector hospitals in Sri Lanka. The Nawaloka Hospital offers a variety of services for terminally ill and end stage patients. (Nawaloka Hospital, 2019)

Medicines available for use in palliative care through the essential medicines list in Sri Lanka include the following: morphine and tramadol. (Ministry of Health Sri Lanka, The Sri Lanka National List of Essential Medicines, 2014).

Healthcare facilities

Hospitals

Hospital Type	Number of Hospitals	Bed strength
National Hospital of Sri Lanka	2	5787

Teaching Hospitals	19	16108
Provincial General Hospitals	3	4836
District General Hospitals	19	11419
Base Hospitals - Type A	25	6837
Base Hospitals - Type B	52	7676
Divisional Hospitals - Type A	68	7220
Divisional Hospitals - Type B	141	9502
Divisional Hospitals - Type C	281	6351
Primary Medical Care Units	475	445
Total	1085	76781

Disclaimer:

The medications mentioned might not be available, from time to time for brief period in the government hospitals, due to issues in supply chain of the government procurement procedure. Then they are considered as medications which occasionally go “out of stocks”. However, they are available from the private sector as there are several brands of a single medication registered in the country.

Medicines other than specified in the essential drugs are available in the government as well as the private sector in the country. For example, medications such duloxetine and bupropione are available from the private sector pharmacies. A procedure called “Local purchasing” helps the clinicians to use even some of the expensive medications when needed in the government sector. Likewise, help from the president’s fund and other welfare funds make it possible for the patients to make use of medications and devices which are normally not available from the government hospitals.

Mentioning of names of private sector organizations and hospitals as well as other organizations such as NGOs are illustrative and the authors declare that we have not received any remuneration, financial or otherwise from any of these institutions, for mentioning their names in this document.

All information are sourced from the publicly accessible documents.

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Annex B

Alphabetical list of available medication, February 2020

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The table below describes the essential medicines that are available at government sector hospitals

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Amoxicillin Cap 250mg	CAP	✓	✓	✓
Amoxicillin cap. 500mg	CAP	✓	✓	✓
Amoxicillin Tab (soluble)125mg	TAB	✓	✓	✓
Amoxicillin Syr125mg/5ml,100ml	BOT	✓	✓	✓
Phenoxymethyl penicillin Tab.125mg	TAB	✓	✓	✓
Phenoxymethyl penicillin Tab.250mg	TAB	✓	✓	✓
Phenoxymethyl penici Syr.125mg/5ml	BOT	✓	✓	✓
Phenoxymethyl Penicillin tab.500mg	TAB	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Cloxacillin capsule 250mg	CAP	✓	✓	✓
Cloxacillin capsule 500mg	CAP	✓	✓	✓
Cloxacillin Syr.125mg/5ml,100ml	BOT	✓	✓	✓
Flucloxacillin capsule 500mg	CAP	✓	✓	✓
Flucloxacillin Syr.125mg/5ml100ml	BOT	✓	✓	✓
Flucloxacillin capsule 250mg	CAP	✓	✓	✓
Cefalexin Capsule 250mg	CAP	✓	✓	✓
Cefalexin Syr. 125mg/5ml,100ml	BOT	✓	✓	✓
Cefalexin dispersible tablet125mg	TAB	✓	✓	✓
Cephalexin Capsule 500mg	CAP	✓	✓	✓
Doxycycline hydrochlorideCap. 100mg	CAP	✓	✓	✓
Tetracycline hydrochlorideCap.250mg	CAP	✓	✓	✓
Erythromycin Tab. 250mg	TAB	✓	✓	✓
Erythromycin Tab. 500mg	TAB	✓	✓	✓
Erythromycin Syr. 125 mg/5ml,100ml	BOT	✓	✓	✓
Clarithromycin Tab. 250mg	TAB	✓	✓	✓
Clarithromycin IV. Infu. 500mg	VIAL	✓	✓	✓
Trimethoprim Tab. 100mg	TAB	✓	✓	✓
TrimthoprimSyr. 50mg/5ml,100ml Bot	BOT	✓	✓	✓
Trimethoprim Tab. 200mg	TAB	✓	✓	✓
MDT-MB Adult	PACK	✓	✓	✓
MDT-PB Paediatric	PACK	✓	✓	✓
MDT-PB Adult	PACK	✓	✓	✓
Metronidazole Tab.200mg	TAB	✓	✓	✓
Metronidazole Tab.400 mg	TAB	✓	✓	✓
Metronidazole Syr200mg/5ml ,100ml	BOT	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Furazolidone Tab. 100mg	TAB	✓	✓	✓
Furazolidone Syr. 25mg/5ml,100ml	BOT	✓	✓	✓
Nalidixic acid Tab. 250mg	TAB	✓	✓	✓
Nalidixic acid Tab.500mg	TAB	✓	✓	✓
Nitrofurantoin Tab. 50mg	TAB	✓	✓	✓
Nitrofurantoin Syr.25mg/5ml,300ml	BOT	✓	✓	✓
Chloroquine phosphateTab.250mg	TAB	✓	✓	✓
Primaquine tablets 7.5 mg	TAB	✓	✓	✓
Mebendazole Tab. 100mg	TAB	✓	✓	✓
Mebendazole Tab. 500mg	TAB	✓	✓	✓
Diethylcarbamazine citratetablet 50mg	TAB	✓	✓	✓
Diethylcarbamazine citratetablet 100mg	TAB	✓	✓	✓
Albendazole tablets 400mg	TAB	✓	✓	✓
Albendazole syrup 200mg/5ml,30ml bottle	BOT	✓	✓	✓
Digoxin Tab 0.25 mg	TAB	✓	✓	✓
Hydrochlorothiazide Tab. 25mg	TAB	✓	✓	✓
Furosemide (Frusemide) Tab40mg	TAB	✓	✓	✓
Furosemide (Frusemide) Inj.20mg/2ml	AMP	✓	✓	✓
Spironolactone Tab. 25 mg	TAB	✓	✓	✓
Atenolol Tab. 50 mg	TAB	✓	✓	✓
Propranolol Tab. 10 mg	TAB	✓	✓	✓
Propranolol Tab. 40 mg	TAB	✓	✓	✓
Methyldopa Tab. 250 mg	TAB	✓	✓	✓
Prazosin HCl Tab. 1mg	TAB	✓	✓	✓
Enalapril maleate Tab. 5mg	TAB	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Captopril Tab. 25mg	TAB	✓	✓	✓
Captopril tablets 12.5 mg	TAB	✓	✓	✓
Losartan Potassium Tab. 50mg	TAB	✓	✓	✓
Glyceryl Trinitrate Tab 0.5mg	TAB	✓	✓	✓
Isosorbide Mononitrate Tab.20mg	TAB	✓	✓	✓
Isosorbide Mononitrate Tab60mg SR	TAB	✓	✓	✓
Isosorbide Mononitrate SRtablet 30mg	TAB	✓	✓	✓
Amlodipine Besylate Tab. 5mg	TAB	✓	✓	✓
Amlodipine Besylate tablet2.5mg	TAB	✓	✓	✓
Diltiazem Tab. 30mg	TAB	✓	✓	✓
Nifedipine Tab.20mg S.R.	TAB	✓	✓	✓
Verapamil HCl Tab.40mg	TAB	✓	✓	✓
Aspirin enteric coated tab150mg	TAB	✓	✓	✓
Aspirin enteric coated tablet75mg	TAB	✓	✓	✓
Atorvastatin Tab.10mg	TAB	✓	✓	✓
Tab. Atorvastatin calcium 20mg	TAB	✓	✓	✓
Diazepam Tab. 5mg	TAB	✓	✓	✓
Diazepam rectal solution5mg/2.5ml	TUBE	✓	✓	✓
Diazepam rectal solution10mg in 2.5ml Tube	TUBE	✓	✓	✓
Chlordiazepoxide Tab. 10mg	TAB	✓	✓	✓
Haloperidol Tab. 1.5mg	TAB	✓	✓	✓
Haloperidol Inj. 5mg/1ml	AMP	✓	✓	✓
Prochlorperazine Tab 5mg	TAB	✓	✓	✓
Trifluoperazine Tab. 5mg	TAB	✓	✓	✓
Olanzapine Tab.5mg	TAB	✓	✓	✓
Olanzapine Tab.10mg	TAB	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Risperidone Tab.2mg	TAB	✓	✓	✓
Amitriptyline Tab. 25mg	TAB	✓	✓	✓
Imipramine Tab. 25 mg	TAB	✓	✓	✓
Fluoxetine hydrochloride Cap.20mg	CAP	✓	✓	✓
Cinnarizine Tab. 25mg	TAB	✓	✓	✓
Aspirin Tab. 300mg	TAB	✓	✓	✓
Paracetamol Tab. 500mg	TAB	✓	✓	✓
Paracetamol syr.120mg/5ml,60ml bot	BOT	✓	✓	✓
Phenytoin sodium Tab. 100 mg	TAB	✓	✓	✓
Carbamazepine tablet 100mg	TAB	✓	✓	✓
Carbamazepine Tab. 200mg	TAB	✓	✓	✓
Carbamazepine modified releaseTablet 200mg	TAB	✓	✓	✓
Sodium valproate Tab. 100mg	TAB	✓	✓	✓
Sodium valproate Tab. 200mg	TAB	✓	✓	✓
Flunarizine hydrochlorideTab. 5mg	TAB	✓	✓	✓
Ferrous sulphate Tab. 200mg	TAB	✓	✓	✓
Ferrous Fumarate chewableTablet 100mg	TAB	✓	✓	✓
Ferrous Fumarate Tablet 210mg	TAB	✓	✓	✓
Iron Drops 100mg/5ml, in15ml dropper	BOT	✓	✓	✓
Iron Drops 50mg/ml,in 15ml dropper	BOT	✓	✓	✓
Iron syrup 50mg/5ml,100ml bottle	BOT	✓	✓	✓
Ferrous Fumarate+Folic Acidtablets	TAB	✓	✓	✓
Water for Injection 10ml	AMP	✓	✓	✓
Water for Injection 5ml Ampoule	AMP	✓	✓	✓
Potassium Chloride Tab. 600mg	TAB	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Oral rehydration powder.	SACH	✓	✓	✓
Oral rehydration powdersachets 200ml	SACH	✓	✓	✓
Sodium chloride for IV use,0.9%, 500ml	BOT	✓	✓	✓
0.9% Sodium Chloride 1000 mlcollapsible bag	BAG	✓	✓	✓
Dextrose for IV use 5%, ,500ml	BOT	✓	✓	✓
Dextrose for IV use 25% , 25ml	VIAL	✓	✓	✓
Dextrose for IV use 50%, 50ml	VIAL	✓	✓	✓
Calcium lactate Tab. 300mg	TAB	✓	✓	✓
Vitamin A High dose Cap.	CAP	✓	✓	✓
Vitamin B complex Tab.	TAB	✓	✓	✓
Vitamin C Tab.100mg	TAB	✓	✓	✓
Folic Acid Tab. 1mg	TAB	✓	✓	✓
Multivitamin Drops 15ml	BOT	✓	✓	✓
Disposable, IV giving sets	SET	✓	✓	✓
Calcium 500mg+Vitamin D3250IU Tab	TAB	✓	✓	✓
Zinc sulfat Tab 10mg	TAB	✓	✓	✓
Zinc sulfat dispersible Tab.20mg	TAB	✓	✓	✓
Calcium polystyrene sulphonate300g	PACK	✓	✓	✓
Phosphate tablet 500 mg	TAB	✓	✓	✓
Multivitamin+ Zinc Syrup 200ml	BOT	✓	✓	✓
Salbutamol Tab 2mg	TAB	✓	✓	✓
Salbutamol D.P Caps 200mcg	CAP	✓	✓	✓
Salbutamol D.P Caps 400mcg	CAP	✓	✓	✓
SalbutamolInhal.100mcg/md,200 doses	INHA	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Salbutamol MDI200mcg/dos,200doses	INHA	✓	✓	✓
Salbutamol resp.solu.0.5%,15ml	VIAL	✓	✓	✓
Salbutamol Syrup 2mg/5ml,60mlBott	BOT	✓	✓	✓
Salmeterol+Fluticasone DPCaps 50/100mcg	CAP	✓	✓	✓
Salmeterol+Fluticasone DP Cap 50/250mcg	CAP	✓	✓	✓
Salmeterol+Fluticasone DPCaps 50/500mcg	CAP	✓	✓	✓
Ipratropium Bromide DP caps40mcg	CAP	✓	✓	✓
Theophylline SR Tab 125mg	TAB	✓	✓	✓
Theophyllin Syrup 25mg /5ml,60ml bottle	BOT	✓	✓	✓
Beclomethasone DP Caps 100mcg	CAP	✓	✓	✓
Beclomethasone DP Caps 200mcg	CAP	✓	✓	✓
Beclomethasone DP Caps 400mcg	CAP	✓	✓	✓
Beclomethasone arosollnh. 50mcg/MDI,200d	INHA	✓	✓	✓
Beclomethasone Inha.100mcg/md,200d	INHA	✓	✓	✓
Beclomethasone Inha. 250mcg/md,200d	INHA	✓	✓	✓
Cetirizine hydrochloride Tab.10mg	TAB	✓	✓	✓
Cetirizine HCl Syr.5mg/5ml,60ml bot.	BOT	✓	✓	✓
Chlorpheniramine maleate Tab4mg	TAB	✓	✓	✓
Chlorpheniramine syr. 2mg/5ml,60ml	BOT	✓	✓	✓
Promethazine HCl Tab.10mg	TAB	✓	✓	✓
Promethazine HCl Tab. 25mg	TAB	✓	✓	✓
Promethazine HCl Syr5mg/5ml,60ml Bot	BOT	✓	✓	✓
Promethazine HCl Inj. 25mg/1ml	AMP	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Adrenaline bitartrate Inj. 1mg/1ml	AMP	✓	✓	✓
Adrenaline inj. (1:10,000),1 mg/10 ml, pre-filled syringe	PFSY	✓	✓	✓
Breath induced device ford.p. caps	INHA	✓	✓	✓
Spacer device for infants	DEV	✓	✓	✓
Tetanus toxoide vaccine0.5ml(SD) amp	AMP	✓	✓	✓
Anti Venom Serum Inj. 10ml	VIAL	✓	✓	✓
Glibenclamide tablet 5mg	TAB	✓	✓	✓
Gliclazide tablet 40mg	TAB	✓	✓	✓
Gliclazide tablet 80mg	TAB	✓	✓	✓
Gliclazide MR tablet 30mg	TAB	✓	✓	✓
Metformin tablet 500mg	TAB	✓	✓	✓
Metformin tablet S.R. 850mg	TAB	✓	✓	✓
Metformin SR tablet 500mg	TAB	✓	✓	✓
Thyroxine tablet 50mcg	TAB	✓	✓	✓
Thyroxin sodium tablet 100mcg	TAB	✓	✓	✓
Thyroxine tablet 25mcg	TAB	✓	✓	✓
Hydrocortisone hemisucci.inj. 100mg	VIAL	✓	✓	✓
Dexamethasone tablet 0.5 mg	TAB	✓	✓	✓
Prednisolone tablet 5mg	TAB	✓	✓	✓
Prednisolone Tablet 1mg	TAB	✓	✓	✓
Prednisolon Syr.5mg / 5ml ,60ml	BOT	✓	✓	✓
Medroxyprogesterone Inj150mg/1ml	VIAL	✓	✓	✓
Domperidone tablet 10mg	TAB	✓	✓	✓
Domperidone syr. 5mg/5ml,60ml bot	BOT	✓	✓	✓
Metoclopramide tablet 10mg	TAB	✓	✓	✓
Metoclopramide Inj.10mg/2ml	AMP	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Omeprazole cap. 20mg	CAP	✓	✓	✓
Sodium bicarbonate powder	KG	✓	✓	✓
Bisacodyl tablet 5mg	TAB	✓	✓	✓
Bisacodyl tablet 10mg	TAB	✓	✓	✓
Bisacodyl suppository 10mg	SUPP	✓	✓	✓
Lactulose syr.3.0-3.7mg/5ml,120ml bot	BOT	✓	✓	✓
Lactulose syr.3.0-3.7mg/5ml500ml bottle	BOT	✓	✓	✓
Ciprofloxacin Eye drops0.3%, 5ml vial	VIAL	✓	✓	✓
Tropicamide Eye Drops 1% ,5ml	VIAL	✓	✓	✓
Chloramphenicol Eye Oint..1%,3.5g Tube	TUBE	✓	✓	✓
Gentamicin Ear Drops 0.3%w/v, 10ml vial	VIAL	✓	✓	✓
0.2% Chlorhexidine Mouth Wash	BOT	✓	✓	✓
0.5% Fluoride Mouth Wash,60-100 ml bot	BOT	✓	✓	✓
Magnesium sulphate Crystal	KG	✓	✓	✓
Hydrocortisone Cream 1%,5gtube	TUBE	✓	✓	✓
Framycetin cream 1%, 20 g tube	TUBE	✓	✓	✓
Miconazole nitrate cream 2%,15g tube	TUBE	✓	✓	✓
Benzyl benzoate applicat. 25%500ml bot	BOT	✓	✓	✓
Permethrin cream 5%, 15g tube	TUBE	✓	✓	✓
Cetrimide powder 500g tin	TIN	✓	✓	✓
Chlorhexidine solution20%w/v,500ml bot	BOT	✓	✓	✓
Sodium chloride Crystals	G	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Hydrogen peroxide solution 6%v/v 450ml	BOT	✓	✓	✓
Potassium permanganate crystal	G	✓	✓	✓
Spirit surgical	ML	✓	✓	✓
Povidone iodine solution 10%, 500ml bot.	BOT	✓	✓	✓
Povidone iodine cream 5%, 15gtube	TUBE	✓	✓	✓
Povidone Iodine ointment 5%w/w, 15g	TUBE	✓	✓	✓
Sulphur precipitated powder	G	✓	✓	✓
Creta gallica powder	KG	✓	✓	✓
Glycerin	ML	✓	✓	✓
Malathion lotion 0.5% 50ml bottle	BOT	✓	✓	✓
Ergometrine maleate inj. 250mcg/1ml amp	AMP	✓	✓	✓
Levngstr 0.15mg + Ethnylstrdiol 0.03mg tab	TAB	✓	✓	✓
levonorgestrel 1.5 mg, tablets	TAB	✓	✓	✓
Methyl salicylate	ML	✓	✓	✓
Ibuprofen tablet 200mg	TAB	✓	✓	✓
Ibuprofen tab. 400mg	TAB	✓	✓	✓
Diclofenac Sodium Tab. 50 mg	TAB	✓	✓	✓
Diclofenac Sodium Jel 20g, tube	TUBE	✓	✓	✓
Atropine sulphate Inj. 600mcg/1ml amp	AMP	✓	✓	✓
Atropine Sulphate inj. 0.1mg/ml in 10ml pre-filled syringe	PFSY	✓	✓	✓
Lignocaine injection 2%, 5ml vial	VIAL	✓	✓	✓
Charcoal activated, 50g bottle	BOT	✓	✓	✓
Fuller's earth, 60g bottle	BOT	✓	✓	✓
Methionine tablet 500mg	TAB	✓	✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Morphine sulphate Tab 10mg	TAB		✓	✓
Morphine sulphate Tab. 15mg	TAB		✓	✓
Morphine Sulphate CR tab 10mg	TAB		✓	✓
Morphine Sulphate CR tab 30mg	TAB		✓	✓
Morphine sulphate CR tab 60mg	TAB		✓	✓
Morphine sulphate Inj. 15mg	AMP		✓	✓
Pethidine hydrochloride Inj.50mg	AMP		✓	✓
Pethidine hydrochloride Inj.75mg	AMP		✓	✓
Benzyl penicillin Inj. 1mu	VIAL		✓	✓
Benzathine penicillin 1.2mulnjection	VIAL		✓	✓
Ampicillin Inj. 250mg vial	VIAL		✓	✓
Ampicillin Inj.500mg vial	VIAL		✓	✓
Ampicillin Inj, 1g vial	VIAL		✓	✓
Cloxacillin Injection 250 mgvial	VIAL		✓	✓
Cloxacillin Injection 500mgVial	VIAL		✓	✓
Flucloxacillin injection 500mg	VIAL		✓	✓
Flucloxacillin Inj, 1g vial	VIAL		✓	✓
Norfloxacin Tab. 400 mg	TAB		✓	✓
Aciclovir Tab. 200mg	TAB		✓	✓
Aciclovir Tab. 800mg	TAB		✓	✓
Aciclovir Syr. 200mg/5ml,125ml	BOT		✓	✓
Adenosine Inj. 6mg/2ml	AMP		✓	✓
Amiodarone injection 150mg/3ml	AMP		✓	✓
Carvedilol Tab. 6.25mg	TAB		✓	✓
Carvedilol Tab. 12.5mg	TAB		✓	✓
Carvedilol tablet 3.125mg	TAB		✓	✓
Aspirin dispersible tablet 300mg	TAB		✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Clopidogrel Tab. 75mg	TAB		✓	✓
Tranexamic acid cap. 500mg	CAP		✓	✓
Tranexamic acid Inj.500mg	AMP		✓	✓
Diazepam inj. 10mg/2ml	AMP		✓	✓
Lorazepam Tab. 1mg	TAB		✓	✓
Chlorpromazine HCl Tab. 50mg	TAB		✓	✓
Fluphenazine decanoate Inj.25mg/1ml	AMP		✓	✓
Flupenthixol decanoate Inj.40mg/2ml	AMP		✓	✓
Resperidone tablet 1mg	TAB		✓	✓
Lithium carbonate Tab. 250mg	TAB		✓	✓
Clomipramine HCl Tab. 25mg	TAB		✓	✓
Clomipramine HCl Tab. 50mg	TAB		✓	✓
Doxepin HCl Cap. 50mg	CAP		✓	✓
Sertraline tablet 50mg	TAB		✓	✓
Venlafaxine HCl Cap. E.R.37.5mg	CAP		✓	✓
Venlafaxine HCl Cap. E.R. 75mg	CAP		✓	✓
Phenobarbitone Tab. 15mg	TAB		✓	✓
Phenobarbitone Tab. 30mg	TAB		✓	✓
Phenobarbitone Tab. 60mg	TAB		✓	✓
Phenytoin sodium Tab. 25mg	TAB		✓	✓
Phenytoin sodium Tab. 50mg	TAB		✓	✓
Clonazepam Tab. 0.5mg	TAB		✓	✓
Clonazepam Tab.2mg	TAB		✓	✓
Sodium valproat syrup 200mg/5ml,100ml	BOT		✓	✓
Benzhexol HCl Tab. 2mg	TAB		✓	✓
Co-careldopa Tab. 25/100mg	TAB		✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Co-careldopa Tab. 25/250mg	TAB		✓	✓
Co-careldopa Modified Release tablet 50mg/200mg	TAB		✓	✓
Benzotropine Inj. 2mg/2ml	AMP		✓	✓
Disulfiram Tab. 200mg	TAB		✓	✓
Atomoxetine HCl capsule 10mg	CAP		✓	✓
Quatiapine tablet 25mg	TAB		✓	✓
Alprazolam tablet 0.25mg	TAB		✓	✓
Alprazolam tablet 0.5mg	TAB		✓	✓
Aripiprazole tablet 10mg	TAB		✓	✓
Midazolam Nasal Spray 0.5mg/md,50 dose unit	SPRY		✓	✓
Potassium Chloride 15%, Inj.10ml	AMP		✓	✓
Sodium bicarbonate tablet600mg	TAB		✓	✓
Sodium bicarbonate for IV use8.4%, 50ml	AMP		✓	✓
Sodium bicarbonate tablet500mg	TAB		✓	✓
Sodium chloride for IV use0.9%, 5ml	AMP		✓	✓
Dextrose for IV use 10% , 500ml	BOT		✓	✓
Sodi.chlo 0.45% & Dext 5%, Inj. 500ml	BOT		✓	✓
Compound sodium lactate Inj.500ml	BOT		✓	✓
Dextran 40,10%, in NaCl for IVuse 500ml	BOT		✓	✓
Tetrastarh solution for IV,500ml	BOT		✓	✓
Vitamin B1 Tab. 10mg	TAB		✓	✓
Pyridoxine Tab. 10mg	TAB		✓	✓
Pyridoxine HCl Tab. 25mg	TAB		✓	✓
Phytomenadione Injection 1mg/0.5ml	AMP		✓	✓
Phytomenadione Injection 10mg/1ml	AMP		✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Hydroxocobalamine Inj. 1mg/1ml	AMP		✓	✓
Desferrioxamine Inj. 500mg	VIAL		✓	✓
Histidine-tryptophan -ketoglutarate (HTK) solution	BAG		✓	✓
Gelatin IV infusion 4%,500ml collapsible bag/bottle	BAG		✓	✓
Fluticson+Salmetrollnha. 125/25md,120 d	INHA		✓	✓
Fluticson+Salmetrollnha. 250/25md,120d	INHA		✓	✓
Fluticasone + Salmeterolinha 50mcg /25mcg md,120d	INHA		✓	✓
Fluticasone MDI, 125mcg/dose120d	INHA		✓	✓
Ipratropium Br. Resp.sol0.25mg/1ml,2ml	VIAL		✓	✓
Ipratropium Br. Resp.sol0.25mg/1ml,15ml	VIAL		✓	✓
Chlorpheniramine maleateInj. 10mg/1ml	AMP		✓	✓
Anti Rabies (TC)vaccine	VIAL		✓	✓
Antitetanus human immunoglob.250IU	PFSY		✓	✓
Mixed Gas-Gangren Antitox25,000 IU	VIAL		✓	✓
Tolbutamide tablet 500mg	TAB		✓	✓
Bipha.Isoph. Insulin(Human)inj.30/70	VIAL		✓	✓
InsulinIsophane(human) 1,000IU/10ml	VIAL		✓	✓
Insulin soluble(Hu) Inj. 1,000IU/10ml	VIAL		✓	✓
Carbimazole tablet 5mg	TAB		✓	✓
Carbimazole tablet 10mg	TAB		✓	✓
Dexamethasone Inj. 8mg/2ml	AMP		✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Potassium Iodide tablet 5 mg	TAB		✓	✓
Methimazole tablet 5mg	TAB		✓	✓
Hyoscine Butylbromide tablet 10mg	TAB		✓	✓
Famotidine tablet 20mg	TAB		✓	✓
Omeprazole tablet 10mg	TAB		✓	✓
Omeprazole sodium Inj. 40mg	VIAL		✓	✓
Glycerin suppository 2g	SUPP		✓	✓
Paraffin, liquid	ML		✓	✓
Paraffin, yellow soft	G		✓	✓
Paraffin, White Soft	G		✓	✓
Wax, emulsifying	KG		✓	✓
Starch Powder	KG		✓	✓
Calamine Powder	G		✓	✓
Bentonite	G		✓	✓
Hydrocortisone Ointment 1%, 5g tube	TUBE		✓	✓
Betamethasone Ointment 0.1%, 15g tube	TUBE		✓	✓
Silversulphadiazine Cream 1%, 500g	JAR		✓	✓
Benzoic acid powder	G		✓	✓
Salicylic acid powder	G		✓	✓
Magenta crystals	G		✓	✓
Cetrimide cream 0.5%, 50g tube	TUBE		✓	✓
Zinc oxide powder	G		✓	✓
Fusidic acid 2%+Hydrocort. 1%, oint. 15mg	TUBE		✓	✓
Stilboestrol tablet 5mg	TAB		✓	✓
Ergometrine maleate inj. 500mcg/1ml amp	AMP		✓	✓

ITEM	UNIT	Availability		
		Primary Medical Care Units	Divisional Hospitals	Base Hospitals
Oxytocin injection 2 I.U./2ml amp	AMP		✓	✓
Oxytocin injection 5 I.U./1ml amp	AMP		✓	✓
Levonorgestrel implants tworod	SET		✓	✓
Etonogestrel implant singlerod	SET		✓	✓
Clotrimazole pessaries 100mg	PESS		✓	✓
Clotrimazole pessaries 500mg	PESS		✓	✓
Ibuprofen Syr. 100mg/5ml, 60mlbot	BOT		✓	✓
Diclofenac Sodium Tab. 25 mg	TAB		✓	✓
Thiopentone sodium Inj. 500mg	VIAL		✓	✓
Thiopentone sodium Inj. 1g	VIAL		✓	✓
Midazolam inj. 5mg/1ml amp	AMP		✓	✓
Atracurium besylate inj. 25mg/2.5ml	AMP		✓	✓
Suxamethonium chloride inj. 100mg/2ml	AMP		✓	✓
Suxamethonium chloride inj. 20mg/ml, 10ml pre filed syringe	PFSY		✓	✓
Neostigmine injection 2.5mg/1ml amp	AMP		✓	✓
Flumazenil injection 500mcg/5ml vial	VIAL		✓	✓
Naloxone inj. 400mcg/1ml amp	AMP		✓	✓
Lignocaine anhydrous gel 2%, 30g tube	TUBE		✓	✓
Lignocaine 2% + Adrenalininj. 30ml vial	VIAL		✓	✓
Acetylcysteine injection 2g/10ml amp	AMP		✓	✓
Pralidoxime chloride inj. 1g/20ml	AMP		✓	✓

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Annex C

List of hospitals in Sri Lanka,

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Teaching Hospitals

	Hospital	Province	District
1.	National Hospital of Sri Lanka	Western	Colombo
2.	National Hospital Kandy	Central	Kandy
3.	TH Jaffna	Northern	Jaffna
4.	TH Karapitiya	Southern	Galle
5.	TH Batticaloa	Eastern	Batticaloa
6.	TH Colombo South	Western	Colombo
7.	TH Colombo North	Western	Gampaha
8.	TH Peradeniya	Central	Kandy
9.	Sirimavo Bandaranayake Specialized Children's Hospital Peradeniya	Central	Kandy
10.	TH Anuradhapura	North Central	Anuradhapura

11.	TH Mahamodara	Southern	Galle
12.	TH Ratnapura	Sabaragamuwa	Ratnapura
13.	TH Kuliypitiya	North Western	Kurunegala

Special Hospitals

	Hospital	Province	District
1.	Apeksha Hospital Maharagama	Western	Colombo
2.	National Institute of Infectitious Diseases	Western	Colombo
3.	National Eye Hospital	Western	Colombo
4.	Lady Ridgeway Hospital for Children	Western	Colombo
5.	Castle Street Hospital for Women	Western	Colombo
6.	National Institute of Mental Health – Angoda (Mullariya New Town)	Western	Colombo
7.	National Institute of Mental Health - Unit II - (Halfway Home) Mulleriyawa	Western	Colombo
8.	National Dental Hospital of Sri Lanka	Western	Colombo
9.	De Zoysa Maternity Hospital	Western	Colombo
10.	National Institute for Nephrology, Dialysis & Transplantation	Western	Colombo
11.	National Hospital for Respiratory Diseases	Western	Gampaha
12.	Dental Hospital Peradeniya	Central	Kandy
13.	Rehabilitation Hospital Ragama	Western	Gampaha
14.	Rehabilitation Hospital Digana	Central	Kandy

Provincial General Hospitals

	Hospital	Province	District
1.	PGH Kurunegala	North Western	Kurundgala
2.	PGH Badulla	Uva	Badulla

District General Hospitals

	Hospital	Province	District
1.	DGH Gampaha	Western	Gampaha
2.	DGH Negombo	Western	Gampaha
3.	DGH Kalutara	Western	Kalutara
4.	DGH Nawalapitiya	Central	Kandy
5.	DGH Nuwaraeliya	Central	Nuwaraeliya
6.	DGH Matale	Central	Matale
7.	DGH Ampara	Eastern	Ampara
8.	DGH Trincomalee	Eastern	Trincomalee
9.	DGH Polonnaruwa	North Central	Polonnaruwa
10.	DGH Kilinochchi	Northern	Kilinochchi
11.	DGH Mannar	Northern	Mannar
12.	DGH Vavuniya	Northern	Vavuniya
13.	DGH Mullaitivu	Northern	Mullaitivu
14.	DGH Chilaw	North Western	Puttalam
15.	DGH Hambantota	Southern	Hambantota
16.	DGH Matara	Southern	Matara
17.	DGH Embilipitiya	Sabaragamuwa	Ratnapura
18.	DGH Kegalle	Sabaragamuwa	Kegalle
19.	DGH Monaragala	Uva	Moneragala

Base Hospitals

	Hospital	Province	District
1.	BH Avissawella	Western	Colombo
2.	BH Homagama	Western	Colombo

3.	BH Wathupitiwala	Western	Gampaha
4.	BH Panadura	Western	Kalutara
5.	BH Horana	Western	Kalutara
6.	BH Dickoya	Central	Nuwaraeliya
7.	BH Dambulla	Central	Matale
8.	BH Dehiattakandiya	Eastern	Ampara
9.	BH Valachchenai	Eastern	Batticaloa
10.	BH Kaluvanchchikudy	Eastern	Batticaloa
11.	BH Kattantakudy	Eastern	Batticaloa
12.	BH Kantale	Eastern	Trincomalee
13.	BH Kinniya	Eastern	Trincomalee
14.	BH Muttur	Eastern	Trincomalee
15.	BH Kalmunai North	Eastern	Kalmunai
16.	BH Kalmunai South AMH	Eastern	Kalmunai
17.	BH Akkaraipattu	Eastern	Kalmunai
18.	BH Sammanturai	Eastern	Kalmunai
19.	BH ThambThthegama	North central	Anuradhapura
20.	BH Tellipalai	Northern	Jaffna
21.	BH Point Pedro	Northern	Jaffna
22.	BH Mankulam	Northern	Mullaitivu
23.	BH Puttalam	North western	Puttalam
24.	BH Balapitiya	Southern	Galle
25.	BH Elpitiya	Southern	Galle
26.	BH Tangalle	Southern	Hambantota
27.	BH Kamburupitiya	Southern	Matara
28.	BH Mahiyanganaya	Uva	Badulla
29.	BH Diyatalawa	Uva	Badulla
30.	BH Mulleriyawa	Western	Colombo
31.	BH Meerigama	Western	Gampaha
32.	BH KiribaTHgoda	Western	Gampaha
33.	BH Beruwala	Western	Kalutara
34.	BH Pimbura	Western	Kalutara
35.	BH Gampola	Central	Kandy

36.	BH Teldeniya	Central	Kandy
37.	BH Rikillagaskada	Central	Nuwara Eliya
38.	BH Eravur	Eastern	Batticaloa
39.	BH Mahaoya	Eastern	Ampara
40.	BH Pulmodai	Eastern	Trincomalee
41.	BH Potuvil	Eastern	Kalmunai
42.	BH Thirukovil	Eastern	Kalmunai
43.	BH Ninthavur	Eastern	Kalmunai
44.	BH Padaviya	North Central	Anuradhapura
45.	BH KabiTHigollewa	North Central	Anuradhapura
46.	BH Kekirawa	North Central	Anuradhapura
47.	BH Medawachchiya	North Central	Anuradhapura
48.	BH Kahatagasdigiliya	North Central	Anuradhapura
49.	BH Medirigiriya	North Central	Polonnaruwa
50.	BH Welikanda	North Central	Polonnaruwa
51.	BH Hingurakgoda	North Central	Polonnaruwa
52.	BH Chavakachcheri	Northern	Jaffna
53.	BH Kytes	Northern	Jaffna
54.	BH Mulankavil	Northern	Kilinochchi
55.	BH Murunkan	Northern	Mannar
56.	BH Cheddikulam	Northern	Vavuniya
57.	BH Mallavi	Northern	Mullaitivu
58.	BH PuTHukkudiyiruppu	Northern	Mullaitivu
59.	BH Anamaduwa	North Western	Puttalam
60.	BH Marawila	North Western	Puttalam
61.	BH Kalpitiya	North Western	Puttalam
62.	BH Galgamuwa	North Western	Kurunegala
63.	BH Nikaweratiya	North Western	Kurunegala
64.	BH Dambadeniya	North Western	Kurunegala
65.	BH Polpitiyagama	North Western	Kurunegala
66.	BH Udugama	Southern	Galle
67.	BH Tissamaharama	Southern	Hambantota
68.	BH Walasmulla	Southern	Hambantota

69.	BH Deniyaya	Southern	Matara
70.	BH Balangoda	Sabaragamuwa	Ratnapura
71.	BH Kahawatta	Sabaragamuwa	Ratnapura
72.	BH Kalawana	Sabaragamuwa	Ratnapura
73.	BH Eheliyagoda	Sabaragamuwa	Ratnapura
74.	BH Warakapola	Sabaragamuwa	Kegalle
75.	BH Karawanella	Sabaragamuwa	Kegalle
76.	BH Mawanella	Sabaragamuwa	Kegalle
77.	BH Eheliyagoda	Uva	Badulla
78.	BH Warakapola	Uva	Moneragala
79.	BH Karawanella	Uva	Moneragala
80.	BH Mawanella	Uva	Moneragala
81.	BH Welimada	Western	Colombo
82.	BH Bibile	Western	Colombo
83.	BH Wellawaya	Western	Gampaha
84.	BH Siyambalanduwa	Western	Kalutara
85.	BH Eheliyagoda	Western	Kalutara
86.	BH Warakapola	Central	Nuwaraeliya

Divisional Hospitals

	Hospital	Province	District
1.	Divisional Hospital Type A - Gokaralla	North Western	Kurunegala
2.	Divisional Hospital Type A - Hiripitiya	North Western	Kurunegala
3.	Divisional Hospital Type A - Wariyapola	North Western	Kurunegala
4.	Divisional Hospital Type A - Maho	North Western	Kurunegala
5.	Divisional Hospital Type A - Mawathagama	North Western	Kurunegala
6.	Divisional Hospital Type A - Alawwa	North Western	Kurunegala
7.	Divisional Hospital Type A - Polgahawela	North Western	Kurunegala
8.	Divisional Hospital Type A - Bingiriya	North Western	Kurunegala
9.	Divisional Hospital Type A - Rideegama	North Western	Kurunegala
10.	Divisional Hospital Type A - Sandalankawa	North Western	Kurunegala
11.	Divisional Hospital Type A - Dankotuwa	North Western	Puttalam
12.	Divisional Hospital Type A - Wethara	Western	Colombo
13.	Divisional Hospital Type A - Kandana	Western	Gampaha
14.	Divisional Hospital Type A - Divulapitiya	Western	Gampaha
15.	Divisional Hospital Type A - Minuwangoda	Western	Gampaha
16.	Divisional Hospital Type A - Dompe	Western	Gampaha
17.	Divisional Hospital Type A - Ingiriya	Western	Kalutara
18.	Divisional Hospital Type A - MaTHugama	Western	Kalutara
19.	Divisional Hospital Type A - Akurana	Central	Kandy
20.	Divisional Hospital Type A - Kadugannawa	Central	Kandy
21.	Divisional Hospital Type A - Ankumbura	Central	Kandy
22.	Divisional Hospital Type A - Madolkale	Central	Kandy
23.	Divisional Hospital Type A - Katugastota	Central	Kandy

24.	Divisional Hospital Type A - THiTHHapajjala	Central	Kandy
25.	Divisional Hospital Type A - Galagedara	Central	Kandy
26.	Divisional Hospital Type A - Deltota	Central	Kandy
27.	Divisional Hospital Type A - Marassana	Central	Kandy
28.	Divisional Hospital Type A - Pussellawa	Central	Kandy
29.	Divisional Hospital Type A - Ududumbara	Central	Kandy
30.	Divisional Hospital Type A - Mampitiya	Central	Kandy
31.	Divisional Hospital Type A - Wattegama	Central	Kandy
32.	Divisional Hospital Type A - Menikhinna	Central	Kandy
33.	Divisional Hospital Type A - Dolosbage	Central	Kandy
34.	Divisional Hospital Type A - Hasalaka	Central	Kandy
35.	Divisional Hospital Type A - Rattota	Central	Matale
36.	Divisional Hospital Type A - Galewela	Central	Matale
37.	Divisional Hospital Type A - Laggala Pallegama	Central	Matale
38.	Divisional Hospital Type A - Nalanda	Central	Matale
39.	Divisional Hospital Type A - Koongahawela	Central	Matale
40.	Divisional Hospital Type A - Madipola	Central	Matale
41.	Divisional Hospital Type A - Hettipola	Central	Matale
42.	Divisional Hospital Type A - Maskeliya	Central	Nuwara Eliya
43.	Divisional Hospital Type A - Walapane	Central	Nuwara Eliya
44.	Divisional Hospital Type A - MaTHurata	Central	Nuwara Eliya
45.	Divisional Hospital Type A - Lindula	Central	Nuwara Eliya
46.	Divisional Hospital Type A - Udupussallawa	Central	Nuwara Eliya
47.	Divisional Hospital Type A - BogawanTHalawa	Central	Nuwara Eliya
48.	Divisional Hospital Type A - Kotagala	Central	Nuwara Eliya

49.	Divisional Hospital Type A - Watawala	Central	Nuwara Eliya
50.	Divisional Hospital Type A - Maldeniya	Central	Nuwara Eliya
51.	Divisional Hospital Type A - KoTHmale	Central	Nuwara Eliya
52.	Divisional Hospital Type A - AgarapaTHana	Central	Nuwara Eliya
53.	Divisional Hospital Type A - GinigaTHhena	Central	Nuwara Eliya
54.	Divisional Hospital Type A - ArayampaTHy	Eastern	Batticaloa
55.	Divisional Hospital Type A - Periyakallar	Eastern	Batticaloa
56.	Divisional Hospital Type A - KalTHota	Sabaragamuwa	Ratnapura
57.	Divisional Hospital Type A - Godakawela	Sabaragamuwa	Ratnapura
58.	Divisional Hospital Type A - Rakwana	Sabaragamuwa	Ratnapura
59.	Divisional Hospital Type A - NiviTHigala	Sabaragamuwa	Ratnapura
60.	Divisional Hospital Type A - Kolonna	Sabaragamuwa	Ratnapura
61.	Divisional Hospital Type A - Kiriella	Sabaragamuwa	Ratnapura
62.	Divisional Hospital Type A - Pallebedda	Sabaragamuwa	Ratnapura
63.	Divisional Hospital Type A - Chandrikawewa	Sabaragamuwa	Ratnapura
64.	Divisional Hospital Type A - Ayagama	Sabaragamuwa	Ratnapura
65.	Divisional Hospital Type A - Aranayaka	Sabaragamuwa	Kegalle
66.	Divisional Hospital Type A - Rambukkana	Sabaragamuwa	Kegalle
67.	Divisional Hospital Type A - Undugoda	Sabaragamuwa	Kegalle
68.	Divisional Hospital Type A - Deraniyagala	Sabaragamuwa	Kegalle
69.	Divisional Hospital Type A - KiTHulgala	Sabaragamuwa	Kegalle
70.	Divisional Hospital Type A - HemmaTHagama	Sabaragamuwa	Kegalle
71.	Divisional Hospital Type A - Bandarawela	Uva	Badulla
72.	Divisional Hospital Type A - Passara	Uva	Badulla
73.	Divisional Hospital Type A - Nochchiyagama	North Central	Anuradhapura

74.	Divisional Hospital Type A - Ambalangoda	Southern	Galle
75.	Divisional Hospital Type A - Baddegama	Southern	Galle
76.	Divisional Hospital Type A - Akuesssa	Southern	Matara
77.	Divisional Hospital Type A - Weligama	Southern	Matara
78.	Divisional Hospital Type A - Mawarala	Southern	Matara
79.	Divisional Hospital Type A - Atchuvvely	Nothern	Jaffna
80.	Divisional Hospital Type A - Chankanai	Nothern	Jaffna
81.	Divisional Hospital Type A - Kopay	Nothern	Jaffna
82.	Divisional Hospital Type A - ValvettiTHurai	Nothern	Jaffna
83.	Divisional Hospital Type A - SampaTHnuwara	Nothern	Mullaitivu
84.	Divisional Hospital Type A - Akkarayan	Nothern	Kilinochchi
85.	Divisional Hospital Type A - Poonakary	Nothern	Kilinochchi
86.	Divisional Hospital Type B - THalampitiya	North Western	Kurunegala
87.	Divisional Hospital Type B - Narammala	North Western	Kurunegala
88.	Divisional Hospital Type B - Kadanegedara	North Western	Kurunegala
89.	Divisional Hospital Type B - Hettipola	North Western	Kurunegala
90.	Divisional Hospital Type B - Ambampola	North Western	Kurunegala
91.	Divisional Hospital Type B - Meegalewa	North Western	Kurunegala
92.	Divisional Hospital Type B - Pahalagiribawa	North Western	Kurunegala
93.	Divisional Hospital Type B - Nikawewa	North Western	Kurunegala
94.	Divisional Hospital Type B - KatupoTHa	North Western	Kurunegala
95.	Divisional Hospital Type B - Mundalama	North Western	Puttalam
96.	Divisional Hospital Type B - Udappuwa	North Western	Puttalam
97.	Divisional Hospital Type B - Lunuwila	North Western	Puttalam
98.	Divisional Hospital Type B - Moratuwa	Western	Colombo

99.	Divisional Hospital Type B - Maligawatta	Western	Colombo
100.	Divisional Hospital Type B - Padukka	Western	Colombo
101.	Divisional Hospital Type B - THalangama	Western	Colombo
102.	Divisional Hospital Type B - Nawagamuwa	Western	Colombo
103.	Divisional Hospital Type B - Piliyandala	Western	Colombo
104.	Divisional Hospital Type B - Radawana	Western	Gampaha
105.	Divisional Hospital Type B - Dharga Town	Western	Kalutara
106.	Divisional Hospital Type B - BulaTHsinhala	Western	Kalutara
107.	Divisional Hospital Type B - Ittepana	Western	Kalutara
108.	Divisional Hospital Type B - MeegahaTHenna	Western	Kalutara
109.	Divisional Hospital Type B - Bandaragama	Western	Kalutara
110.	Divisional Hospital Type B - GalpaTHa	Western	Kalutara
111.	Divisional Hospital Type B - Baduraliya	Western	Kalutara
112.	Divisional Hospital Type B - Galapihilla	Central	Kandy
113.	Divisional Hospital Type B - Yakgahapitiya	Central	Kandy
114.	Divisional Hospital Type B - Kurunduwatte	Central	Kandy
115.	Divisional Hospital Type B - Medawala	Central	Kandy
116.	Divisional Hospital Type B - Sangarajapura	Central	Kandy
117.	Divisional Hospital Type B - HaTHaraliyadda	Central	Kandy
118.	Divisional Hospital Type B - Morayaya Minipe	Central	Kandy
119.	Divisional Hospital Type B - Medamahanuwara	Central	Kandy
120.	Divisional Hospital Type B - Kolongoda	Central	Kandy
121.	Divisional Hospital Type B - Ambagahapallessa	Central	Kandy
122.	Divisional Hospital Type B - Uduwela	Central	Kandy

123.	Divisional Hospital Type B - Jambughapitiya	Central	Kandy
124.	Divisional Hospital Type B - Pamunuwa	Central	Kandy
125.	Divisional Hospital Type B - Morahena	Central	Kandy
126.	Divisional Hospital Type B - PanvilaTHenna	Central	Kandy
127.	Divisional Hospital Type B - THalaTHuoya	Central	Kandy
128.	Divisional Hospital Type B - Kotaligoda	Central	Kandy
129.	Divisional Hospital Type B - Galaha	Central	Kandy
130.	Divisional Hospital Type B - Geliyoa	Central	Kandy
131.	Divisional Hospital Type B - Bokkawala	Central	Kandy
132.	Divisional Hospital Type B - Bambaradeniya	Central	Kandy
133.	Divisional Hospital Type B - Handungamuwa	Central	Matale
134.	Divisional Hospital Type B - Yatawatta	Central	Matale
135.	Divisional Hospital Type B - Leliambe	Central	Matale
136.	Divisional Hospital Type B - Hattota Amuna	Central	Matale
137.	Divisional Hospital Type B - Lenadora	Central	Matale
138.	Divisional Hospital Type B - Sigiriya	Central	Matale
139.	Divisional Hospital Type B - Laxapana	Central	Nuwara Eliya
140.	Divisional Hospital Type B - Dayagama	Central	Nuwara Eliya
141.	Divisional Hospital Type B - HagurankeTHa	Central	Nuwara Eliya
142.	Divisional Hospital Type B - Chengalady	Eastern	Batticaloa
143.	Divisional Hospital Type B - Meeravodai	Eastern	Batticaloa
144.	Divisional Hospital Type B - Vakarai	Eastern	Batticaloa
145.	Divisional Hospital Type B - PadiyaTHalawa	Eastern	Ampara
146.	Divisional Hospital Type B - AkkaraipaTHu	Eastern	Kalmunai
147.	Divisional Hospital Type B - SainTHamaruTHu	Eastern	Kalmunai

148.	Divisional Hospital Type B - MaruTHamunai	Eastern	Kalmunai
149.	Divisional Hospital Type B - MaraTHanna	Sabaragamuwa	Ratnapura
150.	Divisional Hospital Type B - EraTHna	Sabaragamuwa	Ratnapura
151.	Divisional Hospital Type B - PoTHupitiya	Sabaragamuwa	Ratnapura
152.	Divisional Hospital Type B - Gileemale	Sabaragamuwa	Ratnapura
153.	Divisional Hospital Type B - Waligepola	Sabaragamuwa	Ratnapura
154.	Divisional Hospital Type B - Palmadulla	Sabaragamuwa	Ratnapura
155.	Divisional Hospital Type B - Beligala	Sabaragamuwa	Kegalle
156.	Divisional Hospital Type B - Mahapallegama	Sabaragamuwa	Kegalle
157.	Divisional Hospital Type B - AmiTHrigala	Sabaragamuwa	Kegalle
158.	Divisional Hospital Type B - Girandurukotte	Uva	Badulla
159.	Divisional Hospital Type B - HapuTHale	Uva	Badulla
160.	Divisional Hospital Type B - Koslanda	Uva	Badulla
161.	Divisional Hospital Type B - Lunugala	Uva	Badulla
162.	Divisional Hospital Type B - MatigahaTHenna	Uva	Badulla
163.	Divisional Hospital Type B - Uva-Paranagama	Uva	Badulla
164.	Divisional Hospital Type B - Buttala	Uva	Monaragala
165.	Divisional Hospital Type B - Kataragama	Uva	Monaragala
166.	Divisional Hospital Type B - Medagama	Uva	Monaragala
167.	Divisional Hospital Type B - Inginiyagala	Uva	Monaragala
168.	Divisional Hospital Type B - THanamalwila	Uva	Monaragala
169.	Divisional Hospital Type B - Badalkumbura	Uva	Monaragala
170.	Divisional Hospital Type B - THalawa	North Central	Anuradhapura

171.	Divisional Hospital Type B - HorowpaTHana	North Central	Anuradhapura
172.	Divisional Hospital Type B - Mihintale	North Central	Anuradhapura
173.	Divisional Hospital Type B - Galenbindunuwewa	North Central	Anuradhapura
174.	Divisional Hospital Type B - Huruluwewa	North Central	Anuradhapura
175.	Divisional Hospital Type B - THanTHirimale	North Central	Anuradhapura
176.	Divisional Hospital Type B - Galnewa	North Central	Anuradhapura
177.	Divisional Hospital Type B - Bakamoona	North Central	Polonnaruwa
178.	Divisional Hospital Type B - Aralaganwila	North Central	Polonnaruwa
179.	Divisional Hospital Type B - PulaTHisigama	North Central	Polonnaruwa
180.	Divisional Hospital Type B & Rehabilitation Hospital- JayanTHipuraya	North Central	Polonnaruwa
181.	Divisional Hospital Type B - Karandeniya / Borakanda	Southern	Galle
182.	Divisional Hospital Type B - Hiniduma	Southern	Galle
183.	Divisional Hospital Type B - Imaduwa	Southern	Galle
184.	Divisional Hospital Type B - Unawatuna	Southern	Galle
185.	Divisional Hospital Type B - Batapola	Southern	Galle
186.	Divisional Hospital Type B - Bentota	Southern	Galle
187.	Divisional Hospital Type B - Hikkaduwa	Southern	Galle
188.	Divisional Hospital Type B - Neluwa	Southern	Galle
189.	Divisional Hospital Type B Narawelpita	Southern	Matara
190.	Divisional Hospital Type B - Dickwella	Southern	Matara
191.	Divisional Hospital Type B - Morawaka	Southern	Matara
192.	Divisional Hospital Type B - Gangodagama	Southern	Matara
193.	Divisional Hospital Type B - Urubokka	Southern	Matara
194.	Divisional Hospital Type B - Beliatta	Southern	Hambantota
195.	Divisional Hospital Type B - Kariyamaditta	Southern	Hambantota

196.	Divisional Hospital Type B - Angunakolapelassa	Southern	Hambantota
197.	Divisional Hospital Type B - Katuwana	Southern	Hambantota
198.	Divisional Hospital Type B - Sooriyawewa	Southern	Hambantota
199.	Divisional Hospital Type B - Ambalantota	Southern	Hambantota
200.	Divisional Hospital Type B - Weeraketiya	Southern	Hambantota
201.	Divisional Hospital Type B - Lunugamwehera	Southern	Hambantota
202.	Divisional Hospital Type B - THissa Kirinda	Southern	Hambantota
203.	Divisional Hospital Type B - Karainagar	Nothern	Jaffna
204.	Divisional Hospital Type B - MaruTHenkerney	Nothern	Jaffna
205.	Divisional Hospital Type B - VidalTHalTHivu	Nothern	Mannar
206.	Divisional Hospital Type B - Talaimannar	Nothern	Mannar
207.	Divisional Hospital Type B - Pesalai	Nothern	Mannar
208.	Divisional Hospital Type B - SilawaTHurai	Nothern	Mannar
209.	Divisional Hospital Type B - Adampan	Nothern	Mannar
210.	Divisional Hospital Type B - Oddusuddan	Nothern	Mullaitivu
211.	Divisional Hospital Type B - Unappulavu	Nothern	Mullaitivu
212.	Divisional Hospital Type B - Palai	Nothern	Kilinochchi
213.	Divisional Hospital Type B - THarmapuram	Nothern	Kilinochchi
214.	Divisional Hospital Type C - Wellawa	North Western	Kurunegala
215.	Divisional Hospital Type C - Indulgodakanda	North Western	Kurunegala
216.	Divisional Hospital Type C - Koshena	North Western	Kurunegala
217.	Divisional Hospital Type C - Kobeigane	North Western	Kurunegala
218.	Divisional Hospital Type C - NawaTHalwaTHTHa	North Western	Kurunegala

219.	Divisional Hospital Type C - Gonawa	North Western	Kurunegala
220.	Divisional Hospital Type C - Mhru Unit (Uhmeeya)	North Western	Kurunegala
221.	Divisional Hospital Type C - Mhru Unit Bopitiya	North Western	Kurunegala
222.	Divisional Hospital Type C - Bopitiya	North Western	Kurunegala
223.	Divisional Hospital Type C - Muwanhela	North Western	Kurunegala
224.	Divisional Hospital Type C - Weerapokuna	North Western	Kurunegala
225.	Divisional Hospital Type C - Dunakadeniya	North Western	Kurunegala
226.	Divisional Hospital Type C - Kotawehera	North Western	Kurunegala
227.	Divisional Hospital Type C- Mahagirilla	North Western	Kurunegala
228.	Divisional Hospital Type C - Karabe	North Western	Kurunegala
229.	Divisional Hospital Type C - Mahananneriya	North Western	Kurunegala
230.	Divisional Hospital Type C - Ehatuwewa	North Western	Kurunegala
231.	Divisional Hospital Type C - ATHaragalla	North Western	Kurunegala
232.	Divisional Hospital Type C - Rajanganaya	North Western	Kurunegala
233.	Divisional Hospital Type C - Mahamukalanyaya	North Western	Kurunegala
234.	Divisional Hospital Type C - Delvita	North Western	Kurunegala
235.	Divisional Hospital Type C - Gonigoda	North Western	Kurunegala
236.	Divisional Hospital Type C - Nagollagama	North Western	Kurunegala
237.	Divisional Hospital Type C - Madampe	North Western	Puttalam
238.	Divisional Hospital Type C - Anawilundawa	North Western	Puttalam
239.	Divisional Hospital Type C - Kottukachchiya	North Western	Puttalam
240.	Divisional Hospital Type C - THabbowa	North Western	Puttalam
241.	Divisional Hospital Type C - NawagaTHThegama	North Western	Puttalam

242.	Divisional Hospital Type C - Galmuruwa	North Western	Puttalam
243.	Divisional Hospital Type C - Kosgama	Western	Colombo
244.	Divisional Hospital Type C - ATHurugiriya	Western	Colombo
245.	Divisional Hospital Type C - Akaragama	Western	Gampaha
246.	Divisional Hospital Type C - Pamunugama	Western	Gampaha
247.	Divisional Hospital Type C - Biyagama	Western	Gampaha
248.	Divisional Hospital Type C - Ja-Ela	Western	Gampaha
249.	Divisional Hospital Type C - MalwaTHuhiripitiya	Western	Gampaha
250.	Divisional Hospital Type C - Bokalagama	Western	Gampaha
251.	Divisional Hospital Type C - Udupila	Western	Gampaha
252.	Divisional Hospital Type C - AluTHgama	Western	Kalutara
253.	Divisional Hospital Type C - Gonaduwa	Western	Kalutara
254.	Divisional Hospital Type C - Neboda	Western	Kalutara
255.	Divisional Hospital Type C - Dodangoda	Western	Kalutara
256.	Divisional Hospital Type C - Katugahahena	Western	Kalutara
257.	Divisional Hospital Type C - HalTHota	Western	Kalutara
258.	Divisional Hospital Type C - Newchatal	Western	Kalutara
259.	Divisional Hospital Type C - Geekiyanakanda	Western	Kalutara
260.	Divisional Hospital Type C - Narampanawa	Central	Kandy
261.	Divisional Hospital Type C - Ulapane	Central	Kandy
262.	Divisional Hospital Type C - Pattiyagama, Pallegama	Central	Kandy
263.	Divisional Hospital Type C - WesTHall	Central	Kandy
264.	Divisional Hospital Type C - Kahawatte	Central	Kandy
265.	Divisional Hospital Type C - Udagama Atabage	Central	Kandy
266.	Divisional Hospital Type C - Dunhinna	Central	Kandy

267.	Divisional Hospital Type C - Batumulla	Central	Kandy
268.	Divisional Hospital Type C - MurtuTHalawa	Central	Kandy
269.	Divisional Hospital Type C - Wattappola	Central	Kandy
270.	Divisional Hospital Type C - Muwandeniya	Central	Matale
271.	Divisional Hospital Type C - Maraka	Central	Matale
272.	Divisional Hospital Type C - Ovilikanda	Central	Matale
273.	Divisional Hospital Type C - Gammaduwa	Central	Matale
274.	Divisional Hospital Type C - Ilukkumbura	Central	Matale
275.	Divisional Hospital Type C - Gonapitiya	Central	Nuwara Eliya
276.	Divisional Hospital Type C - Highforest	Central	Nuwara Eliya
277.	Divisional Hospital Type C - Madulla	Central	Nuwara Eliya
278.	Divisional Hospital Type C - Mooloya	Central	Nuwara Eliya
279.	Divisional Hospital Type C - GonaganTHanna	Central	Nuwara Eliya
280.	Divisional Hospital Type C - Nildandahinna	Central	Nuwara Eliya
281.	Divisional Hospital Type C - Mandarannuwara	Central	Nuwara Eliya
282.	Divisional Hospital Type C - THERipaha	Central	Nuwara Eliya
283.	Divisional Hospital Type C - North Medakumbura	Central	Nuwara Eliya
284.	Divisional Hospital Type C - Mavadivembu	Eastern	Batticaloa
285.	Divisional Hospital Type C - Karadiyanaru	Eastern	Batticaloa
286.	Divisional Hospital Type C - SanTHively	Eastern	Batticaloa
287.	Divisional Hospital Type C - KaTHiravelly	Eastern	Batticaloa
288.	Divisional Hospital Type C - Palamunai	Eastern	Batticaloa
289.	Divisional Hospital Type C - THuraineelavani	Eastern	Batticaloa

290.	Divisional Hospital Type C - Palugamam	Eastern	Batticaloa
291.	Divisional Hospital Type C - Mandoor	Eastern	Batticaloa
292.	Divisional Hospital Type C - MandapaTHady	Eastern	Batticaloa
293.	Divisional Hospital Type C - Navatkadu	Eastern	Batticaloa
294.	Divisional Hospital Type C - MahiladiTHivu	Eastern	Batticaloa
295.	Divisional Hospital Type C - Cheddipalayam	Eastern	Batticaloa
296.	Divisional Hospital Type C - Damana	Eastern	Ampara
297.	Divisional Hospital Type C - Lahugala	Eastern	Ampara
298.	Divisional Hospital Type C - Panama	Eastern	Ampara
299.	Divisional Hospital Type C - SeneraTHpura	Eastern	Ampara
300.	Divisional Hospital Type C - THottama	Eastern	Ampara
301.	Divisional Hospital Type C - Wadinagala	Eastern	Ampara
302.	Divisional Hospital Type C - PaTHavisripura	Eastern	Trincomalee
303.	Divisional Hospital Type C - THampalagamama	Eastern	Trincomalee
304.	Divisional Hospital Type C - Gomarankadawala	Eastern	Trincomalee
305.	Divisional Hospital Type C - Kuchchaveli	Eastern	Trincomalee
306.	Divisional Hospital Type C - Serunuwara	Eastern	Trincomalee
307.	Divisional Hospital Type C - Nilaveli	Eastern	Trincomalee
308.	Divisional Hospital Type C - Killivetty	Eastern	Trincomalee
309.	Divisional Hospital Type C - EachilampaTHai	Eastern	Trincomalee
310.	Divisional Hospital Type C - THoppur	Eastern	Trincomalee
311.	Divisional Hospital Type C - Seruwila	Eastern	Trincomalee
312.	Divisional Hospital Type C - Mahadivulwewa	Eastern	Trincomalee
313.	Divisional Hospital Type C - Sampoor	Eastern	Trincomalee

314.	Divisional Hospital Type C - KaraiTHivu	Eastern	Kalmunai
315.	Divisional Hospital Type C - Addalaichenai	Eastern	Kalmunai
316.	Divisional Hospital Type C - Palamunai	Eastern	Kalmunai
317.	Divisional Hospital Type C - Oluvil	Eastern	Kalmunai
318.	Divisional Hospital Type C - Deegawapiya	Eastern	Kalmunai
319.	Divisional Hospital Type C - Central Camp	Eastern	Kalmunai
320.	Divisional Hospital Type C - Irakkamam	Eastern	Kalmunai
321.	Divisional Hospital Type C - MahawalaTHanna	Sabaragamuwa	Ratnapura
322.	Divisional Hospital Type C - Rassagala	Sabaragamuwa	Ratnapura
323.	Divisional Hospital Type C - Kiriporuwa	Sabaragamuwa	Ratnapura
324.	Divisional Hospital Type C - Udawalawa	Sabaragamuwa	Ratnapura
325.	Divisional Hospital Type C - Palamkotte	Sabaragamuwa	Ratnapura
326.	Divisional Hospital Type C - Madampe	Sabaragamuwa	Ratnapura
327.	Divisional Hospital Type C - Endana	Sabaragamuwa	Ratnapura
328.	Divisional Hospital Type C - THEppanawa	Sabaragamuwa	Ratnapura
329.	Divisional Hospital Type C - KiribaTHgala	Sabaragamuwa	Ratnapura
330.	Divisional Hospital Type C - Gallella	Sabaragamuwa	Ratnapura
331.	Divisional Hospital Type C - Belihuloya	Sabaragamuwa	Ratnapura
332.	Divisional Hospital Type C - Alupola	Sabaragamuwa	Ratnapura
333.	Divisional Hospital Type C - Hunuwala	Sabaragamuwa	Ratnapura
334.	Divisional Hospital Type C - Omalpe	Sabaragamuwa	Ratnapura
335.	Divisional Hospital Type C - Sooriyakanda	Sabaragamuwa	Ratnapura
336.	Divisional Hospital Type C - Dumbara	Sabaragamuwa	Ratnapura
337.	Divisional Hospital Type C - Ranwala	Sabaragamuwa	Ratnapura
338.	Divisional Hospital Type C - Weragama	Sabaragamuwa	Ratnapura

339.	Divisional Hospital Type C - Pindeniya	Sabaragamuwa	Kegalle
340.	Divisional Hospital Type C - Gonagaldeniya	Sabaragamuwa	Kegalle
341.	Divisional Hospital Type C - Higuralakanda	Sabaragamuwa	Kegalle
342.	Divisional Hospital Type C - Amanawela	Sabaragamuwa	Kegalle
343.	Divisional Hospital Type C - Dedugala	Sabaragamuwa	Kegalle
344.	Divisional Hospital Type C - GanTHuna	Sabaragamuwa	Kegalle
345.	Divisional Hospital Type C - Halgolla	Sabaragamuwa	Kegalle
346.	Divisional Hospital Type C - Kiriporuwa	Sabaragamuwa	Kegalle
347.	Divisional Hospital Type C - Sapumalkanda	Sabaragamuwa	Kegalle
348.	Divisional Hospital Type C - Haldummulla	Uva	Badulla
349.	Divisional Hospital Type C - Kandakatiya	Uva	Badulla
350.	Divisional Hospital Type C - Meegahakiula	Uva	Badulla
351.	Divisional Hospital Type C - Uraniya	Uva	Badulla
352.	Divisional Hospital Type C - Galauda	Uva	Badulla
353.	Divisional Hospital Type C - Bogahakumbura	Uva	Badulla
354.	Divisional Hospital Type C - Boralanda	Uva	Badulla
355.	Divisional Hospital Type C - Demodara	Uva	Badulla
356.	Divisional Hospital Type C - Etampitiya	Uva	Badulla
357.	Divisional Hospital Type C - Glanor	Uva	Badulla
358.	Divisional Hospital Type C - Ekiriyankubura	Uva	Badulla
359.	Divisional Hospital Type C - Hopton	Uva	Badulla
360.	Divisional Hospital Type C - Kandegedara	Uva	Badulla
361.	Divisional Hospital Type C - Kandagolla	Uva	Badulla
362.	Divisional Hospital Type C - Kahataruppa	Uva	Badulla

363.	Divisional Hospital Type C - Mirahawatta	Uva	Badulla
364.	Divisional Hospital Type C - Nadungamuwa	Uva	Badulla
365.	Divisional Hospital Type C - Robary	Uva	Badulla
366.	Divisional Hospital Type C - Springvally	Uva	Badulla
367.	Divisional Hospital Type C - Ury	Uva	Badulla
368.	Divisional Hospital Type C - Wewegama	Uva	Badulla
369.	Divisional Hospital Type C - Sarniya	Uva	Badulla
370.	Divisional Hospital Type C - Haggala	Uva	Badulla
371.	Divisional Hospital Type C - Dambetenna	Uva	Badulla
372.	Divisional Hospital Type C - Poonagala	Uva	Badulla
373.	Divisional Hospital Type C - Kerkills	Uva	Badulla
374.	Divisional Hospital Type C - Telbadda	Uva	Badulla
375.	Divisional Hospital Type C - Kanawerella	Uva	Badulla
376.	Divisional Hospital Type C - Down Side	Uva	Badulla
377.	Divisional Hospital Type C - Unagolla	Uva	Badulla
378.	Divisional Hospital Type C - Uva Highland	Uva	Badulla
379.	Divisional Hospital Type C - Udaweriyaya	Uva	Badulla
380.	Divisional Hospital Type C - Mahadowa	Uva	Badulla
381.	Divisional Hospital Type C - Meedumpitiya	Uva	Badulla
382.	Divisional Hospital Type C - Dambana	Uva	Badulla
383.	Divisional Hospital Type C - Dambagalla	Uva	Monaragala
384.	Divisional Hospital Type C - Hambegamuwa	Uva	Monaragala
385.	Divisional Hospital Type C - Sevanagala	Uva	Monaragala
386.	Divisional Hospital Type C - Hingurukaduwa	Uva	Monaragala

387.	Divisional Hospital Type C - Handapanagala	Uva	Monaragala
388.	Divisional Hospital Type C - Okkampitiya	Uva	Monaragala
389.	Divisional Hospital Type C - ETHimale	Uva	Monaragala
390.	Divisional Hospital Type C - Pitakumbura	Uva	Monaragala
391.	Divisional Hospital Type C - Galkiriyagama	North Central	Anuradhapura
392.	Divisional Hospital Type C - Senapura	North Central	Anuradhapura
393.	Divisional Hospital Type C - Nelubewa	North Central	Anuradhapura
394.	Divisional Hospital Type C - Ranorawa	North Central	Anuradhapura
395.	Divisional Hospital Type C - Rambewa	North Central	Anuradhapura
396.	Divisional Hospital Type C - Mahavilachchiya	North Central	Anuradhapura
397.	Divisional Hospital Type C - Adiyagala	North Central	Anuradhapura
398.	Divisional Hospital Type C - ElayapaTHHuwa	North Central	Anuradhapura
399.	Divisional Hospital Type C - Habarana	North Central	Anuradhapura
400.	Divisional Hospital Type C - Kalawewa	North Central	Anuradhapura
401.	Divisional Hospital Type C - Kapugollewa	North Central	Anuradhapura
402.	Divisional Hospital Type C - RaTHmalgahawewa	North Central	Anuradhapura
403.	Divisional Hospital Type C - Rajanganaya Track 5	North Central	Anuradhapura
404.	Divisional Hospital Type C - Rajanganaya Track 11	North Central	Anuradhapura
405.	Divisional Hospital Type C - Nachchaduwa	North Central	Anuradhapura
406.	Divisional Hospital Type C - THammennawa	North Central	Anuradhapura
407.	Divisional Hospital Type C - Eppawala	North Central	Anuradhapura
408.	Divisional Hospital Type C - Negampaha	North Central	Anuradhapura
409.	Divisional Hospital Type C - Katiyawa	North Central	Anuradhapura
410.	Divisional Hospital Type C - Paimaduwa	North Central	Anuradhapura

411.	Divisional Hospital Type C - Parasangaswewa	North Central	Anuradhapura
412.	Divisional Hospital Type C - Maradankadawala	North Central	Anuradhapura
413.	Divisional Hospital Type C - Kallanchiya	North Central	Anuradhapura
414.	Divisional Hospital Type C - Wahalkada	North Central	Anuradhapura
415.	Divisional Hospital Type C - Attanakadawala	North Central	Polonnaruwa
416.	Divisional Hospital Type C - Galamuna	North Central	Polonnaruwa
417.	Divisional Hospital Type C - Manampitiya	North Central	Polonnaruwa
418.	Divisional Hospital Type C - Diyabeduma	North Central	Polonnaruwa
419.	Divisional Hospital Type C - Habaraduwa	Southern	Galle
420.	Divisional Hospital Type C - RaTHgama	Southern	Galle
421.	Divisional Hospital Type C - Uragaha	Southern	Galle
422.	Divisional Hospital Type C - Induruwa	Southern	Galle
423.	Divisional Hospital Type C - Nagoda	Southern	Galle
424.	Divisional Hospital Type C - Ahangama	Southern	Galle
425.	Divisional Hospital Type C - Madampagama	Southern	Galle
426.	Divisional Hospital Type C - Niyagama	Southern	Galle
427.	Divisional Hospital Type C - OpaTHa	Southern	Galle
428.	Divisional Hospital Type C - THalapitiya	Southern	Galle
429.	Divisional Hospital Type C - Deiyandara	Southern	Matara
430.	Divisional Hospital Type C - Ruhunugama	Southern	Matara
431.	Divisional Hospital Type C - THalalla	Southern	Matara
432.	Divisional Hospital Type C - Urugamuwa	Southern	Matara
433.	Divisional Hospital Type C - Pallegama	Southern	Matara
434.	Divisional Hospital Type C - Kirinda	Southern	Matara

435.	Divisional Hospital Type C - Kotapola	Southern	Matara
436.	Divisional Hospital Type C - Midigama	Southern	Matara
437.	Divisional Hospital Type C - Ihalabeligalla	Southern	Hambantota
438.	Divisional Hospital Type C - Kirama	Southern	Hambantota
439.	Divisional Hospital Type C - Nakulugamuwa	Southern	Hambantota
440.	Divisional Hospital Type C - Ranna	Southern	Hambantota
441.	Divisional Hospital Type C - Beragama	Southern	Hambantota
442.	Divisional Hospital Type C - Gonadeniya	Southern	Hambantota
443.	Divisional Hospital Type C - Hakuruwela	Southern	Hambantota
444.	Divisional Hospital Type C - Middeniya	Southern	Hambantota
445.	Divisional Hospital Type C - Alaveddy	Nothern	Jaffna
446.	Divisional Hospital Type C - Ampan	Nothern	Jaffna
447.	Divisional Hospital Type C - Analaitivu	Nothern	Jaffna
448.	Divisional Hospital Type C - Delft	Nothern	Jaffna
449.	Divisional Hospital Type C - Gurunagar	Nothern	Jaffna
450.	Divisional Hospital Type C - Ilavala	Nothern	Jaffna
451.	Divisional Hospital Type C - Karaveddy	Nothern	Jaffna
452.	Divisional Hospital Type C - Kodikamam	Nothern	Jaffna
453.	Divisional Hospital Type C - Kondavil	Nothern	Jaffna
454.	Divisional Hospital Type C - Manipay	Nothern	Jaffna
455.	Divisional Hospital Type C - Mandaitivu	Nothern	Jaffna
456.	Divisional Hospital Type C - Vaddukoddai	Nothern	Jaffna
457.	Divisional Hospital Type C - Velanai	Nothern	Jaffna
458.	Divisional Hospital Type C - Nainativu	Nothern	Jaffna
459.	Divisional Hospital Type C - Pandertharipu	Nothern	Jaffna
460.	Divisional Hospital Type C - Pungudutivu	Nothern	Jaffna
461.	Divisional Hospital Type C - Varani	Nothern	Jaffna
462.	Divisional Hospital Type C - Vankalai	Nothern	Mannar

463.	Divisional Hospital Type C - Periyapandivirichan	Nothern	Mannar
464.	Divisional Hospital Type C - Nanattan	Nothern	Mannar
465.	Divisional Hospital Type C - Erukkalampiddy	Nothern	Mannar
466.	Divisional Hospital Type C - Nedunkerny	Nothern	Vavuniya
467.	Divisional Hospital Type C - Ulukkulam	Nothern	Vavuniya
468.	Divisional Hospital Type C - Pavatkulam	Nothern	Vavuniya
469.	Divisional Hospital Type C - Poovarasankulam	Nothern	Vavuniya
470.	Divisional Hospital Type C - SiTHamparapuram	Nothern	Vavuniya
471.	Divisional Hospital Type C - Neriyaikulam	Nothern	Vavuniya
472.	Divisional Hospital Type C - Puliyaikulam	Nothern	Vavuniya
473.	Divisional Hospital Type C - Mamaduwa	Nothern	Vavuniya
474.	Divisional Hospital Type C - Nadankandal	Nothern	Mullaitivu
475.	Divisional Hospital Type C - Alampil	Nothern	Mullaitivu
476.	Divisional Hospital Type C - Kokulai	Nothern	Mullaitivu
477.	Divisional Hospital Type C - Mullaitivu	Nothern	Mullaitivu
478.	Divisional Hospital Type C - Moonkilaru	Nothern	Mullaitivu
479.	Divisional Hospital Type C - UriTHHirapuram	Nothern	Kilinochchi
480.	Divisional Hospital Type C - Vaddakachchi	Nothern	Kilinochchi
481.	Divisional Hospital Type C - Veravil	Nothern	Kilinochchi

Primary Medical Care Units

	Hospital	Province	District
1.	Primary Medical Care Unit - Kudalgamuwa	North Western	Kurunegala

2.	Primary Medical Care Unit - Gonagama	North Western	Kurunegala
3.	Primary Medical Care Unit - MaspoTHa	North Western	Kurunegala
4.	Primary Medical Care Unit - Wewagama	North Western	Kurunegala
5.	Primary Medical Care Unit - Divullegoda	North Western	Kurunegala
6.	Primary Medical Care Unit - Kadigawa	North Western	Kurunegala
7.	Primary Medical Care Unit - Boraluwewa	North Western	Kurunegala
8.	Primary Medical Care Unit - Udumulla	North Western	Kurunegala
9.	Primary Medical Care Unit - Welikare	North Western	Kurunegala
10.	Primary Medical Care Unit - Boyawalana	North Western	Kurunegala
11.	Primary Medical Care Unit - Minuwangate	North Western	Kurunegala
12.	Primary Medical Care Unit - Netiya	North Western	Kurunegala
13.	Primary Medical Care Unit - PoTHuhera	North Western	Kurunegala
14.	Primary Medical Care Unit - Wadakada	North Western	Kurunegala
15.	Primary Medical Care Unit - UdapolawaTHTHa	North Western	Kurunegala
16.	Primary Medical Care Unit - Uhumeeya	North Western	Kurunegala
17.	Primary Medical Care Unit - Elabadagama	North Western	Kurunegala
18.	Primary Medical Care Unit - Narangoda	North Western	Kurunegala
19.	Primary Medical Care Unit - Munamaldeniya	North Western	Kurunegala
20.	Primary Medical Care Unit - DoTHalla	North Western	Kurunegala
21.	Primary Medical Care Unit - BandarakoswaTHTHa	North Western	Kurunegala
22.	Primary Medical Care Unit - Kolabagama	North Western	Kurunegala
23.	Primary Medical Care Unit - Kosdeniya	North Western	Kurunegala
24.	Primary Medical Care Unit - Mohottuwagoda	North Western	Kurunegala

25.	Primary Medical Care Unit - THaranauduwela	North Western	Kurunegala
26.	Primary Medical Care Unit - Hiruwalpola	North Western	Kurunegala
27.	Primary Medical Care Unit - THisogama	North Western	Kurunegala
28.	Primary Medical Care Unit - Udubaddawa	North Western	Kurunegala
29.	Primary Medical Care Unit - Divrumpola	North Western	Kurunegala
30.	Primary Medical Care Unit - Kattimahana	North Western	Kurunegala
31.	Primary Medical Care Unit - Kalegama	North Western	Kurunegala
32.	Primary Medical Care Unit - Rasnayakapura	North Western	Kurunegala
33.	Primary Medical Care Unit - Balalla	North Western	Kurunegala
34.	Primary Medical Care Unit - Usgalasiyabalangamuwa	North Western	Kurunegala
35.	Primary Medical Care Unit - MakulpoTHa	North Western	Kurunegala
36.	Primary Medical Care Unit - Kalugalla	North Western	Kurunegala
37.	Primary Medical Care Unit - THalawa	North Western	Kurunegala
38.	Primary Medical Care Unit - Madahapola	North Western	Kurunegala
39.	Primary Medical Care Unit - PoTHuwila	North Western	Kurunegala
40.	Primary Medical Care Unit - THalakolawewa	North Western	Kurunegala
41.	Primary Medical Care Unit - BaTHalagoda	North Western	Kurunegala
42.	Primary Medical Care Unit - Kidulwanaoya	North Western	Kurunegala
43.	Primary Medical Care Unit - Malsiripura	North Western	Kurunegala
44.	Primary Medical Care Unit - Weuda	North Western	Kurunegala
45.	Primary Medical Care Unit - Digampitiya	North Western	Kurunegala
46.	Primary Medical Care Unit - IguruwaTHTHa	North Western	Kurunegala

47.	Primary Medical Care Unit - KahapaTHwala	North Western	Kurunegala
48.	Primary Medical Care Unit - Dodangaslanda	North Western	Kurunegala
49.	Primary Medical Care Unit - Buluwala	North Western	Kurunegala
50.	Primary Medical Care Unit - Kubukwewa	North Western	Kurunegala
51.	Primary Medical Care Unit - Bihalpola	North Western	Kurunegala
52.	Primary Medical Care Unit - Kakunagolla	North Western	Kurunegala
53.	Primary Medical Care Unit - Horatapola	North Western	Kurunegala
54.	Primary Medical Care Unit - Mampuri	North Western	Puttalam
55.	Primary Medical Care Unit - Kottantivu	North Western	Puttalam
56.	Primary Medical Care Unit - Mahakubukadawala	North Western	Puttalam
57.	Primary Medical Care Unit - VanaTHawilluwa	North Western	Puttalam
58.	Primary Medical Care Unit - AluTHgama	North Western	Puttalam
59.	Primary Medical Care Unit - Pallama	North Western	Puttalam
60.	Primary Medical Care Unit - KaraTHivu	North Western	Puttalam
61.	Primary Medical Care Unit - Wennappuwa	North Western	Puttalam
62.	Primary Medical Care Unit - Puladiwayal	North Western	Puttalam
63.	Primary Medical Care Unit - Koswatta	North Western	Puttalam
64.	Primary Medical Care Unit - Madurankuliya	North Western	Puttalam
65.	Primary Medical Care Unit - Mallawa	North Western	Puttalam
66.	Primary Medical Care Unit - Mudalakkuliya	North Western	Puttalam
67.	Primary Medical Care Unit - Nainamadama	North Western	Puttalam
68.	Primary Medical Care Unit - Nattandiya	North Western	Puttalam
69.	Primary Medical Care Unit - PoTHuwatawana	North Western	Puttalam
70.	Primary Medical Care Unit - THalawila	North Western	Puttalam

71.	Primary Medical Care Unit - THambagalla	North Western	Puttalam
72.	Primary Medical Care Unit - THoduwawa	North Western	Puttalam
73.	Primary Medical Care Unit - Walahapitiya	North Western	Puttalam
74.	Primary Medical Care Unit - WijayakatupoTHa	North Western	Puttalam
75.	Primary Medical Care Unit - Kokkawila	North Western	Puttalam
76.	Primary Medical Care Unit - Kirimetiya	North Western	Puttalam
77.	Primary Medical Care Unit - Yatakalana	North Western	Puttalam
78.	Primary Medical Care Unit - WilpoTHa	North Western	Puttalam
79.	Primary Medical Care Unit - Maningala	North Western	Puttalam
80.	Primary Medical Care Unit - Alkasim	North Western	Puttalam
81.	Primary Medical Care Unit - Karambe	North Western	Puttalam
82.	Primary Medical Care Unit - Weppamanduwa	North Western	Puttalam
83.	Primary Medical Care Unit - Hiddranagar	North Western	Puttalam
84.	Primary Medical Care Unit - Alankuda	North Western	Puttalam
85.	Primary Medical Care Unit - Kandakuda	North Western	Puttalam
86.	Primary Medical Care Unit - Madawakkulama	North Western	Puttalam
87.	Primary Medical Care Unit - Angampitiya	Western	Colombo
88.	Primary Medical Care Unit - Angoda	Western	Colombo
89.	Primary Medical Care Unit - Boralesgamuwa	Western	Colombo
90.	Primary Medical Care Unit - Brahmanagama	Western	Colombo
91.	Primary Medical Care Unit - Dedigamuwa	Western	Colombo
92.	Primary Medical Care Unit - Dematagoda	Western	Colombo
93.	Primary Medical Care Unit - Folk Art Centre	Western	Colombo

94.	Primary Medical Care Unit - Gangodawila	Western	Colombo
95.	Primary Medical Care Unit - Hanwella	Western	Colombo
96.	Primary Medical Care Unit - Kaduwela	Western	Colombo
97.	Primary Medical Care Unit - Kolonnawa	Western	Colombo
98.	Primary Medical Care Unit - Koralawella	Western	Colombo
99.	Primary Medical Care Unit - Madiwela	Western	Colombo
100.	Primary Medical Care Unit - Meegoda	Western	Colombo
101.	Primary Medical Care Unit - Mirihana	Western	Colombo
102.	Primary Medical Care Unit - Nugegoda	Western	Colombo
103.	Primary Medical Care Unit - Obesekarapura	Western	Colombo
104.	Primary Medical Care Unit - Pannipitiya	Western	Colombo
105.	Primary Medical Care Unit - Parliamentary Complex	Western	Colombo
106.	Primary Medical Care Unit - Pinnawala	Western	Colombo
107.	Primary Medical Care Unit - RaTHmalana	Western	Colombo
108.	Primary Medical Care Unit - RaTHmalana (Railway)	Western	Colombo
109.	Primary Medical Care Unit - Rukmalgama	Western	Colombo
110.	Primary Medical Care Unit - Sedawatta	Western	Colombo
111.	Primary Medical Care Unit - SOS Village	Western	Colombo
112.	Primary Medical Care Unit - THummodara	Western	Colombo
113.	Primary Medical Care Unit - Waga	Western	Colombo
114.	Primary Medical Care Unit - Wellampitiya	Western	Colombo
115.	Primary Medical Care Unit - Waga - Weragala	Western	Colombo
116.	Primary Medical Care Unit - Nambuluwa	Western	Gampaha

117.	Primary Medical Care Unit - Kalagedihena	Western	Gampaha
118.	Primary Medical Care Unit - MeeTHirigala	Western	Gampaha
119.	Primary Medical Care Unit - THalahena	Western	Gampaha
120.	Primary Medical Care Unit - Pugoda	Western	Gampaha
121.	Primary Medical Care Unit - Dunagaha	Western	Gampaha
122.	Primary Medical Care Unit - Korasa	Western	Gampaha
123.	Primary Medical Care Unit - Bemmula	Western	Gampaha
124.	Primary Medical Care Unit - Weliwariya	Western	Gampaha
125.	Primary Medical Care Unit - Pallewela	Western	Gampaha
126.	Primary Medical Care Unit - Peliyagoda	Western	Gampaha
127.	Primary Medical Care Unit - Ganemulla	Western	Gampaha
128.	Primary Medical Care Unit - Devalapola	Western	Gampaha
129.	Primary Medical Care Unit - Ambepussa	Western	Gampaha
130.	Primary Medical Care Unit - Madelgamuwa	Western	Gampaha
131.	Primary Medical Care Unit - Pasyala	Western	Gampaha
132.	Primary Medical Care Unit - Kal Eliya	Western	Gampaha
133.	Primary Medical Care Unit - Anuragoda	Western	Gampaha
134.	Primary Medical Care Unit - Mandawala	Western	Gampaha
135.	Primary Medical Care Unit - Hunupitiya	Western	Gampaha
136.	Primary Medical Care Unit - Uswetakeiyawa	Western	Gampaha
137.	Primary Medical Care Unit - MaligaTHenna	Western	Gampaha
138.	Primary Medical Care Unit - Seeduwa	Western	Gampaha
139.	Primary Medical Care Unit - Badalgama	Western	Gampaha
140.	Primary Medical Care Unit - Maldeniya	Western	Gampaha
141.	Primary Medical Care Unit - Sinharamulla	Western	Gampaha

142.	Primary Medical Care Unit - Alawala	Western	Gampaha
143.	Primary Medical Care Unit - Halpe - Meerigama	Western	Gampaha
144.	Primary Medical Care Unit - Raddolugama	Western	Gampaha
145.	Primary Medical Care Unit - Weweldeniya	Western	Gampaha
146.	Primary Medical Care Unit - Urapola	Western	Gampaha
147.	Primary Medical Care Unit - Halpe-Katana	Western	Gampaha
148.	Primary Medical Care Unit - Malwana	Western	Gampaha
149.	Primary Medical Care Unit - Kandawala - Katana	Western	Gampaha
150.	Primary Medical Care Unit - Hendala	Western	Gampaha
151.	Primary Medical Care Unit - Kotadeniyawa	Western	Gampaha
152.	Primary Medical Care Unit - Andiambalama	Western	Gampaha
153.	Primary Medical Care Unit - Muddaragama	Western	Gampaha
154.	Primary Medical Care Unit - Kochchikade	Western	Gampaha
155.	Primary Medical Care Unit - KadawaTHa	Western	Gampaha
156.	Primary Medical Care Unit - THihariya	Western	Gampaha
157.	Primary Medical Care Unit - Katunayake	Western	Gampaha
158.	Primary Medical Care Unit - Wekada	Western	Gampaha
159.	Primary Medical Care Unit - Madawala	Western	Gampaha
160.	Primary Medical Care Unit - Veyangoda	Western	Gampaha
161.	Primary Medical Care Unit - Wadduwa	Western	Kalutara
162.	Primary Medical Care Unit - Horawala	Western	Kalutara
163.	Primary Medical Care Unit - Warakagoda	Western	Kalutara
164.	Primary Medical Care Unit - Panapitiya	Western	Kalutara
165.	Primary Medical Care Unit - Bellana	Western	Kalutara

166.	Primary Medical Care Unit - THiniyawala	Western	Kalutara
167.	Primary Medical Care Unit - Keselwatta	Western	Kalutara
168.	Primary Medical Care Unit - Molkawa	Western	Kalutara
169.	Primary Medical Care Unit - YattapaTHa	Western	Kalutara
170.	Primary Medical Care Unit - UdaTHalawinna	Central	Kandy
171.	Primary Medical Care Unit - Mailapitiya	Central	Kandy
172.	Primary Medical Care Unit - Dedunupitiya	Central	Kandy
173.	Primary Medical Care Unit - Kotikambe	Central	Kandy
174.	Primary Medical Care Unit - Meemure	Central	Kandy
175.	Primary Medical Care Unit - Poojapitiya	Central	Kandy
176.	Primary Medical Care Unit - Rambukewela	Central	Kandy
177.	Primary Medical Care Unit - Mapakanda	Central	Kandy
178.	Primary Medical Care Unit - Elamaldeniya	Central	Kandy
179.	Primary Medical Care Unit - Galhinna	Central	Kandy
180.	Primary Medical Care Unit - Godahena	Central	Kandy
181.	Primary Medical Care Unit - Welamboda	Central	Kandy
182.	Primary Medical Care Unit - MawaTHura	Central	Kandy
183.	Primary Medical Care Unit - Megodakalugamuwa	Central	Kandy
184.	Primary Medical Care Unit - Mahakanda	Central	Kandy
185.	Primary Medical Care Unit - Gohagoda	Central	Kandy
186.	Primary Medical Care Unit - Suduhumpola	Central	Kandy
187.	Primary Medical Care Unit - Girihagama	Central	Kandy
188.	Primary Medical Care Unit - Dodamwala	Central	Kandy

189.	Primary Medical Care Unit - Yahaltenna	Central	Kandy
190.	Primary Medical Care Unit - Balana	Central	Kandy
191.	Primary Medical Care Unit - AlwaTHugoda	Central	Kandy
192.	Primary Medical Care Unit - Rambuke-ela	Central	Kandy
193.	Primary Medical Care Unit - Kurugoda	Central	Kandy
194.	Primary Medical Care Unit - Madawala	Central	Kandy
195.	Primary Medical Care Unit - Rangalamakuldeniya	Central	Kandy
196.	Primary Medical Care Unit - Sandasiridunuwila	Central	Kandy
197.	Primary Medical Care Unit - Rajawella	Central	Kandy
198.	Primary Medical Care Unit - Kandenuwara	Central	Matale
199.	Primary Medical Care Unit - Pallepola	Central	Matale
200.	Primary Medical Care Unit - Aluviharaya	Central	Matale
201.	Primary Medical Care Unit - Ukuwela	Central	Matale
202.	Primary Medical Care Unit - Madawala UlpaTHa	Central	Matale
203.	Primary Medical Care Unit - Gurubebila	Central	Matale
204.	Primary Medical Care Unit - Dewahuwa	Central	Matale
205.	Primary Medical Care Unit - Elkaduwa	Central	Matale
206.	Primary Medical Care Unit - Dullewa	Central	Matale
207.	Primary Medical Care Unit - Opalgala	Central	Matale
208.	Primary Medical Care Unit - Kalundewa	Central	Matale
209.	Primary Medical Care Unit - Wewalawewa	Central	Matale
210.	Primary Medical Care Unit - Wahakootte	Central	Matale
211.	Primary Medical Care Unit - AluTHwewa	Central	Matale
212.	Primary Medical Care Unit - Paldeniya	Central	Matale

213.	Primary Medical Care Unit - Ambewela	Central	Nuwara Eliya
214.	Primary Medical Care Unit - Hagarapitiya	Central	Nuwara Eliya
215.	Primary Medical Care Unit - HapugasTHalawa	Central	Nuwara Eliya
216.	Primary Medical Care Unit - Hatton	Central	Nuwara Eliya
217.	Primary Medical Care Unit - Kalaganwatte	Central	Nuwara Eliya
218.	Primary Medical Care Unit - Kandapola	Central	Nuwara Eliya
219.	Primary Medical Care Unit - Katabulawa	Central	Nuwara Eliya
220.	Primary Medical Care Unit - KeerTHibandarapura	Central	Nuwara Eliya
221.	Primary Medical Care Unit - Kurupanawala	Central	Nuwara Eliya
222.	Primary Medical Care Unit - Manakola	Central	Nuwara Eliya
223.	Primary Medical Care Unit - Maswela	Central	Nuwara Eliya
224.	Primary Medical Care Unit - Munwatte	Central	Nuwara Eliya
225.	Primary Medical Care Unit - NawaTHispane	Central	Nuwara Eliya
226.	Primary Medical Care Unit - Pundaluoya	Central	Nuwara Eliya
227.	Primary Medical Care Unit - Ragala	Central	Nuwara Eliya
228.	Primary Medical Care Unit - Rupaha	Central	Nuwara Eliya
229.	Primary Medical Care Unit - Upkot	Central	Nuwara Eliya
230.	Primary Medical Care Unit - Widulipura	Central	Nuwara Eliya
231.	Primary Medical Care Unit - Wijebahukanda	Central	Nuwara Eliya
232.	Primary Medical Care Unit - Nanuoya	Central	Nuwara Eliya
233.	Primary Medical Care Unit - Frotoft	Central	Nuwara Eliya
234.	Primary Medical Care Unit - Palameenmadu	Eastern	Batticaloa
235.	Primary Medical Care Unit - THiraimadu	Eastern	Batticaloa
236.	Primary Medical Care Unit - Navaladi	Eastern	Batticaloa
237.	Primary Medical Care Unit - Koddaimunai	Eastern	Batticaloa

238.	Primary Medical Care Unit - Meerakerny	Eastern	Batticaloa
239.	Primary Medical Care Unit - RiTHiTHenna	Eastern	Batticaloa
240.	Primary Medical Care Unit - KawaTHamunai	Eastern	Batticaloa
241.	Primary Medical Care Unit - Mankerny	Eastern	Batticaloa
242.	Primary Medical Care Unit - Kankeyanodoai	Eastern	Batticaloa
243.	Primary Medical Care Unit - KaluTHawalai	Eastern	Batticaloa
244.	Primary Medical Care Unit - Mahiloor	Eastern	Batticaloa
245.	Primary Medical Care Unit - Palayadivaddai	Eastern	Batticaloa
246.	Primary Medical Care Unit - Unnichai	Eastern	Batticaloa
247.	Primary Medical Care Unit - Mahilavedduvan	Eastern	Batticaloa
248.	Primary Medical Care Unit - KolamanTHalawa	Eastern	Ampara
249.	Primary Medical Care Unit - Ambagahawella	Eastern	Ampara
250.	Primary Medical Care Unit - Koknahara	Eastern	Ampara
251.	Primary Medical Care Unit - Lihiniyagama	Eastern	Ampara
252.	Primary Medical Care Unit - Madawalalanda	Eastern	Ampara
253.	Primary Medical Care Unit - Mangalagama	Eastern	Ampara
254.	Primary Medical Care Unit - Mahavanawela	Eastern	Ampara
255.	Primary Medical Care Unit - Muwangala	Eastern	Ampara
256.	Primary Medical Care Unit - Namal Oya	Eastern	Ampara
257.	Primary Medical Care Unit - Nawamedagama	Eastern	Ampara
258.	Primary Medical Care Unit - Pannalgama	Eastern	Ampara

259.	Primary Medical Care Unit - Paragahakale	Eastern	Ampara
260.	Primary Medical Care Unit - Sandunpura	Eastern	Ampara
261.	Primary Medical Care Unit - Uhana	Eastern	Ampara
262.	Primary Medical Care Unit - Weeragoda	Eastern	Ampara
263.	Primary Medical Care Unit - Tampitiya	Eastern	Ampara
264.	Primary Medical Care Unit - Alankerny	Eastern	Trincomalee
265.	Primary Medical Care Unit - Battukachchiya	Eastern	Trincomalee
266.	Primary Medical Care Unit - Chenaiyoor	Eastern	Trincomalee
267.	Primary Medical Care Unit - China Bay	Eastern	Trincomalee
268.	Primary Medical Care Unit - GanTHalawa	Eastern	Trincomalee
269.	Primary Medical Care Unit - KappalTHurai	Eastern	Trincomalee
270.	Primary Medical Care Unit - Kakkamunai	Eastern	Trincomalee
271.	Primary Medical Care Unit - KachchakodiTHivu	Eastern	Trincomalee
272.	Primary Medical Care Unit - Kumburupitty	Eastern	Trincomalee
273.	Primary Medical Care Unit - Morawewa	Eastern	Trincomalee
274.	Primary Medical Care Unit - Manalchenai	Eastern	Trincomalee
275.	Primary Medical Care Unit - MullipoTHanai	Eastern	Trincomalee
276.	Primary Medical Care Unit - NaduooTHu	Eastern	Trincomalee
277.	Primary Medical Care Unit - SampalTHivu	Eastern	Trincomalee
278.	Primary Medical Care Unit - Selvanayagapuram	Eastern	Trincomalee
279.	Primary Medical Care Unit - THiriyai	Eastern	Trincomalee
280.	Primary Medical Care Unit - Pattalipuram	Eastern	Trincomalee
281.	Primary Medical Care Unit - Wan Ela	Eastern	Trincomalee

282.	Primary Mediacal Care Unit - Komari	Eastern	Kalmunai
283.	Primary Mediacal Care Unit - Panankadu	Eastern	Kalmunai
284.	Primary Mediacal Care Unit - Malwatta	Eastern	Kalmunai
285.	Primary Mediacal Care Unit - Sorikalmunai	Eastern	Kalmunai
286.	Primary Mediacal Care Unit - Ullai	Eastern	Kalmunai
287.	Primary Mediacal Care Unit - MohammaTHiya Puram	Eastern	Kalmunai
288.	Primary Mediacal Care Unit - Alankulam	Eastern	Kalmunai
289.	Primary Mediacal Care Unit - Sennalkiramam	Eastern	Kalmunai
290.	Primary Mediacal Care Unit - Mawadipalli	Eastern	Kalmunai
291.	Primary Mediacal Care Unit - Periyaneelavanai	Eastern	Kalmunai
292.	Primary Mediacal Care Unit - Chanaikudiyiruppu	Eastern	Kalmunai
293.	Primary Mediacal Care Unit - Annamalai	Eastern	Kalmunai
294.	Primary Medical Care Unit -Napawela	Sabaragamuwa	Ratnapura
295.	Primary Medical Care Unit - Mulendiyawala	Sabaragamuwa	Ratnapura
296.	Primary Medical Care Unit -THunkama	Sabaragamuwa	Ratnapura
297.	Primary Medical Care Unit- Kuruwita	Sabaragamuwa	Ratnapura
298.	Primary Medical Care Unit - Delwala	Sabaragamuwa	Ratnapura
299.	Primary Medical Care Unit- Dellabada	Sabaragamuwa	Ratnapura
300.	Primary Medical Care Unit - RaTHganga	Sabaragamuwa	Ratnapura
301.	Primary Medical Care Unit -Pinnawala	Sabaragamuwa	Ratnapura
302.	Primary Medical Care Unit -Narissa	Sabaragamuwa	Ratnapura
303.	Primary Medical Care Unit -Uduwela	Sabaragamuwa	Ratnapura
304.	Primary Medical Care Unit -Ellagawa	Sabaragamuwa	Ratnapura
305.	Primary Medical Care Unit - Atakalapanna	Sabaragamuwa	Ratnapura
306.	Primary Medical Care Unit -Galpaya	Sabaragamuwa	Ratnapura

307.	Primary Medical Care Unit -Kapugala	Sabaragamuwa	Ratnapura
308.	Primary Medical Care Unit- Gurubawilagama	Sabaragamuwa	Ratnapura
309.	Primary Medical Care Unit -Halhinna	Sabaragamuwa	Ratnapura
310.	Primary Medical Care Unit -Dodampe	Sabaragamuwa	Ratnapura
311.	Primary Medical Care Unit - BuTHkanda	Sabaragamuwa	Ratnapura
312.	Primary Medical Care Unit - Karadupana	Sabaragamuwa	Kegalle
313.	Primary Medical Care Unit -Baddewela	Sabaragamuwa	Kegalle
314.	Primary Medical Care Unit - Nelundeniya	Sabaragamuwa	Kegalle
315.	Primary Medical Care Unit -Yatiantota	Sabaragamuwa	Kegalle
316.	Primary Medical Care Unit- Basnagala	Sabaragamuwa	Kegalle
317.	Primary Medical Care Unit - Dewalegama	Sabaragamuwa	Kegalle
318.	Primary Medical Care Unit - Niyadurupola	Sabaragamuwa	Kegalle
319.	Primary Medical Care Unit - Poddenikanda	Sabaragamuwa	Kegalle
320.	Primary Medical Care Unit -Narangoda	Sabaragamuwa	Kegalle
321.	Primary Medical Care Unit - Minuwangamuwa	Sabaragamuwa	Kegalle
322.	Primary Medical Care Unit -Rahala	Sabaragamuwa	Kegalle
323.	Primary Medical Care Unit - KeselwaTHTHa	Sabaragamuwa	Kegalle
324.	Primary Medical Care Unit - Boralankada	Sabaragamuwa	Kegalle
325.	Primary Medical Care Unit -Atala	Sabaragamuwa	Kegalle
326.	Primary Medical Care Unit- Algama	Sabaragamuwa	Kegalle
327.	Primary Medical Care Unit -Wakirigala	Sabaragamuwa	Kegalle
328.	Primary Medical Care Unit - WaTHThegedara	Sabaragamuwa	Kegalle
329.	Primary Medical Care Unit - BulaTHkohupitiya	Sabaragamuwa	Kegalle
330.	Primary Medical Care Unit - Galapitamada	Sabaragamuwa	Kegalle

331.	Primary Medical Care Unit- UyanwaTHTHa	Sabaragamuwa	Kegalle
332.	Primary Medical Care Unit - Bibilegama	Uva	Badulla
333.	Primary Medical Care Unit - BaTHalayaya	Uva	Badulla
334.	Primary Medical Care Unit - Ballakatuwa	Uva	Badulla
335.	Primary Medical Care Unit - Ella	Uva	Badulla
336.	Primary Medical Care Unit - Haliela	Uva	Badulla
337.	Primary Medical Care Unit - Hebarawa	Uva	Badulla
338.	Primary Medical Care Unit - Halpe	Uva	Badulla
339.	Primary Medical Care Unit - Hewanakubura	Uva	Badulla
340.	Primary Medical Care Unit - Kappatipola	Uva	Badulla
341.	Primary Medical Care Unit - Pannalawela	Uva	Badulla
342.	Primary Medical Care Unit - Liyangahawela	Uva	Badulla
343.	Primary Medical Care Unit - Tissapura	Uva	Badulla
344.	Primary Medical Care Unit - Namunukula	Uva	Badulla
345.	Primary Medical Care Unit - Rilpola	Uva	Badulla
346.	Primary Medical Care Unit - Silmayapura	Uva	Badulla
347.	Primary Medical Care Unit - THannepanguwa	Uva	Badulla
348.	Primary Medical Care Unit - Taldena	Uva	Badulla
349.	Primary Medical Care Unit - Dombagahawela	Uva	Monaragala
350.	Primary Medical Care Unit - Nannapurawa	Uva	Monaragala
351.	Primary Medical Care Unit - RaTHmalgahaella	Uva	Monaragala
352.	Primary Medical Care Unit - Buddama	Uva	Monaragala
353.	Primary Medical Care Unit - Bakinigahawela	Uva	Monaragala

354.	Primary Medical Care Unit - Daliwa	Uva	Monaragala
355.	Primary Medical Care Unit - Kotiyagala	Uva	Monaragala
356.	Primary Medical Care Unit - Kotagama	Uva	Monaragala
357.	Primary Medical Care Unit - Godigamuwa	Uva	Monaragala
358.	Primary Medical Care Unit - Dewatura	Uva	Monaragala
359.	Primary Medical Care Unit - Labunoruwa	North Central	Anuradhapura
360.	Primary Medical Care Unit - Padavi Parakramapura	North Central	Anuradhapura
361.	Primary Medical Care Unit - ETHakada	North Central	Anuradhapura
362.	Primary Medical Care Unit - Mahailuppallama	North Central	Anuradhapura
363.	Primary Medical Care Unit - Pubudupura	North Central	Anuradhapura
364.	Primary Medical Care Unit - Secred City	North Central	Anuradhapura
365.	Primary Medical Care Unit - Wijepura	North Central	Anuradhapura
366.	Primary Medical Care Unit - THiTHHagonewa	North Central	Anuradhapura
367.	Primary Medical Care Unit - Galadiulwewa	North Central	Anuradhapura
368.	Primary Medical Care Unit - Madatugama	North Central	Anuradhapura
369.	Primary Medical Care Unit - Puliyankulama	North Central	Anuradhapura
370.	Primary Medical Care Unit - Kedewa	North Central	Anuradhapura
371.	Primary Medical Care Unit - Kunchikulama	North Central	Anuradhapura
372.	Primary Medical Care Unit - DewanampiyaTHissapura	North Central	Anuradhapura
373.	Primary Medical Care Unit - Galkulama	North Central	Anuradhapura
374.	Primary Medical Care Unit - Konwewa	North Central	Anuradhapura
375.	Primary Medical Care Unit - Gambirigaswewa	North Central	Anuradhapura
376.	Primary Medical Care Unit - Jayawewa	North Central	Anuradhapura
377.	Primary Medical Care Unit - Poonewa	North Central	Anuradhapura

378.	Primary Medical Care Unit - Mahasenpura	North Central	Anuradhapura
379.	Primary Medical Care Unit - Ranajayapura	North Central	Anuradhapura
380.	Primary Medical Care Unit - Ambagaswewa	North Central	Polonnaruwa
381.	Primary Medical Care Unit - Aselapura	North Central	Polonnaruwa
382.	Primary Medical Care Unit - Damminna	North Central	Polonnaruwa
383.	Primary Medical Care Unit - Divulankadawala	North Central	Polonnaruwa
384.	Primary Medical Care Unit - Ellewewa	North Central	Polonnaruwa
385.	Primary Medical Care Unit - Galoya	North Central	Polonnaruwa
386.	Primary Medical Care Unit - HaTHaraskotuwa	North Central	Polonnaruwa
387.	Primary Medical Care Unit - Nuwaragala	North Central	Polonnaruwa
388.	Primary Medical Care Unit - Sewanapitiya	North Central	Polonnaruwa
389.	Primary Medical Care Unit - Wijepura	North Central	Polonnaruwa
390.	Primary Medical Care Unit - Parakrama Samudraya	North Central	Polonnaruwa
391.	Primary Medical Care Unit - Kekuluwela	North Central	Polonnaruwa
392.	Primary Medical Care Unit - Weheragala	North Central	Polonnaruwa
393.	Primary Medical Care Unit - Siripura	North Central	Polonnaruwa
394.	Primary Medical Care Unit - Onegama	North Central	Polonnaruwa
395.	Primary Medical Care Unit - Meegaswewa	North Central	Polonnaruwa
396.	Primary Medical Care Unit - Amugoda	Southern	Galle
397.	Primary Medical Care Unit - Haburugala	Southern	Galle
398.	Primary Medical Care Unit -Agaliya	Southern	Galle
399.	Primary Medical Care Unit -Ahangama	Southern	Galle
400.	Primary Medical Care Unit -Ahungalle	Southern	Galle
401.	Primary Medical Care Unit - AluTHanayamgoda	Southern	Galle

402.	Primary Medical Care Unit - Ambalangoda	Southern	Galle
403.	Primary Medical Care Unit -Dellawa	Southern	Galle
404.	Primary Medical Care Unit- Halvitigala	Southern	Galle
405.	Primary Medical Care Unit- Hammeliya	Southern	Galle
406.	Primary Medical Care Unit- Hikkaduwa	Southern	Galle
407.	Primary Medical Care Unit- Hipankanda	Southern	Galle
408.	Primary Medical Care Unit- Kahaduwa	Southern	Galle
409.	Primary Medical Care Unit- Kirindiela	Southern	Galle
410.	Primary Medical Care Unit- Kosgoda	Southern	Galle
411.	Primary Medical Care Unit- Omatta	Southern	Galle
412.	Primary Medical Care Unit- Pilana	Southern	Galle
413.	Primary Medical Care Unit- Wanduramba	Southern	Galle
414.	Primary Medical Care Unit- Yakkalamulla	Southern	Galle
415.	Primary Medical Care Unit- Gintota	Southern	Galle
416.	Primary Medical Care Unit- Nakiyadeniya	Southern	Galle
417.	Primary Medical Care Unit- Mattaka	Southern	Galle
418.	Primary Medical Care Unit- THelikada	Southern	Galle
419.	Primary Medical Care Unit- Pitigala	Southern	Galle
420.	Primary Medical Care Unit- Lankagama	Southern	Galle
421.	Primary Medical Care Unit- Maha Induruwa	Southern	Galle
422.	Primary Medical Care Unit - THelijjawila	Southern	Matara
423.	Primary Medical Care Unit - Mirissa	Southern	Matara
424.	Primary Medical Care Unit - Devinuwara	Southern	Matara
425.	Primary Medical Care Unit - Kamburugamuwa	Southern	Matara
426.	Primary Medical Care Unit - BeralapanaTHara	Southern	Matara

427.	Primary Medical Care Unit WITH Maternity Unit - Galbokka	Southern	Matara
428.	Primary Medical Care Unit - Dehigaspe	Southern	Matara
429.	Primary Medical Care Unit - Denipitiya	Southern	Matara
430.	Primary Medical Care Unit - Derangala	Southern	Matara
431.	Primary Medical Care Unit - Hakmana	Southern	Matara
432.	Primary Medical Care Unit - Kekanadura	Southern	Matara
433.	Primary Medical Care Unit - Makandura	Southern	Matara
434.	Primary Medical Care Unit - Maramba	Southern	Matara
435.	Primary Medical Care Unit - Rotumba	Southern	Matara
436.	Primary Medical Care Unit - Yatiyana	Southern	Matara
437.	Primary Medical Care Unit - THihagoda	Southern	Matara
438.	Primary Medical Care Unit - Horagoda	Southern	Matara
439.	Primary Medical Care Unit - Pallewela (Kapugama)	Southern	Matara
440.	Primary Medical Care Unit -Warapitiya	Southern	Hambantota
441.	Primary Medical Care Unit -Beralihela	Southern	Hambantota
442.	Primary Medical Care Unit - Ridiyagama	Southern	Hambantota
443.	Primary Medical Care Unit WITH Maternity Unit - Wilamulla	Southern	Hambantota
444.	Primary Medical Care Unit WITH Maternity Unit - Gatamanna	Southern	Hambantota
445.	Primary Medical Care Unit WITH Maternity Unit - Uduwila	Southern	Hambantota
446.	Primary Medical Care Unit - Bandagiriya	Southern	Hambantota
447.	Primary Medical Care Unit - Galpottayaya	Southern	Hambantota
448.	Primary Medical Care Unit - Abeysekaragama	Southern	Hambantota
449.	Primary Medical Care Unit - Palatuduwa	Southern	Hambantota
450.	Primary Medical Care Unit - Mattala	Southern	Hambantota

451.	Primary Medical Care Unit - Samadigama	Southern	Hambantota
452.	Primary Medical Care Unit - Elalla	Southern	Hambantota
453.	Primary Medical Care Unit - Witarandeniya	Southern	Hambantota
454.	Primary Medical Care Unit - Chunnakam	Nothern	Jaffna
455.	Primary Medical Care Unit - Erlalai	Nothern	Jaffna
456.	Primary Medical Care Unit - Inuvil	Nothern	Jaffna
457.	Primary Medical Care Unit - KaiTHady	Nothern	Jaffna
458.	Primary Medical Care Unit - KankesanTHurai	Nothern	Jaffna
459.	Primary Medical Care Unit - Kokuvil	Nothern	Jaffna
460.	Primary Medical Care Unit - Mulliyan	Nothern	Jaffna
461.	Primary Medical Care Unit - Palaly	Nothern	Jaffna
462.	Primary Medical Care Unit - Point Pedro	Nothern	Jaffna
463.	Primary Medical Care Unit - Punnalaikdduvan	Nothern	Jaffna
464.	Primary Medical Care Unit - Puttur	Nothern	Jaffna
465.	Primary Medical Care Unit - THolpuram	Nothern	Jaffna
466.	Primary Medical Care Unit - Uduvil	Nothern	Jaffna
467.	Primary Medical Care Unit - Urumpirai	Nothern	Jaffna
468.	Primary Medical Care Unit - VadduKoddai	Nothern	Jaffna
469.	Primary Medical Care Unit - Eluwaitivu	Nothern	Jaffna
470.	Primary Medical Care Unit - Pannai, Jaffna	Nothern	Jaffna
471.	Primary Medical Care Unit - Vellankulam	Nothern	Mannar
472.	Primary Medical Care Unit - THirukeTHEeswarm	Nothern	Mannar
473.	Primary Medical Care Unit - Periyamadhu	Nothern	Mannar
474.	Primary Medical Care Unit - Marichchukaddy	Nothern	Mannar

475.	Primary Medical Care Unit - Iranaiiluupakkulam	Nothern	Mannar
476.	Primary Medical Care Unit - Pandaraveli	Nothern	Mannar
477.	Primary Medical Care Unit - Vepankulam	Nothern	Mannar
478.	Primary Medical Care Unit - THarapuram	Nothern	Mannar
479.	Primary Medical Care Unit - Uyilankulam	Nothern	Mannar
480.	Primary Medical Care Unit - Kuncukkulam	Nothern	Mannar
481.	Primary Medical Care Unit - OmanTHai	Nothern	Vavuniya
482.	Primary Medical Care Unit - SooduvenTHapulavu	Nothern	Vavuniya
483.	Primary Medical Care Unit - Kalabogaswewa	Nothern	Vavuniya
484.	Primary Medical Care Unit - Navvi	Nothern	Vavuniya
485.	Primary Medical Care Unit - Eachchankulam	Nothern	Vavuniya
486.	Primary Medical Care Unit - Kannadi	Nothern	Vavuniya
487.	Primary Medical Care Unit - Iyankankulam	Nothern	Mullaitivu
488.	Primary Medical Care Unit - Ampalavanpokkanai	Nothern	Mullaitivu
489.	Primary Medical Care Unit - Mulliyavallai	Nothern	Mullaitivu
490.	Primary Medical Care Unit - THunnukai	Nothern	Mullaitivu
491.	Primary Medical Care Unit - Moonkillaru (Udaiyarkaddu)	Nothern	Mullaitivu
492.	Primary Medical Care Unit - Kiribanwewa	Nothern	Mullaitivu
493.	Primary Medical Care Unit - ETHTHavettunuwara	Nothern	Mullaitivu
494.	Primary Medical Care Unit - Karippaddamurippu	Nothern	Mullaitivu
495.	Primary Medical Care Unit - Kumulamunai	Nothern	Mullaitivu

496.	Primary Medical Care Unit - Kandawalai	Nothern	Kilinochchi
497.	Primary Medical Care Unit - Vannerikulam	Nothern	Kilinochchi
498.	Primary Medical Care Unit - Elephantpass	Nothern	Kilinochchi
499.	Primary Medical Care Unit - Iranaitheevu (Jeyapuram)	Nothern	Kilinochchi

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Terms of Reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Overview of Health Care System
- Primary (Public) healthcare
 - Referral facilities
 - Private sector healthcare
- Discrimination
- Communicable diseases
- Pharmaceutical sector
- Treatment and medication for specific conditions
 - Tuberculosis
 - HIV/AIDS and sexually transmitted disease (CKD)
 - Cancer
 - Renal failure/chronic kidney diseases
 - Hepatitis, liver disease and transplants
 - Diabetes
 - Neurological conditions
 - Coronary heart disease (CHD)
 - Gastroenterological conditions
 - Gynaecological conditions
 - Reproductive health
 - Dengue fever
 - Palliative care
- Paediatrics
 - Ear, nose and throat (ENT), audiology and speech therapy
 - Support and care for children with disabilities
- Mental health
 - Overview of mental health care
 - Schizophrenia and other psychotic disorders

- Mood disorders: depressive disorders and bipolar disorder
- Stress related disorders
- Anxiety spectrum disorders
- Substance abuse
- Other services
- Helplines
- Medication
- COVID-19

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Version control

Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **14 July 2020**

Changes from last version of this note

First publication of this CPIN

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