



**DFAT HEALTH SECURITY INITIATIVE: SUPPORT TO WHO SRI LANKA
MPTF OFFICE GENERIC FINAL PROGRAMME¹ NARRATIVE REPORT
REPORTING PERIOD: JULY 2021 – DECEMBER 2023**

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: DFAT Health Security Initiative: Support to WHO Sri Lanka • Programme Number (if applicable) • MPTF Office Project Reference Number: 00127951 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p>(if applicable) Country/Region Sri Lanka/ South Asia</p>
	<p><i>Priority area/ strategic results</i> Case Management Laboratories and Diagnostics Essential Health Services: Vulnerable groups protected Essential Health Services: Mental Health Community Engagement One health approach</p>
<p align="center">Participating Organization(s)</p> <p>WHO</p>	<p align="center">Implementing Partners</p> <p>Ministry of Health (MOH), Provincial and Regional Directorates of Health Services, Sarvodaya and other Civil Society Organizations</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: MPTF /JP Contribution³: USD 945,000</p> <ul style="list-style-type: none"> • by Agency (if applicable) Agency Contribution • by Agency (if applicable) Government Contribution (if applicable) Other Contributions (donors) (if applicable) 	<p align="center">Programme Duration</p> <p>Overall Duration (months) – 24 months</p> <p>Start Date⁴ (01.07.2021)</p> <p>Original End Date⁵ (31.06.2023)</p> <p>Current End date⁶(31.12.2023)</p>
<p>TOTAL:</p>	
<p>Programme Assessment/Review/Mid-Term Eval. Assessment/Review - if applicable <i>please attach</i></p>	<p align="center">Report Submitted By</p> <p>○ Name: Dr. Shalala Ahmadova</p>

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁵ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁶ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

Yes No Date: *dd.mm.yyyy*
Mid-Term Evaluation Report – *if applicable please attach*
 Yes No Date: *dd.mm.yyyy*

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- Participating Organization (Lead): World Health Organization
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FINAL PROGRAMME REPORT

EXECUTIVE SUMMARY

Throughout 2021 to 2023, the COVID-19 pandemic continued to shape the global landscape with its multifaceted impact on health, society, and economies. Despite significant strides in vaccination efforts, challenges persisted in reaching marginalized communities and regions with limited access to vaccines. The emergence of new variants underscored the virus's ability to adapt, prompting ongoing surveillance and adjustments to public health strategies. Governments faced the delicate task of balancing public safety measures with the need to revive economies and restore normalcy. The pandemic's toll extended beyond health, exacerbating existing inequalities, disrupting education, and straining healthcare systems worldwide. International collaboration remained essential in addressing the global nature of the crisis, emphasizing the interconnectedness of nations in combating infectious diseases. As the world navigated through these turbulent years, the resilience of communities, scientific advancements, and lessons learned from the pandemic shaped responses and preparedness for future challenges.

Against this backdrop, Sri Lanka witnessed a steady decline in the number of reported COVID-19 cases over this period. Since the onset of the pandemic, Sri Lanka has reported 672 629 COVID-19 cases and 16 888 deaths as of 27 November 2023 (the last update available from the National Epidemiology Unit). Throughout this period, the reported number of cases of COVID-19 have significantly decreased, primarily due to a decline in testing. Low testing rates could obscure emerging outbreaks and hinder timely intervention efforts, risking a resurgence of the virus. Therefore, striking a balance between reducing testing burdens and maintaining sufficient surveillance to monitor and respond to potential outbreaks remains imperative in navigating the pandemic landscape.

In the early phase of the COVID-19 response, the government of Australia has provided support to Sri Lanka's Strategic Preparedness and Response Plan through the World Health Organization (WHO). The support was timely and well-appreciated by the government, and it has also complemented the funding from WHO. Under the leadership of the UN Resident Coordinator, this crucial partnership with DFAT was supporting the COVID-19 response and future emergency preparedness. The priority areas identified for support were:

1. Support to implement Sri Lanka's COVID-19 Strategic Preparedness and Response Plan (SPRP) through:
 - Strengthening case management
 - Increased diagnostics and laboratory capacity
 - Sustained delivery of essential health services and community engagement
2. Strengthening future health security and preparedness using 'One Health' approach.

In this context, WHO country office prioritized the support required by the Ministry of Health and other stakeholders to protect the citizens and frontline workers of Sri Lanka against COVID-19 and expand the current capacity of the health system to prepare and respond better to the current outbreaks and pandemics into the future.

I. Purpose

To support the Government of Sri Lanka to protect its citizens and frontline workers against COVID-19 and expand the capacity of its health system to prepare and respond to the current outbreak and pandemics into the future.

II. Results

Support was provided to the Ministry of Health, other Ministries and counterparts to implement **Sri Lanka's COVID-19 Strategic Preparedness and Response Plan (SPRP)** and predominantly focused on strengthening country capacity to manage COVID-19 patients, on strengthening the country capacity to undertake genomic sequencing, ensuring provision of mental health and psychosocial support to the frontline health care workers, strengthening the mental health care facility for infected persons through provision of basic facilities, and equipment, expanding influenza surveillance to cover OIE notifiable viral diseases through provision of equipment, training and test kits and establishing genomic sequencing for OIE notifiable viral diseases.

Pillar: Case Management and Therapeutics

Activity: Support the Ministry of Health to strengthen the patient management capacity by equipping level 2 COVID-19 treatment centres with 50 Bilevel Positive Airway Pressure (BPAP) machines.

Considering the COVID-19 situation in the country in August/September 2021, where the 3rd wave of the pandemic driven by the Delta variant resulted in an unprecedented sudden surge in the case load, severely straining the country's health system, WHO urgently initiated the activity under the case management pillar. During the surge of the cases of the 3rd wave, the proportion of patients with severe disease requiring oxygen therapy increased exponentially and the Intensive Care Units (ICU) and High-Dependency Units (HDU) were over stretched to function at its maximum capacity. To address the above situation, WHO supported the Ministry of Health to plan for urgent expansion of the basic HDU facilities with the necessary equipment. Accordingly, HDU facilities in 65 selected COVID-19 treatment centres across the country were upgraded by provision of essential medical equipment. The package of equipment included of two sets of HDU beds, BPAP machines, multipara monitors and digital blood pressure apparatus and one suction apparatus. The benefits of the expanded HDU facilities are available for 130 patients with severe respiratory conditions at any given time and will support and aid in reducing the level of mortality.

Initially, the plan was to provide 50 of the BPAP machines in the above package of equipment through the DFAT HSI. However, as global supplies increased and imports made possible with lower prices, the budget for the BIPAP machines was more than the cost, thus WHO requested for DFAT approval to use the excess amount to procure additional urgently needed equipment to complement the BIPAP machines.

The list of equipment procured is given in table 1.

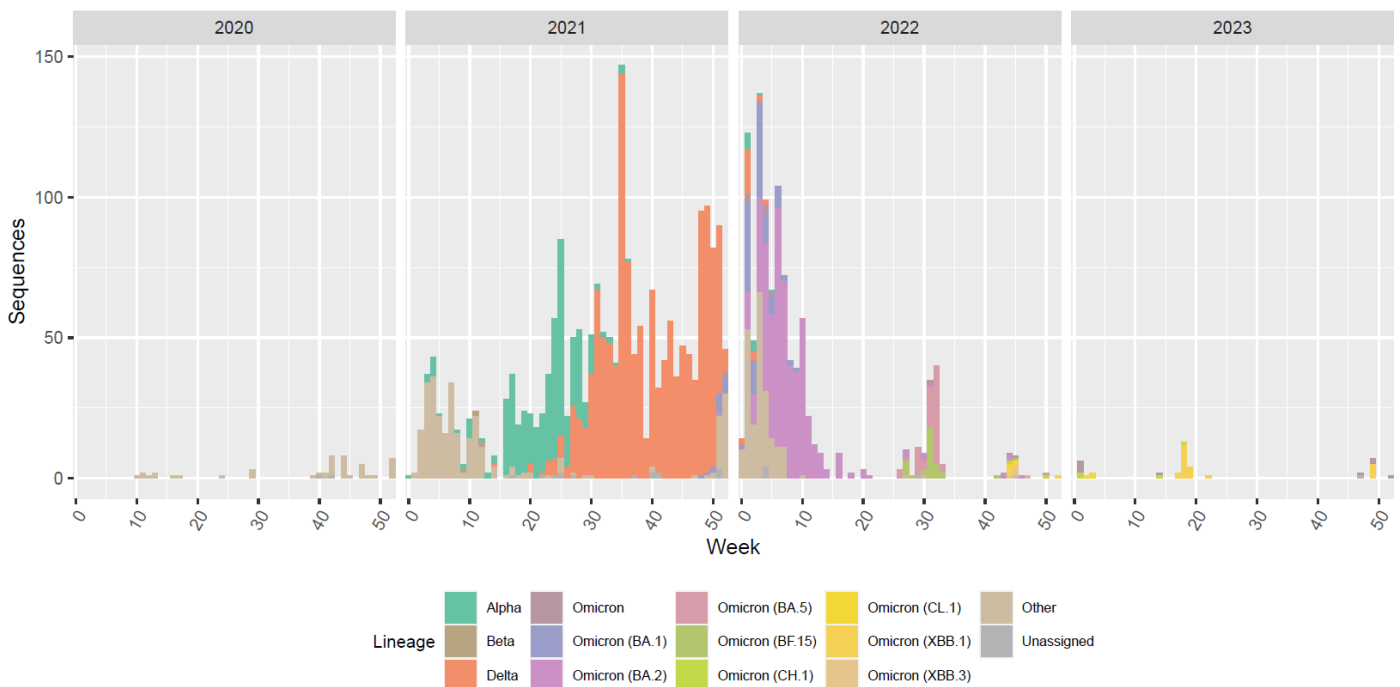
Table 1: List of medical equipment provided through the DFAT HSI

Name of equipment	Number procured
BIPAP machines	50
Multi-Parameter Modular Monitor	50
Automatic Blood Pressure Monitor	50
High Dependency Unit (HDU) beds	10

Pillar: Laboratories and Diagnostics

Activity: Supply the ‘SARS-Cov-2 research panels’ required for genomic sequencing

WHO Sri Lanka has been supporting the conduct of genomic sequencing for the SARS COV-2 virus conducted by Department of Immunology and Molecular Medicine of the University of Sri Jayawardenepura. This was critical in informing policy makers in a timely manner on the risk of transmissibility of the circulating strains, in order to implement customized public health and social measures. WHO has supported the Ministry of Health in developing the capacity of additional state laboratories to conduct genomic sequencing for the SARS COV-2 virus, Medical Research Institute, National Hospital Kandy and Teaching Hospital Karapitiya. However, continuous supply of SARS-Cov-2 research panels for genomic sequencing is no longer necessary as sequencing is not being regularly conducted now with low levels of disease transmission in the country. However, there are plans in place to set up sequencing facilities in Jaffna and Eastern universities as part of preparedness and for research. Accordingly, WHO procured the two Oxford Nanopore sequencing units with reagents and currently Sri Jayewardenepura University is making arrangements to train the staff in the universities. A joint research proposal on active surveillance to detect respiratory pathogens has been developed by the three universities which will be implemented in 2024/25. From January to August 2023, 39 samples were sequenced in the country with the support of Australian funds. 20 samples sequenced during the month of May were referred from private laboratories and samples collected for research at the Allergy Immunology and Cell Biology Unit, Department of Immunology and Molecular Medicine, University of Sri Jayewardenepura. XBB.1.9.2: 3/20; XBB.1.9.1: 2/20; XBB.1.16.1: 2/20; XBB.1.16: 10/20; CH.1.1.1: 2/20; BN.1.2: 1/20 12 samples were sequenced for COVID 19 at National Hospital Kandy. The results yielded XBB 8/12 and BA.2.75 4/12. 7 samples were sequenced at Teaching hospital Karapitiya, where results yielded XBB 2/7 and BA 2.75 5/7. During the last six-month period, 10 samples were sequenced. The overall trend of the sequencing done from March 2020 – December 2023 can be seen clearly. The low level of sequencing done in 2023 is due to the change in testing strategy.



Pillar: Essential Health Services, Vulnerable groups protected

Activity: Ensure provision of mental health and psychosocial support to the frontline health care workers for promotion of their mental health and psychosocial well-being.

WHO supported the Ministry of Health in conducting skills-sharing programmes to empower consumers (mental health services users) and care providers to develop their skills and networks at the district level. Consumer empowerment is a vital part that needs to take place simultaneously at the population and individual levels. Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives. The individual empowerment process means overcoming a state of powerlessness and gaining control of one's life (self-reliance, participation in decisions, dignity and respect, belonging, and contributing to a broader community). Communities can support individuals in this process by establishing social networks and mobilizing social support.

The Directorate of Mental Health conducted the skills-sharing programmes in seven districts. The seven programmes were very successful and established a consumer network in these districts, and 175 consumers and carers were involved in these skills-sharing programmes, 25 from each district. This creates a commitment among the district staff, consumers, and carers to take ownership, arrange district-level skill-sharing programmes, and sustain networking in the district. The skill-sharing programmes at the district level enhanced the skills of the mental health service users to attain tangible biological, psychological, and societal benefits. These include improved self-esteem, independence, greater connectedness to local social groups, and meaningful social engagement.

Furthermore, minimizing alcohol and tobacco and other drugs (ATOD) consumption in hard-to-reach communities was a WCO supported activity initiated by the Alcohol and Drug Information Center (ADIC). The activity started in July 2023 in ten selected hard-to-reach communities, for example, in Jaffna, Hambantota, Batticaloa, Galle, Monaragala, Kurunegala, Matale and Kalutara districts and among fisheries communities, farmers, three-wheeler drivers and manual workers at different settings. The activity aimed to raise awareness of the magnitude of alcohol and tobacco problems, reduce the frequency of alcohol and tobacco use, and improve savings by redirecting money spent on alcohol and tobacco in these settings. The term "hard-to-reach communities" refers to those experiencing common issues that serve as barriers to participation in engagement activities. These include: 1) financial instability; 2) mobility in residence and work; 3) discrimination and isolation; and 4) limitations in local resources.

ADIC utilized field-level implementers (FLIs) as agents to reach communities, selecting them based on their demonstrated expertise and leadership in previous community projects. These FLIs employed various tools in the field, including the happiness calendar, income-expenditure book, saving till, and indicators list. They identified that empowering community members to address the determinants of alcohol and tobacco consumption marked a significant shift towards community-driven initiatives. The activity reached 270 direct beneficiaries.

It has been observed that the money spent on ATOD (Alcohol, Tobacco, and Other Drugs) has decreased due to some community members quitting and others reducing their use. Knowledge about ATOD and industry tactics has improved. Overall family happiness increased according to measurements from happiness calendars. Participants reported increased family bonds and sharing of love within the family. Some communities have developed local policies discouraging ATOD use in their communities.

Implementing of the comprehensive mental health package in 3 districts

The Ministry of Health, with WHO support, developed a comprehensive mental health package through a consultative process. This package included service delivery components to guide and support for promoting person-centered and rights-based approaches. The mental health package was piloted in three districts, and the activity was successfully completed.

Pillar: Essential Health Services: Mental Health

Activity: Strengthening the mental health care facility for SARS-CoV 2 infected persons with mental health conditions

Promoting treatment for drug use disorders through effective coordination between the criminal justice system and health and social services is identified as a key principle according to the 'International Standards for the Treatment of Drug Use Disorders' of WHO and UNODC. It is recommended that individuals with drug use disorders in criminal justice settings should have access to essential prevention and treatment, including the mechanisms of early identification and referral to treatment. There is an increasing trend of prison admissions due to drug use and related crimes (2017 – 10,589; 2018 – 12,816; 2019 – 15,123; 2020 – 25,000). There were 2871 substance users admitted to medical and mental health units for treatment in 2019. Therefore, to mitigate the above issues early identification of such persons is critical, which would provide opportunities for proper management and rehabilitation. The above objective can be achieved by using rapid drug kits which can qualitatively detect drug users. To this end, WHO has procured and provided 30,000 Rapid Drug Test Kits for the qualitative detection of drug use -12 Multi Panel Drug Tests (Immunoassay Urine Dip Card) to the Ministry of Health which would support the early identification of drug users allowing for successful rehabilitation and integration into the society. The Ministry of Health distributed the Rapid Drug Test Kits to all hospitals in 26 administrative districts for timely testing among the suspected public transport drivers and others referred by police for early intervention.

Pillar: Risk Communication and Community Engagement

Activity: Community Engagement to prevent transmission and protect people by engaging and empowering the community (Civil Society Collective) including the development of a socio-behavioral dashboard for COVID-19

Strengthening the capacity of the district and divisional level health care managers to mobilize happy village volunteers was supported by WCO targeting more community engagement for better health. The Happy Village Project was a health promotion initiative, led by the Health Promotion Bureau, aimed at reducing the risk factors of non-communicable diseases (NCDs) within the community. The program is volunteer-driven and supported by primary healthcare staff.

By providing district and divisional level healthcare managers with the necessary training and resources, they can more effectively engage and direct Happy Village volunteers in the community. This includes empowering volunteers to recognize and report potential health emergencies, equipping them with the tools to assess risks during disasters, and training them in effective communication strategies to share information with the community during emergencies. In the end, the activity was able to conduct advocacy and TOT in 9 settings/districts benefitting 420 district and divisional level healthcare officials. Potentials of volunteers in detecting health emergencies and rapid communication were recognized by the healthcare workers (volunteers as frontline health sentinels). The importance of integration with primary healthcare has been identified by divisional healthcare workers.

In addition, strengthening of links between the established networks of Civil Society Organizations (CSOs) with the relevant local authorities to implement sustained community level interventions is essential in prevention and control of COVID-19.

WHO collaborated with the "Lanka Jathika Shramadana Sangamaya," a recognized collective of Civil Society Organizations (CSOs), for a project titled "Strengthening Community Resilience through Community Engagement in Economic Crisis and COVID-19 Recovery." This represents phase III of an ongoing effort, with current activities focusing on:

1. Organizing district level multisectoral networks and surveillance systems to connect different sectors to share information and respond to the current and emerging health and wellbeing needs at the community level

Sarvodaya has established 250 Suwodaya committees, completed 171 Training of Trainers programs successfully, and trained a pool of 1710 individuals who can further disseminate knowledge and skills within their communities. In addition to their regular activities, the Suwodaya committees also played a crucial role in responding to emergencies. Their preparedness and active involvement ensure a timely and coordinated response, addressing the health needs of the affected communities efficiently. Furthermore, the Suwodaya committees have actively identified current and emerging health issues in their respective communities. One such example was the alarming rise in dengue cases in the country. The Suwodaya committees have proactively supported the prevention of dengue in their communities. By raising awareness and collaborating with relevant authorities, they contributed to minimizing the impact of dengue and protecting the health of community members.

2. Implementing Community-Based Mental Health and Psychosocial Support (CB-MHPSS) interventions at the community level to promote positive coping and resilience including empowerment of persons with lived experience of mental health issues, service users (consumers) and carers

Sarvodaya conducted Manohari programmes in all the districts in Sri Lanka and trained 650 individuals. 'Manohari' is an innovative community-based mental well-being initiative that uses self-exploratory and reflective psychosocial techniques to promote essential skills in understanding, regulating, and responding to challenging emotions and circumstances. Such skills are expected to allow the communities to promote positive coping and behaviors and model better conflict resolution

skills. Developed as a low-resource, multidisciplinary intervention, Manohari is designed to improve people's coping ability during challenging social circumstances. The programme uses skills-building workshops to empower mental health professionals, civil society organizations, community members, and volunteers to conduct the Manohari intervention within communities. Sarvodaya conducted two consumer and carer (service user) programs and developed community-based mental health service user networks in two districts.

Additionally, youth engagement in controlling alcohol, tobacco and other drugs (ATOD) was supported via the Alcohol and Drug Information Center (ADIC), a local NGO, to help people, often young people, to avoid or delay initiation the use of drugs, or, if they have started already, to avoid developing disorders and other negative consequences.

Obtaining active involvement of the youth population of the country is the key component of empowering them to address alcohol, tobacco and other drugs issues and immunizing them towards subtle promotions of the industries. As social media is widely used by the youth population at present, it can be productively utilized as a platform to change the norms and culture around ATOD.

This activity reached 22,500 people in 20 districts through 50 youth leaders, in empowering them towards effective prevention of ATOD in communities. The post-implementation assessments and progress report have indicated positive changes, with a noticeable decrease in the prevalence of ATOD usage. Several shops in Galle, Kurunegala and Hambantota districts stopped selling cigarettes. The social media campaign conducted in many districts provided a platform for open discussions and shared experiences, where individuals developed strong bonds and support systems, creating an environment for a positive force for change. Empowered with knowledge and a sense of responsibility, many initiatives to organize community events, awareness drives, and preventive programs resulted in a ripple effect, influencing wider community attitudes and behaviors toward a more supportive and health-conscious environment. Further, it has been observed that this project activities improved the youth engagement beyond the prevention of ATOD use and the initiatives needed minimal support in sustainability.

Pillar: One Health approach

Activity: Expand influenza surveillance to cover OIE notifiable viral diseases through provision of equipment, training and test kits. Establish genomic sequencing for OIE notifiable viral diseases.

The COVID -19 pandemic has provided a lesson on the impact of such a pandemic on human livelihood and the economy. There are several pathogens that are zoonotic in nature and continue to spread to new territories due to increased movement of animals within the country or across the country or across borders and continents due to international trade, increasing urbanization, tourism, environmental changes, changing of socio-economic status, undomesticated animal trade and many more associated factors. Domestic animals such as livestock and poultry easily transmit these pathogens to humans due to their close interactions with humans. Sri Lanka did not have a surveillance system on potential zoonotic viral agents other than avian influenza in livestock and poultry despite having fully-fledged laboratory systems at Veterinary Research Institute (VRI). Further, there are established diagnostic facilities for some other diseases such as Brucellosis and Leptospirosis. Hence, there was a need to initiate and establish surveillance on potential viral and bacterial pathogens. Findings from this surveillance is expected to help to identify any potential threats to humans and

thereby facilitate to establish rapid diagnostic techniques and develop strategies for early detection and prevention under the One Health approach. The funds from Australia were used to establish Japanese B encephalitis virus, Nipah virus, West Nile fever virus and *Coxsackievirus burnetii* surveillance at VRI and establish sequencing facilities at the Veterinary faculty, University of Peradeniya. During the reporting period the equipment required for the surveillance and sequencing program such as Thermo mixer, PCR workstation, benchtop centrifuge, water purifier, DNA/RNA sequencer with consumables, Vortex Mixer, Pharmaceutical Refrigerator, Microcentrifuge tubes, Fluorometer, Benchtop Refrigerated Centrifuge and test kits Nipah Virus (NiV) Real Time RT-PCR Kit, Qubit™ ds DNA HS and BR Assay Kit, Japanese Encephalitis virus test kit, Viral DNA/RNA extraction kit, West Nile virus test kits and test kits were procured through the Australia funds. The sample collection for the virology surveillance is ongoing. The Oxford Nanopore sequencing unit was received, however, some of the temperature test kits were exposed to high temperatures and a replacement is being arranged. Once these consumables are received, the training can be completed to establish sequencing at the University of Peradeniya. Four hundred and fifty nasal swabs were collected from 90 different pig farms, mainly from Gampaha, Colombo and Puttalam, during November-December 2023 to test Nipah virus by Real Time PCR. Seventy-five samples were tested and found to be negative. Remaining samples are being processed to be tested in early 2024. Further fifty fresh droppings from migratory birds were collected in Jaffna and Mannar during the period of October to December 2023 and stored at -80°C and samples will be tested in early 2024. Due to limited farm visits, samples for Japanese encephalitis could not be collected. Since the genomic surveillance replacement test kits were received in December 2023, the sequencing of these samples will be done during the first quarter of 2024 after establishing the sequencing facility at Faculty of Veterinary Medicine, University of Peradeniya. With the support of the Australian government funds, surveillance for three important zoonotic diseases such as Japanese B encephalitis virus, Nipah virus in pigs and West Nile fever virus in migratory birds were established in the country.

Progress and continuation of the activities initiated from the reprogrammed budget

The low levels of COVID-19 disease transmission seen in the country has meant that some of the activities planned under the DFAT HSI by WHO Sri Lanka are no longer priorities for the health system. Accordingly, WCO made a request for reprogramming of some of the funds to support technical activities for evidence-generation to identify policy actions needed for health in the context of the dual challenge of a prolonged global pandemic and an unprecedented economic crisis in Sri Lanka.

Accordingly, WHO Country Office, in collaboration with the Ministry of Health and development partners, conducted a series of analytical activities to identify key policy reform options to safeguard the country's primary health care approach while addressing evolving needs and improving health sector resilience. As Sri Lanka faces the most severe economic crisis since independence, two key tenets underscored WHO's approach: more health for the money and more money for health. A series of analytical activities were conducted across 5 months utilizing both international and local experts. Identified WHO staff coordinated and provided the technical support for each of the analytical activities.

Some of the key activities undertaken include an evidence review of health service delivery reforms during and after an economic crisis, community-based survey on the impact of COVID-19 and economic crisis on access to health services and financial risk protection and a review of country exemplars to identify health

financing reform options for Sri Lanka. Funding for these activities were through the grant. Other technical analyses in the areas of health workforce and essential medicines were also undertaken.

As a part of the development process of the health financing strategy for Sri Lanka, WHO organized an academic visit for a high-level delegation led by the Hon Minister of Health to the Philippines to understand its health system and the health financing mechanisms. The other members of the delegation included the Hon State Minister of Health, Hon State Minister of Finance, Members of Parliament, Director General of Health Services as well as a local economist. During the visit, Philippines health system and health financing mechanisms were introduced to the delegation, and they visited health facilities, National Health Insurance Agency (PhilHealth), and held discussion with service providers including the private sector. Further in-depth discussions were held with the senior officials of the Ministry of Health and Asian Development Bank. This visit is part of the high-level advocacy efforts being undertaken by WHO to create awareness and political leadership for health systems strengthening in Sri Lanka.

An international consultation on health financing options for Sri Lanka was held on 26 and 27 March, 2023 with the participation of all relevant stakeholders from various ministries including Ministry of Finance, governmental departments, central, provincial, and district level health managers, academia, professional colleges and representatives of the private health sector, biomedical & pharmaceutical industries, banking sector, insurance sector, civil societies, non-governmental organizations, development partners and international experts. This was the first major dialogue held in Sri Lanka which brought together more than 200 key partners onto a single platform to discuss financing for health. WHO managed to bring together internationally renowned experts in the areas of health systems and health financing which included Dr Viroj Tangcharoensathien (Senior Advisor, International Health Policy Program (IHPP), Thailand), Prof Soonman Kwon (Professor, School of Public Health, Seoul National University, South Korea), Prof Dr Laksono Trisnantoro (Professor, Faculty of Medicine, Gadjah Mada University, Indonesia). They were able to present to the local audience on experiences from other countries which would be relevant to Sri Lanka. Further the Hon State Minister of Health who was part of the delegation which visited Philippines participated as panellist to present the Philippines experience. Many health financing options applicable to the country context emerged through the above 2-day consultation and they were then rated by expert stakeholders according to their importance, impact and implementability under six broad strategic areas. Further small group discussions were conducted in the months afterwards where detailed deliberations ensued on various ideas under each strategic area identified. Key strategic directions which emerged from this broad-based exercise of consultations and national discourse, culminated in the development of the final draft of the sustainable health financing strategic directions for health which was presented to the Ministry of Finance in August 2023. WHO is planning to finalize above strategy in consultation with the Ministry of Finance and Health before the end of the year Q1 of 2024 and to develop a roadmap for implementation.

One of the key areas of consideration in the health financing strategy that has been highlighted especially by the Ministry of Finance is the improvement of health system efficiency. Embarking on reforms that make the health sector more efficient and sustainable while ensuring accessibility, affordability and quality of the services is a critical consideration. The Sri Jayewardenepura General Hospital (SJGH) is a government owned, not for profit, 1,008 bedded public sector tertiary health facility which levies user fees for its services. However, its earnings are inadequate to cover its expenses therefore, the government has to provide around 40% of its operating expenses each year. At the request of the Ministry of Health, WHO mobilized an

international resource person to review the current organizational and financing arrangements and functioning of the SJGH, identify its strengths and potential areas of improvement for its reorganization towards full autonomy as a corporate institution, and recommend ways of improving efficiency and productivity of the institution while maintaining equity and accessibility of essential services to the population it serves. Following a 5-day mission in Sri Lanka and consultation with all relevant stakeholders including the Hon State Minister of Health, a preliminary report on reorganization and financial sustainability of the SJGH was handed over to the Ministry of Health. WHO is planning to do an in-depth review of the hospital in 2024 to identify the strategic directions and a roadmap (along with key performance indicators) for restructuring of the hospital with a view to making it fully autonomous/corporatized.

In the face of the economic and financial crisis, rising inflation has meant that many households continue to struggle with a range of challenges in managing their daily activities. However, the impact of the economic crisis on households was not quantified and the coping strategies adopted at household level was unknown. WHO and other UN agencies supported the Department of Census and Statistics (DCS) to conduct an island wide survey to assess the above. The survey collected information from approximately 6 500 housing units across the 25 administrative districts. It followed the standard two stage sampling methodology used for household Income and Expenditure Survey. The preliminary report of the survey was published by DCS in December 2023. Some of the key findings of the survey are as follows:

- **Decrease in Household Income:** 60.5% of households experiencing a decrease in their total household average monthly income indicates widespread financial challenges. This can result in various difficulties, including meeting basic needs and managing financial obligations.
- **Increase in Household Expenditure:** 91.0% of households have witnessed an increase in their total household average monthly expenditure suggests a higher cost of living. This can lead to financial strain and may force households to re-evaluate their spending priorities.
- **Indebted Households:** The 22% of households that have incurred debt due to the economic crisis underscores the financial vulnerability of a substantial portion of the population. This may have long-term implications for individuals and families struggling to repay debts.
- **Changes in Health Treatment Procedures:** Among those who reported illness, 7% have changed their treatment procedures directly due to the ongoing economic crisis. Patients who altered their treatment procedures due to the economic crisis employed diverse strategies. Notably, 35.1% changed their treatment location, and 33.9% resorted to using drugs only when their illness reached a critical stage.
- **Impact on Schooling:** The economic crisis has significantly affected schooling, with 54.9% of individuals aged 3-21 experiencing disruptions.

These findings are important for policy makers in development of policies and plans of action in all sectors. Further analysis of the data would be conducted with disaggregation's which would further identify the most vulnerable. The final report is expected in Q1 of 2024.

In the face of the poly crises in Sri Lanka, WHO continued to support the Ministry of Health in maintaining quality essential health services. One such key area of service delivery is the national blood transfusion services. Sri Lanka is one of the leading countries in the South-East Asia region in the area of blood safety. The country has a nationally coordinated blood transfusion service - National Blood Transfusion Services (NBTS) and relies 100% on voluntary non remunerated blood donors (VNRD) to obtain blood for transfusion purposes. NBTS is the sole supplier of blood and blood products to all state hospitals and some of the private hospitals which are registered under Ministry of Health. In 2023, WHO supported some key activities of the NBTS including capacity building on good manufacturing practices for medical laboratory technicians, capacity building of mobile blood donation teams, staff training to maintain improved blood safety, patient safety and quality of care and a programme to identify gaps in blood safety measures through hospital blood transfusion committees. These programmes were conducted with the aim of maintaining the high quality of blood transfusion services in the country minimizing incompatible transfusions.

WHO also supported the Ministry of Health in updating the “Guide for Health Planning in Sri Lanka”. The guide contains both theory and practical examples to make it easy to comprehend even for a person who has had little or no experience in health planning. This guide can now be used by resource persons to train health planners and as a self-paced guide as well. Printed copies were also made available to be used both at national and sub-national levels.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification								
<p>Outcome 1^[1] Sri Lankan Government supported to protect its citizens and frontline workers against COVID-19 and expand the capacity of its health system to prepare and respond to the current outbreak and pandemics into the future.</p> <p>Indicator: Case Fatality Ratio of COVID-19 disaggregated as per available information Baseline: 2.2% (global level) Planned Target: <2%</p>											
<p>Output 1 BiPAP machines provided to Level II and III COVID-19 hospitals in Western Province</p> <p>Indicator: Number of fully functional HDU beds dedicated for COVID-19 patient management in Western province Baseline: 15 (2020) Planned Target: 50 fully functional HDU beds dedicated for COVID-19 patient management in Western province</p>	<p>Target achieved.</p> <p>The funding was used to procure the following equipment:</p> <table> <tr> <td>BIPAP machines</td> <td>50</td> </tr> <tr> <td>Multi-Parameter Modular Monitors</td> <td>50</td> </tr> <tr> <td>Automatic Blood Pressure Monitors</td> <td>50</td> </tr> <tr> <td>High Dependency Unit (HDU) beds</td> <td>10</td> </tr> </table>	BIPAP machines	50	Multi-Parameter Modular Monitors	50	Automatic Blood Pressure Monitors	50	High Dependency Unit (HDU) beds	10	<p>Initially, the plan was to provide only 50 of the BIPAP machines. However, as imports were made possible with lower prices, the budget for the BIPAP machines was more than the cost, thus WHO requested for DFAT approval to use the excess amount to procure additional urgently needed</p>	<p>DDG Bio Medical Engineering, Ministry of Health</p>
BIPAP machines	50										
Multi-Parameter Modular Monitors	50										
Automatic Blood Pressure Monitors	50										
High Dependency Unit (HDU) beds	10										

^[1] Note: Outcomes, outputs, indicators and targets should be as outlined in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

					equipment to complement the BIPAP machines.	
<p>Output 2 SARS-COV-2 research panels required for genomic sequencing provided on a regular basis</p> <p>Indicator: Availability of genomic sequencing reports of systematically selected samples in Sri Lanka on a regular basis</p> <p>Baseline: 96 samples sequences during a period of 3 months or more</p> <p>Planned Target: 96 samples of sequenced every 2 months</p>	Allergy, Immunology and Cell Biology Unit (AICBU)	Allergy, Immunology and Cell Biology Unit (AICBU)	1214		<p>Target achieved. TH Kandy and TH Karapitiya have done limited sequencing but not uploaded to the global platform.</p> <p>During the period from July – December 2023, 10 samples were sequenced</p>	GISAID global platform for sequencing
	Department of Molecular Biology, Medical Research Institute	Department of Molecular Biology, Medical Research Institute	154			
	Department of Virology	Department of Virology	47			
	Total		1415			
<p>Output 3 3.1 Mental health and psychosocial issues encountered by the frontline health workers in COVID-19 treatment centres and general hospitals identified</p> <p>Indicator: Number of frontline health care workers surveyed/ assessed to identify the MHPSS issues</p> <p>Baseline: Not available</p> <p>Planned Target: Survey/ assessment to be completed by November 2021</p>					<p>The MoH requested the need to improve the mental health services due the impact of COVID-19 and economic crisis</p>	

<p>3.2 Mental health and psychosocial support provided to improve the mental health and psychosocial well-being of the frontline health workers.</p> <p>Indicator: Number of MHPSS programmes conducted and number of staff supported</p> <p>Baseline: Approximately 1100 staff members and their families were provided with holiday packages and MHPSS support. Furthermore, the staff is being currently supported through online methods, and a dedicated hotline has been established</p> <p>Planned Target: Development and roll out of a MHPSS programme through ToT programmes for high-risk institutional staff. 60% of institutions are expected to be covered in 2022 while the remaining 40% will be targeted in 2023.</p>	<p>Completed conducting the skill sharing programmes to empower the mental health service (consumers) users and carers</p> <p>Completed implementing mental health package in 3 districts</p>	<p>The MoH requested the need to improve the mental health services due the impact of COVID-19 and economic crisis</p>	<p>MoH Report in September</p>
<p>Output 4 Mental health care facilities for COVID-19 infected person with mental health conditions strengthened</p> <p>Indicator: Increase in the number of beds and facilities to manage COVID-19 infected persons with mental health conditions</p>	<p>WHO procured 30,000 Rapid Drug Test Kits to support the early identification of drug users allowing for successful rehabilitation and integration into the society.</p>	<p>There was a COVID-19 outbreak among substance users in 2020 -2021. MoH requested support in procuring the Rapid Drug Test Kits for early identification and management of drug users. This reduces the long stay of substance users in the</p>	

<p>Baseline: Currently 40 beds are available at the National Institute of Mental Health. 20 beds are available in DH Atabage but is not yet functional due to human resource shortages.</p> <p>Planned Target: Accommodate 80 – 100 persons by the end of 2021, 150 persons by the end of 2022.</p>		<p>mental health care facilities.</p>	
<p>Output 5 5.1 Community engagement network for public health and health preventive measures created</p> <p>Indicator: No. of health committees No. of volunteers No. of hand washing stations No. of cleanings and infections No. of social distance marking No. of community health check-ups</p> <p>Baseline: 0 (Currently not functioning) - Not available 225 handwashing stations distributed – not available 130 social distancing markings – not available</p> <p>Planned Target: 360 committees 750 volunteers 360 stations 1,500 places 500 places 500,000 (Minimum)</p>	<p>Established 171 village level communities in 12 districts. Each committee consists of 10 members and totally 1710 members. In the process of establishing the committee in the other remaining districts.</p>	<p>The COVID-19 spread has reduced and the need has changed. No need in establishing new washing stations.</p>	<p>Progress and final report. Field visit</p>

<p>5.2 Awareness in the communities on public health prevention measures increased</p> <p>Indicator: No. of programs conducted on health sector regulations and guidelines -No. of masks distributed</p> <p>Baseline: 10 webinars programs completed - Not available</p> <p>Planned targets: 50 webinar programs 36,000 masks</p>	<p>The village-level health committee supported in conducting more than 100 community awareness programmes during the period.</p>	<p>The COVID-19 spread has reduced and the need has changed.</p> <p>The village-level health committee members will support in maintaining public health measures in the community.</p>	<p>Progress and final report. Field visit</p>
<p>5.3 Community engagement on public health and preventive measures increased</p> <p>Indicator: No. of community facilitations provided -No.of persons involved in/ supporting the vaccination process</p> <p>Baseline: Not available 10 Volunteers 100 social media</p> <p>Planned targets: 500 packs 100 volunteers 200 social media past posts developed</p>	<p>Completed</p>		<p>Final report</p>
<p>5.4 Vulnerable communities capacitated and empowered to protect from COVID-19 and access MHPSS services during COVID-19 pandemic</p> <p>Indicator: Numbers of carers and users/ groups with required capacity available in the districts</p>	<p>18 districts have undergone the training Target audience included: 190 Male 243 Female</p> <p>Total participants 433</p>		<p>Final report Field visit</p>

<p>Baseline: Currently 70 small groups are active in 12 districts</p> <p>Planned targets: Expand the services to another 10 districts in 2022 and 04 districts in 2023</p>			
<p>Output 6 6.1 Influenza surveillance to Availability of an Influenza cover OIE notifiable viral surveillance system to cover discases established through OIE notifiable viral diseases provision of equipment. training and test kits</p> <p>Indicator: Availability of Influenza surveillance system to cover OIE notifiable viral diseases</p> <p>Baseline: Currently a surveillance system is not available</p> <p>Planned targets: Functional Influenza surveillance system to cover OIE notifiable viral diseases available by 2022</p>	<p>The equipment required to establish surveillance for OIE diseases was procured. The sample collection and testing were done.</p>	<p>The delay in procurement and delivery was due to the current global challenges in production of equipment</p>	
<p>6.2 Genomic sequencing for OIE notifiable viral diseases established</p> <p>Indicator: Availability of genomic sequencing results for OIE notifiable viral diseases</p> <p>Baseline</p>	<p>The equipment required to establish surveillance for OIE diseases was procured and delivered.</p>	<p>The delay in procurement and delivery was due to the current global challenges related to the production of equipment</p>	

<p>Baseline: Currently not available</p> <p>Planned targets: Genomic sequencing results for OIE notifiable viral diseases are regularly available by 2022</p>			
<p>Output 7 – Generate policy recommendations for health system strengthening</p> <p>7.1 Conduct of the analytical activities to support health system strengthening and building back better</p> <p>Indicator: Availability of a policy options paper for high level consultations</p> <p>Baseline: Currently not available</p> <p>Planned targets: Finalized policy options paper handed over to the Ministry of Health</p>	<p>Some of the technical activities are completed while the others are in progress.</p> <p>Policy option paper finalized and submitted to Ministry of Health in May 2023.</p>		
<p>7.2 Development of a health financing policy and strategy</p> <p>Indicator: Availability of a draft health financing policy and strategy</p> <p>Baseline: Currently not available</p> <p>Planned targets: Health financing policy and strategy handed over to the Ministry of Finance</p>	<p>Draft document on health financing strategic direction submitted to Ministry of Finance in the month of August 2023.</p>		

