MARCH 2025

theSLMAMonthly

Official Newsletter of the Sri Lanka Medical Association

Registered at the Department of Posts under no. DOP/NEWS/62/2024

MARCH 2025 I VOLUME 18
ISSUE 03
ISSN: 1800-4016 (PRINTED)
2550 - 2778 (ONLINE)

Scan here to read online

COVER STORY

SLMA Policy Forum on Safety in Health Care Settings

Page 3

Inside:

CONTENTS

CONTACT DETAILS

Address: Sri Lanka Medical Assiociation,
Wijerama House, No. 6, Wijerama Mawatha, Colombo 07
Telephone: +94 112 693 324
Website: https://slma.lk/
E-mail: officeslma.lk

From the Editors

HEALTH CARE WORKER LIVES MATTER!

Dr. Lahiru Kodithuwakku
Co-Editor

Dr. Kumara Mendis
Co-Editor

The entire medical fraternity was shaken to the core, by the recent tragic incident at Teaching Hospital Anuradhapura. While the SLMA unreservedly condemn and express our absolute disgust at this horrific act, it also leads us to rethink about the health care worker safety at our healthcare settings.

Over the years, SLMA and other professional colleges were at the forefront of prioritizing patient safety in line with the internationally accepted standards, in Sri Lanka. These efforts were instrumental in developing a Patient Safety Charter for Sri Lanka, recently. However, achieving patient safety without ensuring health worker safety is near impossible in a resource constrained health care system like ours. A safe working environment is essential for health care workers to exercise their duty of care, without any internal or external pressures that might compromise both patient and health worker safety.

Therefore, it is high time that the entire medical fraternity come forward, to make a unified front and find immediate remedial measures to address this grave concern. Further, it is important to advocate towards positive policy changes in the longer run, critically looking at the structural changes and safeguards required to ensure a safe working environment for all health care workers.

We dedicate the March issue of 'the SLMA Monthly' for all the health care workers, who strive towards delivering health care to the most vulnerable, amidst enormous challenges and hardships.

Health Care Worker Lives Matter!

theSLMAMonthly
Official E Magazine of the Sri Lanka Medical Association

COVER STORY

SLMA Policy Forum on Safety in Health Care Settings

Given the public discourse following the tragic incident of a doctor being sexually abused at her own working place, SLMA organized a policy forum to uncover critical issues pertaining to safety in healthcare settings and discuss immediate and long-term interventions to address the gaps and challenges. Considering the importance of patient safety and health care worker safety within a health care environment, SLMA decided to make a holistic platform to discuss both aspects in detail, thus advocating towards more inclusive policies for this concern of national significance.

Hence, the entire policy forum was divided into three discourses,

1. Discourse 01: A snapshot of the challenges for a safe environment in health care settings

Session was moderated by Dr. Surantha Perera and panelists include, Dr. Janaki Vidanapathirana Director Planning Ministry of Health (MoH), Dr. Vibash Wijeratne, Director and Chief Executive Officer Ninewells Hospital (pvt) Limited, DIG Renuka Jayasundare of Sri Lanka Police and Dr. Sudath Dharmaratne, President of the College of Medical Administrators.

Discussion shed light on major gaps and challenges encountered by health care workers at their own health care settings, with special reference to women in health. It also highlighted some of the innovative safeguarding methods adapted by the private health care sector to mitigate and respond to the issue.

2. Discourse 02: Healthcare Worker Safety; A Priority for Patient Safety

Session was moderated by Dr. Susie Perera and panelists include, Dr. Dr. Palitha Abeykoon, a global public health expert, Dr. W. K Wickaramsinghe, Additional Secretary (Medical Services), MoH and Ms. Ayesha Jinasena, Secretary, Ministry of Justice.

Discussion highlighted some of the global frameworks and local interventions pertaining to health care worker safety and how patient safety and health care worker safety are interlinked at different scenarios. Additionally, panelists also presented on the current legal status regarding worker harassment and abuse at work place. Dr. Hansaka Wijemuni Hon. Deputy Minister of Health also made several remarks on practical challenges encountered by health care workers in remote and resource constrained settings.

3. Discourse 03: What does a safe work setting for health care workers mean?

Session was moderated by Dr. Lahiru Kodituwakku and panelists include, Prof. Anuruddhi Edirisinghe, Professor of Forensic Medicine, University of Kelaniya and Dr. Lakshman Senanayake, Consultant (rtd) Obstetrician and Gynaecologist and Gender Specialist.

Discussion prioritized concerns on reporting a sexual harassment and abuse at a healthcare setting and issues pertaining to maintaining privacy and confidentiality. It also highlighted the need to establish a grievance mechanism for health care workers to report their concerns and SOPs to address them at a healthcare setting. Moreover practical and immediate steps to address the concerns were discussed extensively with active participation from the audience including a thorough risk assessment at hospitals and MOHs, reviewing existing security arrangements and establishing hospital/MOH safety committees evaluate the safety concerns.

All the points discussed and views of the both resource panels and the audience will be taken into account for development of an action plan and a policy brief by the SLMA on health care worker safety. This will be presented to relevant policy makers and mandated agencies for action at the ground.

PRESIDENT'S MESSAGE

Dr. Surantha Perera
President of Sri Lanka Medical Association

SAFEGUARDING OUR HEALERS: A CALL TO ACTION FOR HEALTH WORKER SAFETY IN SRI LANKA

Healthcare professionals form the backbone of any nation's healthcare system. In Sri Lanka, our doctors, nurses, midwives, and allied health staff work tirelessly to serve communities, often under challenging circumstances. Yet, ironically, those who dedicate their lives to healing others frequently face unsafe, hostile, and unsupportive work environments. As President of the Sri Lanka Medical Association (SLMA), I call for urgent systemic reforms to safeguard health workers' dignity, security, and mental well-being in all healthcare settings nationwide.

A recent incident of sexual assault against a female health professional within a state-run hospital has not only shocked the medical community but also laid bare a reality we can no longer afford to ignore. While this case drew public and media attention, it is likely just the tip of the iceberg. Many other forms of workplace harassment, verbal abuse, and intimidation, particularly those targeting female staff, go unreported and unresolved, fostering a toxic work culture that erodes morale, professionalism, and, ultimately, patient care.

Health workers should never be forced to choose between personal safety and professional calling. Yet many face this predicament, especially in rural or understaffed facilities. Unsafe working conditions are increasingly contributing to the internal brain drain within the public sector and even the migration of overseas professionals. This crisis is compounded by inadequate mechanisms for lodging complaints, poor administrative response, lack of institutional accountability, and sometimes political interference in health sector governance.

Furthermore, the broader sociopolitical environment is marred by rising incidents of violence, drug abuse, gender-based violence, and growing public mistrust in public services. These realities spill over into the healthcare sector, making it more challenging to maintain discipline, teamwork, and a sense of collective mission within hospitals and primary care institutions.

SLMA strongly asserts that safety in healthcare must not be reduced to infection control protocols or PPE usage alone. While hepatitis B vaccination, hand hygiene, and needle-stick injury prevention are important, they represent only one dimension of workplace safety. The physical, emotional, and psychological protection of staff is equally critical, and it must be built into the very framework of our healthcare governance.

Health workers should never be forced to choose between personal safety and professional calling.

Yet many face this predicament, especially in rural or understaffed facilities.

Unsafe working conditions are increasingly contributing to the internal brain drain within the public sector and even the migration of overseas professionals.

Despite having a comprehensive set of guidelines on workplace sexual harassment published in 2016 by SLMA with the endorsement from the Ministry of Health, implementation has remained disappointingly limited. Some administrators are unaware of their obligations, and reporting pathways remain opaque, underused, or mistrusted by staff.

The consequences of inaction are stark: increased service disruptions due to trade union action, deteriorating relationships between administrators and clinical teams, and a demoralized health workforce. While justifiably demanding uninterrupted healthcare services, the public is often unaware of the complex pressures health professionals endure. When these tensions remain unresolved, they fracture trust within institutions and between the health system and society.

To prevent further deterioration, SLMA calls for a structured, multi-tiered response:

Immediate Actions:

- A formal declaration by the Ministry of Health assuring all healthcare workers that workplace safety concerns will be addressed within a clearly defined timeframe.
- SLMA will develop and disseminate checklists for all institutions, enabling administrators to assess and address safety issues proactively.
- Activating visible protective mechanisms, such as regular police patrols and structured chaperoning systems, is especially important for vulnerable staff categories.

Intermediate Measures:

- Official recall and nationwide implementation of the 2016 SLMA Guidelines on Sexual Harassment in Health Workplaces.
- All health administrators must attend mandatory briefings and capacity-building sessions to clarify their role in ensuring a safe and respectful work environment.

Long-Term Strategies:

- Incorporation of workplace safety and responsiveness as key evaluation criteria in the institutional accreditation process, shifting focus from mere infrastructure to quality of the work environment.
- Integration of continuous professional development (CPD) modules on violence prevention, interpersonal skills, safeguarding, and legal literacy into standard training across the health sector.
- Expanding these safety and respect training modules to other service sectors (e.g., teaching, and social services) through institutions like NAITA would foster a wider culture of professional dignity and accountability.

Protecting health workers is not merely a professional obligation but a moral imperative. Their safety ensures their well-being and the continuity, compassion, and quality of the care they provide. The SLMA remains committed to working with the Ministry of Health, trade unions, and the broader public to build a health system that values and protects its most vital asset: its people.

Now is the time to act, not in response to crisis, but in pursuit of lasting change.


DURDANS
LABORATORY
CALLING ALL
MEDICAL PRACTITIONERS!
TO REGISTER WITH DURDANS LABORATORIES
Obtain Reliable Laboratory Results and
Exclusive Discounts for both you and your patients
SPECIAL DISCOUNTS
TAILORED EXCLUSIVELY FOR OUR ESTEEMED PARTNERS
Durdans Laboratories offers an extensive range of specialised tests including
Glycated Albumin, Lipoprotein Lp(a), and Adiponectin, among others
GLYCATED ALBUMIN
Glycated albumin indicates an average blood glucose level for the past 2-3 weeks whereas, glycated haemoglobin (HbA1c) reflects the average blood glucose level for the past 2 to 3 months. Therefore, when there is a change of medication; glycated albumin test will provide results in 2 to 3 weeks rather than waiting for 2 to 3 months to repeat a (HbA1c) test.
LIPOPROTEIN Lp(a)
An increased Lp(a) value is a major risk factor correlated with cardiovascular disease (CVD) inclusive of heart attacks and strokes.
Precautions and necessary measures should be taken to reduce cholesterol levels and adapt a healthy lifestyle with increased exercise and physical activity if your Lp(a) levels are high.
ADIPONECTINE
A positive adiponectic test indicates the likelyhood of developing diabetes in the future.
Individuals with a family history of diabetes can request for an adiponectic test to assess the likelyhood of getting diabetes in the future and change lifestyle.
Contact Us Now For More Details
077 342 7931

OPINION

Professor P. Anuruddhi S. Edirisinghe

MBBS (NCMC), MD (For Med)(Col), DLM (Col), DMJ (Lond), FFFLM (UK)
Cadre Chair, Senior Professor, Department of Forensic Medicine, Faculty of Medicine, University of Kelaniya
President - International Association of Clinical Forensic Medicine
Chairperson - Expert Committee on Women's Health SLMA
Past-President - College of Forensic Pathologists of Sri Lanka (2019-2020)

ADDRESSING AND RESPONDING TO SEXUAL AND GENDER BASED VIOLENCE AT WORK-PLACE: MAKING SRI LANKAN STATE HOSPITALS SAFE IS AN IMMEDIATE NEED

Sri Lanka State Health Sector workforce employs over 140,000 healthcare workers ranging from administrators, medical professionals, nurses, medical support services to minor staff who work round the clock. Although feminization of both curative and preventive services in Sri Lanka saw an upward trend like in many parts of the world, addressing issues such as female healthcare workers being subjected to sexual harassment or incidents of them being exposed to sexual violence at hospitals or in the community were hardly reported over the years.

Sexual and Gender based violence (SGBV) is defined as a violent act that is perpetrated against a person's will based on gender norms, norms of sexual orientation and unequal power relationships resulting in physical, emotional, psychological, or sexual harm leading to injuries or even death. Although national prevalence data of each type of SGBV is not available in Sri Lanka, Women Wellbeing Survey of 2019 quotes that 20.4% of ever-partnered women have experienced physical and or sexual violence by an intimate partner in their life time [1] Edirisinghe et al in their study on unnatural female deaths quotes that 61% femicides are by the intimate partner or a family member while 51% of female suicides were due to intimate partner violence and family disputes including extra-marital affairs. [2]

Sexual harassment in workplace, though clearly identified as a wrongful act in Sri Lankan laws, and in fundamental rights research, shows it's a common phenomenon. A study titled prevalence of ragging and SGBV in State Universities in Sri Lanka published in 2022 states that 44-46 % of university staff have experienced verbal sexual violence or felt embarrassed at least once in their life-time. A recent study conducted among 377 female doctors employed in Sri Lankan healthcare found that 58.6% had reported sexual harassment in work place at some point in their career. [3].

Any hospital in any part of the world is considered a safe place to the sick and the vulnerable and they are hardly attacked even in times of war. Although such notions are known to the majority, from time to time extreme forms of violence such as homicides of patients and doctors are reported in hospitals. In 2009 Sri Lanka reported the first female patient raped and murdered by a doctor in the doctors quarters in the Negombo Hospital while in 2024 August a female doctor was raped and murdered by a volunteer worker in Kolkatha India. [4][5]. In 2025 March a Sri Lankan hospital reported another act of sexual crime at its premises i.e. a female doctor being subjected to rape at the doctors' quarters by a person who visited the hospital. This incident sparked outrage among doctors leading to a one day nationwide token strike as well as demanding safe workplaces for all.

A safe workplace is a basic right of any worker whether in a hospital or a factory. The workplace should be free from any form of violence. Although actions to address sexual harassment within the health sector such as the establishment of 'Sexual Harassment Investigation Committees in 2006' and setting'Guidelines to Address Sexual harassment in the workplace 2016', those have not been implemented in practice.

Safe hospitals include protection of health staff and patients from any form of violence as much as infection control. With the recent incident of rape of a female doctor a dialogue emerged among many stakeholders looking at the present hospital network critically regarding safety issues. Some may be as trivial as keys and locks to rooms/ quarters, illuminated corridors, accompanying staff especially in night on calls, increasing surveillance by security personals or more effective surveillance. Further, empowering of female health care workers on individual and environmental protection is a must.

The Expert Committee on Women's health of SLMA suggest several measures to overcome the present situation immediately.

They are:

- Establish a Healthcare Worker Safety Committee in the hospital with the support of the Hospital Development Committee and a few trusted and respected community members.
- Conduct a thorough assessment of internal risks within all hospital premises (e.g., areas with poor lighting, broken doors, windows, locks of rest-rooms of all category of workers, open gates leading to external environments, unmanned entrances, etc.) and take immediate corrective measures.
- A thorough review of hospital security service and surveillance mechanisms
- Regularly review and assess safety measures to ensure effectiveness.
- Strengthen already established police posts/ establish a police post or arrange regular police patrols near hospitals where a police post is not available.
- Strictly implement rules and regulations related to loitering within hospital premises especially after hours or in areas of limited access
- Implement strict regulations on substance abuse and alcohol consumption among hospital workers.
- Ensure that newly appointed officers are familiarized with safety protocols upon reporting for duty.
- Awareness of SGBV (grave crimes to minor) and how to respond if any such crime occurred (informing police/ admission to the hospital/ prevention)
- Conduct regular training programs for all staff on addressing sexual harassment, taking common precautions, and seeking help when needed.

References

1. Women Wellbeing Survey 2019- Findings from Sri Lanka's first dedicated Nation Survey on Violence against Women and Girls 2020- Published by the Department of Census and Statistics, Sri Lanka
2. Edirsinghe et al 2021, Fatalities Accidents, Suicides and Femicides of Women and Girls in Sri Lanka, published by UNFPA Sri Lanka 26-42
3. Vidanapathirana, Manudi et al. Us too: sexual harassment of female doctors in Sri Lanka The Lancet Regional Health - Southeast Asia, Volume 36, 100570
4. Lakmal Sooriyagoda Negombo Hospital murder case CA affirms death sentence for the Doctor. Daily Mirror 18 June 2022
5. Nikita Yadav. Man found guilty in India doctor rape and murder case, BBC News Delhi 18 Janauary 2025

FEATURE ARTICLE

Professor Anuji Gamage

Professor in Public Health
Department of Paraclinical Sciences, Faculty of Medicine
Kotalawela Defence University

OPTIMIZING SRI LANKA'S HEALTHCARE SYSTEM: CHARTING THE ROAD TO EFFICIENCY GAINS AND UNIVERSAL HEALTH CARE

Characteristics and Unique Dynamics of Healthcare Markets

According to the WHO constitution (1946), health is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." It is a fundamental human need and a merit good that benefits individuals and their communities.

Markets play a role in exchanging goods and services based on demand and supply interacting to determine the price. Market structures play a key role in determining efficiency. They encompass the number and size of firms, the ease of entering and exiting the market, the degree of product differentiation, and the information available to buyers and sellers regarding prices and product features. A competitive market structure is ideal for enhancing social welfare. A perfectly competitive market is merely theoretical, and having the above features ensures an efficient market. Market failures result from disruptions of the elements of a perfect market, and correction of these failures requires interventions from outside the market, most often through the government.

Market failures lead to inefficiencies and inequalities in a country. Healthcare system in any country aims to maintain equitable access to quality healthcare for all its citizens by promoting health, preventing disease, and effectively treating illnesses while balancing accessibility, quality, and cost-effectiveness. Hence, government interventions dealing with market failures are needed to achieve both government goals: improve efficiency and enhance equity.

The healthcare market is complex, as demand and supply forces in this market are interdependent on many other markets, such as those relating to education, human capital infrastructure, and manufacturing. These include diverse products such as pharmaceuticals, fast food and services ranging from healthcare and laboratory services to gymnasia and the entertainment industry. Healthcare services include labour times of various professionals, pharmaceutical products, sample analysis, and various factors traded in the market, which policymakers tend to overlook.

"

Market failures lead to inefficiencies and inequalities in a country. Healthcare system in any country aims to maintain equitable access to quality healthcare for all its citizens by promoting health, preventing disease, and effectively treating illnesses while balancing accessibility, quality, and cost-effectiveness.

Healthcare markets are more susceptible to failures due to significant information asymmetry between consumers and providers. The impacts of market failures are intensified due to healthcare being essential and scarcity of resources. Medicalisation explains the role of pharmaceutical companies, medical professionals, and consumer demand in expanding medical diagnoses and treatments. The asymmetry of information further escalates medicalization, often leading to unnecessary interventions. Medicalization may improve health outcomes but also cause unnecessary healthcare utilization, increasing overall expenditures(1). Another inherent feature of healthcare is that its market lacks competitiveness because of various entry and exit barriers including professional licensing, accreditation, high training costs, and the substantial investments needed to construct hospitals. These features make a strong case for government intervention to maximize social benefit.

This paper focuses on providing an understanding of the factors that hamper efficiency gains that can be achieved through the prevention of market failures and how market failures adversely affect Universal Health Care, the very foundation of an equitable healthcare system.

Efficiency and Equity

Efficiency and Equity are vital concepts in healthcare. Efficiency refers to maximizing the use of limited resources to enhance community well-being by minimizing waste and providing valued services at the lowest cost. It includes allocative, technical, and economic efficiency. Equity, on the other hand, means the absence of systematic health differences among groups. From welfare economics, the concept of Pareto efficiency emphasizes that reallocating resources to benefit one person can negatively affect another. Consideration of these factors is critical when redistributing healthcare facilities among social groups.

Sri Lanka provides health services universally free of charge at the point of delivery to all its citizens as a constitutional right, seeking to ensure universal access to all health services. Since independence, the government has focused on welfare-oriented policies and has been the main financier of healthcare expenditure through general taxation. This pro-poor system minimizes financial barriers to accessing healthcare, ensures that even the most vulnerable populations receive the necessary care, and understanding that public financing is the most suitable mechanism of achieving UHC(2). The country has an extensive public-health institutional network, which provides curative and preventive healthcare, while inpatient care to date is provided almost entirely by the public sector. Free healthcare has led to impressive health indicators, such as high life expectancy and low maternal mortality, reflecting Sri Lanka's long-standing commitment to accessible, quality healthcare for all. Good health had been achieved with relatively low government spending while struggling with budget execution rates (share of the budget being executed) and budget execution practices (processes on how well the budget is executed)(3). However, the demographic and epidemiological burdens now challenge this situation. Universal Health Coverage Indicators reflect that despite efforts, the objective of ensuring Equity is not being achieved. Coverage remains at 67%(4). Considering financial risk protection, high out-of-pocket expenditure (OOPE) and catastrophic health expenditure are observed despite free health

services(5). This leads to why Sri Lanka struggles to achieve UHC in practice. The question is whether market failures are responsible for inadequate efficiency gains in healthcare systems. Additionally, it is worth exploring if these same market failures impact the pursuit of UHC in practice, potentially leading to negative consequences for Equity in healthcare access and outcomes.

Market Failures in Healthcare: Understanding Imperfections and Impact

In Sri Lanka's healthcare market, particularly for inpatient services, two main components exist: the government operating as a monopoly by providing healthcare at no charge, and private hospitals, functioning within an oligopoly. Both represent market failures that contribute to inefficiencies. A government monopoly is more beneficial for the public than a private one, as it offers more services at no cost and does not limit output for profit. However, budget constraints can restrict the ability to maximize output (services rendered). The challenge lies in finding mechanisms to enhance service delivery with limited resources. Improving efficiency without increasing health expenditure is crucial and often a challenge. This can be accomplished through cost reductions, optimizing resource use, and enhancing overall efficiency in achieving desired health outcomes.

The government's supply-driven approach has created a gap between available services and actual healthcare needs, prioritizing infrastructure over demand. For instance, despite expanded hospital facilities, specialized services for geriatric care, mental health, and chronic diseases remain inadequate. Addressing demand-side factors such as population structure, migration, and quality perceptions is essential to avoid further inefficiencies and waste.

Existing programs, such as Healthy Lifestyle Clinics(HLCs), remain under-utilized due to the state's neglect of the demand side of health services. The state can intervene by raising awareness, addressing information gaps, and providing after-hours services, i.e., HLCs. Also, it is essential to consider health sector utilization from a health service perspective and economic aspects, including the opportunity costs of accessing state services. With its high fee structures, the oligopolistic private sector discourages regular access to private services. Promoting competition through expanding General Practitioner services and smaller private hospitals could improve efficiency by mitigating market imperfections.

Lack of budget credibility, delays in fund release, budget cuts, arrears, and rigid spending rules contribute to execution inefficiencies. Addressing inefficiencies would lead to "savings," which could then be redirected into the system in the form of greater output, either in terms of the same activity or into other activities. Savings made through efficiency improvements can be retained and recycled in an institution and used to improve the services within the institution. Savings made within the system can be utilized to render other services.

> The government's supply-driven approach has created a gap between available services and actual healthcare needs, prioritizing infrastructure over demand. For instance, despite expanded hospital facilities, specialized services for geriatric care, mental health, and chronic diseases remain inadequate.

Transforming Strategic Planning: Reforms for Resilient and Adaptive Systems

The place for a PHC reform in Sri Lanka

Healthcare reform involves essential changes to the policies and structures of the health sector, aiming to enhance efficiency, Equity, quality, financial stability, and sustainability in healthcare delivery. A key opportunity for efficiency lies in shifting care from tertiary and secondary facilities to primary care, especially for chronic diseases that require long term management. Historically, primary healthcare(PHC) facilities have been underutilized, leading to increased burdens on higher-level institutions, higher costs, longer wait times, and patient dissatisfaction(6). The over-reliance on tertiary care obstructs comprehensive and continuous patient management. Effective primary healthcare reform, often called "new universalism," seeks to improve access to essential services at PHC facilities, ensuring continuity of care and accountability for clinical outcomes. Strengthening PHC utilization is crucial, as many patients are unaware of the available services, contributing to inefficiencies. By implementing these reforms, Sri Lanka can reduce healthcare costs, improve service delivery, and relieve pressure on higher-level facilities through better resource allocation.

Strategic Approaches to Public-Private Collaboration in Healthcare

Enhancing competition is a well-established means of improving efficiency in the private sector by reducing market imperfections. However, in the state's case, two key measures for achieving efficiency gains include reducing the per-unit cost of production, thereby enabling greater output within a fixed budget and lowering overall production costs through adopting technology and innovative practices. In the healthcare sector, digitizing patient records

can streamline administrative processes, reduce duplication of services, and optimize resource allocation. The capacity to increase output through these cost-saving measures is essential for promoting Equity, as it improves the feasibility of achieving universal healthcare coverage (UHC) by making essential health services more accessible and affordable for all population segments.

In strategic planning, one focus should be the relationship between the public and private sectors. Currently, these two sectors are perceived as competing. However, as a facilitator and coordinator, the state could enhance quality, Equity, utilization, and efficiency by leveraging the complementary relationship between the two sectors. For example, the government could explore more avenues to access more complex imaging and testing facilities in the private sector while maintaining high service delivery standards. This approach would help reduce the OOPE for households currently burdened by the need to seek private-sector health services.

Research, Innovation, and Practice: Bridging Knowledge to Impact

Attention must be paid to implementing Health Technology Assessment (HTA). Innovation in HTA is crucial in ensuring cost-effective healthcare by evaluating new technologies for safety, efficacy, and value(7). Research must align such assessment with national priorities and available resources to maximize impact, fostering solutions tailored to specific health system needs. Integrating innovation into policy and practice ensures that emerging health solutions translate into real-world improvements, leading to better health outcomes while maintaining financial sustainability. Through an optimal combination of innovation, evidence-based decision-making, and resource efficiency, HTA enhances healthcare system efficiency and effectiveness. Leveraging AI-driven insights could enhance decision-making, accelerate technology evaluations, and ensure the timely adoption of cost-effective interventions. HTA could be very useful in assessing infrastructure development, modernizing equipment, progressing with digitalization, and even determining the distribution of equipment geographically to improve Equity and utilization, which is parallel to gaining efficiency gains. Decision-making in healthcare must be evidence-based to achieve maximum output with minimal input. Innovative changes should be explored, such as retooling healthcare provision through domiciliary care, telemedicine, point-of-care testing, and even task shifting of human resources. This exploration should be supported by systematic, in-depth research to ensure that future health sector reforms are implemented based on solid evidence to ensure sustainability. Such an approach aims to enhance cost-effectiveness, efficiency, and overall welfare.

Dealing with Externalities

Health risks and healthcare utilization should be approached in a multidisciplinary fashion, involving various sectors. The Ministry of Health needs to be more aware of how externalities contribute to market imperfections and recognize the significant health impacts these externalities can have, particularly in cases of air and water pollution and substance abuse. It is important to emphasize that negative externalities can have serious health consequences for the system. Expanded Programme of Immunization (EPI) is an example of managing a positive externality. The Ministry of Finance should consider implementing sin taxes on tobacco, alcohol, and sugar-sweetened beverages while also exploring the possibility of road traffic insurance/ fines being earmarked for health by directing a portion of insurance premiums or traffic fines toward emergency medical services trauma care, and rehabilitation for accident victims.

Conclusion

This paper advocates for enhancing Equity and UHC by addressing market imperfections and generating efficiency gains to lower production costs in the public sector. This approach allows for reinvestment in healthcare services, fostering a cycle of benefits that improves welfare and healthcare indicators amid an aging population and a diverse disease burden. It highlights features of the healthcare market, factors contributing to market failures, and suggestions for improvement. Sri Lanka’s healthcare services can be enhanced by addressing issues such as externalities, imperfect information, and inequity. Improving access, optimizing resource allocation, and encouraging innovation can improve health outcomes. A comprehensive strategic plan should consider the roles of various stakeholders and recognize that efficiency gains can also stem from effective financing strategies including health taxation and systematic expenditure controls.

References:

1. Birrer RB, Tokuda Y. Medicalization: A historical perspective. J Gen Fam Med. 2017;18(2):48-51.
2. Tandon A, Reddy KS. Redistribution and the health financing transition. J Glob Health. 2021;11:16002.
3. Margini MP-FnHInBFPF. Budget Exceution in Health World Bank
4. Bank W. UHC service coverage index - Sri Lanka 2023 [Available from: https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD?locations=LK.
5. Gamage A, Darshana N, Gunasekara T, Attygalle D, Sridharan S. Variations in out-of-pocket spending and factors influencing catastrophic health expenditure of households with patients suffering from chronic conditions in four districts in Sri Lanka. BMC health services research. 2024;24(1):1055.
6. Gamage A, de Silva A, Higashi H, Attygalle D, Sridharan S, Senanayake L, et al. PP65 An Economic Evaluation of Day Care Surgery For Non-Acute Hernia Repair In Government Hospitals Of Sri Lanka. International Journal of Technology Assessment in Health Care. 2023;39(S1):S69-S.
7. Gamage AU, Abeysena, C. Health Technology Assessment (HTA) and health policy making: a narrative review. Journal of the College of Community Physicians of Sri Lanka 2020;26(3), pp.175–182.

VOICES FROM THE PERIPHERIES

Professor K.T. Sundaresan

MBBS (Kel), MD, FRCP (Edin)
Professor in Medicine, Eastern University, Sri Lanka
Specialist Physician in Internal Medicine, Teaching Hospital, Batticaloa

TRANSFORMING CARDIAC CARE IN THE EAST: SRI SATHYA SAI SANJEEVANI SPECIALTY HOSPITAL, BATTICALOA

Introduction

"Vasudhaiva Kutumbakam" — a timeless message from the Upanishads meaning *"The world is one family"* — reflects the spirit behind this extraordinary healthcare initiative.

Sri Lanka's commitment to universal health coverage through its state health system is globally admired. Public hospitals offer services free at the point of delivery, upheld by decades of state policy. Yet, beyond the government system, access to high-quality, specialized care remains uneven, especially for rural populations. In this context, the emergence of a free specialty hospital in the Eastern Province stands as a remarkable and transformative development.

The Sri Sathya Sai Sanjeevani Super Specialty Hospital, established in Kirankulam, Batticaloa, represents a pioneering model in Sri Lanka's healthcare landscape. It is the first hospital of its kind in the nation—offering entirely free, high-end medical services outside the state sector. But what makes it even more extraordinary is its foundation in spirituality and selfless service, inspired by the humanitarian mission of Sadguru Sri Madhusudan Sai (hereafter referred to as Sadguru). This article seeks to share with fellow medical professionals the scope, vision, and promise of this institution, and how it might hold lessons for healthcare delivery nationally and globally.

The Vision: Healing Through Love and Selfless Service

As Sadguru has said, *"Until no child goes to bed hungry, and no child dies for want of care, our work will not stop."* This powerful sentiment lies at the heart of the Sanjeevani movement.

The Sri Sathya Sai Sanjeevani Hospital network began in India with the goal of making healthcare a fundamental right, not a privilege. The vision was simple yet radical: "No child should die of a treatable heart condition just because they cannot afford treatment." This led to the establishment of paediatric cardiac super specialty hospitals in underserved regions of India—and soon, through the work of the Sri Sathya Sai Global Federation of Foundations, this model extended to Fiji, Nigeria, the USA, and Sri Lanka.

The Sri Sathya Sai Sanjeevani Hospital in Batticaloa was inaugurated in 2016 as part of this global mission, under the guidance of Sadguru, spiritual successor to Bhagawan Sri Sathya Sai Baba. Cardiac care services were launched in 2022, beginning with paediatric cardiac surgeries. The Cardiac Catheterization Laboratory (Cath Lab) followed in 2023, further strengthening the hospital's specialized services. The hospital was established in the Eastern Province of Sri Lanka—a region that has long grappled with the aftermath of civil conflict, economic disparities, and limited access to specialized healthcare.

The unique hallmark of this model lies in its unwavering commitment to selfless service. There is no billing counter. Not a single rupee is charged—not for tests, surgeries, stents, medicines, or meals. This is a hospital built on faith and run on donations, where human dignity is not compromised by affordability.

Operational Model and Achievements

Since its opening, the Sri Sathya Sai Sanjeevani Hospital in Batticaloa has made rapid and profound impact.

- The Cardiac Catheterization Laboratory (Cath Lab), valued at approximately LKR 400 million, was donated by a group of dedicated philanthropic donors in 2022. It is equipped with one of the best imaging systems available globally, enabling high-precision cardiac diagnostics and interventions on par with leading international standards.
- The hospital operates on a monthly expenditure of around LKR 8 million, entirely funded through philanthropic contributions.
- A fully equipped Cardiac Catheterization Laboratory (Cath Lab) has performed over 2,157 coronary angiograms and interventions in collaboration with cardiologists and staff from Teaching Hospital, Batticaloa.
- Paediatric cardiac surgeries began in 2022, with 16 successful surgeries to date.
- Several Sri Lankan children have also undergone free heart surgeries at Sanjeevani hospitals in India through the Foundation's support.
- Plans are now in place to begin adult cardiac surgery, supported by the establishment of a modular operating theatre expected to be operational later this year.
- The hospital has completed over 2,000 cardiac interventions, a milestone achieved ahead of schedule.
- Over 52,000 patients have received outpatient consultations.
- More than 90,000 meals have been distributed to patients and villagers through community food programs.

These achievements have been made possible through collaborative partnerships and the remarkable momentum sparked in 2023, beginning with a pivotal meeting in Sri Lanka between the Vice Chancellor of Eastern University, the Dean of the Faculty of Health-Care Sciences, and a group of cardiologists and staff to discuss establishing cardiac services. Based on their request, Sadguru made the immediate decision to donate a Cath Lab, which was installed and became operational within just six months—an unprecedented timeline for such an advanced facility. Later that year, the university delegation visited Sadguru's headquarters in Muddenahalli, India, where a formal Memorandum of Understanding was signed to further strengthen this collaboration. These successes have resulted from cooperation between the hospital, Eastern University, Sri Lanka, the Ministry of Health, the Regional Director of Health Services, and the Base Hospitals under his administration — including Kalmunai, Kaluwanchikudy, and Kattankudy — along with a growing team of volunteer cardiologists and healthcare workers.

Lessons for the Nation

Recent global health financing studies have emphasized the growing need for high-impact, scalable healthcare in underserved regions. The Sri Sathya Sai Sanjeevani model—delivering outcomes at zero cost—offers Sri Lanka a working example of value-based, patient-centric care that many systems are still striving to build.

For government policy makers, this model offers insights into cost-effective public-private synergy. For private hospitals, it shows how service and sustainability can co-exist. For medical educators, it highlights the importance of training professionals in values, not just skills.

The Sri Sathya Sai Sanjeevani Hospital is not just a building or a program. It is a living ideal—a call to return medicine to its noblest purpose: To Heal, To Serve, and To Love.

NOVICE

Dr. Ruseik Rahumath

Postgraduate Trainee in Biomedical Informatics
Postgraduate Institute of Medicine
University of Colombo

Dr. Pasindu Nanayakkara

Postgraduate Trainee in Histopathology
Postgraduate Institute of Medicine
University of Colombo

HARNESSING ARTIFICIAL INTELLIGENCE (AI) IN HEALTHCARE: A HISTORICAL PERSPECTIVE AND SRI LANKA'S WAY FORWARD

Part 02 – Sri Lanka's Way Forward

1. From Sci-Fi to Reality: The Story so far

To recap Part 01 of this article, AI has reached an unprecedented peak in its history, but its journey has been anything but smooth. The path to its current success has been marked by setbacks, with periods of stagnation—known as **AI winters**. Yet, each time AI re-emerged, it did so with astonishing advancements, ushering in what experts call **AI Blooms**—eras of rapid innovation and renewed enthusiasm.

The latest AI boom was sparked by the rise of ChatGPT, an evolution of neural networks—an idea first conceived in the 1950s. Decades of research in specialized AI fields have led to a bold new frontier: **Artificial General Intelligence (AGI)**. Unlike today's AI, which excels at specific tasks, AGI aspires to think, learn, and reason across a vast range of fields—just like a human.

As we stand on the brink of this next great leap—where AI may no longer be just a tool but a true collaborator in shaping the future—it is essential to remember the wisdom of American researcher Roy Charles Amara. His famous observation, known as **Amara's Law**, states, "We tend to overestimate the effect of technology in the short run and underestimate the effect in the long run."(1) This insight reminds us that while the full impact of AI may not be immediate, its long-term influence could be far more transformative than we can currently imagine.

2. Sri Lanka's current Status in the AI Era: Where Does Sri Lanka Stand?

While the world stands on the verge of AI, Sri Lanka is still in the early stages of exploring and embracing AI. The same holds for the healthcare sector, where adoption remains limited. Understanding this reality—along with the reasons behind our slow progress—is key to finding the right path forward. By acknowledging these challenges and taking a strategic approach, we can effectively position ourselves to advance in the global AI landscape, especially in the healthcare sector.

3. Roadblocks to AI in Healthcare: Why Is Sri Lanka Lagging Behind?

The slow progress of AI in healthcare in Sri Lanka can be attributed to several key challenges. One major barrier is inadequate technological infrastructure, which limits the integration of AI-driven solutions into the healthcare system. Inadequate access to reliable and fast internet connectivity further hampers real-time data access and communication, making it difficult to implement AI-powered diagnostic tools and telemedicine services.(2) Additionally, limited hardware capabilities restrict the processing power needed for advanced AI applications. The absence of a well-defined national AI strategy, along with the lack of established security and ethical guidelines, raises concerns about patient data privacy and regulatory compliance, ultimately hindering large-scale AI adoption. Furthermore, data fragmentation across different healthcare institutions prevents the seamless sharing of medical records, reducing the effectiveness of AI-driven analytics and decision-making. Addressing these challenges is crucial for advancing AI in Sri Lanka's healthcare sector.

4. Sri Lanka's Untapped Potential: Strengths That Can Drive AI in Healthcare.

Sri Lanka has several strengths that can accelerate progress in AI-driven healthcare. One promising development is the government's enthusiasm for establishing a National AI Strategy. In March 2024, the Committee on Formulating a Strategy for Artificial Intelligence (CFSAI) published a white paper titled *Artificial Intelligence in Sri Lanka*, outlining a comprehensive five-year roadmap. This strategy is designed to align closely with the government's upcoming *Digital Strategy 2030*, with a particular focus on advancing AI in healthcare.(3)

Photo generated by AI via Freepik

> "...AI has reached an unprecedented peak in its history, but its journey has been anything but smooth. The path to its current success has been marked by setbacks, with periods of stagnation—known as AI winters. Yet, each time AI re-emerged, it did so with astonishing advancements, ushering in what experts call AI Blooms...

The country boasts a dedicated workforce in the healthcare sector, providing a strong foundation for the adoption of AI technologies. Additionally, Sri Lanka's preventive healthcare system has a well-established and time-tested information network, which can facilitate the integration of AI-driven analytics and decision-making. Leveraging these strengths can help streamline healthcare services and enhance patient outcomes through AI innovations.

The Sri Lanka Digital Health Blueprint, developed by the Ministry of Health, provides a framework for the digital transformation of healthcare in the country. This blueprint proposes a National Electronic Health Record (NeHR) system that would serve as a lifelong health record for each citizen from conception to death. These advancements provide a strong foundation for national-level health data resources to support AI applications.(4)

5. Breaking Barriers: A United Effort for AI Success

Addressing the challenges of AI development in Sri Lanka requires a collaborative, multidisciplinary approach, as no single individual or profession can tackle these issues alone. Medical professionals must advocate for national-level collaboration to ensure the availability of adequate health data for AI applications. Mathematicians and statisticians play a crucial role in developing robust models that can overcome data limitations and financial constraints. Additionally, medical professionals are essential in evaluating the performance and clinical relevance of AI models. Cybersecurity specialists will become increasingly vital in safeguarding sensitive healthcare data, while policymakers must update ethical frameworks to regulate AI applications effectively. By working together, these stakeholders can ensure that AI in Sri Lankan healthcare serves the best interests of patients and society.

6. Think Local, Act Smart: Building AI for Sri Lanka

A practical starting point for Sri Lanka's AI revolution in healthcare would be to focus on utilising existing AI models and fine-tuning them for the country's specific context, rather than embarking on resource-intensive model training from scratch. Developing AI models from the ground up often requires vast amounts of data, which may be impossible to gather.(5)

Every country has its own unique characteristics, and this is particularly evident in healthcare. Sri Lanka exhibits distinct disease patterns, genetic traits, epidemiological trends, and healthcare system dynamics. AI models built using global datasets may not accurately capture these local insights. Therefore, fine-tuning existing models with high-quality, context-specific health data is essential for achieving long-term success in healthcare AI. However, relying on global models without sufficient local data carries the risk of bias and inaccuracies.

Sri Lanka's well-established preventive healthcare system provides a valuable foundation for training AI models using existing health data. To ensure effectiveness, a committed, multidisciplinary approach is crucial. One that addresses challenges related to data quality, ethical considerations, and regulatory compliance. While the initial stages may present difficulties, establishing a structured and systematic pathway will enable smoother progress in the long run.

7. Conclusion: The AI Revolution Starts Now!

While AI holds tremendous promise for transforming healthcare in Sri Lanka, acknowledging the challenges we face and adopting a strategic approach to overcome these obstacles using our current strengths is essential. By focusing on building locally relevant AI models and fostering a collaborative, multidisciplinary approach, Sri Lanka can position itself to make meaningful advancements in AI healthcare, ultimately improving the quality of care for its people.

Finally, as Abraham Lincoln once said, "The best way to predict the future is to create it." By taking a proactive approach today, we can shape a future that is bright and full of promise.

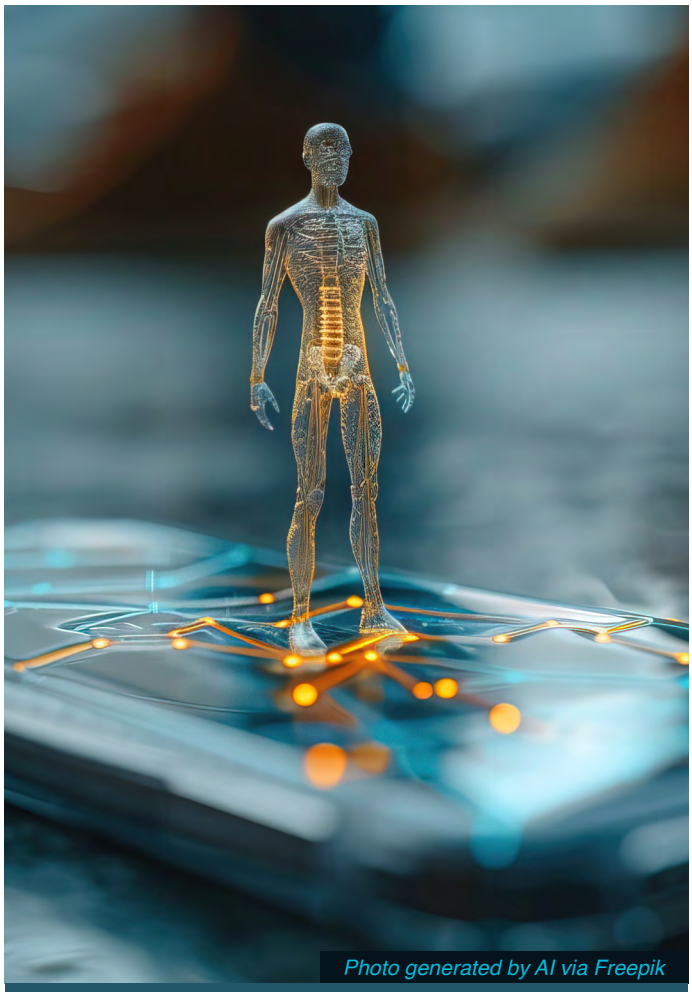


Photo generated by AI via Freepik

"

Medical professionals must advocate for national-level collaboration to ensure the availability of adequate health data for AI applications. Mathematicians and statisticians play a crucial role in developing robust models that can overcome data limitations and financial constraints. Additionally, medical professionals are essential in evaluating the performance and clinical relevance of AI models.

8. References

1. MacKellar C, Stammers T. The Ethics of Generating Posthumans: Philosophical and Theological Reflections on Bringing New Persons Into Existence. Bloomsbury Publishing; 2022.
2. Statista [Internet]. [cited 2025 Mar 22]. Digital & Connectivity Indicators - Sri Lanka | Forecast. Available from: http://frontend.xmo.prod.aws.statista.com/outlook/co/digital-connectivity-indicators/sri-lanka
3. ARTIFICIAL INTELLIGENCE IN SRI Lanka. The Committee on Formulating a Strategy for Artificial Intelligence (CFSAI); 2024.
4. Health Information Unit, Ministry of Health, Sri Lanka. Sri Lanka Digital Health Blueprint [Internet]. No. 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.: Health Information Unit Ministry of Health, Suwasiripaya.; 2023 [cited 2025 Feb 22]. Available from: https://www.health.gov.lk/wp-content/uploads/2023/11/Digital-Health-Blue-Print-Full-Book-01.11.2023-Final.pdf
5. Kumari J. Fine-Tuning vs Full Training vs Training from Scratch in Deep Learning [Internet]. Analytics Vidhya. 2024 [cited 2025 Mar 22]. Available from: https://www.analyticsvidhya.com/blog/2024/06/fine-tuning-vs-full-training-vs-training-from-scratch/

SLMA IN MARCH

Highlights

Workshop at DGH Polonnaruwa

Workshop at DGH Polonnaruwa

Workshop at DGH Trincomalee

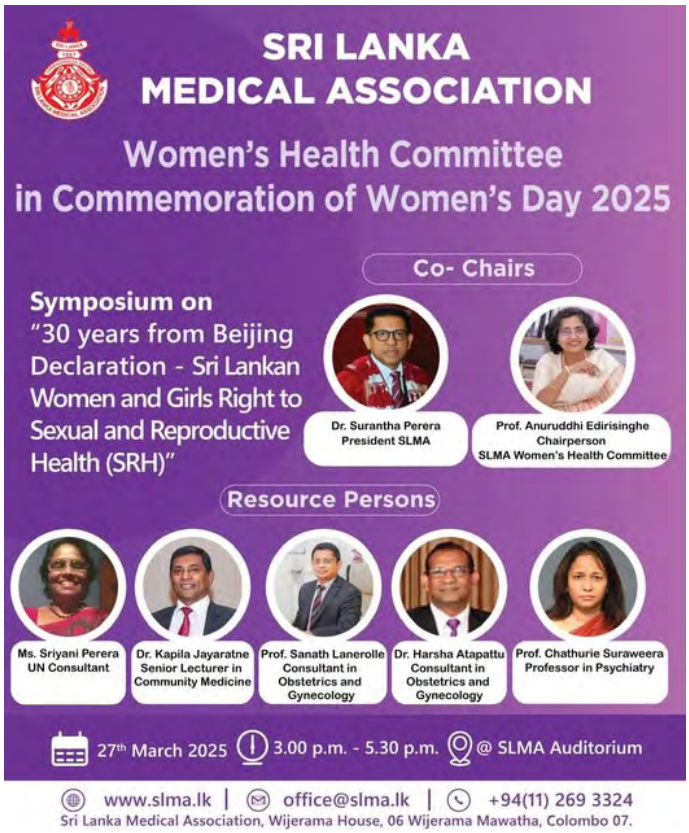
Workshop at TH Kurunegala

Expert Committee on Snake Bites of the SLMA together with the Education, Training and Research Unit of the Ministry of Health and the Sri Lanka College of Paediatricians organized a series of workshops on 'Management of Paediatric Snake Bites for Medical Officers' at Teaching Hospital Kurunagala, District General Hospital Trincomalee and District General Hospital Polonnaruwa. Another workshop is due to be conducted in Teaching Hospital Anuradhapura.

Prof. Kavinda Dayasiri, Professor in Paediatrics, University of Kelaniya, Prof. Anjana Silve, Professor of Parasitology, Rajarata University, Dr. S. Krishapradeep, Senior Lecturer in Paediatrics, University of Peradeniya and Dr. Kasun Fernando of SLMA Expert Committee on Snake Bites SLMA contributed as expert resource personnel during the workshops.

30 Years Since Beijing Declaration: Advancing Sri Lankan Women's Sexual and Reproductive Health Rights

A symposium in commemoration of Women's Day 2025, was organized by the Women's Health Committee of the SLMA under the topic "30 years from Beijing Declaration- Sri Lankan Women and Girls Right to Sexual and Reproductive Health (SRH)'. The symposium reiterated the importance of preserving the achievements thus far and striving towards greater steps in ensuring sexual and reproductive health rights of Sri Lankan women.



SLMA IN MARCH
Highlights

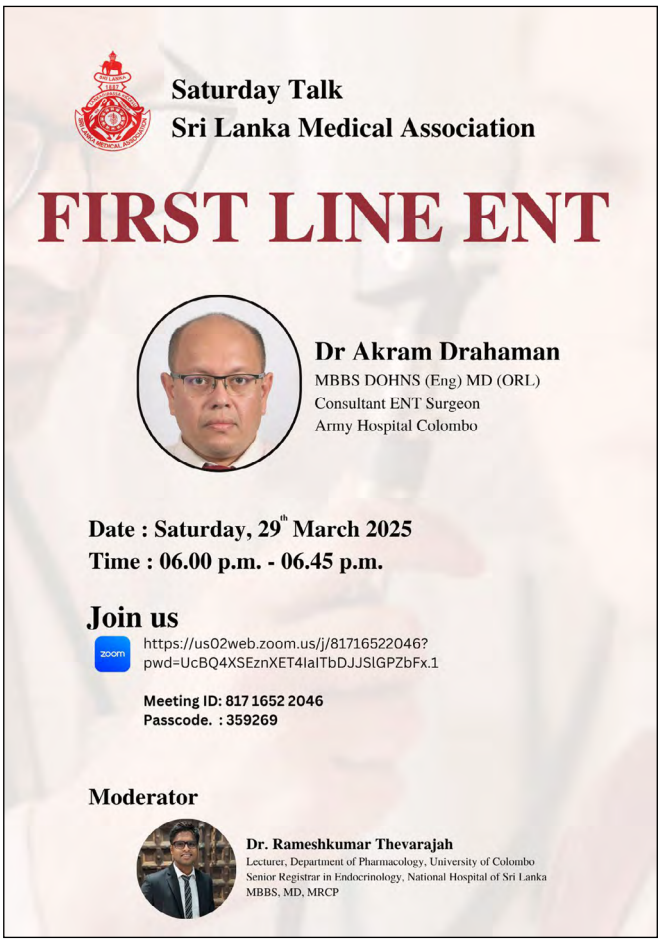
SLMA President meets the Hon. Health Minister

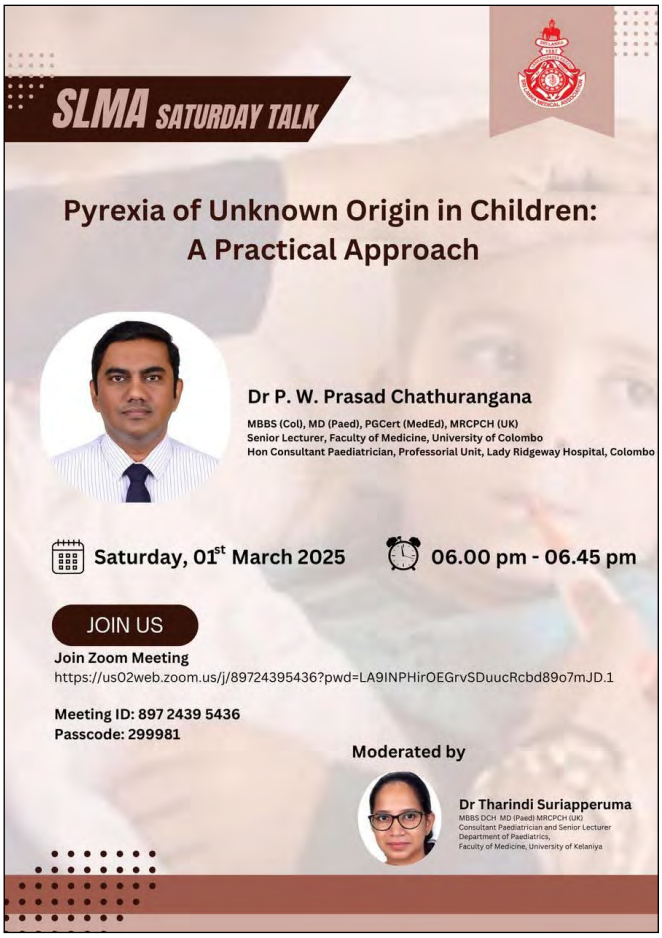
Dr. Surantha Perera paid a courtesy call to Dr. Nalinda Jayatissa, Hon. Minister of Health and Mass Media. He had a productive discussion with the Hon. Minister on future plans of the SLMA to support the Health Sector and presented a copy of the SLMA Road Map 2025 and 'the SLMA Monthly' newsletter. Dr. Surantha also reaffirmed SLMA' s steadfast commitment, as the apex professional body of doctors for initiatives targeted at developing capacities of Sri Lankan doctors.

SLMA Saturday Talks

SLMA Saturday Talk was delivered by following expert resource persons during the month of March

- Dr. Akram Drahaman, Consultant ENT Surgeon at Army Hospital Colombo on **"Firstline ENT".**
- Dr. P W. Prasad Chathuranga, Hon. Consultant Paediatrician at Lady Ridgeway Hospital for Children, Colombo and Senior Lecturer in Paediatrics at Faculty of Medicine, Colombo on **"Pyrexia of Unknown Origin in Children: A practical Approach".**
- Dr. Vihara Dassanayake, Senior Lecturer in Anaesthesiology, Faculty of Medicine, Colombo on **"Beyond the operating room; Ensuring safe pre and post anaesthesia care".**





SLMA
in MARCH

SLMA delegation at the Police Headquarters to discuss Road Safety in Sri Lanka

A SLMA delegation headed by Dr. Surantha Perera met the Acting Inspector General of Sri Lanka Police, Senior DIG Priyantha Weerasooriya and the top brass of Sri Lanka Police to discuss on the escalating morbidity and mortality associated with road traffic accidents. Both parties agreed on the importance of conducting regular awareness programmes for drivers, passengers and pedestrians alike, on preventing road traffic accidents. Sri Lanka Police also confirmed their support to upcoming public awareness campaigns on the issue by the SLMA, including the SLMA Walk for Road Safety.

SLMA meets United Nations Development Programme (UNDP) Sri Lanka

On invitation of UNDP Sri Lanka, Dr. Surantha Perera, President SLMA and Dr. Lahiru Kodituwakku, SLMA Council Member paid a courtesy call to UNDP office at the UN Head Office in Sri Lanka. The SLMA Delegation had a fruitful discussion with Ms. Marlin Herwig, Deputy Country Representative, UNDP Sri Lanka, Ms. Vagisha Gunasekara, Economist, Mr. Priyan Seneviratne, Technical Specialist, Peace and Reconciliation and the team.

A wide range of topics from medicinal drug procurement, regulation and quality assurance in Sri Lanka to research and audits on rational drug prescribing and ordering were discussed. SLMA also presented its Road Map 2025 policy document to the UNDP team and both parties agreed to explore future collaborations including joint research and policy development.

SLMA Expert Committee on Non Communicable Diseases (NCD) bids farewell to its chair

Dr. Renuka Jayatissa, bids farewell as the Chair of the SLMA Expert Committee on NCD after three years of invaluable service where she succeeded in taking the committee to greater heights. Under her leadership numerous capacity building programmes for doctors on prevention and management of NCDs and public awareness campaigns on prevention of NCDs were conducted. SLMA wishes her all the success in her future endeavors.

The SLMA President paid a courtesy call on the Commander of Army

Dr. Surantha Pererea, accompanied by Dr. Ruwanthi Perera, Assistant Secretary of the SLMA recently paid a courtesy call on the Commander of the Army Lieutenant General Lasantha Rodrigo RSP ctf-ndu psc IG. Army Commander was presented with the SLMA Road Map for 2025 and he pledged his fullest support to the programme, particularly on the mass awareness campaigns on road safety and accident prevention conducted by the SLMA.

SLMA
in MARCH

VACANT POSITIONS IN SLMA EXPERT COMMITTEES

Vacant positions in the following SLMA committees/ forums are hereby advertised

1	Communicable Diseases	2	Communication in Healthcare
3	Ethics	4	Expert Committee on Rehabilitation of Disabilities
5	Health Innovations, Research and Practice Committee	6	Health Management
7	Media	8	Medicinal Drugs
9	Medical Education	10	Non-Communicable Diseases
11	Palliative & End of Life Care Task Force	12	Prevention of Road Traffic Crashes
13	Research Evaluation	14	SLMA Forum on Sports and Exercise
15	Snake Bite	16	Suicides Prevention
17	Tobacco, Alcohol & Illicit Drugs	18	Women's Health
19	Medical Humanities	20	Eliminating Violence from Universities and Schools
21	Clinical Governance	22	Birth Defects

No formal qualifications are required from the applicants. Preferably, the applicants should be life members of the SLMA. However, few positions will be available for non-members who have demonstrated a keen interest and dedication towards the subjects of relevant committees.

The deadline for submitting the applications is 25th April 2025.

Please send the duly filled application form to the following address:
Honorary Secretary
Sri Lanka Medical Association
Wijerama Mawatha
Colombo 07.
Alternatively, the information can be e-mailed to office@slma.lk
The final decision regarding selection of committee members will be taken by the SLMA Council.

A sample application form is shown below.

Name with initials : ……

Hospital/Institution (Address) : …….. ...

Designation : ……...

E-mail : ……...

Mobile Number : ……

SLMA membership number : ……

Preferred committee (First 03 preferences)

1. ……

2. ……

3. ……

…… ……..

Signature Date

VACANCY - POST OF CO-EDITOR, CEYLON MEDICAL JOURNAL

Applications are called for the post of Co-editor of the Ceylon Medical Journal. Please apply with a letter outlining your research and editorial experience and a brief CV. Applications should be addressed to the Honorary Secretary, SLMA, No. 6, Wijerama Mawatha, Colombo 7.

Closing date: 17th April 2025

GLOBAL FOCUS

MARCH 2025

Pioneering Trial to 'switch off' Arthritis

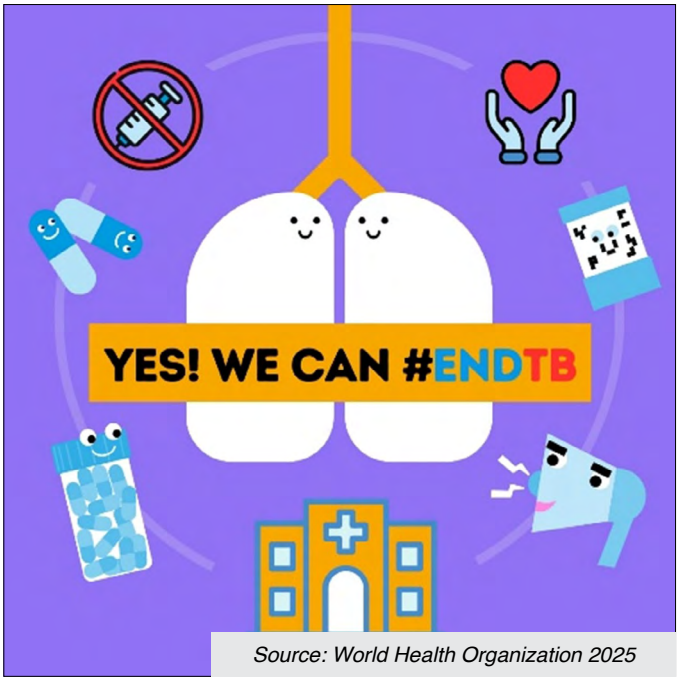
Source: BBC Health/Newcastle University UK

A new trial in Newcastle, UK is trying to find a cure for Rheumatoid Arthritis. The trial called 'AuToDeCRA-2 study seeks to prove it is possible to train white blood to order other cells to stop attacking healthy tissues. The novel technique involved is targeting Dendritic cells of the immune system, modifying the way they transfer danger signals to other cells of the immune system, which trigger an immune response.

Prof. John Isaacs, the Principle Investigator of the study believes that if successful, this technique could deliver lifelong pain relief for nearly 18 million Rheumatoid Arthritis patients around the globe. The study is funded by the charity Versus Arthritis and the European Commission, is being run by Newcastle University and Newcastle Hospitals.

GLOBAL
FOCUS

World TB Day 2025



Source: World Health Organization 2025

On the occasion on World Tuberculosis (TB) Day, celebrated on 24 March, the World Health Organization (WHO) is calling for an urgent and continued investment of resources to protect and maintain tuberculosis (TB) care across regions and countries. TB remains the world's deadliest infectious disease, responsible for over 1 million deaths annually. Global efforts to combat TB have saved an estimated 79 million lives since 2000. Nevertheless, abrupt cuts in global health funding and restrictions on funding for Non-Governmental and Community Based Organizations happening now are threatening to reverse these gains.

This year's theme "Yes! We Can End TB: Commit, invest" highlights the urgency, and accountability and hope towards saving lives from this deadly disease amidst enormous global challenges.

Source: Médecins Sans Frontières (MSF)/The Frontier Post

One child has died from measles in Afghanistan each day in 2025

International humanitarian medical organization Médecins Sans Frontières (MSF) / Doctors Without Borders teams in Afghanistan have reported a substantial surge in measles cases at three MSF-supported hospitals since January. While measles is endemic in Afghanistan, such upward trend in cases at the onset of this year is cause for alarm.

At least one child in Afghanistan has died from measles every day so far in 2025, according to data from MSF managed hospitals at the Mazar-i-Sharif, Herat and Helmand. This is almost three times as many deaths as were witnessed during the same period in 2024.

Stamp

To:

If undelivered, please return to:

Sri Lanka Medical Assiociation,
Wijerama House, No. 6, Wijerama Mawatha,
Colombo 07

theSLMAMonthly
Official Newsletter of the Sri Lanka Medical Association

Registered at the Department of Posts under no. DOP/NEWS/62/2024

MARCH 2025 I VOLUME 18 I ISSUE 02
ISSN: 1800-4016 (PRINTED) 2550 - 2778 (ONLINE)
ISBN: 978-624-5972-13-5

Scan here to
read online