FEBRUARY 2025

theSLMAMonthly

Official E Magazine of the Sri Lanka Medical Association

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

FEBRUARY 2025 I VOLUME 18
ISSUE 02
ISSN: 1800-4016 (PRINTED)
2550 - 2778 (ONLINE)

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COVER STORY

Financing Aged Care in Sri Lanka: The Policy Dialogue

Sri Lanka Medical Association (SLMA) launched the 'Policy Dialogue' initiative in February, strengthening its position as the leading advocacy body for policy change in the health sector. The inaugural session was dedicated to address issues pertaining to the demographic transition and financing Aged Care in Sri Lanka. Top policy makers, public health professionals, economists, sociologists and academics from premiere think tanks in the country, actively participated in the thought-provoking discussion. Key points highlighted in the session will be included in a policy brief and disseminated among the relevant stakeholders in near future.

Inside:

CONTENTS

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From the Editors

SRI LANKA AT CROSS ROADS

Dr. Lahiru Kodithuwakku
Co-Editor

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It is no secret that Sri Lanka is slowly recovering from the worst economic crisis in her history, which impacted all vital sectors including health. It's a slow and painful recovery and the cascading effects of which could have ramifications for the health sector in years to come. On top of this crisis, Sri Lanka's population is also aging, exposing our vulnerabilities further. A decline in economically productive youth age cohorts and a rise in dependent aging population, would add more stresses to the system.

Are we ready to accommodate the health care needs of an aging population? Do we have enough financial flexibility to reorient our health system to cater for their needs?

In February, SLMA took a deep dive to explore this issue with some of the leading and visionary thinkers in the country. Through its Policy forum SLMA seeks to not only dissect the problem, but also to find tangible solutions that could benefit the health sector. This month's issue highlights SLMA efforts to walk the extra mile and find innovative ways in which we could find solutions to this looming crisis.

As Robert Frost the famous American poet once wrote,

"The woods are lovely, dark and deep.
But I have promises to keep,
And miles to go before I sleep…."

Dr. Lahiru Kodituwakku
Dr. Kumara Mendis

Co-Editors

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PRESIDENT'S MESSAGE

Dr. Surantha Perera
President, Sri Lanka Medical Association

Sri Lanka faces a silent epidemic on its roads. Each year, nearly 3,000 lives are lost to road traffic accidents (RTAs), making it the second leading cause of death in the country. The economic consequences are staggering, with an estimated USD 4.1 billion lost annually, accounting for 4.6% of the nation's GDP. However, behind these statistics lies an even greater human cost—families devastated, livelihoods disrupted, and a healthcare system burdened by preventable injuries. Road traffic injuries (RTIs) are not isolated events; they are a public health emergency that demands immediate, evidence-based intervention.

A National Health and Economic Crisis

The fatality rate per 100,000 population surged by more than 50% in just five years, rising from 12.1 in 2014 to 19.7 in 2019, a trajectory that, if left unchecked, will continue to erode public health and economic stability. Motorcyclists account for 38% of road deaths, while pedestrians and cyclists contribute to another 35%, underscoring the vulnerability of road users. Particularly concerning is the impact on young people—males between 15 and 29 years old represent the most significant proportion of fatalities and injuries, cutting short lives in their most productive years.

The burden extends beyond those killed. Each year, tens of thousands suffer serious, life-altering injuries, with many requiring prolonged hospitalization and rehabilitation. The strain on emergency services, trauma care units, and rehabilitation centres is immense, diverting resources from other pressing health priorities. Yet, despite the scale of this crisis, Sri Lanka has not elevated road safety to the status of a national health priority.

Road Traffic Injuries Are Preventable: The Safe System Approach

The prevailing notion that road crashes are simply "accidents" is misleading. In reality, they are predictable and preventable events resulting from systemic infrastructure failures, policy, enforcement, and human behaviour. The globally recognized Safe System Approach acknowledges that while human errors are inevitable, the design of the road transport system should ensure that these errors do not result in death or serious injury.

This approach emphasizes four critical areas of intervention:

- Speed management ensures that vehicle speeds match the road environment.
- Safer infrastructure, including well-designed pedestrian zones, road dividers, and adequate lighting.
- Vehicle safety standards, incorporating technologies such as electronic stability control and automatic braking.
- Effective post-crash response, reducing fatalities through improved emergency care and rehabilitation services.

Countries that have successfully reduced road fatalities—such as Sweden, Australia, and the Netherlands—have implemented a nationally coordinated Safe System framework. Sri Lanka, by contrast, lacks a structured, well-defined road safety strategy, leading to reactive, fragmented efforts rather than proactive, systemic solutions.

The Urgent Need for a National Road Safety Strategy

Sri Lanka currently does not have a comprehensive, cross-sectoral road safety plan that sets clear targets, responsibilities, and funding mechanisms. Interventions remain inconsistent, underfunded, and largely ineffective without a strategic roadmap. A National Road Safety Strategy for 2026–2030 must be urgently developed, incorporating:

- A Vision Zero commitment, aligning with global best practices to aim for zero fatalities.
- Legally binding safety targets, reducing fatalities by at least 50% by 2030.
- A centralized Road Safety Lead Agency with full authority to coordinate across multiple sectors.
- Sustained investment in safer roads, public awareness, and law enforcement.

Without strong political will, inter-agency coordination, and dedicated resources, Sri Lanka's roads will continue to become even deadlier.

Crash Data Management: The Foundation of Effective Policy

One of the most significant challenges to improving road safety in Sri Lanka is the lack

Photo via Freepik

The fatality rate per 100,000 population surged by more than 50% in just five years, rising from 12.1 in 2014 to 19.7 in 2019, a trajectory that, if left unchecked, will continue to erode public health and economic stability. Motorcyclists account for 38% of road deaths, while pedestrians and cyclists contribute to another 35%, underscoring the vulnerability of road users.

of reliable, real-time crash data. Multiple agencies—including the police, hospitals, and transportation departments—collect data independently, resulting in gaps, duplication, and underreporting. Critical crash factors such as speed, alcohol involvement, helmet and seatbelt compliance, and vehicle conditions are often not systematically recorded, making it difficult to develop targeted interventions.

In contrast, countries such as India and Malaysia have adopted integrated digital crash data systems, which allow for real-time analysis and evidence-based policy adjustments. Sri Lanka must follow suit by establishing a National Road Crash Data Management System that consolidates data across sectors, ensuring greater accuracy, transparency, and accountability.

Speeding and Infrastructure: The Leading Killers on Our Roads

Excessive speed remains one of the primary contributors to road fatalities in Sri Lanka. Despite this, speed limits are often set arbitrarily without scientific assessment of road risks. Many urban areas, including school zones, lack effective speed control measures, putting pedestrians—especially children—at high risk.

The newly introduced Roads-for-Life (R4L) framework offers a data-driven approach to determining appropriate speed limits based on road conditions, land use, and traffic patterns. Implementing this framework, along with automated speed enforcement systems, improved road markings, and real-time traffic monitoring, will be essential in reducing fatalities.

Additionally, Sri Lanka's road infrastructure remains dangerously inadequate for vulnerable users. Nearly 40% of fatalities involve pedestrians and cyclists, yet basic safety features such as pedestrian crossings, cycling lanes, and adequate lighting remain absent in many areas. Investment in safer road designs, traffic-calming measures, and intelligent transport systems is urgently needed.

Strengthening Emergency Trauma Care and Post-Crash Response

Surviving a crash depends not only on the severity of the impact but also on the speed and quality of emergency medical response. Despite the expansion of the 1990 Suwaseriya ambulance service, many accident victims still do not receive timely medical attention, particularly in rural areas. Trauma care units nationwide remain unevenly distributed, lacking the necessary facilities and trained personnel.

A National Post-Crash Response Strategy must be implemented, focusing on:

- Enhancing trauma care centres with specialized resources in all provinces.
- Expanding paramedic and emergency medicine training to improve pre-hospital care.
- Integrating emergency services with national hospitals for streamlined trauma response.
- Public awareness campaigns on basic first aid and emergency response.

A Roadmap for a Safer Future

Sri Lanka cannot afford to ignore the escalating crisis of road traffic deaths and injuries. The Sri Lanka Medical Association is committed to advocating for stronger road safety policies, supporting research, and collaborating with national and international stakeholders to drive change.

Road traffic injuries are not inevitable consequences of modern mobility—they are entirely preventable through scientific policymaking, responsible road use, and strong institutional commitment. It is time to demand accountability, enforce evidence-based interventions, and prioritize road safety as a fundamental public health issue.

The cost of inaction is measured in lives lost, families shattered, and a nation burdened by avoidable tragedy. The time for action is now.

“

Surviving a crash depends not only on the severity of the impact but also on the speed and quality of emergency medical response.

OPINION

Dr Ruchitha Perera

Executive Director, The Family Planning Association of Sri Lanka

ARTIFICIAL INTELLIGENCE AS A TOOL FOR STRENGTHENING SRHR IN SRI LANKA

Introduction

Sexual and Reproductive Health and Rights (SRHR) are fundamental to the well-being and empowerment of individuals, particularly women, girls, and marginalized communities. Significant progress has been made in promoting SRHR in Sri Lanka, but challenges persist, especially in reaching underserved populations and addressing social stigmas. The Family Planning Association of Sri Lanka (FPASL) has been at the forefront of driving SRHR initiatives since 1953. As we move forward, the integration of artificial intelligence (AI) presents a transformative opportunity to enhance our efforts and ensure equitable healthcare access for everyone in Sri Lanka.

The SRHR Landscape in Sri Lanka

Sri Lanka has a well-structured sexual and reproductive health (SRH) system, supported by the Government of Sri Lanka, the Ministry of Health, the National STD/AIDS Control Programme, the Family Health Bureau, and the Health Promotion Bureau, under the leadership of the Minister, Secretary, and Director General of Health Services. However, challenges in access to SRHR services persist, particularly among key populations such as women in rural areas, LGBTQIA+ individuals, and marginalized communities. Cultural taboos, the absence of comprehensive sexuality education, and structural barriers to contraceptive access continue to hinder progress. Furthermore, deep-rooted societal stigmas surrounding reproductive rights prevent open dialogue, restricting individuals' ability to make informed and autonomous health decisions.

Photo by Ashwini Chaudhary via Unsplash

> "The Family Planning Association of Sri Lanka (FPASL) has been at the forefront of driving SRHR initiatives since 1953.

FPASL Contributions to SRHR

FPASL, a leader in reproductive health, has expanded access to contraceptive services and reproductive health education in Sri Lanka. By offering modern contraceptive methods and providing necessary knowledge, FPASL empowers individuals to make informed choices. This reduces unintended pregnancies, improves maternal health, and promotes awareness of sexual and reproductive rights. FPASL also runs community outreach programmes targeting youth and marginalised groups, breaking cultural taboos, addressing stigma, and creating safe spaces for accurate information on SRH. These efforts ensure underserved populations, including women, adolescents, and LGBTQIA+ individuals, receive vital education and care.

Advocacy is another key focus, as FPASL collaborates with policymakers, healthcare providers, and civil society to promote legal reforms that protect reproductive rights, uphold bodily autonomy, and advance gender equality.

Embracing digital platforms, FPASL provides confidential, reliable SRH information and services via mobile apps, websites, and AI-driven chatbots, ensuring access even in remote areas. Leveraging AI further can enhance service delivery, efficiency, and inclusivity.

Artificial intelligence (AI) as a Tool for Strengthening SRHR in Sri Lanka

FPASL leverages digital platforms to provide confidential and reliable SRH information and services through mobile apps, websites, and chatbots, ensuring accessibility even in remote areas. Expanding the use of AI can further enhance service delivery, efficiency, and inclusivity, transforming SRHR services in Sri Lanka by overcoming key barriers in accessibility, education, and outreach.

To achieve this, FPASL aims to implement AI-driven chatbots on WhatsApp, Facebook Messenger, and its website, offering real-time, confidential responses to SRHR queries. These chatbots will ensure 24/7 access to culturally sensitive support on contraception, menstrual health, harm reduction counselling in post-abortion care, gender-based violence (GBV), and counselling services, while also facilitating referrals to government channels and specialised support networks.

To enhance inclusivity, multilingual AI platforms in Sinhala, Tamil, and English equipped with voice-enabled features can make SRHR information more accessible, particularly for those with limited literacy. AI-driven tele-SRH services can further support remote consultations, helping individuals in rural or conservative communities access reproductive healthcare without stigma.

To ensure that AI-driven SRHR services are culturally relevant and effective, FPASL plans to incorporate community feedback in the development and deployment of these tools. Through focus groups, surveys, and ongoing dialogue with local communities, FPASL can continually refine these solutions to ensure they are responsive to the needs of the population.

Additionally, predictive analytics can be leveraged to identify regions with high unmet SRH needs, enabling FPASL to strategically allocate resources, deploy mobile clinics, and tailor awareness campaigns based on real-time data.

AI-powered education tools, such as interactive learning apps and virtual reality (VR) simulations, can enhance SRHR knowledge among youth, creating engaging and judgment-free learning environments. For public awareness and advocacy, AI-driven tools can optimize social media outreach by tracking trending SRHR topics, countering misinformation, and generating targeted digital campaigns that resonate with diverse demographics.

Challenges and Ethical Considerations

Ethical AI integration remains critical, requiring collaboration with policymakers and tech developers to address concerns around data privacy, bias, and inclusivity. Additionally, training healthcare providers and community workers on AI-assisted service delivery will be essential to ensuring effective adoption. By embedding these AI solutions into its SRHR initiatives and projects, FPASL can enhance service efficiency, personalise healthcare delivery, and expand outreach to marginalised populations, ensuring equitable access to reproductive healthcare across Sri Lanka.

Conclusion

The intersection of AI and SRHR presents a promising future for reproductive health in Sri Lanka. By harnessing AI's capabilities, FPASL plans to strengthen healthcare accessibility, provide personalised reproductive health solutions, and enhance advocacy efforts. However, responsible, and inclusive AI integration is essential to ensure that these technologies serve the most vulnerable populations equitably. Moving forward, FPASL remains committed to leveraging innovation to uphold the reproductive rights of all individuals, ensuring a healthier and more informed society.

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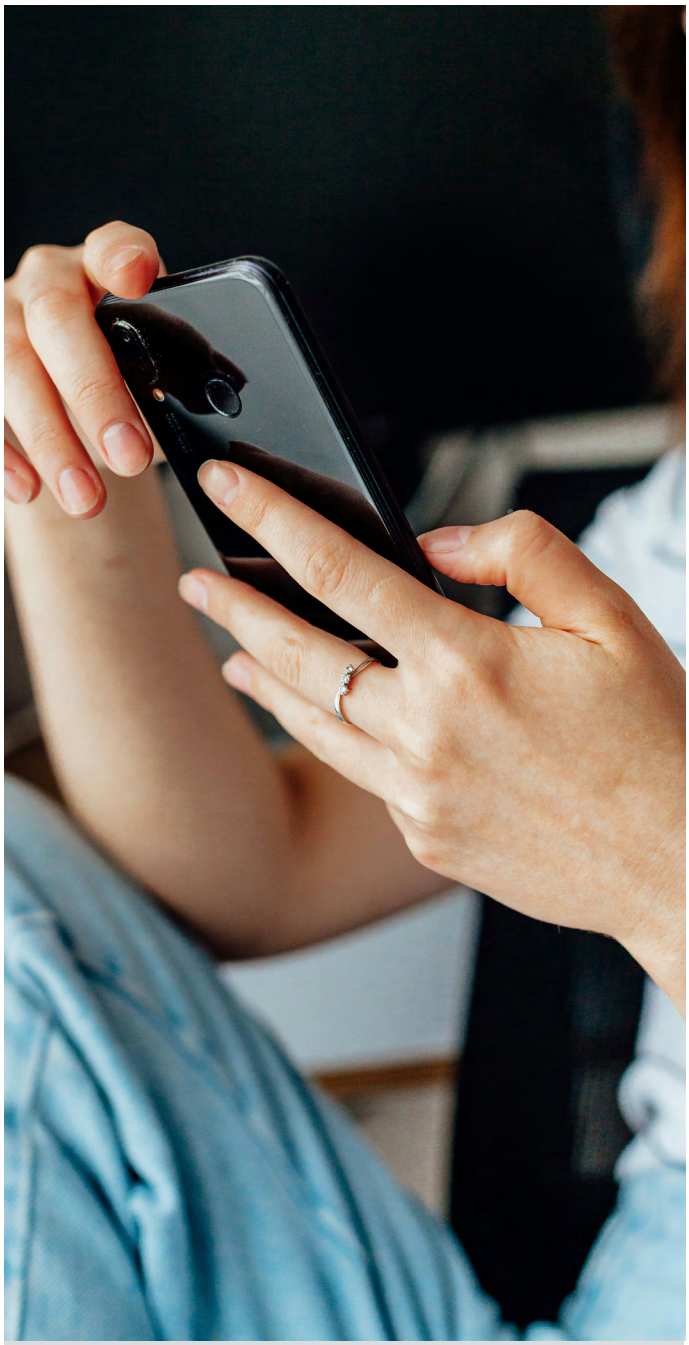

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FEATURE ARTICLE

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FAT: THE FACTS AND MYTHS!!

Introduction

The prevalence of Non-Communicable Diseases (NCDs) such as cardiovascular diseases (CVDs) have been steadily increasing in recent years. The Crude prevalence of diabetes in Sri Lankan adults was 23.0%[1]. One of the major dietary factors thought to be associated with CVD is dietary fat. This article will provide an evidence-based insight into the myths and the important role that fats play in health.

What Really Causes Ischaemic Heart Disease (IHD)

The underlying cause of cardiovascular diseases (CVDs) is complex and multi-factorial, but inflammation and oxidative stress are believed to play a major role. In particular, the body's production of reactive oxygen species (ROS) can exceed its natural antioxidant defences, leading to oxidative stress and subsequent cellular damage. This damage, coupled with ongoing inflammation, contributes to the development and progression of CVDs.

Hyperinsulinaemia as a cause of Insulin Resistance

Insulin resistance, or reduced responsiveness to insulin, is often accompanied by higher-than-expected insulin levels. Hyperinsulinaemia and insulin resistance play a role in the development of most Non-Communicable Diseases. The evidence from various studies on animals and humans, showing that hyperinsulinaemia can cause or sustain insulin resistance. It is also important to recognize the major role that carbohydrates play in this process, as they trigger the release of insulin, which can ultimately lead to insulin resistance[2]. A better understanding of the relationship between hyperinsulinaemia and insulin resistance could provide new insights into the understanding of many NCDs. This concept is essential to prevent and manage these conditions.

The fat story that began in the 1950s

The diet-heart hypothesis was made on the perceived causal relationship between diet, serum cholesterol and cardiovascular disease which was proposed first by Dr Ancel Keys in the 1950s. He released the Seven Countries Study that explained a strong correlation between dietary fat and coronary mortality in seven countries[3]. Many scientists disagreed and a vitriolic debate soon followed.

> "
>
> Half of what you'll learn in medical school will be shown to be either dead wrong or out of date within five years of your graduation; the trouble is that nobody can tell you which half
>
> **David Sackett**
> *the father of Evidence-based Medicine*

Saturated fat and all-cause mortality

Many health authorities advise that saturated fat is a risk factor for cardiovascular diseases. In 2020 the WHO recommended lowering dietary intake of saturated fats to less than 10% of total energy consumption, and increasing intake of unsaturated fats. However, numerous studies have consistently shown that there is no strong evidence to support the idea that saturated fatty acids are associated with higher mortality.

The Women's Health Initiative Randomized Controlled Dietary Modification Trial, demonstrated that a low-fat dietary pattern increases the risk of cardiovascular disease. This landmark study enrolled 48,000 women with a history of cardiovascular disease and found that those who followed a low-fat diet experienced a 26% increase in the incidence of cardiovascular disease, compared to women who followed their usual diets[4].

A Meta-analysis of prospective cohort studies evaluating the association of saturated fat with cardiovascular disease published in the American journal of clinical nutrition in 2010 showed that there is no significant evidence that dietary saturated fat is linked to an increased risk of coronary heart disease (CHD)[5].

Cholesterol and Ischaemic Heart Disease

One of the well-known modifiable risk factors associated with CHD is hypercholesterolaemia. The subsequent randomized controlled trials meta-analysis and re-evaluation of the traditional diet-heart hypothesis that was conducted through the analysis of recovered data from the Minnesota Coronary Experiment (1968-73) showed that despite the intervention of lowering serum cholesterol levels, there was no improvement in survival and interestingly, it showed that greater reductions had a higher risk of death. [7].

Serum Cholesterol and Mortality

Cholesterol plays a vital role in major functions in the body such as the maintenance of the integrity and fluidity of cell membranes and to serve as a precursor for the synthesis of substances that are vital for the organism, including steroid hormones, bile acids, and vitamin D.

Recent evidence has indicated that higher serum cholesterol levels are not associated with increased mortality. A study published in the European Heart Journal investigated the correlation between low total cholesterol and all-cause mortality in 11,563 coronary heart disease patients over an average of 3.3 years. It found that patients with cholesterol levels below 160 mg/dl had a 49% higher risk of all-cause mortality and a 127% higher risk of non-cardiac death, especially cancer, compared to the control group. However, the risk of cardiac death was the same in both groups, and further follow-up is needed to clarify these findings[8].

A population-based cohort study using data from the National Health and Nutrition Examination Survey (NHANES) from 1999 to 2014 found that Non-HDL-C was U-shaped in relation to all-cause and cardiovascular mortality among men without statin therapy[9]. Both lower and higher LDL-C/HDL-C ratios were associated with higher all-cause mortality.

Fats Vs Carbohydrates

The Prospective Urban Rural Epidemiology (PURE) study, published in The Lancet in 2017, provides additional support to the argument that low-fat diets are not effective in reducing the risk of cardiovascular disease, and that a diet rich in healthy fats, including saturated fats, may be beneficial. The study found that a higher carbohydrates intake was associated with an increased

FAT: THE FACTS AND MYTHS!!

Feature article by
Professor K.T. Sundaresan
continued from page 7...

risk of total mortality and cardiovascular disease (Figure 1) [10]. These findings provide strong evidence that the traditional dietary recommendations to limit total fat and saturated fat intake and suggest that a diet focused on reducing carbohydrates, particularly refined carbohydrates, may be more effective in reducing the risk of cardiovascular disease.

George Mann, a former Associate Director of the Framingham Project, has criticized the diet-heart hypothesis, which suggests that dietary fat and cholesterol intake increase the risk of heart disease. According to him, the hypothesis has been repeatedly shown to be wrong, yet it continues to be quoted[11].

Low carbohydrate diet - Ketogenic diet

In a study focused on the long-term effects of a ketogenic diet in obese patients, the results demonstrated significant improvements in various health parameters such as substantial reductions in both weight and body mass index (BMI), the levels of total cholesterol, low-density lipoprotein (LDL) cholesterol, triglyceride and blood glucose and significant increases in high-density lipoprotein (HDL) cholesterol levels[12].The randomized controlled trial published in the journal Annals of Internal Medicine in 2018 and another study published in the journal Nutrition & Metabolism in 2008 have also reported similar findings.

The document presents findings from a secondary analysis of routine clinical data from a general practice in England, which evaluated the effects of implementing a lower carbohydrate diet for patients with type 2 diabetes mellitus (T2D) and prediabetes. Statistical analysis of cardiometabolic variables measured at baseline and the end of the service evaluation period revealed significant improvements in various metrics among the patients who opted for the lower carbohydrate diet. Furthermore, the data showed that 46% of T2D patients achieved drug-free remission, while 93% of those with prediabetes attained a normal HbA1c level. These results indicate the considerable impact of a lower carbohydrate diet on improving various health outcomes for patients with T2D and prediabetes [13].

LDL controversies

According to a systematic review by Ravnskov et al. (2016), several studies have found a lack of association or even an inverse association between LDL cholesterol levels and mortality in the elderly population. For example, one study of over 68,000 elderly individuals found that those with the highest LDL cholesterol levels had a lower risk of death than those with the lowest levels. While these findings are not definitive and further research is needed, they highlight the need to consider the potential risks and benefits of aggressive LDL cholesterol lowering in older adults.

Small, Dense LDL and Atherosclerosis: Beyond the LDL-C Level

All LDL particles are not created equal; it is the small, dense LDL (sdLDL) subclass that appears to be particularly detrimental[14]. sdLDL is formed through a process involving glycation, the attachment of glucose molecules, followed by oxidation, a reaction with free radicals. They are less efficiently recognized and cleared by the liver and peripheral tissues, leading to a prolonged residence time in the circulation. This extended presence allows monocytes within the intima (inner lining) of the vessel wall to engulf the oxidized LDL, transforming into foam cells; a hallmark feature of atherosclerotic plaques[15].

These findings underscore the importance of looking beyond the traditional LDL-C level in CVD risk assessment. The composition and size of LDL particles play a crucial role. Targeting not only the quantity of LDL-C but also the quality of LDL particles through strategies that prevent oxidative stress and maintain glycocalyx integrity may offer promising avenues for reducing atherosclerotic burden and ultimately, CVD risks.

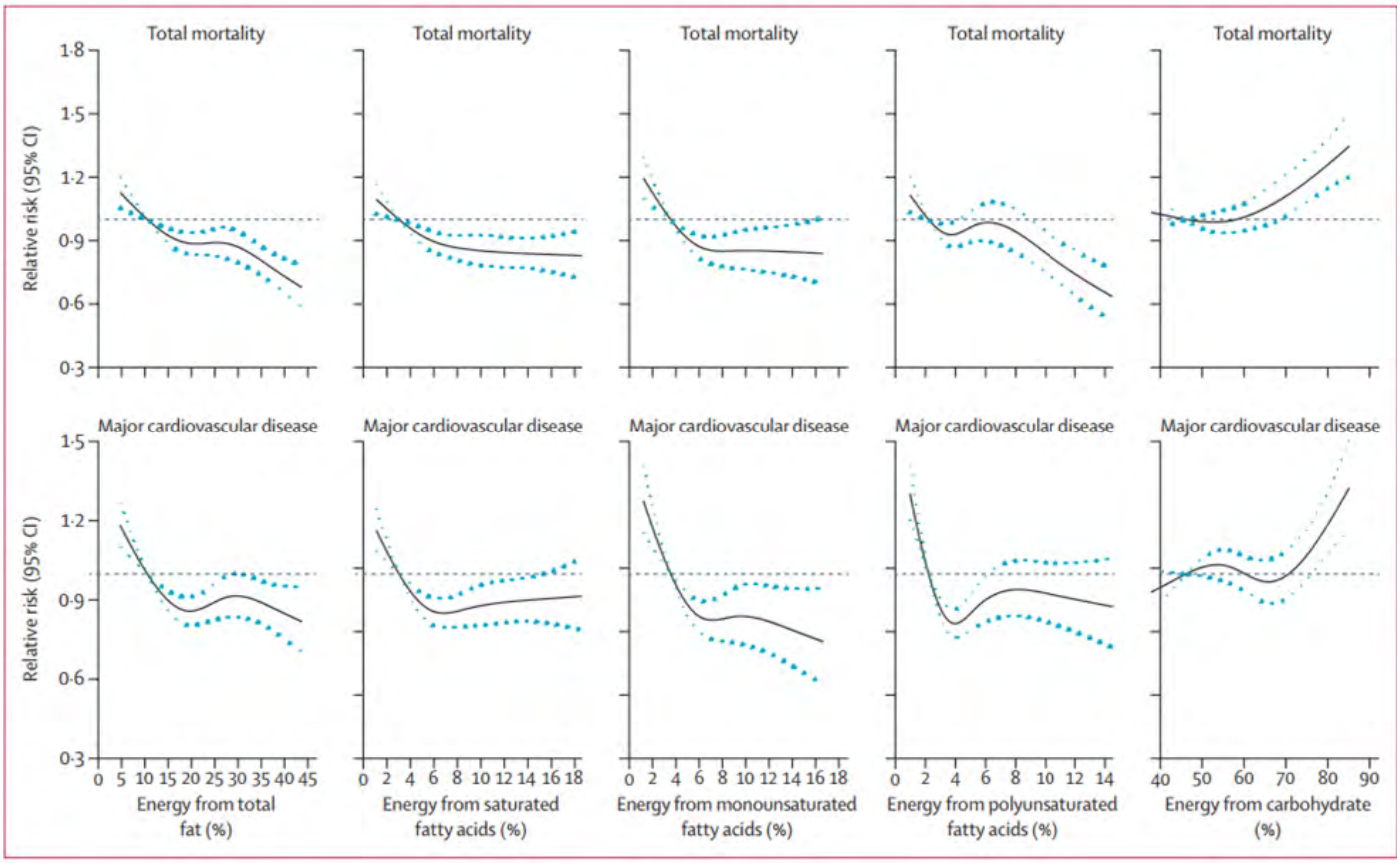

Figure 1: *Association between estimated percentage energy from nutrients and total mortality and major cardiovascular disease (n=135 335)*

Statins and survival

Statins are among the top-selling medications worldwide, with global spending amounting to billions of dollars each year. Despite their widespread prescription as a cornerstone of cholesterol management, debates persist over the extent of their benefit and their role in preventing heart disease.

A study published in BMJ Open analysed the effect of statins on average survival in randomized trials and found that statins can significantly increase survival time for patients with and without CVD. In patients with CVD, statins were found to increase survival by an average of 4.1 days, while in patients without CVD, statins were found to increase survival by an average of 3.2 days[16]. Ultimately, the decision to use statins should be based on individual patient factors and a careful consideration of the risks and benefits.

Solutions

Phytochemicals, such as polyphenols, carotenoids, and flavonoids, have been shown to play a significant role in preventing and managing NCDs like diabetes, cardiovascular diseases, and cancer. For instance, lycopene (red coloured antioxidant that occurs naturally in fruits and vegetables) has been found to significantly improve blood glucose levels and reduce oxidative stress in type 2 diabetes patients, while flavonoid-rich foods like Allium tenuissimum flowers exhibit strong anti-inflammatory and glycolipid-regulating effects in diabetes mellitus (18, 19).

A systematic review indicates that an intake of 800 g of fruits and vegetables per day is associated with a significant reduction in relative risk: specifically, there are 31% reductions in the risk of all-cause mortality, 28% for cardiovascular disease, 33% for stroke, and reductions of 28% for total cancer.[20]

The study, led by Dean Ornish, tested the effects of a plant-based diet on participants with moderate to severe heart disease. The results showed that patients who adhered to an intensive lifestyle change, which included a 10% fat whole foods vegetarian diet, aerobic exercise, stress management training, smoking cessation, and group psychosocial support for 5 years, had a significant decrease in the average percent diameter stenosis[17].

Research conducted in Sri Lanka indicates that some traditional rice varieties contain higher levels of phenolic compounds and antioxidant activity compared to more modern varieties(21). Including such nutrient-rich local staples in a balanced diet could therefore offer additional cardiovascular benefits alongside other fruits and vegetables.

According to present scientific evidence, reducing carbohydrate intake, replacing it with more plant-based foods or fruits, and incorporating more antioxidants are effective strategies for reducing the risk of coronary heart disease and promoting heart health.

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VOICES FROM THE PERIPHERIES

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A HOPE BEYOND HORIZON: A LIFELINE TO ANAMADUWA

Anamaduwa is a rural town in the Puttalam District of Sri Lanka, situated approximately 125 kilometres North-West of Colombo. Despite the rich cultural heritage, luxurious farming lands and natural beauty, this peaceful landscape is devastated by chronic kidney disease (CKD), especially chronic kidney disease of unknown origin (CKDu); a phenomenon which surfaced in the late 1990s, affecting the dry zone of the country[1,2].

Overburdened with CKD patients, Base hospital, Anamaduwa remains the only government hospital in the area to provide services to more than 700 registered CKD patients. Although, CKD clinics are run under the supervision of a visiting Nephrologist from Chilaw, the fate changes once these patients progress towards end stage renal disease. Even if they were fortunate enough to get a maintenance haemodialysis (HD) space from a HD centre in the vicinity (Chilaw, Puttlam) regardless of the scarcity of HD facilities in the whole district, they would find attending HD extremely challenging. The extreme poverty[3], vast travel distance, heightened transport expenses, non-availability of public transport after sunset, elephant-human conflicts etc., make them default HD frequently shortening their life span and agonizing the suffering. Hence, most patients will be imposed renal supportive care even without considering HD.

Upon realizing this human catastrophe, the obligation of establishing a satellite HD unit at Anamaduwa was identified. Yet, due to the economic crisis of the country the project stood at a standstill. Subsequently, in parallel with the world kidney day 2024 (14th March), a novel project was initiated lead by the nephrology and dialysis unit of the District General Hospital, Chilaw, along with Anamaduwa Hospital, in liaison with the Ministry of Health of Sri Lanka to establish a novel HD facility. To fulfil this worthy course, many philanthropists came forward. Funded by donors, an unused old labour room was refurbished as the dialysis facility, with parallel construction of a new building to place the reverse osmosis plant. Three haemodialysis machines were donated. The medical and nursing officers were trained at the Mother HD Unit at Chilaw. Centre-specific protocols were laid for medical and nursing officers as no permanent specialist medical officers were serving the hospital for supervision. Making this great humanitarian effort a success, the 21 million Sri Lankan Rupees worth novel haemodialysis unit was declared open on 1st of February 2025, in a concerted effort to save many human lives victimized by CKD.

This newly established unit is expected to function 6 days a week; with 3 shifts a day catering to more than 30 patients with a dedicated HD clinic to facilitate follow-up. Further, it has already laid the platform to get specialist medical officers' services and to initiate transfusion medicine, radiology and advanced chemical pathology services, as supportive facilities to run the unit, thereby transforming the hospital to a higher level.

In a terrain where beauty challenges poverty, this humanitarian effort portrayed that the indomitable determination, unflinching spirit and kindness, mitigated the suffering of fellow human beings, giving a new lifeline to the people of Anamaduwa.

Endnotes

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NOVICE

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

Part 01 – A Historical Perspective

Introduction

"*It is always worth remembering that AI is not just a thing that you point at a problem and then go home and wait until it is done*," said **John Jumper**(1), the 2024 Nobel Prize winner in Chemistry. "*It is a collection of ideas and techniques*."

His words highlight the essence of Artificial Intelligence (AI): not as a magic wand but as a dynamic and evolving field that continues to redefine human potential.

In healthcare, AI is profoundly transforming diagnosis, treatment, and patient management. For medical professionals, grasping the evolution of AI and its potential applications is crucial for successfully navigating the future of medicine.

With this in mind, this article will explore AI in healthcare in two parts.

- Part 1: A Historical Perspective - tracing AI's journey from early rule-based systems to advanced deep learning applications.
- Part 2: Sri Lanka's Way Forward - analyzing how AI can be integrated into the country's healthcare system, addressing challenges such as data limitations, ethical considerations, and regulatory frameworks.

This week, let's delve into Part 1: A Historical Perspective, exploring how AI has evolved into a powerful tool for medical decision-making and patient care.

Human Brain and Computer Intelligence

Before delving into the historical roots of AI, it is essential to clarify some basic concepts for a smooth journey ahead. In simple terms, **Artificial Intelligence** simulates human intelligence through the usage of computers, allowing them to perform tasks such as learning, reasoning, and decision-making without direct human involvement.

AI and its subfields can be understood through parallels with the human brain, familiar to medical professionals. **Machine Learning (ML)** resembles how our brains learn from experience. Just as clinicians refine their skills by seeing more patients, ML improves by analyzing vast amounts of data. Within ML, **Deep Learning (DL)** functions like the human cerebral cortex, where complex thought processing occurs. In AI, it relies on Artificial **Neural Networks (ANN),** which mimic the way human neurons connect and transmit signals. As neurons strengthen connections through repetition,A NNs adjust their weights over time to enhance decision-making.

Computer Vision (CV) parallels the visual processing centers in the occipital lobe of the human brain, enabling AI to "see" and interpret images, much like how clinicians diagnose conditions through radiology images. Similarly, **Natural Language Processing (NLP)** mirrors the human brain's language centers, such as Broca's and Wernicke's areas, allowing AI to understand, interpret, and generate human language. NLP facilities are particularly important as language is the symbolic expression of thought and the ability to think is fundamental to any form of intelligence.

Historical Evolution of AI in Healthcare

The foundations of AI were established in the 1940s. This nearly 80-year journey up to 2025 can be divided into four phases:

1. From 1940s to 1956,
2. From 1956 to 1990,
3. From 1990s to the 2010s,
4. 2020s to the present.

1. From 1940s to 1956: The Birth of AI as a Discipline

Alan Turing, one of the founding fathers of AI, laid the groundwork for modern computing with his 1936 paper, "*On Computable Numbers, With An Application To The Entscheidungsproblem,*" which introduced the concept of a theoretical device capable of solving any computational problem(2). In 1950, he expanded on this in his paper, *"Computing Machinery and Intelligence,"* published in the journal *Mind*, where he posed the famous question: **"Can machines think?"** To explore this, he proposed the **Imitation Game,** now known as the **Turing Test**, a method to assess whether a machine can exhibit human-like intelligence through indistinguishable conversation.(3)

> "
>
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>
> **John Jumper**
>
> 2024 Nobel Prize winner in Chemistry

In 1956, John McCarthy defined Artificial Intelligence as "the science and engineering of making intelligent machines." That same year, the **Dartmouth Conference** marked the official beginning of AI as a distinct field of study.

2. From 1956 to 1990: Waves of Progress and Setbacks in AI

The late 1950s and 1960s witnessed bold predictions about AI's potential. In 1957, Herbert Simon claimed machines would match human problem-solving within 20 years. During this time, the first clinical informatics databases and medical record systems were developed, notably with the National Library of Medicine introducing the **Medical Literature Analysis and Retrieval System (MEDLARS)** in the 1960s, followed by **PubMed**, revolutionizing access to medical research.

However, reality fell short of these expectations. The 1969 book *Perceptrons* by Minsky and Seymour Papert highlighted major limitations in early neural networks, halting progress in AI learning techniques(4). These limitations lead to a funding freeze that marked the first AI winter—a period of stagnation and reduced development.

AI experienced a resurgence in the 1980s with expert systems, which employed rule-based programming for tasks like medical diagnosis. One notable system, **MYCIN** (1976), developed at the Stanford University, identified bacterial

infections with 69% accuracy(5), even outperforming human doctors.

However, these systems struggled beyond their narrow domains, and expanding knowledge bases became impractical. By the late 1980s, a loss of investor confidence and the collapse of specialized AI hardware led to a second AI winter, once again slowing progress.

3. From 1990s to 2010s: The Rise of Machine Learning and Data-Driven AI

The 1990s marked a significant shift in AI, transitioning from rule-based systems to statistically advanced systems. This change was exemplified by Yann LeCun's **convolutional neural networks (CNNs)**(6)**,** a specific type of ANN, developed in 1989, which laid the foundation for modern computer vision. The pace of breakthroughs in AI accelerated from 2010, fueled by advancements in **Graphics Processing Unit (GPU) technology**, with specialized hardware designed to speed up graphics and image processing.

In healthcare, this momentum translated into innovative applications, such as use of **IBM Watson;** a computer program developed in 2007 that won first place on the television game show *Jeopardy!* in 2011, to identify new RNA-binding proteins altered in amyotrophic lateral sclerosis disease(7). Concurrently, NLPs advanced significantly, transforming chatbots from basic communication tools into intelligent, conversation-based interfaces. Notable examples include **Pharmabot**, created in 2015 to educate paediatric patients and their parents about medications.(8)

4. 2020s to the Present: Generative AI and the Modern Era

The 2020s have marked a transformative era in healthcare, with generative AI moving beyond data analysis to actively supporting medical innovation. Tools like **DeepMind's AlphaFold** (2020), which predicts protein structures to accelerate drug development(9), and AI systems that generate synthetic medical images for training or diagnosis, are aiding medical professionals in groundbreaking ways.

Another remarkable advancement in AI is **ChatGPT**, an advanced language model developed by OpenAI and launched in 2018. Utilizing the **GPT** (**G**enerative **P**re-Trained **T**ransformer) architecture, it can understand and generate human-like text, enabling it to engage in conversations, answer questions, provide explanations, and even assist with various writing tasks.

Between 2023 and 2024, partnerships emerged between OpenAI and healthcare institutions to train specialized models for tasks relevant to medical field. Today, ChatGPT is a common supportive tool among medical professionals, in their daily practice. Several other generative transformer-based chat models have also been developed, including **DeepSeek, Gemini, LLaMA,** and **Claude**.

As technology continues to evolve, the governance of these AI systems becomes increasingly important. The Trustworthy and Responsible AI Network (**TRAIN™**) was established in 2024, bringing together leading healthcare organizations and technology partners. Its mission is to implement responsible AI principles to enhance the quality, safety, and trustworthiness of AI applications in healthcare.

The Story continues …

As we reflect on the remarkable journey of AI, it's obvious that it will continue to play a pivotal role in the health sector. Therefore, it is essential to consider Sri Lanka's path forward in harnessing these advancements.

Photo generated by Freepik AI Engine

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Stay tuned for Part 2 in the next issue of this publication, where we will explore Sri Lanka's way forward in AI in healthcare.

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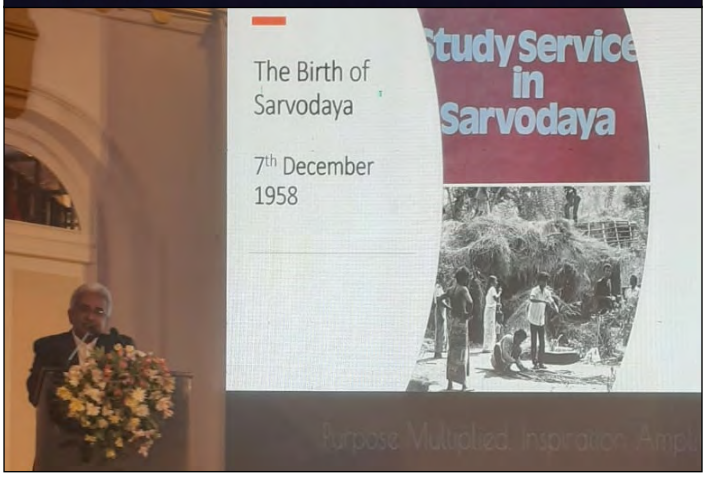
SLMA IN FEBRUARY

Highlights



SLMA at the Impact Innovo 2025 Summit in Colombo

'Impact Innovo 2025' summit, which promotes innovation and entrepreneurship among youth, was successfully held recently. This event organized by the Palladian Global and supported by Sri Lanka Association of Software and Service Companies (SLASSC) showcased around 20 selected innovations from more than 100 entries in the fields of Information Technology, Health, Education and Tourism etc.

SLMA was invited to share experience, expertise and guidance on medical innovations for the budding innovators. SLMA Past President, 2023 Dr. Vinya Ariyaratne delivered the keynote address on 'The Sarvodaya Story- Building a Social Movement' and Dr. Surantha Perera, President SLMA 2025 and Dr. Lahiru Kodituwakku, Editor of 'the SLMA Monthly' bulletin also engaged with the youth for knowledge exchange.

Media Conference on prevailing hot weather conditions and the impact on health

Given the interest in the media and public disclosure on the health impacts of hot weather conditions, the Expert Committee on Planetary Health and Climate Effects of the SLMA conducted a media conference on the same attended by print, electronic and social media professionals in the country. Mr. Meryl Mendis, Director Forecasting, Meteorology Department, Dr. Surantha Perera, Specialist in Paediatrics and Dr. Ananda Wijewickrama, Specialist in Internal Medicine contributed as resource persons. The underlying factors for the prevailing weather conditions, adverse health implications and precautions to be taken by children, pregnant women and elderly during this time were extensively discussed.

SLMA's participation at the 5th International Conference on Advanced Research in Computing (ICARC) 2025

SLMA conducted a panel discussion on 'Digital Transformation of Health Care' at the conference, highlighting the uses and ethical considerations of Artificial Intelligence (AI) in the health sector. Dr. BJC Perera Senior Consultant Paediatrician, Dr. Kumara Mendis, Chairperson of the AI Expert Committee, SLMA and Dr. Vindya Perera, Secretary of the AI Expert Committee, SLMA contributed as panelists. Dr. Nilanka Mudithakumara and Dr. Lahiru Kodituwakku coordinated and facilitated the session from SLMA, as the Knowledge and Innovation Partner for the conference. The conference was organized by the Faculty of Computing, University of Sabaragamuwa.

Dr. C G Uragoda Oration of the SLMA: History of Malaria in Sri Lanka-The Scourge of Nine Centuries

Dr. C G Uragoda Oration of the SLMA was delivered by Dr. Anula Wijesundere on 'History of Malaria in Sri Lanka-The Scourge of Nine Centuries" highlighting all major milestones in achieving Malaria elimination status in Sri Lanka.

Pre Congress-Workshop of the 138th Anniversary International Medical Congress 2025 of the SLMA

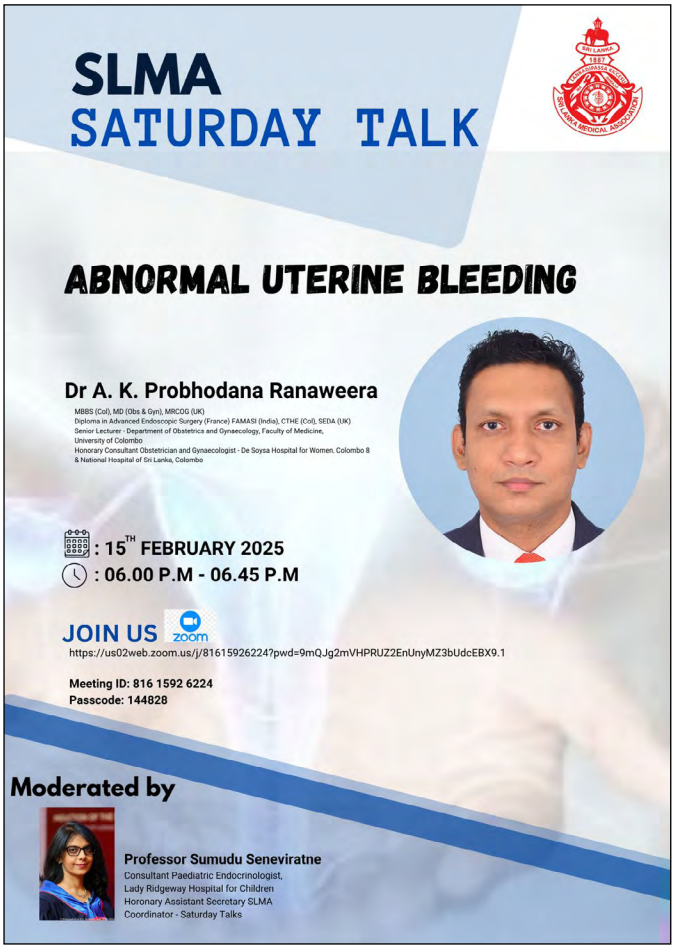
The first Pre Congress-Workshop of the 138th Anniversary International Medical Congress 2025 of the SLMA was conducted on Management of Acute Kidney Injury by an experienced resource panel of specialists in Nephrology and Specialist Intensivists including, Dr. Udana Ratnapala, Dr. Dilushi Wijeratne, Dr. Buddhika Wijayawickrama, Dr. Dilshan Priyankara and Dr. Sankalpa Vithanage.

SLMA in FEBRUARY

SLMA Saturday Talks

Two SLMA Saturday Talk sessions were conducted during the month of February on the following topics,

- Asthma: Towards a Reliever Free Sri Lanka by Dr. Neranjan Dissanayake
- Abnormal Uterine Bleeding by Dr. A. K Probhodana Ranaweera



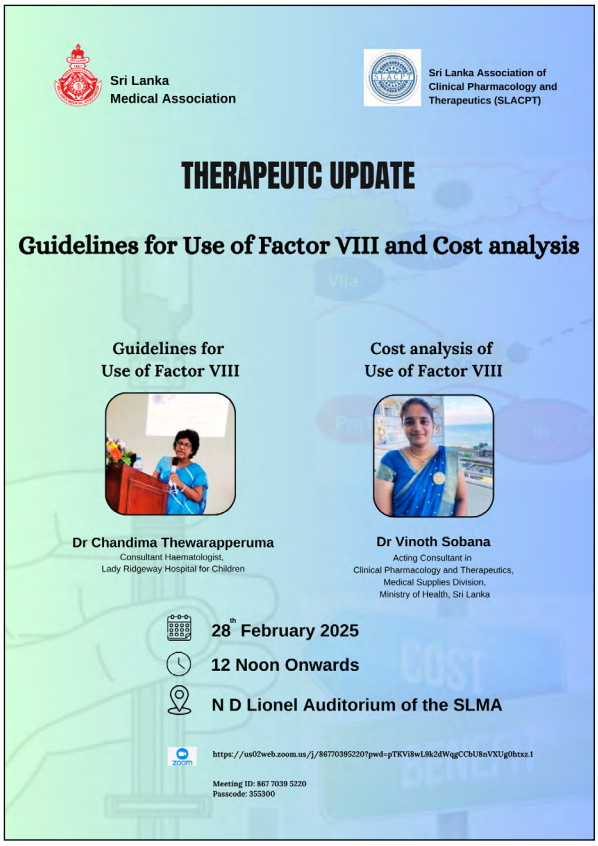
Monthly Clinical Meeting for February: avigating the Sea of Cardiology with the Sails of Electrophysiology; Paediatric Cardiac Scenarios with Electrophysiology Inputs

The Monthly Clinical Meeting for February was organized in collaboration with the Sri Lanka College of Paediatricians under the theme, 'Navigating the Sea of Cardiology with the Sails of Electrophysiology; Paediatric Cardiac Scenarios with Electrophysiology Inputs". Expert resource panel included Dr. Manura Lekamwattage, Specialist in Cardiac Electrophysiology, Dr. Duminda Samarasinghe, Specialist in Paediatric Cardiology and Dr. R. Ragunathan, Specialist in Paediatric Cardiology.

SLMA in FEBRUARY

Therapeutic Update session: Guidelines for Use of Factor VIII and Cost Analysis

A Therapeutic Update session was held on 'Guidelines for Use of Factor VIII and Cost Analysis', by Dr. Chandima Thewarappeuma, Specialist in Haematology and Dr. Vonth Sobana, Specialist (act) in Clinical Pharmacology and Therapeutics



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GLOBAL FOCUS

February 2025

Global Health Impact of USAID Funding Cuts by the Trump Administration

A recent decision by the Trump Administration in the USA to terminate projects funded by the United States Agency for International Development (USAID) has impacted health related projects across the globe. Apparently, programmes to tackle HIV, Polio, Mpox and Bird Flu have been affected by the freeze on tens of billions of dollars of overseas aid from the USA. This also includes service disruptions in HIV prevention and treatment services related programmes in nearly 50 countries. Experts also believe that this could adversely affect new vaccine development and distribution related projects which are vital for preventing disease transmission.

Photo Courtesy: Daily Mirror

Scientists identify a new Coronavirus in bats

Scientists at the Wuhan Institute of Virology, China have discovered a new lineage of a coronavirus in bats that can enter human cells like SARS-CoV-2 which causes COVID-19. However, there are no reported infections in humans, and experts declare that there is no public health threat associated with the virus currently. The Centers for Disease Control and Prevention (CDC) in the US said that they are closely monitoring the situation and will provide important updates to the public when necessary.

First fatality from a measles outbreak in US after a decade

The Texas Department of Health has reported a rapidly spreading measles outbreak and subsequent death of a child from the disease. Thus far, 124 cases have been reported and out of which 107 are 17 years or younger. The US declared that measles had been “eliminated” in the year 2000, however the country has seen numerous outbreaks in recent years amid a rise in anti-vaccine sentiment and vaccine sceptics.

News Credit: BBC Health News/ Medical News Today

Photo Courtesy: CNN Health

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Official E Magazine of the Sri Lanka Medical Association

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

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

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read online