



Sri Lanka Medical Association

SLMA 2025 ROAD MAP

Health Equity Across the Life Course:
Resilient Pathways, Empowered Lives



Compiled and Edited by:

Dr. Surantha Perera

President SLMA 2025



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Foreword



This year, the vision of the Sri Lanka Medical Association (SLMA) revolves around advancing the theme: “Health Equity Across the Life Course: Resilient Pathways, Empowered Lives.” This theme underscores our commitment to a holistic approach that addresses the diverse but interconnected factors shaping health outcomes at various life stages. This vision will be the foundation for presenting our plans and initiatives, driving a focused effort towards meaningful change within our profession and the broader healthcare landscape.

Today, our healthcare system stands at a crossroads. While we face immediate challenges such as pandemics, food insecurity, and drug shortages, deeper systemic and social crises demand urgent attention. These include disparities in resource distribution, inequities in access to care, and inefficiencies in service delivery. To address these issues, we must adopt a multidisciplinary approach that prioritizes health equity, resilience, and sustainability.

The “Health Equity Across the Life Course” theme offers a strategic framework for our efforts. It emphasizes addressing disparities at every stage of life—prenatal, childhood, adolescence, adulthood, and old age—ensuring that healthcare resources and interventions are tailored to the unique needs of each phase.

For a country like Sri Lanka, evidence-based, incremental policy reforms are critical to building a resilient healthcare system capable of tackling challenges at the grassroots level. Policies must be rooted in the aspirations and needs of our people, focusing on reducing financial barriers that impact health outcomes while fostering overall well-being. By aligning healthcare strategies with Universal Health Coverage (UHC) principles, we can develop a system that empowers individuals and communities to thrive.

The World Health Organization (WHO) outlines six key building blocks for strengthening health systems: service delivery, health workforce, health information systems, medical products and technologies, financing, and leadership/governance. Strengthening these components ensures the delivery of efficient, equitable, and high-quality health services supported by robust data systems, sustainable financing, and effective oversight. This approach integrates technical expertise with strategic governance for sustainable health improvements and equity.

We propose adding an essential seventh building block to this framework: “people.” Engaging communities in decision-making processes and considering their concerns is vital to achieving the vision of “one country, one health.”

As members of Sri Lanka’s leading medical organization, we are committed to fulfilling our responsibilities and advocating for significant policy changes. I am honoured to invite stakeholders, partners, and passionate advocates to join us on this transformative journey. Together, we can achieve this vision of equitable healthcare for all.

I, along with my Council, pledge to uphold this mission and seek the unwavering support of fellow professionals and Sri Lankan citizens who cherish the health and future of our nation.

Dr Surantha Perera

President, Sri Lanka Medical Association

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Section 1: Pathway to Transforming Lives: A Life-Course Approach

By tailoring interventions to different stages of life, the aim is to empower individuals, families, and communities to overcome barriers and achieve their full potential.

Strategic Interventions Across the Life Course are targeted at three crucial periods of life;

1. Childhood – A Head Start for Success

- Early childhood interventions will focus on nurturing cognitive, emotional, and social development, providing impoverished children with the tools they need to succeed in school and life.

2. Adolescence – Sexual Health and Mental Well-Being

- Programs will prioritize adolescent health by addressing sexual and reproductive health and offering mental health support to build resilience during this critical stage of development.

3. Middle Age to Old Age – Lifelong Wellness

- For adults and the elderly, we promote holistic wellness to ensure healthy ageing, focusing on preventive care and empowering individuals to lead fulfilling lives.

1. Pathway to Potential (P2P): A Head Start for Children in Poverty

Dr. Asiri Hewamalage

1.1. Background

Research indicates that early childhood is the most critical time in the poverty cycle. During these formative years, children rapidly develop their learning skills, emotions, and personal goals. However, children in poverty often miss out on critical experiences that would help them succeed in the future. These gaps can lead to a lifelong cycle of failure and sustained poverty.

Addressing poverty is a global slogan and a top priority of governments worldwide. In fact, “No Poverty” stands as the first goal of the Sustainable Development Goals. A sustainable and impactful approach to attaining this goal is by expanding opportunities for children living in poverty. Research highlights that special programs for young children can significantly enhance their prospects, empowering them to break free from the poverty cycle.

Sri Lanka has a history as a welfare state that provides free education and healthcare. Over the years, different governments have introduced poverty aid programs, such as ‘Jana Saviya,’ ‘Samurdhi,’ and ‘Aswesuma.’ However, these programs mainly offer financial support without focusing on equipping families with the skills and resources needed to break the poverty cycle. Furthermore, there has been little emphasis on addressing the unique needs of children living in poverty. The existing poverty-aid programs had led to a reliance on aid rather than encouraging self-sufficiency. These harmful effects and learned behaviours of poverty usually last for generations, with families often repeating the cycle.

Therefore, a successful and sustainable poverty aid program must be comprehensive and linked to many sectors, including health, social services, and education. It should focus on the challenges children and parents face and must integrate well with preschool and primary school initiatives. Initially, providing thorough programs to a smaller group of children is better than serving many with limited support. Quality has to be the key in every aspect. A practical approach to establishing these programs would involve creating accessible daycare or preschool facilities for early childhood development and structured after-school programs for primary school children.

1.2. Role of the SLMA

As a pioneering professional organization, the Sri Lanka Medical Association (SLMA) is leading the way in addressing the needs of “children in poverty” by launching and advocating the Pathway to Potential program. This program aims to empower children and families, helping them escape poverty.

The “Pathway to Potential” concept focuses on establishing daycare centres/ preschools/after-school programs in impoverished communities. The government or government-supported private entities can establish these settings as public-private partnerships or not-for-profit organizations with nongovernmental support.

Regardless of the financial model, the essential core elements of the P2P program should prevail. The P2P project should be designed to meet the specific needs of children and their communities. It will evaluate each child, their parents, and the community, leading to personalized care plans called Individualized Nurturing Care Plans (INCPs). The program should focus on the environment where the child grows up, including the child, their family, and the teachers or caregivers involved in their care. It is essential to understand that not all children from low-income families have the same experiences. These children often have different strengths and weaknesses. Many have not had the same chances as those from wealthier families, which can put them at a disadvantage when they start school. Therefore, it is crucial to identify each child’s needs to help them overcome these challenges.

These children need more experience to improve their understanding and language skills. They should have opportunities to engage in positive experiences that replace feelings of failure with a sense of accomplishment and success.

Building positive relationships with authority figures, such as police officers, teachers, and health workers—is crucial for fostering trust and a sense of security. Additionally, they should have strong relationships with caring adults and role models.

The Pathway to Potential program daycare/ preschool pr afterschool should undertake the following actions:

1. Provide activities in small groups of four or five children, offering individual attention as necessary.
2. Develop a flexible schedule and tailored programs for each child.
3. Maximize each child's chances of success in activities.
4. Utilize various tools and techniques to assist children in understanding themselves and exploring their environment.
5. Include creative activities like role-playing, doll play, puppetry, and drama, using simple materials like sand, water, wood, and audio and visual resources.
6. Provide plenty of opportunities for conversation to improve verbal skills.
7. Some activities involve volunteers as helpers, and they can be young people, ages ten to adult, from backgrounds similar to the children's and different races and socio-economic groups. This experience can help volunteers express their values.
8. Introduce children to adults from a variety of backgrounds, including those in positions of authority, to help them appreciate different roles in society.
9. Allow flexibility in scheduling to accommodate the needs of children and parents. Some programmes may operate part-time, while others may be full-time. Activities can be organized for specific times during the day or evening to include parents.
10. To help children gain a deeper understanding of the world, take them to various places within the community, such as parks, zoos, libraries, and shops.

Involving parents is also crucial for the success of the program. Parents have strong hopes for their children, and this program can help support both the parents and their children. Engaging parents benefits the whole family and strengthens their connection to the community.

The crucial role of the SLMA would be to design the program collaboratively with different stakeholders and advocate for the government to uptake this concept. Further, the design of the Pathway to Potential program should include the financing mechanism, guidelines, and criteria for a daycare/preschool/after-school, training/capacity building, monitoring, and evaluation mechanism.

1.3. Road map for 2025 and beyond:

- The SLMA should establish a multisectoral committee. This committee should engage in designing the program concept note.
- The financing mechanism should be created.
- The governance structure should be established. Following this, a decision must be made on whether it constitutes a public-private partnership or a government-led mechanism.
- A comprehensive advocacy campaign should be created to get support for the program.
- Monitoring and evaluation mechanisms must be identified.
- Capacity-building components must be developed.

2. The Way Forward in Adolescent Care

Professor Ruwanthi Perera & Professor Sumudu Senevirathne

2.1. Background

Adolescence is a period of transition from childhood to adulthood, a time of rapid biological, psychological, and social changes. The World Health Organization (WHO) defines an adolescent as an individual aged between 10 and 19. The total global adolescent population is around 1.3 billion, accounting for 16% of the world's population. Adolescents are further classified into early, mid, and late categories, reflecting the gradual transition from a child to an adult.

Adolescents up to the age of 18 are protected under the Convention on the Rights of the Child. However, their vulnerabilities and needs are distinctly different from those of children. When engaging with adolescents, we need to consider and respect their evolving needs and capacities for autonomy and independence while understanding and safeguarding their vulnerabilities, as they lack experience and power compared to adults.

Several health-related behaviours and habits are established during adolescence. Therefore, investing in adolescent health ensures triple dividends in terms of (1) improved health during adolescence, (2) improved health during adulthood by preventing risk factors for chronic conditions like non-communicable diseases, and (3) improved health for future generations by ensuring the health of their offspring. The second national strategic plan on adolescent and youth health (2018-2025) has been developed as an aid for implementing the Sustainable Development Goals (SDGs) related to adolescents and youth within the country. The goals are to end preventable deaths (survive), ensure health and well-being (thrive), and expand and enable environments (transform).

2.2. Current situation in Sri Lanka

There are 3.5 million adolescents in Sri Lanka, amounting to a similar global figure of 16%.

The prevalence rates of underweight, stunting, and overweight were 47.2%, 28.5%, and 2.2%, respectively. Additionally, the incidence of anaemia and vitamin A deficiency was 11.1% and 0.4%, respectively (Special Survey MRI). Intentional self-harm and transport accidents were the leading external causes of death among adolescents (Department of Census and Statistics 2018). The percentages of those who have ever smoked and those who have ever used alcohol remained high at 16% and 20%, respectively (National Youth Health Survey). Teenage pregnancies show a declining trend from 7.7% in 2007 to 4.6% in 2017 (RHMIS, Family Health Bureau 2018). Mental health issues were estimated to affect 10-20% of children and adolescents.

2.2.1. Services for adolescents and youth

Adolescent and youth-friendly health services (AYFHS) at the primary level were introduced in 2005, expanding to around 50 centres by 2008 but dropping to 9 in 2015. The revamping process was initiated under the "Yowun Piyasa" concept in 2016, with three categories: hospital-based, field-based, and centre-based.

The school health programme is conducted for grade 1,4,7, & 10 students at the government schools by the Family Health Bureau.

Curative care services provided by paediatricians were extended from 12 years to 14 years, effective November 2016, through circular 01-63/2016 for both inpatient and outpatient services. Subsequently, adolescents are abruptly transferred to the care of adult physicians. For young people with chronic diseases, the transition of care is a sudden process as it is not well established. Currently, there are no board-certified adolescent physicians available. However, there are numerous adult physicians and

paediatricians interested in adolescent and transition care. It is essential to revamp circulars and services concerning adolescent and transition care in SL.

Significant differences exist between rural and urban adolescents in terms of access to resources, exposure to diverse experiences, economic disparities, challenges related to poverty, lack of education, and limited access to healthcare. Understanding these differences is crucial for developing effective support systems, educational strategies, and interventions tailored to adolescents' specific needs. Of the evidence-based interventions that address adolescent health, multisectoral approaches are required for the majority of them, although the exact nature of these approaches will vary across contexts.

2.3. Road map

To foster and promote good health among adolescents, it is essential to provide information on age-appropriate comprehensive sexuality education, opportunities to develop life skills, equitable, acceptable, and effective health services, as well as safe and supportive environments. They also require opportunities to actively engage in the design and implementation of

In the year 2025, the SLMA hope to advocate for adolescent health initiatives including:

1. Adolescents with chronic illness

Enhancing health care provision for adolescents with long-term diseases, including gender-specific adolescent inpatient facilities and transition of care clinics and services from pediatric to adult care.

2. Healthy lifestyle practices

As many health-related behaviours and habits are established during adolescence, investing in adolescent health-related research can ensure greater dividends in terms of influencing their lifelong health across the life course and the health of future generations via fetal programming.

3. Mental health

Mental health issues continue to carry a stigma, making it difficult for adolescents to seek help or discuss their struggles openly. Increased screen time and undue exposure to social media, gaming, and digital communication can adversely affect adolescents' psycho-social well-being. Strong family ties and community networks can serve as a source of support to cope with these stressors and challenges.

4. Adolescent friendly education and career guidance

Sri Lankan adolescents frequently encounter high academic expectations from their families and society, resulting in significant pressure to excel in school. Moreover, traditional gender roles can also shape adolescents' experiences and expectations concerning their behavior, education, and career choices. The SLMA can serve as advocates in career guidance as well as the school education curriculum.

As a significant venture, the SLMA will collaborate with key stakeholders across Sri Lanka to improve the well-being and quality of life of adolescents. Through adolescent-friendly initiatives that prioritise their biopsychosocial needs, the SLMA is committed to nurturing a bright and healthier future for Sri Lankan adolescents.

3. Wellness – A Unified Focus for Sustainable Health

Advocacy Brief – Dr Susie Perera

Well-being is more than just the absence of disease or illness; it is closely linked to happiness and satisfaction in life. Well-being can be defined as the way you perceive yourself and your life at different stages, even while managing chronic illnesses. **Since it encompasses a person's physical, mental, emotional, and social health factors**, it is essential to recognize well-being as a vital component of person-centred care. Empowering individuals to achieve well-being is just as important as health professionals' understanding of its significance.

In the past, Sri Lanka has implemented various changes to its health system to enhance access to screening for noncommunicable diseases and broaden treatment coverage. However, a significant number of people are now affected by these diseases at an earlier age. This increases the healthcare burden, necessitating the advancement of the screening age and access to treatment.

It is observed that noncommunicable diseases such as diabetes, hypertension, ischaemic heart disease, stroke, and chronic kidney disease share common modifiable risk factors. Many lifestyle modification efforts typically begin only after the disease has manifested and been identified.

Sri Lanka previously benefited from its strong public health foundation, which allowed it to tackle several challenges, including the control of vaccine-preventable childhood diseases, management of diarrheal diseases, and the elimination of malaria. However, this is not the case for noncommunicable diseases.

The STEPS survey of 2021 indicates that the prevalence of risk factors such as physical inactivity, unhealthy diets, alcohol consumption, smoking, and poor mental well-being can improve significantly in the country. This contributes to the early onset of noncommunicable diseases within the population.

Risky lifestyles before and during pregnancy affect newborns. Parental behaviours that neglect the importance of risk avoidance or minimizing risks for noncommunicable diseases impact preschool environments. The lack of healthy choices complicates the implementation of policies such as health-promoting schools and healthy school canteens.

Clinical guidelines, especially for non-communicable diseases, include lifestyle modification, which must be delivered to improve patient well-being in a diversity of social settings. The Ministry of Health has issued many such clinical guidelines; however, personal responsibility for individual well-being is not easily perceived. In fact, there is an unmet need for health prevention and promotion. It should ideally be fostered before risk factors that affect well-being set in or when lifestyles can be modified with personal understanding.

Greater emphasis can be placed on early childhood, parenting, school education, promoting well-being among young people, and healthy ageing programs.

Professional organizations should also promote the overall well-being of society.

The issue is deeply rooted and necessitates a strong commitment from the government over an extended period, alongside a well-focused Wellbeing program that involves multiple stakeholders. It is essential to raise awareness and engage all parties, embracing a whole-of-society approach that spans the entire life course.

Health professional organizations can take a multi-pronged approach:

- Creating a more professional understanding of wellbeing
- Integration of well-being with person-centred care during clinical practice
- Advocating to the government for a focus on well-being.
- Educating the public on the importance of wellbeing and self-empowerment
- Strengthening public health programs and getting the support of other sectors for a collaborative approach to wellbeing

Stay Well – Sri Lanka!



Section 2: Cross-Cutting Priorities for Holistic Impact

These initiatives operate across the lifespan of any individual. Hence, they are identified as cross-cutting issues critical for the health outcomes of society. Here, we have selected a few issues challenging Sri Lanka as priority thematic areas for the SLMA 2025.

1. Mitigation of Climate Effects: Addressing climate change's health impacts to create sustainable, resilient communities.
2. Preventing Road Traffic Accidents: Promoting road safety to reduce injuries and fatalities.
3. Tackling Neglected Tropical Diseases: Enhancing public health through preventing and managing these diseases.
4. Preventing Chronic Kidney Disease in Sri Lanka

4. Climate Resilient Health Sector; the Future Role of the SLMA

Dr. Lahiru Kodituwakku

4.1. Introduction

As an island nation in the Indian Ocean, Sri Lanka has been at the mercy of Mother Nature for millennia. Throughout its history, the country has been subjected to the negative impacts of adverse weather events and subsequent disasters. However, over the last few decades, the magnitude and frequency of such extreme weather events and disasters have significantly escalated, leading to substantial morbidity, mortality, loss, and damages.

This was evident by the recent declaration of Sri Lanka being placed among the top ten countries at risk of extreme weather events as indicated by the Global Climate Index. On average, nearly 750,000 Sri Lankans are affected by natural disasters annually between 2011 and 2020. Furthermore, average annual disaster losses related to housing, infrastructure, agriculture, and relief amount to a staggering 313 million USD. It is also said that 6 in 10 Sri Lankans are multi-dimensionally vulnerable due to various causes and consequences, including that of climate change (World Bank Group & Asian Development Bank, 2021). Although the underlying factors for such vulnerability and exposure could be multiple, researchers believe that the impacts of climate change have a considerable influence over this sudden and sharp escalation.

4.2. Rationale

The direct and indirect impacts of climate change on human health are undeniable (Berry et al., 2018). From the increased incidence of vector-borne diseases and communicable diseases to food insecurity, the Sri Lankan population has been exposed to numerous adverse health impacts related to climate change (Udayanga et al., 2020). Nevertheless, evidence regarding the burden on Sri Lanka's health system due to climate impacts has been largely confined to project reports and surveys by local and international development partners. Hence, the real impact on the various aspects of the health system in Sri Lanka, including service delivery, accessibility, financing, infrastructure, and human resources, remains elusive.

4.3. SLMA's Role

In this context, the Sri Lanka Medical Association (SLMA), a leading advocacy body for the Government of Sri Lanka on public health issues, hopes to intervene and conceptualize and plan the future direction of the health sector in Sri Lanka amidst climate change challenges. For this purpose, SLMA has already initiated an expert committee on 'Planetary Health and Climate Effects,' comprising leading experts, practitioners, activists, and researchers on climate change and planetary health in Sri Lanka. This unique group of professionals from varied fields of expertise like health, agriculture, environment and earth sciences, public and health administration, food and nutrition, engineering and social sciences, etc, would brainstorm, debate, conceptualize, and generate ideas on the road map for a Climate Resilient Health Sector. Moreover, they would generate evidence that would influence the policymakers to prioritize health amidst a plethora of challenges surrounding climate change impacts in Sri Lanka.

The objectives of the expert committee are,

1. To create a comprehensive policy dialogue among policymakers, professionals, academics, and practitioners on the impacts of climate change, including health
2. To generate evidence through research to support policies on the impacts of climate change on the health sector
3. To advocate for a strong governance structure to prepare, mitigate, and respond to the impacts of climate change, particularly on the health sector

4. To ensure the transformation of climate change policies into action that would benefit communities across Sri Lanka, with special emphasis on the health sector
5. To develop and sustain a platform for higher learning on the impacts of climate change in Sri Lanka

SLMA expects to align these objectives with the global frameworks on climate change and Sustainable Development Goals (SDG) to be achieved by the year 2030. To operationalize them and achieve intended outcomes, the SLMA Expert Committee on Planetary Health and Climate Effects would embark on several activities, including the 'Climate Smart Green Hospital Initiative,' during the year 2025.

4.3.1. Climate Smart Green Hospital Initiative

Climate Smart Green Hospital Initiative is built upon global frameworks such as the World Health Organization's Safe Hospital Initiative, where the role of hospitals as critical infrastructure is strengthened and amplified to meet the challenges created by climate change. Although WHO's framework is confined to three critical areas of hospital functionalities like structural, non-structural, and functional safety, the Climate Smart Green Hospital Initiative would step further, adding areas important to sustain climate initiatives within hospitals. The expected outcome would be to establish processes within Sri Lankan hospitals to convert them as climate-smart hospitals empowered to meet the challenges posed by climate change and subsequent negative impacts. SLMA Expert Committee on Planetary Health and Climate Effects would focus on the following key areas to promote and establish processes for Climate Smart Green Hospitals in Sri Lanka in 2025 and beyond.

1. Setting up organizational priorities on environmental health within hospitals
2. Establishing governance structures within hospitals to promote climate-smart green processes
3. Promoting energy efficiency through the introduction of clean and renewable energy
4. Promoting sustainable water consumption practices within hospitals
5. Substituting harmful chemical use and practices within hospitals
6. Promoting healthy and sustainable food purchase and distribution practices within hospitals
7. Safe management and disposal of pharmaceuticals and related products
8. Promoting and establishing processes for reducing, Treat, and Safe Disposal of hospital waste
9. Promoting and establishing green procurement practices within hospitals
10. Promoting sustainable and climate-smart hospital design, construction, and maintain practices

Over a period of six years, starting from 2025, the SLMA expert committee would embark on this ambitious plan to promote and establish Climate Smart Green Hospitals in Sri Lanka, backed by stakeholder and partner consultations to harness support and continuous engagement.

Ultimately, initiatives such as this would contribute to the overall objectives set up by the SLMA Expert Committee on Planetary Health and Climate Effects, thus helping our march towards a Climate Resilient Health Sector. SLMA invites all interested and passionate stakeholders and partners who envision a climate-smart future for our health sector to join us in this journey.

As the famous French philosopher Voltaire, once said "Men argue. Nature acts." Now is the right time to act!

5. Paving the Way for Safer Roads

Professor Samath Dharmaratne

5.1. Background

The Sri Lanka Medical Association (SLMA) Prevention of Road Traffic Crashes (PRTC) committee has outlined an ambitious roadmap for 2025, focusing on transformative initiatives to reduce road traffic accidents, enhance data-driven interventions, and foster nationwide collaboration for safer roads. These plans highlight SLMA PRTC's dedication to tackling Sri Lanka's road safety challenges through innovative and strategic efforts.

5.2. Forming a Presidential Task Force on Road Safety

One key initiative is the establishment of a Presidential Task Force on Road Safety, designed to bring together policymakers, medical professionals, law enforcement agencies, urban planners, and civil society organizations. This high-level advisory body will focus on developing and implementing comprehensive road safety strategies at the national level.

Operating under the President's purview, the Task Force will ensure a unified approach to road safety, addressing critical areas like driver behaviour, road infrastructure, traffic law enforcement, and emergency care for accident victims. It will also oversee the drafting of policies and monitor their execution, providing regular updates to the government and the public. This initiative is expected to drive systemic change, ensuring impactful and sustainable outcomes for road safety.

5.3. Developing a Common Surveillance System for Road Traffic Accidents

The SLMA PRTC plans to introduce a standard surveillance system to centralize and standardize data collection on road traffic accidents across Sri Lanka. The current absence of a unified system has led to fragmented and inadequate data, obstructing effective policy-making and interventions.

This system will integrate information from hospitals, police, insurance agencies, and community reports, offering real-time insights into accident hotspots, causes, and demographic patterns. The data will facilitate evidence-based decision-making and resource allocation to mitigate risks and enhance road safety. The system will also support public awareness campaigns by sharing critical findings to educate citizens on safe practices. Collaborative efforts with technology partners will ensure the platform is accessible, secure, and efficient, establishing a robust foundation for data-driven strategies.

5.4. Hosting a National Conference on Road Safety

The SLMA PRTC will hold a National Conference on Road Safety in 2025 to promote collaboration and knowledge sharing. This landmark event will bring together experts, policymakers, and stakeholders to discuss innovative solutions, exchange best practices, and explore advanced technologies for road safety. The conference will include keynote speeches, panel discussions, workshops, and exhibitions that showcase successful initiatives and technologies. It aims to inspire action, foster partnerships, and engage the public in road safety efforts. This platform will reinforce SLMA PRTC's commitment to creating sustainable, nationwide change.

6. Neglected Tropical Diseases - Snake Envenoming in Sri Lanka

Dr. Malik Fernando

The SLMA Expert Committee on Snakebite (SBC) has been active since the early nineteen-eighties. During this period, it has formulated snakebite management guidelines and carried out numerous awareness programmes – dealing with both prevention and first aid for snakebites and management of envenoming. However, snakebite envenoming still remains a neglected tropical disease. As the WHO says, “Unlike some neglected tropical diseases (NTDs) that are eradicable, it is not possible to eliminate snakebite envenoming,” and “...It is feasible that a concerted, multisectoral approach would drive the achievement of substantial reductions in the burden of injury, disability and death caused by snakebite envenoming within as little as a decade.” (<https://www.who.int/teams/control-of-neglected-tropical-diseases/snakebite-envenoming/prevention-and-control>).

The Expert Committee has identified several areas that need to be addressed to reduce the morbidity and mortality of snakebites. We plan to work with the health authorities in the coming year to rectify the situation. The committee cannot work in isolation but needs the commitment of the national health authority, the Ministry of Health. Below are the areas that we intend to pursue.

- Win recognition of the Health Ministry for the work being done by the SBC
- Have the SLMA Snake Envenoming Management Guidelines adopted as the National Guidelines and promoted actively throughout the country.
- Assign a representative of the Ministry to serve on the SBC so that the outputs of the committee do not clash with Ministry policy.
- Make snakebites reportable to improve our knowledge of the epidemiology of snakebites and thereby focus awareness programmes appropriately.
- Make snakebite deaths reportable and institute a review process of such deaths to identify correctable lapses.

We take pleasure in stating that, after many years of discussion with the Medical Statistics Department, we have made progress toward agreeing on an expanded ICD10 classification of snakebites that includes the species of the biting snake. We eagerly await its implementation.

7. Preventing Chronic Kidney Disease in Sri Lanka

Dr Udana Ratnapala

7.1. Background

Chronic kidney disease (CKD) is a growing public health concern in Sri Lanka, emerging as a significant contributor to morbidity and mortality. A rigorous effort is crucial to curtail the prevalence of kidney diseases through prevention, early diagnosis, and management. This review examines the scope of CKD in Sri Lanka, highlights the pivotal role of the Sri Lanka Medical Association (SLMA) in tackling the issue, and proposes a collaborative roadmap for effective prevention.

7.1.1. The Burden of Chronic Kidney Disease in Sri Lanka

CKD has become a silent epidemic in Sri Lanka, with the increasing prevalence of non-communicable diseases, in particular diabetes and hypertension. Since the 1990s, a new CKD, where no obvious cause is identified, mainly affects the dry zone, known as chronic kidney disease of unknown etiology (CKDu). In 2019, the Annual Health Statistics Report listed urinary system illnesses, including chronic kidney disease (CKD), as the fourth leading cause. Furthermore, it is postulated that approximately 10% of the population in Sri Lanka is affected by CKD, with a CKDu varying between 5% and 15% in endemic areas (North Central, Uva, Eastern provinces)

The socio-economic burden of CKD on any affected individual, family, or country as a whole is enormous. Many affected individuals are the primary earners in their families, and the costs associated with treatment and loss of productivity exacerbate poverty. Further, Sri Lanka possesses a comprehensive healthcare system that provides unrestricted access to healthcare services and hence faces significant challenges due to the ever-rising number of patients needing expensive renal replacement therapies.

7.2. The Role of the Sri Lanka Medical Association

The SLMA has been a cornerstone in addressing kidney diseases in Sri Lanka through advocacy, research, and capacity-building initiatives. As the oldest professional medical association in the country, the SLMA's contributions include:

1. **Public Awareness Campaigns:** The SLMA regularly organizes community outreach programs to educate the public on kidney health. These campaigns emphasize the importance of controlling non-communicable diseases, hydration, dietary modifications, and minimizing exposure to risk factors such as excessive salt intake and nephrotoxic substances.
2. **Research and Surveillance:** The SLMA collaborates with academic and governmental bodies to conduct epidemiological studies on CKD and CKDu. These studies aim to identify risk factors, geographical hotspots, and at-risk populations, enabling targeted interventions.
3. **Policy Advocacy:** The SLMA actively engages with policymakers to strengthen health systems and prioritize funding for kidney disease prevention. It has been instrumental in lobbying for the regulation of agrochemical use, provision of safe drinking water in endemic areas, and the implementation of occupational health measures for farmers.
4. **Capacity Building:** The SLMA organizes training programs and conferences for healthcare professionals, equipping them with the knowledge and skills to manage CKD effectively. Multidisciplinary approaches are encouraged, involving nephrologists, general practitioners, dietitians, and social workers. The annual SLMA Conference often features sessions dedicated to nephrology and public health.

7.3. Roadmap for setting up of Prevention strategies of CKD

Preventing kidney disease in Sri Lanka requires a multi-sectoral approach, involving healthcare professionals, policymakers, researchers, and community stakeholders. The following roadmap outlines key strategies:

1. **Strengthening Community Engagement:**

- Conduct regular health camps in high-risk areas for early detection and management.
- Empower community leaders and local organizations to disseminate health education.
- Develop culturally appropriate educational materials to raise awareness about CKD and its prevention.

2. **Promoting Healthy Lifestyles:**

- Implement nationwide campaigns to reduce salt and sugar consumption, with a focus on high-risk areas.
- Encourage regular physical activity and routine health check-ups through workplace and school-based programs.
- Partner with local food industries to reduce harmful additives in processed foods.

3. **Enhancing Research and Surveillance:**

- Establish a comprehensive national registry for CKD and CKDu to monitor trends, outcomes, and intervention efficacy.
- Invest in longitudinal studies to identify the environmental, genetic, and occupational factors contributing to CKDu.
- Encourage local and international collaborations for research funding and technical expertise.

4. **Policy Integration:**

- Integrate kidney disease prevention into existing non-communicable disease (NCD) programs to optimize resource allocation.
- Allocate adequate resources for kidney health within the national healthcare budget, with a focus on preventive measures.
- Develop and implement guidelines for occupational health and safety tailored to the agricultural sector.

5. **Improving Access to Safe Water:**

- Expand the provision of reverse osmosis plants and other water purification systems in affected regions.
- Advocate for sustainable water management practices to reduce contamination.
- Promote rainwater harvesting and safe water storage techniques in rural communities.

6. **Regulating Agrochemical Use:**

- Enforce stricter regulations on the sale and use of agrochemicals, including mandatory safety training for farmers.
- Promote organic farming practices and provide farmers with access to safe and affordable alternatives.
- Monitor and remediate soil and water contamination in agricultural regions.

7. **International Collaboration:**

- Partner with global organizations such as the World Health Organization (WHO) and the International Society of Nephrology for technical support and funding.
- Collaborate with regional countries facing similar CKD/ CKDu challenges to share knowledge, research findings, and best practices.
- Leverage international expertise to strengthen laboratory and diagnostic capabilities for CKD.

8. **Monitoring and Evaluation:**

- Establish mechanisms to evaluate the effectiveness of interventions and policy measures.
- Use data-driven approaches to refine strategies and scale up successful programs.
- Publish periodic progress reports to maintain transparency and stakeholder engagement.

7.4. **Conclusion**

Preventing kidney disease in Sri Lanka demands an integrated effort involving healthcare professionals, policymakers, and the community. The SLMA's leadership is crucial in this endeavor, serving as a bridge between scientific research and public health action. By implementing the proposed roadmap, Sri Lanka can mitigate the impact of kidney diseases and improve the quality of life for its people. Ensuring access to safe water, promoting healthy lifestyles, regulating environmental risk factors, and strengthening healthcare systems are not just strategies for disease prevention but investments in the nation's future well-being. Collaborative efforts at local, national, and international levels will be vital in realizing this vision.



Section 3: Enablers for Sustainable Progress

The SLMA 2025 program emphasizes several enablers to drive success. An enabler is a support factor that makes implementing and accepting sustainable strategies for improving health outcomes easier. The enablers prioritized for the SLMA 2025 roadmap include strengthening the health system, strengthening governance, data and IT integration, and professional development.

1. Health system strengthening:
 - How prepared are we to provide better primary care in Sri Lanka?
 - Lifestyle Medicine Healthcare Model Using Combined Group Consultations and Health Promotion Approach
2. Strengthening Governance
 - Clinical Governance
 - The SLMA Health Policy Forum: Bridging Science and Policy for National Progress
 - Influencing the Policy Decisions: The Role of Expert Committees of SLMA
3. Professional Development
 - Advancing professionalism and engaging communities for health equity
 - Medical Research for Advancement of Clinical Practice
 - Sri Lanka Forum of Medical Editors (SLFOME)
 - Medical Writers Society- Affiliated to SLMA
4. Data and IT Integration: Leveraging technology and data-driven insights to monitor progress and adapt interventions effectively.
 - AI in Health: Transforming Care, Empowering Equity, Shaping Futures

8. How prepared are we to provide better primary care in Sri Lanka?

Dr Susie Perera

The World Health Organization defines Universal Health Coverage (UHC) as ensuring that all individuals have access to necessary promotive, preventive, curative, and rehabilitative health services of sufficient quality to be adequate, while also ensuring that individuals do not encounter financial hardship when paying for these services. UHC is considered the overarching strategy for achieving health-related Sustainable Development Goals (SDGs). The Primary Health Care approach is highly esteemed as the foundation upon which health services should be established, integrating key elements such as providing essential first contact or primary care, vital public health services, community empowerment for health, and involvement from multiple sectors. In 2018, Sri Lanka adopted its Policy on Healthcare Delivery for UHC, outlining the direction for further strengthening primary care and its connection with appropriate specialized care when necessary.

The publicly funded government health system has progressively evolved to offer services that range from primary-level community health services and ambulatory and inpatient primary care to specialist services provided at secondary and tertiary care hospitals. The Sri Lanka Essential Services package, published by the Ministry of Health in 2019, aimed to document all the services offered. Despite Sri Lanka being recognized as a nation capable of delivering reasonably good healthcare at low costs and being pro-poor, as noted by Smith O in 2018, the reform agenda initiated by the Ministry of Health as early as 2009 aimed to identify a model of care that could address the increasing burden of non-communicable diseases and the care needs of an ageing population.

Figure 1 illustrates an advocacy poster created during the initial discussion phase. It is part of a series of posters produced through a consultative process at the Ministry of Health that were later used to promote reform.

The UHC policy proposes reorganizing services to strengthen primary care. The Shared Care Cluster model groups primary care institutions (divisional hospitals and primary medical care units) around an apex institution, which could be a base, general, or teaching hospital. The clusters are mapped, and all institutions have been assigned a catchment population based on Grama Niladhari areas. However, individuals have the option to seek public or private care.

Sri Lanka has received support from development partners, who paved the way for reform through pilots and scale-up. The support from JICA in NCD screening is noteworthy. Subsequently, Sri Lanka adopted a significant expansion of NCD screening services in the form of Health Lifestyle centres, and now more than a thousand exist. The World Bank supported the expansion. The NCD care burden was not fully addressed through screening alone, as we continue to experience premature morbidity and mortality due to NCDs.

The reorganization of primary care outlined in the UHC policy 2018 attracted support from the ADB for implementing 10 clusters. The World Bank also extended further assistance to strengthen primary care through significant funding for institutional improvements, the procurement of equipment, and additional support for expanding screening. The provincial health departments managing primary care have received substantial financial backing through these development partners. The Ministry of Health, alongside provincial stakeholders, monitored progress. This aimed to achieve the agreed project outputs, which were linked to the disbursement of funds. It is essential to verify whether the strategic direction mentioned in the 2018 policy was adopted and what measures were implemented to reflect policy execution. This is crucial as the two projects could not fully meet the required scope of reforms. Inevitably, inputs must come from the government.

It is noteworthy that the Ministry of Health has obtained further financial support in the form of loans through the ADB and WB, and the strategic directions of the policy still seem relevant. It is now both

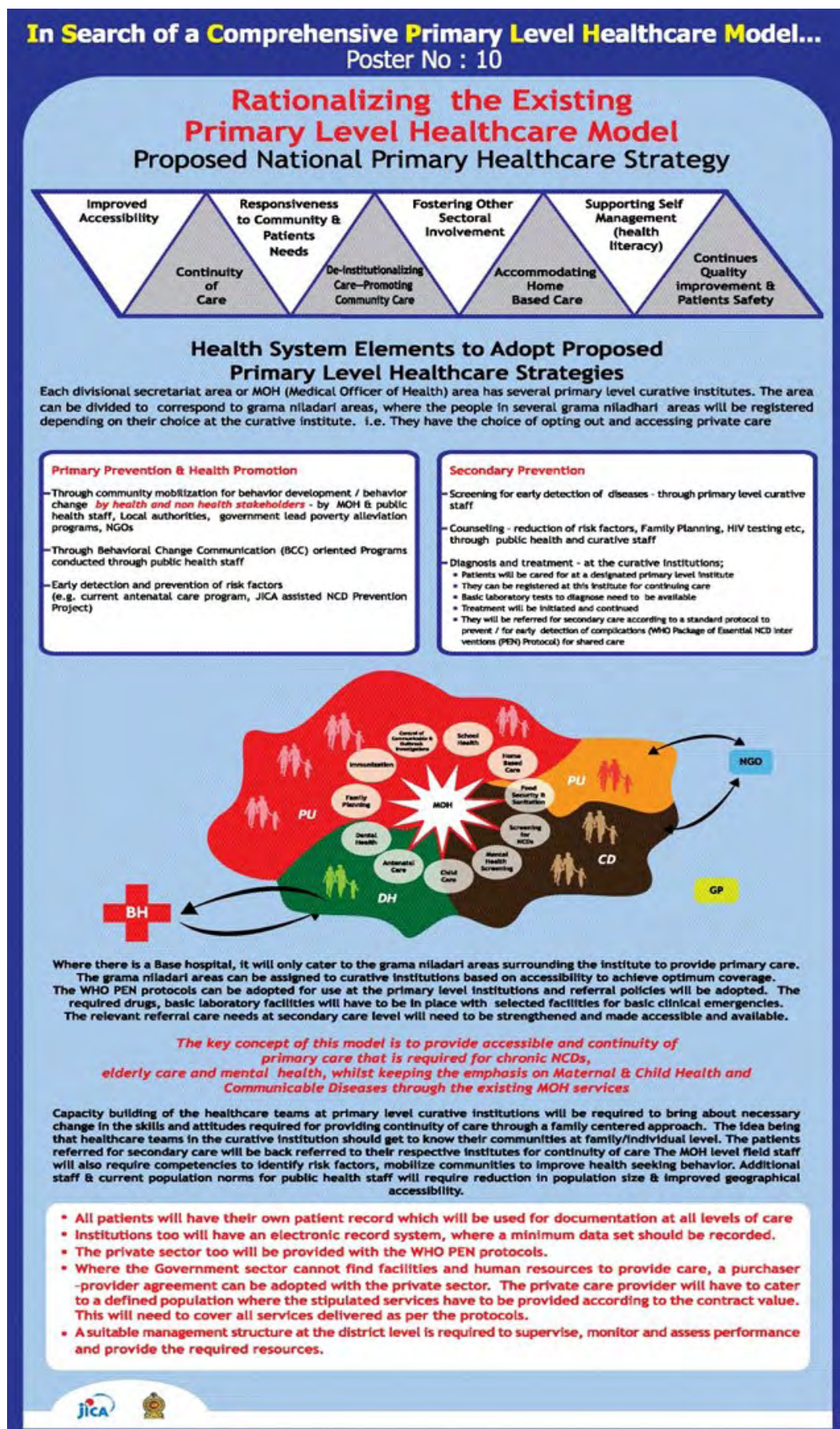


Figure 1. An advocacy poster from the initial stages of UHC policy development aimed at enhancing primary care.

opportune and necessary for the Ministry of Health to adopt a robust governance mechanism to ensure that the reforms benefit the people of Sri Lanka by addressing essential care needs. This would require a performance framework focused on the quality of care, where all primary care institutions and clusters are accountable while measuring project outputs to disburse funds.

The Ministry of Health is currently identifying standard care packages for different levels of care. Primary care must also have a standard care package that addresses common conditions. Defining the package enables identifying what resources are needed, including human resources and the skills required to deliver.

Today's primary care scope must change and expand according to disease patterns and demographics. The policy outlines a state-led family doctor system in primary care. A doctor for every five thousand people should be considered. The expansion of cadres in primary care must be accompanied by capacity development to deliver the standard care package in a person-centered way. Doctors in primary care need to undergo mandatory training, and medical schools must adapt their curricula to be person- or patient-centred. The required skills mix to deliver the standard package will also identify other cadres. Sri Lanka currently needs more community cadres to address an aging population's care needs. Noteworthy is the relatively recent cadre of Public health Nursing officers appointed to primary care institutions, that is trained to give integrated NCD, elderly, and palliative care, reaching out to the community through home visits

The shared care cluster system highlights the opportunity and significance of better understanding and executing referrals and back referrals to ensure continuity of care for patients. Implementing reform was hindered by the absence of a clear communication strategy. The public must know the importance of identifying their family doctor or nearest primary care institution. In contrast, primary care doctors must recognize that they have an empaneled population.

Specialists in the apex or referral hospital should be informed about their cluster of primary care institutions. The connection between specialists and primary care doctors must support positive patient outcomes through appropriate and timely referrals and back referrals. The public should understand that they will receive the standard care package and will be backed with referral care when necessary, noting that it encompasses not only acute care referrals but also preventive referrals as per the standard care package.

The competencies gained through staff training must be integral to the accountability framework for performance monitoring in delivering standard care. It is essential that clinical audit training be conducted practically and progressively. Adopting standard care will also require various types of capacity building for primary care and specialist orientation on how to facilitate such training. Online training is increasingly relevant as training needs to expand and more personnel are required. Developing online training platforms and tracking compliance with training will be essential.

The state-led family doctor system requires more consultation time with patients and person-centred skills, and it would be seen as a complex reform. Further changes would be necessary for ambulatory care organizations, such as the general OPD and clinics, which have traditionally seen large numbers of patients during the morning hours. Patients would have to wait for two or more hours to obtain services. This area is where further reorganization is needed to improve patient flow and make the service more provider—and patient-friendly.

Integrated standard package delivery often includes health promotion, prevention, screening, treatment, and referral elements. Health promotion and personal well-being are essential competencies of all primary care providers.

It needs to be promoted not only for patients but also for health professionals. Health professionals are responsible for understanding why and how these reforms occur. Person-centered care, accountability, quality of care, continuous training, well-being orientation, and the use of digital technology are increasingly crucial while adhering to standard care guidelines.

9. Lifestyle Medicine Healthcare Model Using Combined Group Consultations and Health Promotion Approach

Dr. Samandika Saparamadu

9.1. Background

Sri Lanka faces a significant challenge in managing noncommunicable diseases (NCDs), which account for 81% of deaths and 77% of disability-adjusted life years (DALYs). As of 2018, one in six Sri Lankans aged 30 to 70 is at risk of premature death from NCDs. Despite the limited availability of robust local prospective studies, several key risk factors have been identified. These include unhealthy lifestyle practices such as poor dietary habits, physical inactivity, the harmful use of alcohol and tobacco, and conditions like hypertension, dyslipidemia, diabetes, and obesity.

The economic impact of NCDs on low and middle-income countries (LMICs) is substantial. In LMICs, including Sri Lanka, cardiovascular diseases alone account for nearly 1.9% of GDP annually, exceeding the total public health expenditure of 1.5%. Besides that, NCDs force individuals into poverty through catastrophic illnesses and high out-of-pocket healthcare expenses. Furthermore, social determinants of NCDs – such as housing, working conditions, poverty, and the environment – play a pivotal role in their prevalence and outcomes. This creates a vicious cycle in which NCDs both contribute to and stem from poverty.

To break the cycle of poverty and disease driven by NCDs, Sri Lanka should address both lifestyle and social determinants contributing to their prevalence. A proactive shift in primary healthcare through incremental changes is essential. The Lifestyle Medicine Healthcare Model (LMHM) offers an evidence-informed solution by integrating group consultations, individualized care, the health promotion process, social prescribing, and capacity building. By influencing the root causes of NCDs and adopting sustainable health behaviour change strategies, LMHM can significantly enhance outcomes and cost-effectiveness in NCD management in primary care.

9.2. Challenges in Primary Healthcare

Sri Lanka has made significant strides in strengthening Universal Health Coverage (UHC) by expanding its publicly funded health system and initiatives such as the Shared Care Cluster model and Healthy Lifestyle Centers. However, the financial impact of NCDs makes it challenging to achieve the equity and financial protection goals of the UHC agenda without effectively addressing healthcare delivery. Today, we face the challenge of conceptualizing, planning, and implementing evidence-informed, cost-effective primary healthcare service delivery.

Sri Lanka's primary healthcare faces significant issues: 1) Limited patient-healthcare provider ("provider") contact time, averaging 4–5 minutes per consultation in overcrowded outpatient settings, impedes care quality; 2) A lack of targeted frameworks to enhance providers' skills in disease prevention, treatment, and reversal; 3) Unsustainable financing models requiring balanced public, private, and donor contributions to ensure equitable resource distribution; 4) A need to shift from a reactive "sick care" model to a proactive, community-centred system focused on prevention, health promotion, and engagement.

9.3. Cost-Effective Solutions

Group consultations, a cornerstone of LMHM, bring together patients with similar conditions for shared medical appointments conducted by trained providers and facilitators. These sessions, typically lasting 45–60 minutes, provide extended interaction time, enhance patient empowerment, and promote sustainable behaviour changes. Studies show that group consultations improve health outcomes, increase patient

satisfaction, and reduce healthcare costs by minimizing repeat visits and medication dependence while optimizing healthcare resources [8,9]. Virtual, hybrid, and in-person group consultations (VHIGCs) leverage emerging technologies to enhance accessibility and cost-effectiveness further.

The LMHM integrates the health promotion process to address NCD risk factors through sustainable behaviour changes. Providers and facilitators actively guide and empower patients in setting realistic goals, understanding the root causes of their conditions, identifying key indicators, and creating measurable plans to track progress. Regular evaluations ensure these strategies remain effective and targeted. The process emphasizes patient empowerment by involving individuals in decision-making and equipping them with the skills to manage their health. Peer learning opportunities further increase self-efficacy.

Social prescribing complements LMHM by addressing psychosocial and economic determinants of NCDs. Providers connect patients to local community-based health promotion settings to reduce the impact of these determinants. Existing community health promotion programs and projects in Sri Lanka, such as the Happy Villages, have demonstrated the effectiveness of employing trained volunteers, health professionals, and community members as facilitators. These “health champions” empower community members, build capacity, and drive health improvements. Technology platforms, such as mobile health (mHealth) applications, have the potential to streamline social prescribing by connecting patients with nearby health promotion activities.

Building capacity and implementing sustainable financial models drive the success of LMHM. Providers and facilitators address the root causes of NCDs by applying lifestyle medicine principles, including nutrition, physical activity, stress management, substance avoidance, and sleep. This multidisciplinary approach promotes sustainable health behaviour changes. Efficient resource allocation, public-private partnerships, and tiered service models ensure sustainable financing. Social impact bonds and outcome-based incentives for providers could strengthen the economic viability of LMHM. Subsidies for underserved populations, guided by cost-effectiveness principles, could promote equitable access and encourage adoption further.

9.4. The Role of SLMA

The Sri Lanka Medical Association (SLMA) has played a pivotal role in advancing healthcare in Sri Lanka through its multifaceted approach to improving medical practices, promoting innovation, and driving policy and research. It has long championed evidence-based practices by guiding clinicians in clinical research, offering ethical review services, and facilitating clinical trial registration. The SLMA has also embraced technological innovation through initiatives such as the Expert Committee on Artificial Intelligence in Medicine and the Health Innovations, Research, and Practice Committee. During the COVID-19 pandemic, the SLMA advocated for technology-driven solutions to enhance public health.

In addition, the SLMA has actively engaged in policy advocacy on key public health issues such as road safety, the impact of political and economic crises on health services, and other challenges facing the healthcare sector. The SLMA has positioned itself at the forefront of transforming Sri Lanka’s healthcare system through these initiatives. In 2025, the SLMA will prioritize advocating for a shift from the traditional “sick care” model to a more proactive “health care” approach in primary healthcare service delivery.

9.5. The Road Map for 2025 and Beyond

The SLMA aims to establish a nexus that connects communities, providers, and policymakers to strengthen primary care delivery through the LMHM. For this purpose, SLMA will adopt a three-pronged approach. First, SLMA will establish a multi-stakeholder policy advocacy body within its NCD Committee. This agency will focus on advancing health-in-all policies for NCD prevention, treatment, and reversal. It will advocate for incentives encouraging NCD-related improvements in primary healthcare service delivery.

Second, the SLMA will prioritize training and education for providers and facilitators, equipping them with the skills to address the root causes of NCDs in clinical settings and implement sustainable health behaviour change strategies. This focus aims to empower providers to address NCDs effectively. Finally, the SLMA will advance translational research by collaborating with the public, non-profit, and private sectors and the communities to drive research that generates practical, real-world solutions and enables incremental improvements in primary healthcare service delivery.

10. Clinical Governance

Dr R.M.Mudiyanse

The SLMA Expert Committee on Clinical Governance is committed to advancing clinical governance across Sri Lanka by advocating for and educating healthcare professionals and the public. The committee recognizes the value of collaboration and seeks to engage healthcare professionals, administrators, the public, and political leadership to enhance healthcare delivery and improve national health and wellness.

The committee, in collaboration with the Ministry of Health's Quality Secretariat, has launched a comprehensive program to promote clinical governance nationwide. This initiative addresses systemic challenges caused by inadequate collaboration, attitudes, skills, and knowledge rather than financial constraints or a lack of equipment.

10.1. Understanding Clinical Governance

Clinical governance is a framework that ensures healthcare organizations are accountable for maintaining and improving the quality and safety of patient care. It establishes leadership, policies, accountability systems, and structures to foster a culture of transparency, continuous learning, and excellence.

As defined in the *British Medical Journal* (1998):

“A framework through which NHS organizations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”

10.1.1. Three Core Aspects of Clinical Governance

1. Values of Healthcare (C5):

The committee emphasizes compassion, commitment, care and humanism, courage, and celebration as intrinsic values of healthcare. Compassion fosters understanding, engagement, and action to support others. Commitment reflects altruism and the readiness to make sacrifices for others' benefit. Care and humanism translate these values into meaningful actions, while courage sustains resilience and adaptability in overcoming challenges. Integrated with reflection, celebration helps healthcare professionals enjoy holistic, selfless achievements and promotes transcendence, minimizing workplace stress.

2. Quality of Healthcare:

The committee adopts and expands on the WHO definition of quality healthcare, emphasizing key dimensions:

- **Effective:** Delivering evidence-based care to those who need it.
- **Efficient:** Maximizing resources while minimizing waste.
- **Safe:** Avoiding harm to patients.
- **People-Centered:** Addressing individual preferences, needs, and values.
- **Timely:** Reducing delays that could cause harm.
- **Equitable:** Providing care irrespective of socioeconomic status, gender, ethnicity, or geography.
- **Integrated:** Ensuring access to comprehensive health services throughout life.
- **Progressive:** Continuously improving institutional performance.
- **Accountable:** Maintaining accountability for actions and outcomes.
- **Transparent:** Enabling scrutiny by all stakeholders.
- **Confident:** Demonstrating explicit capabilities and confidence in performance.

3. Seven Pillars of Clinical Governance (PIRATES):

Clinical governance is structured around seven foundational pillars, supported by quality circles within healthcare institutions. These circles, comprising representatives from all stakeholders, engage in periodic self-evaluation to ensure sustainability and continuous improvement. Clinical audits are central to reinforcing these pillars:

1. **Patient and Public Involvement and Patient-Centered Care** focuses on feedback systems, patient advisory groups, and community outreach programs. Transparent communication, co-design initiatives, and accessible public education campaigns promote inclusivity, while effective complaints resolution mechanisms ensure responsiveness.
2. **Information and Information Technology** prioritizes data quality, security, and interoperability. Centralized electronic systems, staff training, and analytical tools like run charts and Pareto analysis enhance decision-making and continuous improvement.
3. **Risk Management and Patient Safety** addresses patient-specific risks and systemic challenges. Strategies include improving communication, enhancing medication safety, preventing healthcare-associated infections, and reducing harm from falls, ensuring correct procedures and mitigating risks across the system.
4. **Audit, Governance, and Leadership** emphasizes setting standards, defining objectives, and fostering leadership competencies. Structured review processes, actionable feedback, and stakeholder engagement drive accountability and sustained improvements.
5. **Training, Education, and Research** highlights curriculum development, mandatory training, and continuous education programs. Interdisciplinary collaboration and robust research support systems enhance skills assessments and integrate training with clinical governance practices.
6. **Effectiveness of Clinical Practice** promotes standardized protocols, performance metrics, and regular evaluations. Collaborative care models, data-driven decision-making, and patient-centered approaches are key to ensuring high-quality practices.
7. **Staffing, Management, and Performance Monitoring** focuses on strategic workforce planning, recruitment, and retention. Training, professional development, diversity, and conflict resolution mechanisms create a supportive environment for staff to thrive, while performance evaluations ensure accountability and excellence.

10.2. The Role of SLMA and Future Directions

The SLMA Expert Committee collaborates with the Ministry of Health to advocate and educate healthcare professionals on clinical governance principles. While the Ministry of Health is responsible for integrating administrative processes and monitoring outcomes, political leadership can incorporate their aspirations to empower human resources and systems. The SLMA remains steadfast in its mission to establish clinical governance as a cornerstone of Sri Lanka's healthcare system, ensuring continuous improvement in quality and safety for a healthier nation.

11. The SLMA Health Policy Forum: Bridging Science and Policy for National Progress

Dr Suarntha Perera

The Sri Lanka Medical Association (SLMA) has long served as a beacon of medical excellence and a steadfast advocate for improving the nation's health. In response to the pressing need for evidence-informed policymaking, the SLMA has initiated the "Health Policy Forum"—a monthly platform designed to systematically address critical national health issues. This initiative underscores the SLMA's commitment to translating research into actionable policies and fostering a robust dialogue between healthcare professionals, policymakers, and the wider community.

11.1. Objectives of the Health Policy Forum

The Health Policy Forum is grounded in the belief that effective policymaking is essential for sustainable health outcomes. Its primary objective is to provide a structured platform for deliberating on national health challenges, with the ultimate goal of formulating concise and actionable policy briefs. These briefs, handed over to the government, aim to influence decision-making processes and drive meaningful change.

11.2. Process of the Forum

1. **Identification of Key Issues:** Each month, the SLMA identifies a pressing health issue based on its relevance, urgency, and potential impact on public health. Topics range from the prevention of non-communicable diseases (NCDs) and road traffic accidents (RTAs) to addressing health inequities and mitigating the health effects of climate change.
2. **Multidisciplinary Participation:** The forum invites a diverse group of stakeholders, including healthcare professionals, researchers, policymakers, civil society representatives, and sectoral experts. This ensures a holistic understanding of the issue and encourages the integration of varied perspectives.
3. **Evidence-Based Deliberations:** The discussions are grounded in the latest research, data, and best practices. Expert presentations provide a factual basis for debate, while breakout sessions encourage in-depth exploration of specific aspects of the issue.
4. **Consensus Building:** The forum emphasizes consensus-driven decision-making. Through structured dialogues and iterative feedback, participants collaborate to identify practical, evidence-backed recommendations.
5. **Policy Brief Development:** The outcomes of each forum are synthesized into a succinct, targeted, and actionable policy brief. These briefs are carefully crafted to resonate with policymakers and highlight the urgency and feasibility of the proposed interventions.
6. **Advocacy and Follow-Up:** The SLMA actively engages with governmental and non-governmental stakeholders to ensure that the recommendations are implemented. Regular follow-up meetings and progress assessments promote accountability and maintain sustained momentum.

11.3. Strategic Importance of the Forum

The SLMA Health Policy Forum is more than just a meeting; it is a transformative initiative with far-reaching implications for health governance in Sri Lanka. By aligning national health priorities with scientific evidence and stakeholder insights, the forum serves as a bridge between knowledge and action.

This initiative enhances the SLMA's role as a key influencer in health policy, demonstrating its commitment to:

- **Advocacy for Equity:** Addressing disparities in healthcare access and outcomes.
- **Promotion of Accountability:** Encouraging transparent and evidence-based decision-making.
- **Capacity Building:** Strengthening the competencies of healthcare professionals in policy advocacy.
- **Sustainable Impact:** Ensuring policies are designed to produce long-term benefits for the nation's health.

11.4. Challenges and Opportunities

While the Health Policy Forum is a promising endeavour, it is not without its challenges. Ensuring sustained engagement from diverse stakeholders, bridging the gap between recommendations and implementation, and addressing political and resource constraints are ongoing hurdles. However, these challenges also present opportunities to innovate, build partnerships, and advocate more effectively.

The SLMA Health Policy Forum epitomizes the association's proactive approach to addressing national health issues. By fostering informed dialogue and bridging the gap between evidence and policy, the forum strengthens the SLMA's legacy and advocacy role and significantly contributes to the health and well-being of Sri Lankans.

12. Influencing the Policy Decisions: The Role of Expert Committees of SLMA

Dr. Ishani Fernando

12.1. Background

The Sri Lanka Medical Association (SLMA) is the oldest professional medical association in Asia and Australasia. Founded on December 17, 1877, it is situated at Wijerama House on Wijerama Mawatha, Colombo 07.

The Sri Lanka Medical Association has several expert committees advising the SLMA Council and other government bodies on health-related issues affecting the community's safety and well-being.

The Following Expert Committees are actively involved in assisting the Sri Lanka Medical Association (SLMA) in influencing policy decisions, developing national action plans, advocating for and continuing support of comprehensive curative and preventive healthcare for the Sri Lankan Community, and collaborating with Professional Colleges, the Ministry of Health, the Ministry of Finance, relevant health-related organizations, and stakeholders.

12.2. Expert Committees - SLMA

- Communicable diseases
- Communication in Healthcare
- Audit
- Ethics
- Forum For Ethics Review Committees of Sri Lanka (FERCSL)
- Health Innovations, Research and Practice Committee
- Health Management
- Media
- Medicinal Drugs
- Non-Communicable Diseases
- Palliative and End-of-Life Care Task Force
- Prevention of Road Traffic Accidents
- Research Evaluation
- Snake Bite
- Medical Humanities
- Tobacco, Alcohol and Illicit Drugs
- Women's Health
- Suicide Prevention
- Clinical Governance
- Eliminating Violence from Universities and Schools
- Expert Committee on Disability and Rehabilitation
- Medical Education
- Planetary Health and Climate Change
- Food Security, Food Safety and Nutrition
- Disaster Management and Resilience
- Sports and Exercise
- Artificial Intelligence in Medicine
- Birth Defects

The key objectives of the SLMA expert committees might vary from time to time based on the most pressing needs at the time the committees were established. However, in general, the objectives are as follows;

- Support and promote evidence-based advocacy.
- Support implementation of sustainable development goals through enhanced intra and inter-sectoral cooperation.
- Provide education, training, and research activities for medical professionals.
- Lead the health policy debate to influence or change government decisions that SLMA believes may not be in the country's best interest.
- Promote non-health sector organizations taking initiation and equal responsibility in preventing and reducing health inequalities.
- Promote healthy lifestyles and address and highlight major causative factors for NCDs among vulnerable populations through health promotion and awareness.
- To advocate reorientation of the health care sector towards health promotion.
- Establish and maintain a national registry of clinical trials that meets international standards.

12.3. Road map for 2025

In 2025, the SLMA plans to streamline the expert committee activities by systemizing the process. A term of reference for establishing an expert committee will be developed, and a methodology for evaluating the outputs and outcomes will be devised.

Organize symposia/webinars and other relevant events on currently essential and relevant topics, aiming to improve capacity building and continuous medical education for medical professionals, create awareness among the public regarding issues relating to the general well-being of the population and target groups, and promote best practices will be another activity expected by the expert committees.

Another key activity will be exploring the possibility of a long-term collaboration with relevant organizations/institutions to obtain assistance for continuing professional education sessions to improve medical professionalism.

To serve the community, the expert committees will initiate activities and workshops targeting comprehensive, curative, and preventive healthcare at the community level and improve and expand the information, education, and communication material on health-related topics, which can be used in hospitals and healthcare institutions nationwide.

13. Advancing professionalism and engaging communities for health equity

Dr Susie Perera

Health equity necessitates a dual focus: enhancing professionalism to elevate care standards and engaging communities to build trust and shared ownership. Through professional development, we empower healthcare providers with the skills, knowledge, and ethical foundation to address disparities effectively.

At the same time, grassroots engagement ensures culturally appropriate outreach and partnerships that empower individuals and communities to shape healthier futures. By combining expertise with lived experience, we can dismantle barriers, promote inclusivity, and establish health as a universal right—not a privilege.

SLMA, as the leading organization among professional colleges and associations, should seize the opportunity to elevate health care to a new level. The key areas we wish to focus on are,

1. Health professional advancement
2. Advocating for critical policy changes for health gains
3. Educating, engaging and empowering people for their health gains

Key Results/ outcomes that need to be achieved over five years need to be understood. The strategic framework must be agreed upon to achieve the outcomes listed below for the above key result areas.

Successive SLMA presidents must agree to this rolling plan, which incorporates their specific focus each year while upholding the agreed-upon outcomes.

13.1. Key result area A. Health Professional advancement

- A.1. All Doctors following a Continuous professional Development program
- A.2. Universal adoption of digital solutions for medical records and health information transmission
- A.3. Health professionals are compliant with health quality standards
- A.4. Health professionals practice climate-sensitive service delivery

13.2. Key result area B. Advocate for critical policy changes for health gains

- B.1. The SLMA Governance body can advocate successfully on key issues relevant to health professional retention, motivation, work satisfaction, safety
- B.2. SLMA can advocate policy changes that improve clinical outcomes of patients throughout a life course
- B.3. SLMA can advocate for efficient supply chain management of pharmaceuticals and their effective and safe use.
- B.4. SLMA can successfully advocate on principles of UHC and promote effective Primary Health Care
- B.5. SLMA can successfully advocate on issues that address the health of vulnerable communities

13.3. Key Result Area C. Educate, engage and empower people for their health gains

- C.1. Citizens of Sri Lanka better understand the importance of well-being and mitigating risk factors for poor health
- C.2. Citizens are educated on how to protect themselves from climate shocks, harmful pathogens, etc
- C.3. Citizens are educated on rational health-seeking

For each of the outcomes listed above, the strategies can be identified with programs of action.

Let's unite to transform health equity from aspiration to reality!

14. Medical Research for Advancement of Clinical Practice

Professor Sachith Mettananda

14.1. Background:

Medical research is essential for the development and advancement of clinical practice and patient care. Research helps to improve the understanding of disease-causing pathophysiological mechanisms, develop new modalities of diagnostic investigations and discover and test novel therapies for incurable diseases. Allopathic medicine is exclusively based and advanced on scientific evidence, and biomedical research is the most trusted pathway for generating evidence to improve clinical practice.

Many groundbreaking research studies have historically shaped clinical practice from time to time. Well-known examples include the discovery of penicillin (and antibiotics) by Alexander Fleming (1928), the invention of the smallpox vaccine (and vaccination) by Edward Jenner (1796), the identification of the structure of DNA by Watson and Crick (1953), and the invention of modern anaesthesia by William Morton (1846). In addition to these remarkable scientific discoveries, many epidemiological studies have provided impactful results. The two well-known examples are the identification of the source and mode of transmission of Cholera by John Snow and determining the association between smoking and lung cancer.

14.2. Sri Lankan situation:

Medical research in Sri Lanka has progressed a long way from its beginnings in the nineteenth century. Sri Lanka has produced several world-renowned medical researchers working in Sri Lanka and overseas, many of whom are listed on various indices that recognise the best scientists in the World. Also, several research studies conducted in Sri Lanka have been published in high-impact journals and have significantly influenced the management of diseases worldwide; well-known examples are dengue, snake bite and thalassaemia.

One important challenge for Sri Lankan medical research is the lack of enthusiasm, commitment, and willingness among most practising clinicians to perform medical research. Medical research in Sri Lanka has been conducted by a limited number of individuals who are predominantly working for academic institutions. This approach should be changed, and every practising clinician in Sri Lanka should participate in biomedical research; it should be considered an essential responsibility by all.

One crucial way to overcome this challenge is to prioritise the critical research areas and identify feasible research projects for Sri Lanka. The research should focus on areas with a relatively high prevalence in Sri Lanka or those that cause significant public health burdens to the country. Tropical diseases like dengue, leptospirosis, and rickettsia; important accidents like snake bites and organophosphate poisoning; common genetic diseases like thalassaemia; and emerging public health issues of non-communicable diseases like obesity, cardiovascular diseases, and metabolic liver diseases are high priority areas for Sri Lanka.

Descriptive surveys are the most common type of research conducted in Sri Lanka and worldwide. They are easy to perform and require minimal resources. Most descriptive surveys are KAP (knowledge attitude and practices) studies. Although these studies are useful to a certain extent, repetitive studies to answer the same research question are unlikely to provide useful information. As Sri Lankan patients are well-literate and do not resist research, case-control and cohort studies are also feasible in Sri Lanka. Although historically uncommon, in the recent past, we have witnessed many Sri Lankan researchers and study sites taking part in multicentre randomised controlled clinical trials for various diseases. These trials provide the highest level of evidence to advance medical practice; thus, fostering a collaborative research culture is immensely beneficial for low- and middle-income countries like Sri Lanka.

14.3. Role of the SLMA:

Over the years, the SLMA has played a pivotal role in popularising research among its members and practising clinicians in Sri Lanka. The SLMA supports medical research at every step, from planning and conducting a study to disseminating research findings. Several SLMA committees provide technical support for high-quality medical research in Sri Lanka. The Ethics Review Committee of the SLMA offers a valuable service to medical researchers working anywhere in Sri Lanka to obtain ethical approvals for their studies. The Forum for Ethics Review Committees in Sri Lanka, supported by the SLMA, provides the necessary training for ethics committee members to foster a better understanding and implementation of ethical review of bio-medical research to be on par with international standards. The Sri Lanka Clinical Trials Registry, managed by the SLMA, allows clinical trials conducted in Sri Lanka to be easily registered. It is linked to the Registry Network of the International Clinical Trials Registry Platform of the WHO and is accepted worldwide.

The SLMA also provides several opportunities for Sri Lankan researchers to disseminate their research findings. The Scientific Congress of the SLMA, conducted annually for 137 continuous years, is the pinnacle of scientific meetings in medical sciences in Sri Lanka. It has been a handy platform for many budding researchers to disseminate research findings in oral and poster presentations and for senior researchers to showcase their work in orations. The SLMA's official publication, *Ceylon Medical Journal*, is the only PubMed-indexed journal in Sri Lanka. It provides a unique opportunity for medical researchers in Sri Lanka to publish their findings in a reputed, internationally accepted, locally published journal.

Additionally, the SLMA encourages medical researchers at multiple stages of their careers through several grants and award schemes. SLMA research grants are competitive and are awarded to high-quality research proposals submitted for funding. Several awards are given to the best research papers in several disciplines presented at the SLMA Scientific Congress annually.

14.4. Road map for 2025 and beyond:

The Council of the SLMA has considered 'Medical Research for Advancement of Clinical Practices' as one of the key themes in 2025. Thus, the SLMA plans to improve its services and implement new strategies to improve the quality, quantity and clinical relevance of the biomedical research conducted in Sri Lanka. The SLMA aims to provide training on conducting medical research in clinical practice settings to newly recruited medical graduates and junior medical officers who are interested. Also, it aims to identify and rectify the barriers for clinicians to conduct research in various healthcare settings in Sri Lanka. Furthermore, introducing a competitive clinical research fellowship scheme for early career researchers is another idea being considered. Through these approaches, the SLMA aspires to promote a positive mindset for medical research in Sri Lanka and expects all doctors to identify their role as medical researchers, thus contributing to the advancement of medical and scientific literature. Also, the SLMA aims to foster a collaborative research environment locally and internationally. Through this approach, it strives to encourage Sri Lankan study sites to join international multicentre studies, including clinical trials. This will invariably benefit Sri Lankan patients as data from Sri Lankan patient cohorts are represented in global literature. Another approach that is being considered is to utilise the established expert groups to foster research in respective areas. The SLMA expert groups in various subject areas can provide excellent platforms for experts in respective fields to plan and implement collaborative research. Through these multifaceted approaches, the SLMA aims to strengthen the research culture in all healthcare settings across Sri Lanka.

15. Sri Lanka Forum of Medical Editors (SLFOME)

Affiliated with the Sri Lanka Medical Association (SLMA) “A Vision for the Future”

Dr Surantha Perera & Dr. B J C Perera

The Sri Lanka Forum of Medical Editors (SLFOME) envisions a transformative approach to enhance medical editing, peer review process, and research publication standards. This will be done by utilizing the abundantly available human and infrastructural resources in Sri Lanka. The forum aims to elevate the quality and impact of medical research and publications.

The potential for excellence is undeniable, given the over 130 scientific journals hosted on the Sri Lanka Journals Online platform and the strong emphasis on research by local academic institutions. However, despite these resources, the number of research articles published nationally and internationally falls short of expectations. Addressing this gap requires innovative strategies and collaboration to harness these resources effectively and create a unified, productive platform for medical publishing.

SLFOME, in association with the Sri Lanka Medical Association—the oldest medical institution in Asia and Australasia—is well positioned to lead this transformation. Revitalizing SLFOME is critical for ensuring Sri Lanka secures global recognition for its contributions to medical literature.

15.1. Objectives

SLFOME aims to:

1. **Enhance Editorial Skills**

- Provide training in medical editing, peer review, and ethical publishing practices.

2. **Promote Best Practices**

- Develop expertise in manuscript editing, data validation, and effective communication of research findings.

3. **Foster Collaboration**

- Facilitate networking among medical editors to ensure consistency and quality in publishing.

4. **Keep up with Emerging Trends**

- Address challenges in digital transformation, open access, and other advancements in medical publishing.

5. **Strengthen Ethical Standards**

- Implement guidelines to manage plagiarism, authorship disputes, and conflicts of interest.

6. **Leverage Artificial Intelligence (AI)**

- Utilize AI to streamline tasks such as plagiarism detection, grammar correction, and fact-checking.
- Employ AI tools to analyze datasets, suggest references, and draft sections of articles, allowing editors and authors to focus on quality, analysis, and innovation.

15.2. Future Directions

Achieving these goals requires a dedicated commitment to developing a skilled core of medical editors and researchers. Continuous Professional Development (CPD) initiatives—including workshops, panel discussions, training programmes, and informal knowledge-sharing sessions—will play a vital role. Participants will be selected based on their proven academic and professional capabilities.

A clear roadmap, including immediate, mid-term, and long-term plans, will guide these efforts. The following two years will focus on creating momentum and achieving measurable progress, laying the foundation for sustained success.

16. Medical Writers Society

Affiliated to SLMA

Dr. Surantha Perera

As the President of the Sri Lanka Medical Association (SLMA), I am delighted to introduce an initiative that embodies our commitment to advancing medical knowledge and fostering professional development—the establishment of the SLMA Medical Writers Society. This venture will create a dynamic platform for our members to collaborate, innovate, and contribute meaningfully to medical literature, benefiting the healthcare community and the wider public. The written e-books will be published online, printed, and distributed to fill a void in the health sector in promoting knowledge.

16.1. Vision and Objectives

The SLMA Medical Writers Society seeks to be a hub for medical professionals passionate about writing and sharing knowledge. The primary objectives of this Society include:

1. **Enhancing Professional Skills:** Provide opportunities for members to refine their writing skills through workshops, mentorship programs, and peer reviews.
2. **Promoting Knowledge Sharing:** Facilitate the publication of evidence-based articles, research findings, and medical insights for a diverse audience, including professionals, students, and the general public.
3. **Fostering Collaboration:** Encourage interdisciplinary collaborations to produce high-quality, impactful publications.
4. **Encouraging Creativity:** Encourage members to explore creative writing, including medical narratives, patient stories, and reflective essays.

16.2. Structure and Membership

Membership in the Medical Writers Society will be open to all SLMA members, including medical practitioners, researchers, educators, and students. The club will be structured as follows:

- **Executive Committee:** Consists of a Chairperson, a Secretary, and Coordinators for workshops, publications, and public engagement.
- **Advisory Panel:** A group of seasoned writers and editors to provide guidance and mentorship.
- **Special Interest Groups (SIGs):** Focused on specific genres such as academic writing, health journalism, and creative writing.

16.3. Proposed Activities for 2025

To ensure a successful launch and impactful operations in 2025, the following activities are proposed:

1. **Workshops and Training Programs:**
 - Organize regular workshops on medical writing techniques, research dissemination, and writing for non-specialist audiences.
 - Conduct training sessions on the use of digital tools for writing and publishing.
2. **Publication Projects:**
 - Collaborate on creating a comprehensive guidebook on prevalent health issues in Sri Lanka.
 - Facilitate the publication of members' work in peer-reviewed journals, newspapers, and online platforms.

3. **Knowledge Exchange Forums:**

- Host monthly meetings for members to share their work, receive feedback, and discuss emerging trends in medical writing.
- Invite guest speakers, including renowned medical writers and editors, to inspire and educate members.

4. **Writing Weeks**

- We will organize quarterly writing weeks for registered participants to come together and complete a focus medical writing project on their themes.

5. **Community Outreach:**

- Develop simple, informative health booklets for the public on preventive care, nutrition, and mental health.
- Partner with schools and universities to promote health literacy through engaging written materials.

6. **Annual Medical Writers Conference:**

- Organize a national conference showcasing the work of our members and providing networking opportunities with international experts.

16.4. **Expected Impact**

Establishing the SLMA Medical Writers Society will create a ripple effect across the medical community and beyond. It will:

- **Elevate Standards:** Improve the quality and impact of medical publications from Sri Lanka.
- **Empower Professionals:** Equip medical practitioners with essential communication skills, enhancing their ability to educate and inform.
- **Enhance Public Awareness:** Deliver accurate, accessible health information to the public, fostering a healthier society.
- **Inspire Future Generations:** Encourage young medical professionals to engage in writing, contributing to the continuous growth of medical literature.

The SLMA Medical Writers Society represents a significant step forward in our mission to enhance medical knowledge and promote professional excellence. By harnessing our members' collective talent and passion, we can produce transformative literature that benefits both the medical community and society at large. I encourage all SLMA members to participate in this exciting endeavour and contribute to a legacy of impactful medical writing. Together, let us pave the way for a future enriched with knowledge, creativity, and collaboration.

17. AI in Health: Transforming Care, Empowering Equity, Shaping Futures

Professor Kumara Mendis

Artificial Intelligence (AI) is revolutionizing healthcare, driving significant changes in clinical practice, public health, and global health. Integrating machine learning, natural language processing, and robotics, AI offers tools to enhance diagnosis, optimize treatment, and facilitate access to care. This article is about how AI is reshaping healthcare, addressing disparities, and defining the future of medicine.

17.1. Transforming Care

AI's ability to analyze large datasets in real time enables precision and personalization in healthcare. Clinical decision support systems (CDSS) assist physicians in real-time by analyzing patient data and recommending evidence-based interventions. For instance, AI-powered algorithms detect patterns in medical imaging that may be difficult to detect with the human eye, aiding early detection of cancer, stroke, and retinopathy.

Wearable devices such as the Apple Watch monitor real-time physiological parameters, notifying abnormalities before symptoms arise. These tools empower patients and clinicians to act proactively, preventing disease progression and early diagnosis. In surgical settings, AI-assisted robotics enhance precision, minimize complications, and shorten recovery times, significantly altering outcomes in specialties like orthopedics and neurosurgery.

17.2. Empowering Equity

Healthcare disparities remain a global challenge, but AI has the potential to bridge gaps, especially in resource-limited settings. Telemedicine, assisted by AI, extends specialty care to remote populations. Chatbots and virtual assistants equipped with multi-language capabilities provide health information and triage services, overcoming language and geographical barriers.

Analysis of large datasets will help policymakers allocate limited resources efficiently, targeting interventions to communities at highest risk. For example, AI models predict disease outbreaks or health crises, enabling preemptive responses, reducing morbidity and mortality in vulnerable populations.

However, ensuring equity in AI implementation requires careful attention to ethical considerations. Economically developing countries depend to a great extent on huge datasets of developed countries that are used to train AI applications. This can create unforeseen issues which can even exacerbate disparities rather than alleviate them.

Transparency and equitable distribution of AI tools are essential to realizing its potential for social good.

17.3. Shaping Futures

The future of AI in health will depend on collaboration between humans and machines. Generative AI, like ChatGPT, facilitates medical education, research synthesis, and patient communication. Virtual reality (VR) enhanced with AI, is used for training for healthcare professionals, simulating complex scenarios in safe training environments.

As AI evolves, it will facilitate breakthroughs in personalized medicine. AI-driven drug discovery accelerates the development of treatments for rare and complex diseases, reducing time and cost.

While the potential of AI is huge, it is not without challenges. We are dealing with new technology, that is different from all other past technologies because of its potential capabilities to take actions on its own, if allowed by the developers. AI is also a 'black box' without any regulatory agency. Physicians must remain in control, ensuring that AI complements—rather than replaces—the human touch in medicine.

AI is more than a technological advancement. It's a paradigm shift in healthcare.

It is a catalyst for transforming healthcare delivery, empowering equity, and shaping a future of personalized, accessible, and sustainable care. Embracing AI thoughtfully and ethically, physicians can harness its power to improve lives, reduce disparities, and redefine the practice of medicine.



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