Sri Lanka's scores and priority actions

This evaluation was conducted using Version 3 of the JEE Tool. It is essential to emphasize that the third edition of the tool incorporates the key lessons learned from the COVID-19 pandemic. Experiences from around the globe raised the bar for what is deemed adequate capacity to prevent, detect, and respond to public health threats. Consequently, a capacity score derived using the third edition of the JEE tool cannot be directly compared to scores from other versions. Furthermore, if a country, while undergoing a subsequent JEE, secures a lower score in a specific technical area than its previous evaluation, it doesn't necessarily indicate a reduction in that country's capacity.

Scores: 1=No capacity; 2=Limited capacity; 3=Developed capacity; 4=Demonstrated capacity; 5=Sustainable capacity.

Technical areas	Indicator number	Indicator	Score	Priority Actions
Prevent				
P1. Legal instruments	P1.1.	Legal instruments	**2**	• Conduct a mapping and analysis of legal frameworks relevant to the IHR (2005) across all sectors at national and subnational level and, based on the findings, identify priority actions for legal strengthening and responsible sectors, to be facilitated by the IHR Steering Committee. • Enhance the use of gender equity as an entry point for strengthening preparedness and response through: ⇒ after consultation with relevant stakeholders, undertaking a systematic assessment of gender gaps in a selected IHR (2005) core capacity and develop and begin implementing an action plan to address priority gender gaps and plan for further similar analyses in other areas; and ⇒ accelerating the collection and use of disaggregated data across health platforms through the realization of digital health blueprint and related health information system by the Health Information Unit • Seek approval of the parliament for the amendment of the
	P1.2.	Gender equity and equality in health emergencies	**3**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				Quarantine and Prevention of Disease Ordinance approved by Cabinet which will facilitate to the country to implement its obligations under the IHR (2005).
P2. Financing	P2.1.	Financial resources for IHR implementation	**3**	• Conduct a comprehensive analysis to determine the specific proportion of the budget allocated to IHR-related activities across the sectors. Following the analysis: ⇒ Prioritize the financial distribution of resources aligned with national priorities among various levels of the health sector and other contributing sectors to ensure the consistent strengthening of IHR (2005) capacities across the country. ⇒ Establish an expenditure tracking mechanism specifically for IHR-related activities. ⇒ Allocate additional resources and staff to expedite the updating of the National Health Account incorporating estimation of finances related to IHR (2005) capacities. • Implement a system of timely budget release, and regular budget reviews to support efficient implementation of priority IHR related actions. This involves: ⇒ Create a well-defined and structured schedule with deadlines for releasing budget allocations to IHR-related activities across the sectors. ⇒ Conduct periodic reviews of the IHR-related activities budget to identify areas where funds are underutilized or where surpluses exist. • Explore the establishment of an emergency funding mechanism in
	P2.2.	Financial resources for public health emergency response	**3**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				collaboration with policymakers to ensure swift response to public health emergencies across sectors.
P3. IHR coordination, National IHR Focal Point functions and advocacy	P3.1.	National IHR Focal Point functions	3	• Conduct regular advocacy on IHR capacity strengthening involving the highest-level authorities at national and sub-national levels including on financing and human resources along with key stakeholders across all the technical areas. • Revise and endorse terms of reference and standard operating protocol for national IHR Steering Committee in collaboration with relevant sectors including those with mandate for newly added technical areas. • Plan review of functionality of national IHR coordination mechanisms and update as required; establish IHR coordination mechanism at the subnational levels. • Establish an enhanced mechanism for regular coordination between relevant one-health stakeholders during the non-emergency period, particularly for priority infectious hazards including zoonoses; vector, water and food borne; and vaccine preventable diseases. • Establish an institutional mechanism to monitor and review the implementation of the NAPHS and undertake revision and re-prioritization of actions as required.
	P3.2.	Multisectoral coordination mechanisms	4	
	P3.3.	Strategic planning for IHR, preparedness or health security	3	
P4. Antimicrobial resistance (AMR)	P4.1.	Multisectoral coordination on AMR	3	• Implementing a policy and a costed updated Multisectoral National Action Plan for AMR, and ensure adequate, sustainable allocation of resources, with oversight from the Multisectoral National Advisory Committee for combatting AMR. This should be accompanied by a list for prioritized MDRO pathogens. • Update existing and implement legislations to cover all aspects of
	P4.2.	Surveillance of AMR	3	
	P4.3.	Prevention of MDRO	1	
	P4.4.	Optimal use of antimicrobial medicines in human health	2	
	P4.5	Optimal use of antimicrobial medicines in animal health and agriculture	2	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				manufacturing, importation, marketing and quality of antimicrobials and pesticides related to animal health and agriculture incorporating "critically important antimicrobials for human medicine". • Developing of the National Antimicrobial Stewardship Programme (AMSP) involving community and healthcare setting in human health incorporating "AWaRe classification" ⇒ including multidisciplinary teams to improve coordinated action to mitigate AMR in healthcare facilities in the public and the private sector, ⇒ including training of personnel in the public and the private sector, ⇒ ensuring the availability of sufficient human and other resources for IPC, laboratory diagnostics, AMR/HAI surveillance and AMSP in the public and the private sector. • Strengthening laboratory capacity in a stepwise manner, at all tiers and across all sectors, also the private sector, for ⇒ harmonized timely AMR diagnosis and MDRO detection; ⇒ including the training of personnel; ⇒ ensuring availability of sufficient human resources; infrastructure, equipment and consumables. • Expanding AMR surveillance sites up to Provincial level across all sectors, also the private sector, including community level and ensuring geographical representation.
P5. Zoonotic disease	P5.1.	Surveillance of zoonotic diseases	**2**	• Development of multisectoral zoonotic disease surveillance system and control plan by
	P5.2.	Response to zoonotic diseases	**1**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
	P5.3.	Sanitary animal production practices	3	Ministry of Agriculture and Ministry of Health. • Upgrade central and regional laboratory capacities for surveillance and support of diagnosis of zoonotic diseases – in the animal and the human sector. • Development of biosecurity guidelines and checklists to monitor good animal husbandry/ biosecurity practices in livestock/poultry farms by Ministry of Agriculture. • Establish a working group with members of Ministry of Agriculture, -Health and -Environment and the responsible authority for wildlife to coordinate and monitor progress in zoonotic disease surveillance and control.
P6. Food safety	P6.1.	Surveillance of foodborne diseases and contamination	3	• Develop a national food safety emergency plan. • Strengthen collaboration between Sri Lanka's various agencies and ministries, aspiring to a "farm-to-fork" approach. • Develop laboratory capacity in areas such as onsite testing and testing on residues.
	P6.2.	Response and management of food safety emergencies	1	
P7. Biosafety and biosecurity	P7.1.	Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	2	• Develop national strategic and costed action plan for multisectoral biosafety and biosecurity policy implementation and ensure sustainable funding through national budget. • Develop one health national guideline for laboratory biosafety and biosecurity. • Establish in country capacity building for biosafety cabinet certification/validation. • Conduct biosafety and biosecurity training need assessment and establish multisectoral training framework including harmonized one health in service curriculum for all sectors including private sector. • Establish national laboratory licensing for biosafety and biosecurity as per the national
	P7.2.	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	2	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				guideline/standards for public and private sector institutions
P8. Immunization	P8.1.	Vaccine coverage (measles) as part of national programme	5	• Introduction of a web-based individual-level real-time immunization tracking system after careful assessment of the feasibility and cost- benefit. • Ensure inter-operability of the surveillance, immunization coverage and vaccine safety databases through the digital health blueprint initiative. • Draft the Immunization Act and facilitate discussion and endorsement, to provide legal backing for the full implementation of the National Immunization Policy. • Facilitate the issuance of a regulation to enable monitoring of the immunization services delivered through the private sector. • Design and implement a communication and community engagement programme at field level to overcome vaccine hesitancy among specific groups refusing vaccines.
	P8.2	National vaccine access and delivery	5	
	P8.3	Mass vaccination for epidemics of VPDs	5	
Detect				
D1. National laboratory systems	D1.1.	Specimen referral and transport system	3	• Conduct a national laboratory mapping using a multisectoral approach including the private sector, develop a national laboratory strategy, and ensure that all recommended priority actions are included in relevant sectors' annual work plan and annual budget plans. • Implement national guidelines for specimen referral and transport between different tiers of laboratories for all priority diseases with real-time tracking systems in human and veterinary health sectors ensuring public and private participation to reach all levels with adequate monitoring and evaluation mechanisms. • Expand diagnostic testing capacity for priority diseases in
	D1.2.	Laboratory quality system	1	
	D1.3.	Laboratory testing capacity modalities	3	
	D1.4.	Effective national diagnostic network	3	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				both human and veterinary sectors to subnational/regional laboratories and ensure adequate and sustainable resources including trained human resources, essential equipment with annual maintenance and calibration, quality-assured consumables/supplies, and quality assurance. • Develop a National Essential Diagnostics list for the human sector, national laboratory quality standards and licensing protocols for veterinary laboratories and a tiered diagnostic testing plan for the veterinary sector. • Develop, implement, and test a formal mechanism for coordination and information/data sharing between laboratories, and epidemiology, and other relevant stakeholders, including a real-time traceable Laboratory Information Management System in One Health framework leveraging existing multisectoral committee.
D2. Surveillance	D2.1.	Early warning surveillance function	4	• Extend the current digital web-based surveillance system up to health facilities and other primary reporting units. • Assess the gaps in the surveillance system and barriers to reporting by the private health facilities from outpatient and in-patient services; develop and deploy mechanisms to enable optimal engagement of the private health service sector to close the gaps and address the barriers identified. • Systematically expand the scope of the surveillance system to enable multi-hazard public health events surveillance for priority risks by effectively leveraging the national digital health blueprint. • Conduct a comprehensive review to identify monitoring and surveillance mechanisms available / planned by all one health sectors / stakeholders and
	D2.2.	Event verification and investigation	3	
	D2.3.	Analysis and information sharing	4	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				collaboratively develop policies; and operational mechanisms that are digitally enabled for efficient data sharing across sectors. • Designate and train teams at national and sub national levels to conduct sectoral and joint rapid and comprehensive risk assessments of potential and emerging multi-hazard threats as an integral part of the surveillance system.
D3. Human resources	D3.1.	Multisectoral workforce strategy	1	• Finalize before January 2025, the draft Human Resource Strategic Master Plan, to be coordinated by the Human Resource Unit of the Ministry of Health and recommend other Ministries relevant for a One Health approach to develop similar strategies. Assess the needed budget and technical needs, map existing financial resources and involve countries, WHO, FAO, WOAH, UNEP, World Bank and other partner agencies to provide technical support and external resources. Ensure coordination in a One Health approach including all relevant sectors and cadres in public and private sectors. • Complete before September 2024 a Human Resource Data Base as a source for the Human Resource Unit of the Ministry of Health to support decision making. Other ministries, relevant for a One Health approach, can use this model to develop likewise databases. Assess existing budgets and involve external partners to provide assistance. • Organize at least once a year, a One Health Multisectoral Simulation Exercise, coordinated by the Education, Training & Research Unit of the Ministry of Health, based on priorities identified and use the outcomes to develop joint training programs to improve coordination between all sectors relevant to prevent, detect
	D3.2.	Human resources for implementation of IHR	3	
	D3.3.	Workforce training	2	
	D3.4.	Workforce surge during a public health event	1	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				and respond to public health emergencies. • Conduct before September 2025 a gap analysis of required surge health workforce for public health emergencies and develop a Multisectoral Workforce Surge Strategy, including all relevant public and private sectors, coordinated by the Ministry of Health. The surge Strategy needs to address staffing, organizing, mobilizing and training in order to be always ready to respond appropriately to public health emergencies. Request WHO, FAO, WOAH and UNEP for technical assistance.
Respond				
R1. Health emergency management	R1.1.	Emergency risk assessment and readiness	2	• Establish standard operating procedures and develop standard formats to be used by different agencies for data management to inform the conduct and use of risk and readiness assessment at all levels. • Extend the subnational HEOC coverage, capacity and auditing to all health districts in a phased manner based on risk. • Develop and implement training programs on the following areas: ⇒ Health Emergency Operations Centre Management, including Incident Command System. ⇒ Emergency Medical Teams. ⇒ One Health Rapid Response Teams (to move to surveillance if not already there). • Document, disseminate and test institutional emergency preparedness and response plans for the Medical Supplies Division and Regional Medical Supplies Divisions. • Develop and implement a national strategic framework and a small grant system for research in health emergencies.
	R1.2.	Public health emergency operations centre (PHEOC)	3	
	R1.3.	Management of health emergency response	4	
	R1.4.	Activation and coordination of health personnel and teams in a public health emergency	2	
	R1.5.	Emergency logistic and supply chain management	4	
	R1.6.	Research, development and innovation	2	

Technical areas	Indicator number	Indicator	Score	Priority Actions
R2. Linking public health and security authorities	R2.1.	Public health and security authorities (e.g. law enforcement, border control, customs) are involved during a suspect or confirmed biological event	4	• Through a multisectoral approach, the DPRD should work with all relevant ministries, departments and agencies (MDAs) to advocate for the finalization and endorsement of the national security policy. • Aim to expand the joint simulations exercises (SIMEXs) and tabletop exercises for suspected or confirmed deliberate events to cover all chemical, biological, radio nuclear and cyber hazards. • Plan to review and conduct joint CBRN and cybersecurity training programmes across the sectors of public health, border control and security targeting personnel for: ○ surveillance and identification of suspected chemical, biological, radio nuclear and cyber deliberate events, ○ frontline responders for suspected chemical and biological deliberate events. • Work with the WHO country office on public health, security and border control personnel training and use of National Self-Assessment Tool (NSAT) to generate Sri Lanka hazard, vulnerability and risk profile for CBRN to inform planning and response.
R3. Health services provision	R3.1.	Case management	4	• National clinical case management guidelines for entities related to priority health emergency events should be exercised, reviewed and regularly updated. Additionally, efforts should be made to enhance the capacity of health staff in following clinical guidelines, and a regular mechanism to monitor adherence should be developed. • Further expand public health care reporting systems and explore feasible options to establish parallel reporting systems for
	R3.2.	Utilization of health services	3	
	R3.3.	Continuity of essential health services (EHS)	4	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				private health facilities to share service utilization and other essential data with the government health authority for planning and quality assurance. ⇒ To optimize service utilization at primary health care facilities, ⇒ Identify and ensure necessary resources and arrangements, ⇒ Provide information on services available at the primary care facilities, ⇒ Institute a functional referral system between primary, secondary and tertiary care facilities. • The available EHS package and plans/guidelines on continuity of EHS in emergencies should be reviewed, evaluated and regularly updated.
R4. Infection prevention and control (IPC)	R4.1.	IPC programmes	**3**	• IPC Policy Launch and Implementation ⇒ Launch IPC policy after obtaining cabinet approval, ⇒ Implement the IPC policy across all healthcare institutions, including private healthcare facilities, ⇒ Ensure the availability of necessary human & financial resources, facilities, and equipment to ensure implementation of the policy, ⇒ Develop a costed strategic plan to enable the implementation of policy. • Development of National IPC Guidelines ⇒ Develop and implement IPC guidelines that align with the IPC policy, encompassing multimodal strategies. • Enhance the Healthcare-Associated Infections (HCAI) surveillance system through:
	R4.2	HCAI surveillance	**3**	
	R4.3	Safe environment in health facilities	**3**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				⇒ Expanding coverage - include all base hospitals and tertiary care hospitals within the surveillance system, ⇒ Extend surveillance efforts to encompass the private healthcare sector as well, ⇒ Strengthen the quality control and evaluation procedures of the HCAI surveillance program at both institutional and national levels, ⇒ Strengthen the feedback with periodic reviewing of IPC measures. • Intensify efforts to monitor indicators associated with a safe hospital environment and address the identified problems.
R5. Risk communication and community engagement (RCCE)	R5.1.	RCCE systems for emergencies	**3**	• Conduct a self-reflection exercise and external evaluation of the national RCCE response during COVID-19 pandemic to document lessons learned and best practices; use findings to update the existing RCCE plan 2023 - 2025 and determine resource and capacity gaps to establish sustainable systems and build capacity for its strategic implementation after mapping resources and capacities currently available in the public sector and among partners. • Assess and advocate for necessary resources and mechanisms to establish an integrated framework that harmonizes the collection, analysis, and strategic utilization of community feedback, socio-behavioural insights, and risk assessments across all tiers. Leverage these insights systematically to drive informed decision-making in RCCE and infodemic management planning and interventions. • Review and adapt existing structures and processes to integrate RCCE and infodemic
	R5.2.	Risk communication	**3**	
	R5.3.	Community engagement	**3**	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				management into provincial, district and divisional annual action plans. Ensure the allocation of dedicated resources and establish robust mechanisms for ongoing monitoring and adaptive enhancements, thereby elevating the overall effectiveness and impact of RCCE and infodemic management interventions.
IHR related hazards and points of entry and border health				
PoE: Points of entry and border health	PoE1.	Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	4	• Standard Operating Protocol for public health measures required during routine times (24X7) and during a public health emergency to be reviewed and updated regularly at predetermined intervals. • Conduct regular simulation exercises to test the PHECPs preferably as part of the overall drills at airports and seaports. • Develop/update PHECPs for non-designated PoEs. • Enhance facilities at the PoE health units to effectively undertake routine surveillance activities for water and food safety, yellow fever and malaria, and safe transportation of dead bodies. • Develop and implement an eHealth information system for airport and port health units covering all public health measures required for IHR compliance. • Develop and implement a standard capacity building program for health officials on how to carry out conveyance inspection and quarantine procedures.
	PoE2.	Public health response at PoEs	3	
	PoE3.	Risk-based approach to international travel-related measures	4	
CE. Chemical events	CE1.	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	2	• To establish an apex body for management of chemicals events throughout its lifecycle. • Regulations of chemical storage facilities. • Development of a plan for prevention and preparedness for
	CE2.	Enabling environment in place for management of chemical event	2	

Technical areas	Indicator number	Indicator	Score	Priority Actions
				chemical events including major maritime chemical events. • Development of a database on chemical-handling places of concern and development of a comprehensive plan for emergency response including off-site and on-site management for chemical events. • Surveillance for chemical events to be strengthened especially for notification and dissemination information for action.
RE. Radiation emergencies	RE1.	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	**2**	• To pursue the development of standard operating procedures and technical guidelines for all the stakeholders involved in EMP and to test them accordingly in operational/tactical exercises. • To conduct specialized training for selected medical staff and make arrangements to prepare selected medical facilities across the country to handle radiation emergencies involving irradiated and/or contaminated patients. • To build up human resources at SLAERC (by establishing a dedicated emergency preparedness and response division) and SLAEB, in a phased manner, for the purpose of developing and maintaining competencies in radiation and nuclear emergency preparedness and response. • To develop and implement internal dosimetry techniques, using the capacities already existing in-country, in order to reinforce compliance with the Regulations on Ionizing Radiation Protection of the Atomic Energy Safety Regulations No. 1 of 1999, and increase preparedness to radiation emergencies. • To restore and improve the operability of monitoring devices/system used for characterisation and international events (NDEWS).
	RE2.	Enabling environment in place for management of radiological and nuclear emergencies	**4**	