

VACCINE NEEDS AND HEALTH SECTOR ASSESSMENT

A. Health sector performance

1. Sri Lanka has made impressive gains in health outcomes and in ensuring access to health services for all, compared to most low and lower-middle-income countries. The life expectancy is at 77 years (males at 73 years and females at 80 years) and decreased fertility to 2.2 children per woman.¹ The maternal and infant mortality has reduced to 25.7 per 100,000 live births and 8.5 per 1,000 live births, respectively. Most of the vaccine preventable diseases are at near elimination stage with immunization coverage at more than 99%.² The Human Development Index (2020) was 0.782 and Sri Lanka was ranked 72 out of 189 countries.

2. Sri Lanka's population is also rapidly aging due to fertility control and improved life expectancy. The median age of the population is already at 31 years. As much as 9% of the population is within the age of 54 to 65 years and a further 8% are above the age of 65 years. By 2030, it is anticipated that nearly 20% of the population will be over 60 years. An aging population with high life expectancy is expected to increase demands on the health system with a large proportion requiring care for noncommunicable diseases (NCDs) and rehabilitation support.

3. Sri Lanka's health system is accessible to all with no user fees charged at the point of service delivery. The government is both the purchaser and the provider of health services and the per capita current health expenditure cost is \$158.³ The gross domestic product (GDP) per capita in 2020 was \$3,682.⁴ The government health expenditure amounts to 2% of GDP and 7% of the total budget is allocated to the health sector.

4. The curative government health sector has 1,156 health facilities spread across the country with 641 hospitals with a bed strength of 84,728 (3.9 beds per 1,000 population) and the rest (515) providing primary level outpatient care services (footnote 2). As many as 52,974 (62.5%) of the hospital beds are in the 114 secondary and tertiary care hospitals (footnote 2). But the availability of intensive care facilities is limited to around 600 beds (3 intensive care unit beds per 100,000 population).⁵ The preventive health services are provided, via a geographically well-demarcated network of 354 medical officer of health areas across the country (footnote 2).

5. The government managed health services are provided by a health workforce amounting to nearly 130,000. Among them a majority, 66.7% (84,171) are working in the tertiary and secondary curative care, 14.8% (18,669) in curative primary health care sector while 9.7% (12,219) are working exclusively in the preventive health sector via medical officer of health areas. Sri Lanka has 92.3 medical officers and 212 nurses per 100,000 population.⁶

6. The private health sector also provides curative services and majority of the services are accessible in more urban districts like Colombo, Kandy, and Galle. In 2020, 217 private health sector facilities were registered with a total bed strength of 5,173 beds (0.24 private sector beds

¹ Government of Sri Lanka, Department of Census and Statistics. 2017. *Demographic and Health Survey 2016*. Colombo; and [United Nations Population data](#).

² Ministry of Health, Medical Statistics Unit. 2020. *Annual Health Bulletin 2018*. Colombo.

³ World Health Organization (WHO). 2021. [Global Health Observatory data repository](#). Geneva.

⁴ Central Bank of Sri Lanka. 2021. [Monetary Policy Review: No. 01 - January 2021. Press release](#). 19 January.

⁵ V. Pinto, et al. 2019. [Critical Care in Sri Lanka](#). Mimeo.

⁶ Medical Statistics Unit, Ministry of Health and Indigenous Medical Services. Human Resource Statistics by Staff Category 2016.

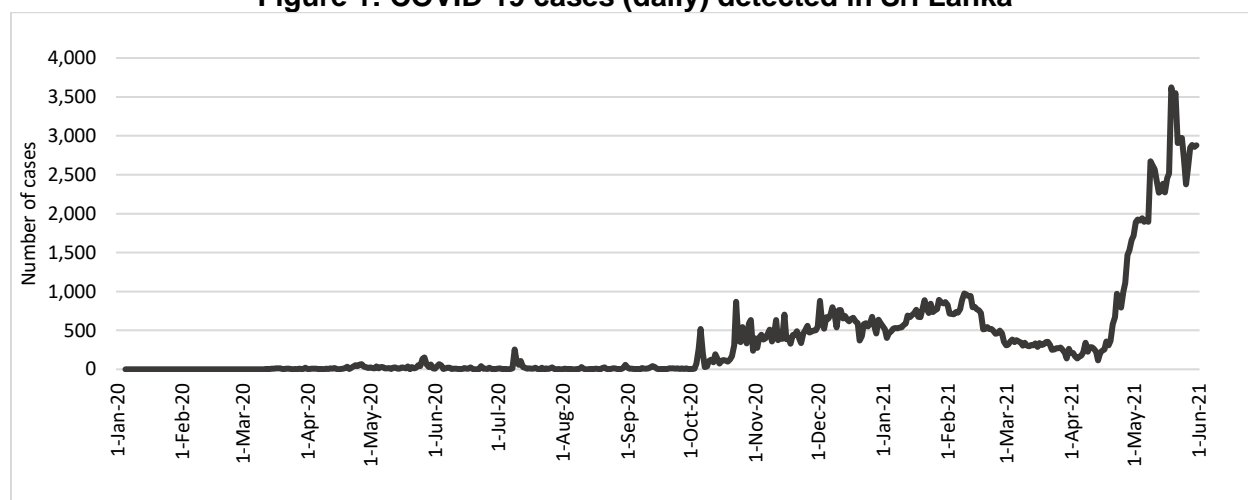
per 1,000 population). In addition, there is a wide network of 1,800 pharmacies.⁷

B. Health sector challenges

7. **The new burden of coronavirus disease 2019 (COVID-19) pandemic affecting the health sector.** The first COVID-19 case reported in Sri Lanka was on 27 January 2020, and the first local case was reported after six weeks on 11 March 2020. The government was able to curtail the first wave well, with only 3,380 cases and 13 deaths as of end-September 2020, which helped the health sector to develop the national COVID-19 Preparedness and Response Plan in April 2020.⁸ Based on this plan, the health sector increased its capacity in testing and in organizing the management of COVID-19 cases in isolated areas within larger hospitals or in designated COVID-19 treatment hospitals.

8. But in October 2020, Sri Lanka faced the second wave of outbreak with the reporting of two large clusters that emerged and rapidly spread from a factory in the Western Province. The second wave (from October 2020 to March 2021) witnessed a massive increase of COVID-19 cases and since late April 2021, the third wave is ongoing, and the number of daily cases has been increasing exponentially (Figure 1). As of 2 June 2021, there were 192,547 confirmed cases and 1,566 deaths.⁹ The active cases receiving hospital care increased from 2,500 patients on 7 April 2021 to more than 25,000 on 2 June 2021. The deaths due to COVID-19 also increased manifold from 13 deaths at the end of September 2020 to nearly 600 deaths as of end-March 2021 to 1,566 as of 2 June 2021 with as many as 810 (52% of all COVID-19 deaths) occurred in the month of May 2021 (Figure 2).

Figure 1: COVID-19 cases (daily) detected in Sri Lanka



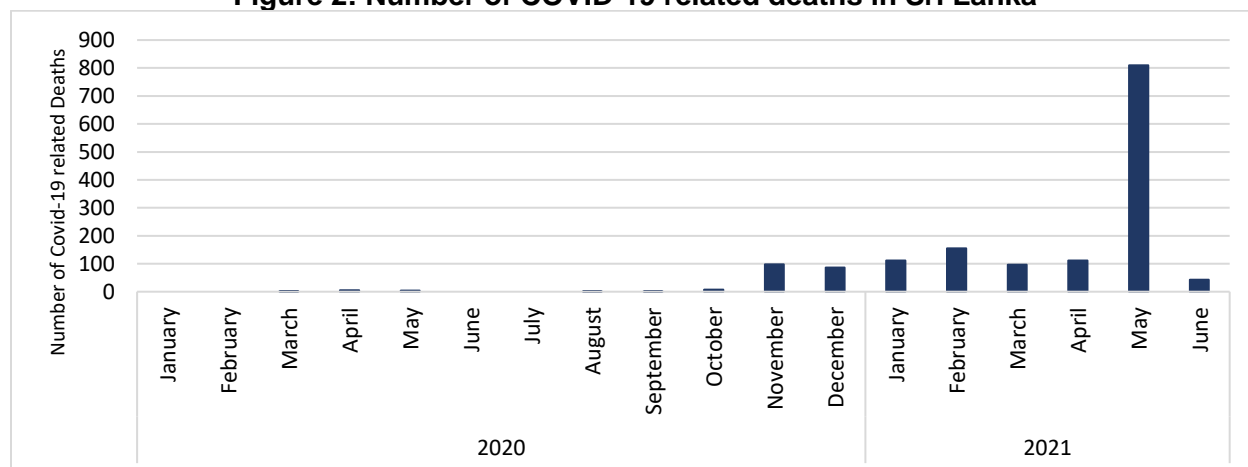
Source: Epidemiology Unit, COVID-19 Situation Reports from 1 January 2020 to 2 June 2021.

⁷ Central Bank of Sri Lanka. 2021. [Annual Report 2020 of the Central Bank of Sri Lanka, Chapter 3, Economic and Social Infrastructure](#). Colombo.

⁸ Government of Sri Lanka, Ministry of Health and Indigenous Medical Services. 2020. [Sri Lanka Preparedness & Response Plan COVID-19](#). Colombo.

⁹ Government of Sri Lanka, Epidemiology Unit, Ministry of Health. [COVID-19 Situation Reports](#).

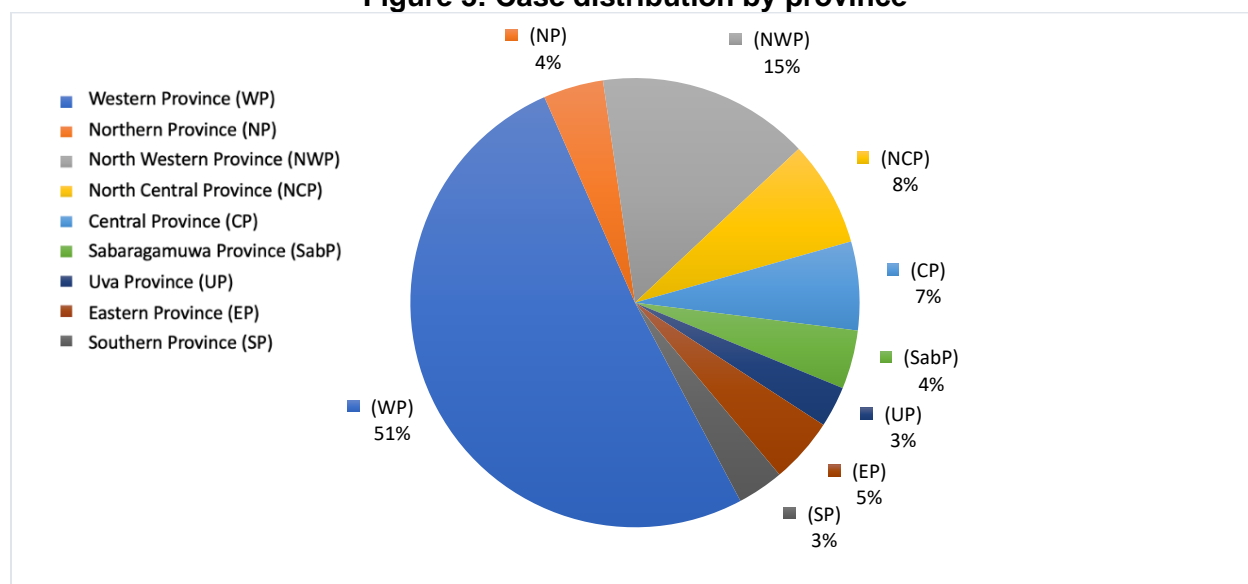
Figure 2: Number of COVID-19 related deaths in Sri Lanka



Source: Epidemiology Unit, COVID-19 Situation Reports from 1 January 2020 to 2 June 2021.

9. In terms of the age distribution of cases, approximately 87% of cases are below the age of 60 years while 73% of deaths are above the age of 60 years. As of 2 June 2021, the Western Province caseload is 51% of all cases with North Western (15%), North Central (8%) and Central (7%) provinces also reporting an increase of cases since late April 2021 (Figure 3).

Figure 3: Case distribution by province



Source: Epidemiology Unit, COVID-19 Situation Reports from 1 January 2020 to 2 June 2021.

10. **Emerging communicable and noncommunicable diseases.** Despite improvements in health outcomes over the last decades, with the proportion of the population affected with new, emerging, and reemerging communicable diseases (COVID-19, dengue, and tuberculosis respectively), modifiable risk factors like tobacco use, alcohol use, physical inactivity and unhealthy diets and NCDs, nutrition related illnesses and injuries has increased in Sri Lanka due to population aging, urbanization, and other practices that lead to a support a sedentary lifestyle.

11. **Health system related challenges.** Over the last two decades, primary level curative and preventive care services were underinvested as secondary and tertiary health services were

prioritized for investments. This underinvestment led to an implicit reduction in availability of services which in turn led to further bypassing of primary curative care services for secondary and tertiary care. Today as much as 93% of all child births, 75% of all NCD patients, and 40% of outpatient services are managed at the secondary and tertiary care level (footnote 5).

12. The preventive health system (via the medical officers of health) continues to provide communicable disease surveillance of 28 notifiable diseases, antenatal care (more than 90% receive at least three antenatal visits);¹⁰ childcare (as much as 99% age-appropriate immunization coverage); and nutrition services (footnote 2). In addition, sustaining the control of all vaccine preventable diseases and maintaining elimination stage of malaria and efforts to mitigate risks and threats from emerging and reemerging global disease threats like COVID-19 require continuous investments in the communicable disease prevention and control programs, along with improvements in disease surveillance capacity including capacity enhancement based on the international health regulations to maintain a responsive public health security system.

C. Government's strategy towards COVID-19

1. COVID-19 Response

13. **COVID-19 related governance mechanism.** The COVID-19 response is managed under the direction of the President of Sri Lanka. On 17 March 2020, the President established the National Operations Centre for Prevention of COVID-19 Outbreak. The Ministry of Health (MOH) together with the Military lead the response, under the guidance and advice from the World Health Organization (WHO), supported by the development partners like the Asian Development Bank (ADB) and the World Bank. On 26 March 2020, the President established a Presidential Task Force to direct, coordinate, and monitor the delivery of continuous services and for the sustenance of overall community life. The powers of this task force are much wider than the operations center and it currently ensured that the essential services are operational in the country during lockdowns imposed during the first wave.

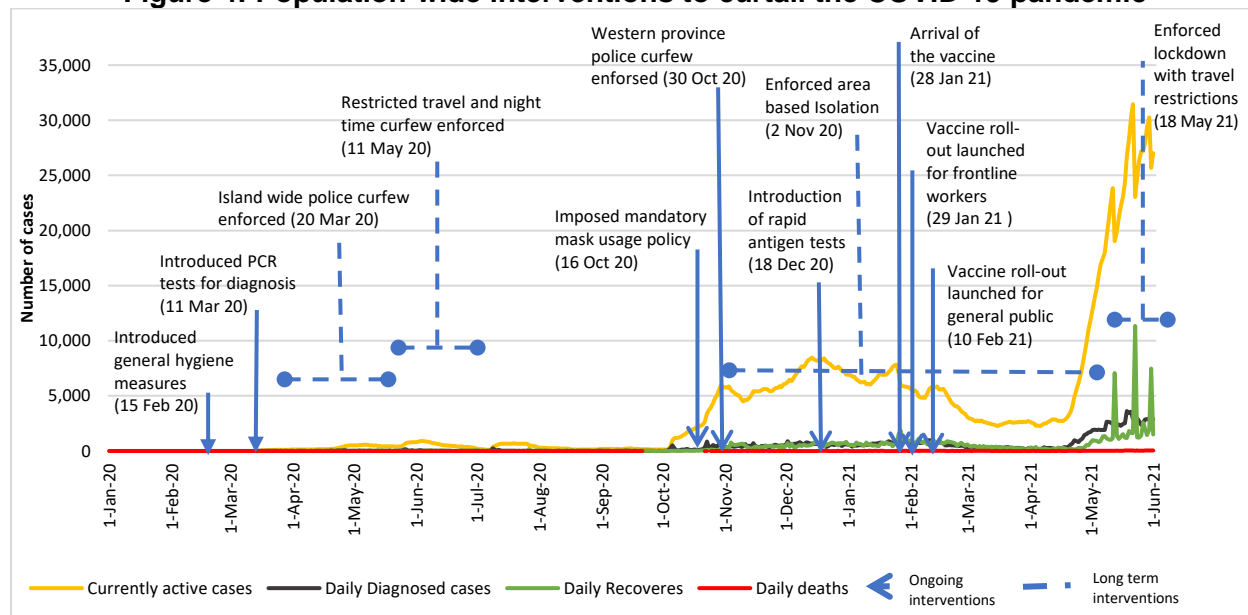
14. **COVID-19 related interventions – population-wide interventions.** MOH initiated measures to change the course of the epidemic and focused (i) to totally contain the outbreak at a very early stage, (ii) to flatten the epidemic curve by measures taken to slow down transmission to reduce the number of patients affected by COVID-19, and (ii) to increase the capacity of the health system to prevent, diagnose, control, and manage COVID-19.

15. With the reporting of the first COVID-19 case, the MOH issued case definition guidelines for Sri Lanka and initiated a rigorous risk communication campaign on personal hygiene and etiquette, encouraging the practice of regular hand washing and social distancing and from about June 2020, face mask use was encouraged and was made mandatory from October 2020. The quarantine unit at ports of entry initiated to screen all visitors to Sri Lanka. Thereafter, air travel restrictions were introduced, quarantine centers for travelers coming from selected high prevalence countries and later to all countries were established, all inbound travel by air and sea was halted from March 2020. In-country travel restrictions were introduced, and all schools were closed from 17 March 2020. A nationwide curfew was imposed on 20 March 2020 which continued until 11 May 2020, and night-time curfew continued until 28 June 2020 in selected six high risk districts (Colombo, Gampaha, Kalutara, Puttalam, Kandy, and Jaffna).

¹⁰ Ministry of Health, Family Health Bureau. 2018. *National strategic plan, maternal and newborn health 2017–2025*. Colombo.

16. With the increasing of cases reported due to the start of the second wave in October 2020, selected areas were locked down and intensive contact tracing initiated and quarantining of suspected cases enforced and with the sudden surge of cases seen from late April 2021 (the third wave), further lockdowns and travel restrictions are currently in place (Figure 4).

Figure 4: Population-wide interventions to curtail the COVID-19 pandemic



Sources: News reports, circulars from the National Operation Centre for Prevention of COVID-19 Outbreak, Epidemiology Unit Situation Reports, and Health Promotion Bureau website.

17. **COVID-19 related interventions - by the health sector.** In addition, to the above-mentioned population-based interventions, the government health services were re-organized to manage the increasing COVID-19 suspected and detected patients to minimize effects on other services. In addition to the National Infectious Diseases Hospital, six other secondary health care facilities (from the 114 secondary and tertiary care facilities in Sri Lanka) were converted as 'COVID-19 treatment hospitals' and more than 30 non-health care facilities are used as intermediate care and quarantine centers. The private health sector increased their bed capacity, online service provision options, laboratory testing capacity, facilities for intermediate care for COVID-19. As of May 2021, approximately 30% of patients requiring intermediate care services are provided privately while the rest are managed by the government sector. In addition, dedicated staff were provided with required personal protective equipment and infection prevention and control training and support to provide the required services. The laboratory services were also scaled up to provide polymerase chain reaction (PCR) testing for diagnosis of COVID-19. Since March 2020, when only the Medical Research Institute and a few university research laboratories were capable of testing for COVID-19, 38 laboratories from the public and private sectors and universities now have the capacity to carry out approximately 15,000–18,000 PCR tests per day, and since April 2021, more than 25,000 tests per day.

18. **COVID-19 surveillance.** The government introduced surveillance of suspected COVID-19 cases in May 2020 by instructing all identified COVID-19 sentinel hospitals to take samples from suspected patients admitted or from outpatient departments for PCR testing. On 22 March 2021, with the reporting of a downward trend of cases of COVID-19, the government instituted a more comprehensive surveillance system by defining *all* secondary and tertiary level hospitals to take samples from *all* suspected COVID-19 cases admitted or if seeking care at outpatient

departments.¹¹ In addition, regular random samples are taken from various categories of patients and population groups from the community, quarantine centers, and hospitals, for gene sequencing for identifying variants of COVID-19 is carried out.

2. COVID-19 Vaccination

19. **National Deployment and Vaccination Plan.** At the global level, with the approval of COVID-19 vaccines in December 2020, Sri Lanka developed the National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP), which was based on WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommendations and was released on 18 January 2021.¹² The Sri Lanka government is highly committed to ensure that an accelerated vaccination program must be introduced with immediate effect to reduce the economic, health and social burden due to COVID-19. The MOH established technical committees on vaccines deployment, logistics, and financing, and in consultation with WHO, United Nations Children’s Emergency Fund (UNICEF), ADB, and World Bank carried out assessments on cold chain, vaccine rollout implementation arrangements, identifying and prioritizing the vaccine target population, monitoring the vaccine rollout using vaccine information management systems, measures to prevent effects on the routine vaccination program, the monitoring of adverse effects following immunization, financial access for meeting gaps in logistics and vaccines, etc. using the Vaccine Introduction Readiness Assessment Tool, Vaccine Readiness Assessment Framework, and other Epidemiology Unit managed routine assessment checklists and tools.

20. **Regulatory pathway for COVID-19 vaccines in Sri Lanka.** National Medicines Regulatory Authority (NMRA) approves and registers the new medicines and medical products including vaccines through the NMRA Act No. 5 of 2015. Emergency use authorization for new vaccines is done through the legal provision under section 109 of the NMRA Act No. 5 of 2015. WHO also provides a listing of approved vaccines and these recommendations are also considered when NMRA provides clearance at the country level.

21. **COVID-19 vaccines.** A donation of 500,000 doses of COVISHIELD (Astra-Zeneca/Oxford manufactured by Serum Institute of India) vaccines from the Government of India arrived on 28 January 2021. Based on the NDVP, vaccination was made available at 80 vaccination sites for all frontline workers across Sri Lanka from 29 January 2021. Thereafter, a further 500,000 doses of COVISHIELD vaccines were procured and was received in country on 25 February 2021 and a further donation of 264,000 doses of COVISHIELD vaccine via the COVID-19 Vaccines Global Access (COVAX) facility was received on 7 March 2021. As of 2 June 2021, the government has also received 1,100,000 doses of Sinopharm vaccine as a donation from the People’s Republic of China. Two consignments of Sputnik V vaccine totaling 65,000 doses have also been received in May 2021 (Table 1). Thereafter, due to the Government of India export restrictions enforced in March 2021, the next two consignments for 1 million doses of COVISHIELD are currently delayed indefinitely. The vaccination program is rolled out in the Western province and in a few other high prevalence districts in the North Western and Southern Provinces (due to the availability of limited quantity of vaccines). As of 2 June 2021, 1,834,528 first doses have been administered (8.3% of the country’s population) while 352,598 people (1.6%) have been fully vaccinated.

¹¹ Epidemiology Unit, Ministry of Health. [Strengthening COVID-19 Surveillance](#). Issued 22 March 2021.

¹² Summary of National Deployment and Vaccination Plan (accessible from the list of linked documents in Appendix 2).

Table 1: Summary of vaccine availability (as of 2 June 2021)

Vaccine Availability	Vaccine Volume (Dose)	Responsible Entity	Remarks
Vaccines received as of 2 June 2021			
COVISHIELD (Serum Institute of India)	500,000	Government of India	In-kind donation.
COVISHIELD (Serum Institute of India)	500,000	Procured by the Government of Sri Lanka	
COVISHIELD (Serum Institute of India)	264,000	COVAX facility*	In-kind donation.
Sinopharm	1,100,000	Government of the People's Republic of China	In-kind donation.
Sputnik V	65,000	Gamaleya Institute, Russia	First and second consignments of the signed procurement agreement for 13 million doses
Vaccines expected in 2021 or 2022			
Sputnik V	12,935,000	Gamaleya Institute, Russia	Agreement signed. First and second consignments (65,000 doses) have been delivered in May 2021.
Pfizer	5,000,000	Pfizer/BioNTech	Heads of Terms signed, Delivery to start in July 2021.
Sinopharm	14,000,000	Sinopharm, People's Republic of China	Supply Agreement signed in May 2021. Delivery in 2021 to 2022.
COVISHIELD	4,136,000	COVAX facility*	Confirmed dates for delivery not known (at no cost).
COVISHIELD (Serum Institute of India)	1,000,000	Procured by the Government of Sri Lanka	Supply Agreement signed but confirmed dates for delivery unknown.
Unknown	4,866,400	Remaining COVAX AMC allocation	Type and dates of delivery to be determined.
Total committed	44,366,400		Covers 95.76% of the total population (assuming 5% vaccine wastage rate)

*COVAX is co-led by WHO, GAVI, and the Coalition for Epidemic Preparedness Innovations (CEPI).

Source: Asian Development Bank.

22. **Vaccine procurement.** In addition to the donations and in-kind receipt of NMRA approved vaccines, the government intends to procure vaccines via bilaterally negotiated contracts with several vaccine manufacturers and governments and additional vaccines via the COVAX facility Advance Market Commitment mechanism. The State Pharmaceuticals Corporation of Sri Lanka, as the procurement agency of the MOH, will procure vaccines and related consumables including syringes. The government intends to ensure value for money in procurement by: (i) selecting candidate vaccine types that are best suited to the domestic logistics supply chain and distribution mechanisms; (ii) engaging with COVAX and manufacturers that may have advantageous vaccine availability and delivery timelines; and (iii) entering into agreements on terms and conditions that are reasonable, noting the currently constrained market for vaccines.

23. As of 2 June 2021, the government has completed procurement arrangements to purchase 14 million doses from Sinopharm, 5 million doses from Pfizer/BioNTech, and 13 million doses of Sputnik V vaccine (Table 1). Among them, 65,000 doses of Sputnik V vaccine have been delivered in May 2021.

24. **Maintaining the cold chain.** There is a very closely monitored cold chain system for the routine immunization program throughout the country at each level for all vaccine storing cold rooms and ice lined refrigerators at the central stores, the 26 regional medical supplies divisions (RMSDs) and at the 354 medical officer of health areas. Fridge tags, log tags, thermometers, and an electronic monitoring system are used. The project will support all 26 RMSDs and the central level to efficiently manage the increased burden of transporting the COVID-19 vaccines to vaccination centers with the purchase of 36 refrigerated trucks. All ice lined refrigerators are monitored daily in the morning and in the evening by Medical Officers of Health and in hospitals by immunization focal points. All the locations have their own power failure contingency plans. All the locations are provided with backup power generators and thermo-stabilizers to ensure continued stable power supply for recommended temperature monitoring. All precautionary measures have been taken to ensure that the potency of vaccines is maintained to minimize undue adverse events due to cold chain failures. Based on the cold chain capacity assessments, the government has adequate capacity to store, in addition to the routine vaccines, approximately 8 million doses of COVID-19 vaccines (based on the number of doses in a vaccine vial) at 2–8°C and about 2 million doses at ultra-cold chain storage (-70°C).

25. **Vaccination rollout arrangements.** In 2021, the government intends to make vaccines available, free of charge to all, to cover 50% of the adult population including all frontline workers, comorbid population, working adults and elders over the age of 60 years. By 2023, the government anticipates providing vaccination to 80% of the population. On 28 January 2021, updated in early March 2021, the government issued detailed guidelines for managing the vaccination program in the country.¹³

26. The vaccine rollout for COVID-19 is planned to be carried out without burdening the ongoing routine immunization program which protects the population against 12 vaccine preventable disease in Sri Lanka. The routine vaccination program is managed efficiently (vaccine wastage is below 5% and the age-appropriate immunization coverage is 99% of eligible children for vaccination across the country) by the Epidemiology Unit and is delivered via field health centers (more than 5,000 field health centers are located across the country in the 354 geographically demarcated medical officer of health areas managed by field-based preventive health staff amounting to about 10% of all health staff in the country).

27. Similar to the routine vaccination program, COVID-19 vaccination program will be managed and coordinated by the Epidemiology Unit as a national program. But it will be rolled-out in a 'campaign mode' which will set up temporary vaccination centers over defined periods of time in each of the 354 medical officer of health areas across the country to ensure that vaccines are available with easy accessibility to the total population. The vaccination campaign, if adequate vaccines are available at any one time, is planned to be delivered at 2,000 vaccination centers (which will alternate with another 2,000 centers to ensure easy accessibility) across all 354 medical officer of health areas. At each field vaccination center, seven health staff are expected to manage the vaccination and 98 persons are to be vaccinated in one day. The mobility of the field-based medical officer of health area staff will be further strengthened to efficiently manage

¹³ Epidemiology Unit, Ministry of Health. 2021. [COVID-19 Vaccination Guideline](#) Issued 28 January 2021; [Guidelines for COVISHIELD Covid-19 Vaccination Campaign 2021](#), Issued March 2021.

the COVID-19 vaccination campaign without affecting the routine immunization program and other ongoing programs. The project will support vehicle hiring contracts at the district level for the field teams to manage the vaccination program. The field-based medical officer of health staff will manage the vaccination centers with additional human resources allocated from the larger hospitals located near vaccination centers, where necessary. Therefore, if vaccine stocks were available, over a 3-week period, the MOH is structured to vaccinate 4.1 million people (20% of the country's population).

28. **COVID-19 and vaccine risk communication.** As COVID-19 became known in January 2020, the government initiated an extensive risk communication program to inform the public to practice hand washing, use of face masks, and social distancing. With the vaccination, a separate communication strategy to reduce hesitancy, manage urgency, and to inform of the probable adverse effects and of vaccination sites, etc. was initiated but a country-wide vaccine related communication program will be initiated through UNICEF in close collaboration with the Health Promotion Bureau.

29. **Managing vaccine information management including adverse effects following immunization.** The vaccination information will be via the routine system using the e-National Immunization program and via the newly introduced COVID-19 Immunization Tracker and vaccine procurement services will be supported by strengthening the Medical Supplies Division managed Medical Supplies Information Management System (MSMIS). The project will support the institutionalization of the newly introduced COVID-19 Immunization Tracker at the central level by supporting with information technology (IT) experts and other required technical assistance, and at the local level where each of the 354 medical officer of health area offices will be provided with 10 IT devices (2 laptop computers and 8 tablets).

30. The adverse effects following immunization and the adverse effects of special interest guidelines that are routinely used will be used for the COVID-19 vaccination as well. All required staff are continuously trained and updated with new information as required and updated circulars to this effect are continuously issued.¹⁴ Use of emergency trays, steps to be followed if adverse effects occur are given in detail in the guidelines issued for vaccination (footnote 14).

31. **Managing the vaccine related medical waste.** The government instructed all health care facilities to follow the medical waste management plan used for infectious waste to dispose of COVID-19 related waste and for the waste generated by the massive vaccination program is expected to be managed via the existing system. The project will support with improvements to liquid and sewerage waste management systems at secondary and tertiary hospitals for waste generated due to PCR testing, COVID-19 patient management and vaccine waste (26 systems will be developed) and solid waste management systems with the establishment of 12 new solid waste management clusters.

32. **Summary of next steps, responsibilities, and coordination with development partners.** Table 2 summarizes the next steps related to securing vaccines and rolling out the vaccination program, responsible agencies of the government, and development partners involved.

¹⁴ Epidemiology Unit, Ministry of Health. 2021. [Reporting of hospital admissions after vaccination](#), issued 19 March 2021; and [Guidance on information to be given to COVID-19 vaccine recipients](#), issued 26 March 2021.

Table 2: Next steps related to securing vaccines and implementing the vaccination program with development partners

Activity Description	Responsible Government Agency	Development Partners
Ensure adequate access to finances to purchase the required vaccines to ensure 80% coverage of the population.	GOSL, MOF.	Bilateral country arrangements (in-kind) (2.37%), ADB (18.2%), World Bank (13.6%), COVAX (20%), GOSL (25.8%)
Managing vaccines received in country to ensure safe storage and timely distribution to vaccination centers and to monitor vaccination program via a digital COVID-19 Immunization Tracker.	SPC, MSD and Epidemiology Unit of the MOH and WHO.	ADB, World Bank, WHO
Manage vaccine and COVID-19 related additionally generated medical waste.	Environment Unit, MOH and the 9 Provincial Directors and all Hospitals and medical officers of health units.	ADB
Trained human resources for vaccine storage, distribution, and vaccination, reducing vaccine wastage, monitoring, surveillance, assessing AEFI.	Epidemiology Unit, MOH and the 9 Provincial Directorates (includes all 354 medical officers of health units).	World Bank
Ensure measures (includes expanding facilities for internet connectivity an equipment, software) for data protection and governance regulation are in place, as well as the launching of digital M&E tools (the COVID-19 Immunization Tracker and the e-NIP system of the Epidemiology Unit), data management and analysis.	Epidemiology Unit, and Health Information Unit of the MOH, the 9 Provincial Directorates (all 354 medical officers of health units and WHO).	ADB and WHO
Timely hiring of private sector vehicles for strengthening mobility of MOH officials at central and provincial levels.	Epidemiology Unit, and Health Information Unit of the MOH, the nine Provincial Directorates (all 354 medical officers of health units).	ADB, World Bank, WHO, UNICEF
Updating all required guidelines for the COVID-19 vaccination program, monitoring AEFI, AESI, surveillance, etc.	Epidemiology Unit.	
Implement the communication strategy and continue to engage health worker groups and religious organizations to ensure accurate information and knowledge dissemination about vaccines.	Epidemiology Unit, Health Promotion Bureau, Gender and Social Inclusion Consultant, UNICEF.	ADB, World Bank, UNICEF

ADB = Asian Development Bank, AEFI = adverse effects following immunization, AESI = adverse effects of special interest, GOSL = Government of Sri Lanka, M&E = monitoring and evaluation, MOF = Ministry of Finance, MOH = Ministry of Health, MSD = Medical Supplies Division, SPC = State Pharmaceuticals Corporation of Sri Lanka, UNICEF = United Nations Children's Fund, WHO = World Health Organization.

Source: Asian Development Bank.

D. ADB Sector Experience and Assistance Program

33. The project will be well aligned with the ongoing ADB-financed Health System Enhancement Project (HSEP) effective since February 2019.¹⁵ The ongoing HSEP implementation progress and the commitment shown during the project preparation indicate strong commitment by the government at the national level. The project will promote sustainable development goal number 3, to ensure good health and wellbeing. The health sector donor coordination committee, which has been active since 2018, supports the NDVP and the COVID-19 Preparedness and Response Plan.

¹⁵ Government of Sri Lanka. [Health System Enhancement Project](#).