



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@slt.net.lk
Epidemiologist: +94 11 2681548, E mail: chepid@slt.net.lk
Web: <http://www.epid.gov.lk>

Vol. 50 No. 16

15th– 21st April 2023

Role of the Sustainable Development Goals (SDGs) in promoting global health and health equity

Global health and equity Global health is a field of study that focuses on improving health outcomes and achieving health equity for all people, regardless of their geographic location or socioeconomic status. Health equity refers to the principle that all people should have the same opportunity to achieve good health outcomes, regardless of their background or circumstances.

Unfortunately, many people around the world still lack access to basic healthcare services and face significant disparities in health outcomes. This is due to a complex set of factors, including poverty, inadequate healthcare infrastructure, political instability, and discrimination based on gender, race, or ethnicity.

Achieving health equity requires addressing these systemic issues and building a healthcare system that prioritizes the needs of the most vulnerable populations. This includes investing in healthcare infrastructure and training healthcare workers, promoting public health education and disease prevention, and advocating for policies that promote health equity.

In addition to addressing healthcare disparities within individual countries, global health also involves addressing health disparities across borders. This includes supporting global health initiatives, such as vaccination campaigns and disease prevention programs, that aim to reduce the spread of infectious diseases and promote health equity on a global scale.

One example of a successful global health initiative is the Global Polio Eradication Initiative (GPEI). Launched in 1988, the GPEI has achieved significant success in reducing the number of polio cases worldwide, from an estimated 350,000 cases in 1988 to just 33 cases in 2018. The initiative has focused on implementing vaccination campaigns and improving healthcare infrastructure in countries where polio is endemic, as well as strengthening disease surveillance and response systems to quickly identify and contain outbreaks.

However, there is still much work to be done to achieve health equity on a global scale. The COVID-19 pandemic has highlighted the significant disparities in healthcare access and outcomes between different populations, both within and between countries. Low- and middle-

income countries have faced significant challenges in accessing COVID-19 vaccines, leading to significant disparities in vaccination rates between countries. In addition, the pandemic has had a disproportionate impact on vulnerable populations, including low-income communities, racial and ethnic minorities, and women.

Achieving health equity on a global scale requires prioritizing investments in healthcare infrastructure and disease prevention programs, as well as promoting policies that address social and economic factors that contribute to health disparities. However, the most critical factor in achieving this goal is global commitment. Without a concerted and sustained effort by all stakeholders, including governments, civil society organizations, private sector actors, and communities, progress toward health equity will be limited. One such commitment is the Sustainable Development Goals (SDGs).

SUSTAINABLE DEVELOPMENT GOALS



The Sustainable Development Goals (SDGs)

SDGs are a set of 17 goals and 169 targets adopted by the United Nations in 2015, which aim to promote sustainable development and address global challenges, including poverty, hunger, inequality, climate change, and health. The third goal of the SDGs is to ensure healthy lives and promote well-being for all at all ages. The SDGs recognize the importance of health equity in achieving global health goals and highlight the need to address social determinants of health.

The SDGs play a critical role in promoting global health and health equity in several ways. Firstly, the SDGs recognize that health is a fun-

WEEKLY EPIDEMIOLOGICAL REPORT SRI LANKA 2023

Contents

Contents	Page
1. Role of the Sustainable Development Goals (SDGs) in promoting global health and health equity Global Health and Equity	1 3
2. Summary of selected notifiable diseases reported (08 th – 14 th April 2023)	4
3. Surveillance of vaccine preventable diseases & AFP (08 th – 14 th April 2023)	

damental human right and a key component of sustainable development. The goals recognize the importance of addressing social determinants of health, including poverty, education, gender equality, and environmental sustainability, which have a significant impact on health outcomes. By addressing these underlying social determinants, the SDGs aim to promote health equity and improve health outcomes for all people.

Secondly, the SDGs promote a universal approach to healthcare and aim to achieve universal health coverage (UHC) by 2030. UHC means that all individuals and communities have access to quality healthcare services without experiencing financial hardship. The SDGs recognize that achieving UHC is critical in promoting health equity and improving health outcomes. By promoting UHC, the SDGs aim to ensure that everyone has access to the healthcare services they need, regardless of their income or social status.

Thirdly, the SDGs recognize the importance of addressing health inequalities and promoting the health and well-being of marginalized and underrepresented populations. The goals aim to eliminate all forms of discrimination and inequality in healthcare access and services. This includes addressing the health needs of women and children, people living with disabilities, migrants, refugees, and other vulnerable populations.

Furthermore, the SDGs emphasize the importance of addressing non-communicable diseases (NCDs), such as cancer, cardiovascular disease, and diabetes, which are responsible for more than 70% of deaths globally. NCDs disproportionately affect low- and middle-income countries and marginalized populations, contributing to health inequities. The SDGs aim to reduce premature mortality from NCDs by one-third by 2030 and promote healthy lifestyles and preventative measures to reduce the burden of NCDs.

The SDGs also recognize the importance of partnerships and collaboration in achieving global health and health equity goals. The goals require the involvement of all stakeholders, including governments, civil society, the private sector, and communities. This collaborative approach is critical in addressing the complex and interconnected factors that contribute to health and well-being.

Moreover, the SDGs aim to promote innovation and research to address global health challenges, including neglected tropical diseases, emerging infectious diseases, and antimicrobial resistance. The goals recognize the importance of investing in research and development to develop new and innovative solutions to promote health and well-being.

Finally, the SDGs provide a framework for monitoring progress toward achieving global health and health equity goals. The goals include targets and indicators that measure progress toward achieving health-related targets, such as reducing maternal and child mortality, combating infectious diseases, and promoting mental health and well-being.

It is worth noting that achieving the SDGs requires a collective effort from all stakeholders, including governments, civil society organizations, private sector actors, and communities. Governments have a critical role in implementing policies and programs that promote global health and health equity, including investment in healthcare infrastructure, health workforce development, and health promotion and prevention programs. Civil society organizations and communities play a critical role in advocating for the rights of marginalized and underrepresented populations and holding governments accountable for their commitments to promoting health equity.

Private sector actors also have a crucial role to play in achieving the SDGs, particularly in promoting innovation and research to address global health challenges. The private sector can also contribute to promoting universal health coverage by investing in healthcare infrastructure and partnering with governments to deliver healthcare services to underserved populations.

It is essential to note that achieving the SDGs requires sustained commitment and investment over the long term. The goals represent a comprehensive and ambitious framework for promoting sustainable development and addressing global challenges, and their achievement requires significant resources and efforts from all stakeholders.

In conclusion, the SDGs play a critical role in promoting global health and health equity by providing a comprehensive frame-

work for addressing the social, economic, and environmental factors that impact health outcomes. The goals recognize the importance of addressing social determinants of health, promoting universal health coverage, addressing health inequalities, promoting partnerships and collaboration, and investing in innovation and research. Achieving the SDGs requires a collective effort from all stakeholders, and their achievement will contribute significantly to promoting health equity and improving health outcomes for all people.

Compiled by

Dr Danushi Wijekoon
Senior Registrar in Community Medicine
Epidemiology Unit
Ministry of Health

Sources:

United Nations. Sustainable Development Goals. <https://www.un.org/sustainabledevelopment/health/>. Accessed 16 Mar 2023.
World Health Organization. Health equity. <https://www.who.int/health-topics/health-equity>. Accessed 16 Mar 2023.
United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development. Retrieved from <https://sustainabledevelopment.un.org/post2015/transformingourworld>
World Health Organization. (2015). Health in 2015: from MDGs, millennium development goals to SDGs, sustainable development goals. Retrieved from <https://www.who.int/publications/i/item/health-in-2015-from-mdgs-millennium-development-goals-to-sdgs-sustainable-development-goals>
Kickbusch, I., Allen, L., Franz, C., & Theadora, K. (2016). The 2030 agenda: A new agenda for global health. *Journal of Public Health Policy*, 37(Suppl 1), 1-13.
United Nations Development Programme. (2020). Health and the SDGs. Retrieved from <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html>
Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.
World Health Organization. Health in all policies: framework for country action. Geneva: World Health Organization; 2013.

**Table 1 : Water Quality Surveillance
Number of microbiological water samples March 2023**

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	NR
Gampaha	15	90	NR
Kalutara	12	72	NR
Kalutara NIHS	2	12	NR
Kandy	23	138	8
Matale	13	78	38
Nuwara Eliya	13	78	NR
Galle	20	120	NR
Matara	17	102	1
Hambantota	12	72	NR
Jaffna	12	72	NR
Kilinochchi	4	24	NR
Manner	5	30	1
Vavuniya	4	24	3
Mullatvu	5	30	64
Batticaloa	14	84	NR
Ampara	7	42	41
Trincomalee	11	66	NR
Kurunegala	29	174	NR
Puttalam	13	78	NR
Anuradhapura	19	114	NR
Polonnaruwa	7	42	16
Badulla	16	96	NR
Moneragala	11	66	NR
Rathnapura	18	108	NR
Kegalle	11	66	18
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08th-14th Apr 2023 (15th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	261	4290	0	3	0	7	0	1	0	6	2	79	0	0	0	2	0	0	0	2	82	0	9	0	5	25	92
Gampaha	115	4524	0	5	0	6	0	1	0	1	8	143	0	2	0	6	0	0	0	2	82	0	28	0	13	1	93
Kalutara	95	1377	0	8	0	1	0	0	0	4	26	217	0	1	0	1	0	1	0	5	134	1	30	0	1	4	100
Kandy	91	1121	0	13	0	0	0	2	0	11	8	68	3	27	0	1	0	1	0	2	98	0	6	1	12	77	100
Matale	33	422	0	1	0	0	0	1	0	4	6	44	2	5	0	2	0	0	0	1	20	0	2	10	107	21	100
NuwaraEliya	2	55	1	29	0	0	0	0	0	9	1	31	1	25	0	1	0	0	0	0	34	0	4	0	0	53	100
Galle	50	625	2	14	0	7	0	0	1	10	36	284	1	23	0	0	0	0	0	6	120	1	5	0	1	32	100
Hambantota	27	362	0	1	0	1	0	0	1	8	2	77	0	35	0	9	0	0	0	0	48	0	8	2	168	33	99
Matara	31	544	0	7	0	2	0	0	1	5	20	198	3	16	0	2	0	0	0	4	86	0	7	1	50	52	100
Jaiffna	48	1095	3	33	0	1	0	5	0	8	1	6	12	418	0	1	0	1	0	3	90	0	1	0	2	62	93
Kilinochchi	1	50	1	3	0	0	0	0	2	15	0	6	0	4	0	0	0	0	0	1	5	0	0	0	0	19	97
Mannar	1	37	0	5	0	0	0	1	0	0	1	20	0	4	0	0	0	0	0	0	1	0	2	0	0	18	99
Vavuniya	6	66	0	5	0	1	0	0	0	0	1	18	0	6	0	1	0	0	0	0	8	0	1	0	2	0	97
Mullaitivu	1	29	0	8	0	0	0	2	0	11	0	18	0	3	0	0	0	0	0	0	5	0	0	0	3	21	99
Batticaloa	128	929	2	62	0	6	0	4	1	7	6	28	0	1	2	3	0	0	0	2	24	1	12	0	0	44	100
Ampara	0	39	0	1	0	1	0	0	0	0	0	11	0	0	0	1	0	0	0	0	17	1	7	0	2	16	60
Trincomalee	81	882	0	3	0	1	0	0	0	4	2	21	0	9	0	0	0	0	0	0	16	0	4	0	1	24	99
Kurunegala	35	936	1	13	0	6	0	0	0	0	8	80	0	7	1	7	0	0	0	8	197	3	56	6	124	22	98
Puttalam	22	2001	0	4	0	1	0	0	0	0	0	11	0	6	0	1	0	0	0	3	35	0	16	1	8	16	92
Anuradhapur	6	178	0	1	0	0	0	1	0	1	6	119	0	23	0	1	0	0	0	4	84	2	10	18	160	21	95
Polonnaruwa	13	227	0	5	1	4	0	0	0	6	4	56	0	5	0	7	0	0	0	2	30	0	9	10	148	28	99
Badulla	10	426	0	11	0	3	0	0	0	6	1	99	2	18	1	40	0	0	0	2	59	1	12	0	7	64	100
Monaragala	7	137	1	10	1	3	0	0	0	0	29	218	3	23	1	10	0	0	0	2	23	0	29	0	60	24	100
Ratnapura	44	663	0	10	0	8	0	1	0	7	44	367	0	14	1	7	0	0	0	4	50	3	70	7	61	36	100
Kegalle	46	830	1	6	0	0	0	1	2	6	8	133	1	14	0	2	0	0	0	9	129	2	21	0	11	31	99
Kalmune	16	1143	3	22	0	4	0	0	0	0	0	13	0	0	0	0	0	0	0	0	15	0	10	0	0	41	98
SRI LANKA	117	22988	15	283	2	63	0	20	8	129	22	2365	28	689	6	10	0	3	62	1492	15	359	56	946	33	97	

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 14th April, 2023 Total number of reporting units 368 Number of reporting units data provided for the current week. 310 C**=Completeness

Table 2: Vaccine-Preventable Diseases & AFP

08th- 14th Apri 2023(15th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2023	Number of cases during same week in 2022	Total number of cases to date in 2023	Total number of cases to date in 2022	Difference between the number of cases to date in 2023 & 2022
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	01	00	00	00	00	00	00	01	03	24	25	- 4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	01	01	00	00	00	01	00	01	05	00	68	13	423.0 %
Measles	00	00	00	00	00	00	00	00	00	00	00	11	10	10 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	02	01	100 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	01	03	01	200 %
Tuberculosis	34	41	10	07	10	20	05	08	08	143	00	2424	2265	7.0 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human				Animal			
	No Total	No Positive		Infl A	Infl B	Pooled samples	Serum Samples	Positives
April								

Source: Medical Research Institute & Veterinary Research Institute

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sitnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Samitha Ginige
 Actg. CHIEF EPIDEMIOLOGIST
 EPIDEMIOLOGY UNIT
 231, DE SARAM PLACE
 COLOMBO 10