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Strengthening Health Information Systems in Sri Lanka: Towards Integrated and Interoperable Solutions - Part II

This is the second article of two in a series on "Strengthening Health Information Systems in Sri Lanka: Towards Integrated and Interoperable Solutions"

Sri Lanka's Public Health Information Systems

Sri Lanka has made notable progress in digital health, especially in public health data collection. Some key systems include:

- **EPINET & e-Surveillance**: Used by the **Epidemiology Unit** for disease surveillance;
- **eRHMIS**: A system maintained by the **Family Health Bureau** for tracking reproductive, maternal, and child health services.
- **District Nutrition Monitoring System (DNMS)**
- **Mental Health Management Information System (MHMIS)**
- **Disease-specific systems**: Including systems for malaria, leprosy, and dengue.

Despite these advancements, many systems do not "talk to each other." Data duplication, limited access to reports, and delays in feedback are still common challenges.

The Importance of Interoperability

Interoperability means that different systems can communicate and understand each other's data.

For example, if a patient screened for diabetes at a Healthy Lifestyle Centre is later admitted to a base hospital, the hospital system should automatically access previous records without needing to repeat tests. This is only possible if systems are designed to communicate through **standardised protocols** like **FHIR** (Fast Healthcare Interoperability Resources), which is now widely adopted globally.

By adopting **data standards**, Sri Lanka can:

- Improve **continuity of care**
- Reduce **redundant data entry**

Facilitate **data exchange** between public health, hospital, and laboratory systems.

Why Open Source and Digital Public Goods Matter

Many of Sri Lanka's health systems (such as DHIS2) are **open source**, which means the software code is freely available for customisation, modification and improvement. Open-source systems offer several benefits:

- **Cost-effectiveness** (no licensing or subscription fees)
- **Local ownership** and capacity-building
- **Adaptability** to local needs
- **Transparency** and peer-reviewed security
- **Community support**
- **Enhanced security, up-to-date technology and use of standards**

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Digital Public Goods (DPGs) are open-source technologies that adhere to privacy and quality standards and are freely available for public benefit. DHIS2, OpenMRS, and OpenSRP are examples of DPGs. Supporting digital public goods ensures that national health systems are not locked into expensive, proprietary solutions that cannot evolve with local demands.

Moving Forward: A Call for Integration

As Sri Lanka continues to modernise its health sector, the following steps are essential:

- Promote **standards-based digital solutions**, aligned with the digital health blueprint.
- Maximise the use of open-**source solutions with local maintenance capacity** and community support, aligned with **digital public good principles**.
- Enhance the use of **data for decision-making** at every level, from field staff to central administrators.

Conclusion

A modern, integrated, and interoperable health information system is essential for improving public health outcomes. Sri Lanka is well-positioned to lead in this area by building on systems like **EPINET** and **eRHMIS**, adopting global standards like **FHIR**, and prioritising **open-source solutions**. By investing in these areas, the country can ensure timely, accurate, and actionable health data for everyone, from PHMs in the field to national-level planners.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 17th–23rd May 2025 (21st Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		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	A	B	T*	C**
Colombo	336	5386	0	15	0	3	0	4	0	5	20	208	0	5	1	10	0	0	19	246	3	29	0	1	33	771	96	100
Gampaha	208	3348	0	22	0	22	0	1	2	55	16	338	0	7	1	6	0	0	12	390	4	63	1	20	35	426	93	100
Kalutara	92	999	1	24	0	6	2	8	2	26	20	307	0	1	0	4	0	0	22	391	0	23	0	1	16	215	87	100
Kandy	126	1433	1	32	0	2	0	4	0	12	2	126	1	29	1	6	0	0	18	216	0	12	1	33	16	294	99	100
Matale	20	667	2	14	0	1	0	0	0	46	7	108	0	3	0	5	0	0	3	58	0	2	6	108	2	60	96	100
Nuwara Eliya	4	99	3	34	0	4	0	4	0	45	2	55	1	25	0	0	0	0	6	108	0	10	0	0	9	112	94	100
Galle	56	862	0	21	0	3	1	1	3	33	18	363	2	37	1	7	0	1	15	346	0	76	1	2	22	195	92	100
Hambantota	20	398	0	12	0	4	0	0	0	3	15	216	0	14	0	3	0	0	2	182	2	13	9	136	0	58	99	100
Matara	21	722	0	7	0	2	0	1	0	4	9	227	0	10	3	6	0	0	7	195	1	22	1	50	1	68	92	100
Jaffna	35	654	1	44	0	2	0	10	0	25	1	117	6	327	0	2	0	1	8	216	1	16	0	0	4	79	94	93
Kilinochchi	2	58	0	8	0	0	0	4	0	4	2	56	0	11	0	1	0	0	1	3	0	0	0	1	0	19	100	100
Mannar	4	101	0	4	0	0	0	0	0	2	1	19	0	11	0	0	0	0	1	15	0	12	0	0	3	22	97	100
Vavuniya	2	41	0	7	0	0	0	1	1	28	4	56	0	7	0	0	0	0	1	21	0	13	1	11	3	21	95	100
Mullaitivu	1	35	0	4	0	0	0	1	0	2	0	46	1	7	0	0	0	0	0	17	0	4	0	1	4	15	93	100
Batticaloa	53	1246	1	85	1	11	0	0	2	79	6	58	0	1	1	16	0	0	5	102	0	19	0	1	2	56	81	100
Ampara	6	103	1	21	0	8	0	0	0	5	10	111	0	2	0	3	0	0	5	83	1	21	1	13	1	22	84	100
Trincomalee	43	716	0	26	0	2	0	1	0	25	4	90	0	9	0	4	0	0	7	67	1	10	0	3	0	36	83	100
Kurunegala	47	593	4	24	0	11	0	1	2	25	14	397	0	20	0	2	0	1	13	350	2	66	24	240	13	136	72	100
Puttalam	13	351	0	9	1	2	0	0	0	4	5	163	2	28	0	1	0	1	5	85	2	43	1	15	0	80	93	100
Anuradhapura	13	324	0	21	0	6	0	3	0	16	17	257	0	14	2	9	0	0	14	167	0	40	14	318	8	107	79	100
Polonnaruwa	6	129	0	9	0	3	0	1	0	3	18	139	0	1	1	14	0	0	7	92	1	10	5	172	1	33	98	90
Badulla	25	338	1	17	1	7	0	3	0	0	10	164	0	15	0	20	0	0	9	197	3	36	2	19	8	105	94	100
Monaragala	15	405	2	11	0	3	0	0	0	4	16	343	0	23	1	10	0	0	1	75	3	26	8	91	6	44	85	100
Ratnapura	203	2303	0	72	0	5	0	3	0	22	20	757	0	16	0	5	0	1	5	221	1	59	16	98	9	164	91	100
Kegalle	43	638	0	37	0	8	0	9	0	26	25	338	0	7	1	9	0	0	23	385	3	52	0	16	9	113	89	100
Kalmunai	8	237	1	17	0	2	0	0	0	15	2	56	0	1	0	1	0	0	2	84	1	19	0	0	2	53	78	100
SRILANKA	**1402**	**22186**	**18**	**597**	**3**	**117**	**3**	**60**	**12**	**514**	**264**	**5115**	**13**	**631**	**13**	**144**	**0**	**5**	**211**	**4312**	**29**	**696**	**91**	**1350**	**207**	**3304**	**91**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 23rd May, 2025 Total number of reporting units 361 Number of reporting units data provided for the current week: 360 C**-Completeness *

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

17th – 23rd May 2025 (21th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	26	33	-21.2%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	01	00	00	00	01	00	00	03	05	89	124	-28.2 %
Measles	00	00	00	00	00	00	00	00	00	00	00	01	210	-99.5%
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	02	-50%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	02	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	01	300 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	12	11	9.09 %

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

Number of Malaria Cases Up to End of May 2025,

02

All are Imported!!!

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@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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