



SITUATIONAL ASSESSMENT ON PHYSICAL ACTIVITY IN SRI LANKA



This assessment was based on the Situational Analysis Tool developed by the WHO to support the implementation of the Global Action Plan on Physical Activity (GAPPA) 2018 – 2030.



Ministry of Health
Sri Lanka



Directorate of Non Communicable Diseases



World Health
Organization

Sri Lanka

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Situational Assessment on Physical Activity 2021

Prepared by the Non-Communicable Disease Unit, Ministry of
Health

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Abbreviations

DDG/NCD	Deputy Director General/ Non – Communicable Diseases
FHB	Family Health Bureau
HENO	Health Education Nursing Officer
HEO	Health Education Officer
HHIMS	Hospital Health Information Management System
HIMS	Health Information Management System
HLC	Healthy Lifestyle Clinic
HPO	Health Promotion Officer
MoE	Ministry of Education
MOH	Medical Officer of Health
MoS	Ministry of Sports
MONCD	Medical Officer of Non – Communicable Diseases
NMSAP	National Multisectoral Action Plan
NABNCD	National Advisory Board for Non-Communicable Diseases
NCD	Non – Communicable Diseases
PA	Physical Activity
PDHS	Provincial Director for Health Services
PHC	Primary Health Care
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNO	Public Health Nursing Officer
PSSP	Primary Healthcare Strengthening Project
RDHS	Regional Director for Health Services
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goals
WHO	World Health Organization

INTRODUCTION

Non communicable diseases (NCD) including, cardiac diseases, cerebro-vascular accidents, diabetes mellitus, cancer and chronic respiratory diseases are the major causes of morbidity and mortality in Sri Lanka. The NCDs were accountable for 83% of total deaths and 17% premature (30 -70years) deaths in Sri Lanka in the year 2016 (1). In the year 2016, of the total 464 billion of current health expenditure, the majority (36%) was spent on the management of NCDs (2). In addition, these chronic debilitating diseases result in a great economic impact to the individual, family and the country as a whole due to lost productivity.

The NCDs are caused by four major lifestyles related, and therefore, highly preventable behavioural risk factors namely, physical inactivity, unhealthy diet, tobacco smoking and use of alcohol. The national NCD risk factor survey (STEPS survey) 2015 found that 72.5% of the Sri Lankan adult population (18-69 years) do not consume the recommended 5 servings of fruits and vegetables per day, 18% were current alcohol users and 15% were current tobacco smokers. The survey also reported that 30.4% of the Sri Lankan adult population do not engage in the recommended 150 minutes of moderate intensity physical activity level per week, making them more vulnerable for NCDs, with females (38.4%) being more inactive compared to males (22.5%) (3).

There is ample evidence to show that physical inactivity is attributed to many of the NCDs in the world, including Sri Lanka. It is the 4th leading behavioural risk factor for global burden of diseases (4). It is shown that improving physical activity would prevent 6% - 10% of the major NCDs including coronary heart disease (CHD), diabetes, breast cancer and colon cancer, thereby, improving life expectancy (5). It is also shown that if not eliminated, even a mere reduction of physical inactivity by 10% would prevent more than 533,000 deaths and a reduction of inactivity by 25% would prevent more than 1.3 million deaths globally (5). Thus, improving physical activity among the Sri Lankan population would support in combating the NCD burden of the country and improve life expectancy.

In addition, it is evident that being physically active has psychosocial benefits as well, including reduction in anxiety, depression and negative mood; improves self-esteem, social withdrawal and cognitive function (6). It is shown that personal factors such as health issues (e.g. joint disorders), time and lifestyle related factors, lack of knowledge; unavailability of facilities or dedicated areas for exercise; and environmental, social and cultural factors (e.g. myths related to physical activity, physical activity being a novel concept, security reasons etc) prevent Sri Lankans from being physically active (7).

This situation analysis report is based on Situational Analysis Tool (SAT) developed to support the implementation of the WHO Global Action Plan on Physical Activity (GAPPA) 2018-2030, which support achievement of the four strategic objectives agreed in GAPPA at the country level; *active societies, active environments, active people and active systems*. The tool enabled the Directorate of NCD, Ministry of Health to do a rapid assessment of Sri Lanka's current national context and progress on the promotion of physical activity in collaboration with a multitude of stakeholders. It is expected this report will inform and support the development of national policy frameworks and priority areas of action to promote physical activity in Sri Lanka. The process of completing the SAT has supported strengthening stakeholder engagement in policy implementation and to identify opportunities to promote and support physical activity initiatives in Sri Lanka.

METHODS

Objectives of the Situational Assessment

- To identify stakeholders instrumental in promoting physical activity in Sri Lanka
- To identify mechanisms, processes, services and legislations currently in place to promote physical activity in Sri Lanka
- To identify strengths, gaps, and bottlenecks for physical activity promotion in Sri Lanka and provide recommendations
- To strengthen physical activity promotion in Sri Lanka through inter-sectoral coordination and partnerships

Design of the Situational Assessment

This report is based on the WHO Situational Analysis Tool (SAT) and structured according to the four strategic objectives of GAPPA and its monitoring and evaluation framework as outlined below (Table 1):

- Active societies
- Active environments
- Active people
- Active systems

Table 1: Structure of the WHO Situational Analysis Tool (SAT)

Four Sections of SAT	Question areas aligned with GAPPA and M&E Framework
Section 1: Active Societies	<ul style="list-style-type: none"> ➤ Communication campaigns ➤ Mass participation events and promotion ➤ Education and Training
Section 2: Active Environments	<ul style="list-style-type: none"> ➤ Regulatory frameworks ➤ Design guidelines and standards ➤ Infrastructure and facilities
Section 3: Active People	Programmes and services within and across multiple settings: <ul style="list-style-type: none"> ➤ Health ➤ Workplaces ➤ Education ➤ Sports ➤ Transport
Section 4: Active Systems	<ul style="list-style-type: none"> ➤ National policy frameworks ➤ National Targets ➤ National guidelines on physical activity and sedentary behaviour ➤ Coordination, engagement and partnerships ➤ Strategic priorities and the political landscape ➤ National information systems ➤ Funding and Financing mechanisms

Data collection

A multitude of data collection methods were utilized to collect data pertaining to the situational assessment. The data collection was conducted in 2021 and only the on-going work and the activities that have been conducted during the period of 2010 to now are reported.

Desk review

A comprehensive review of the policies, strategic frameworks, action plans, reports, laws and legislations relevant to physical activity promotion in Sri Lanka was performed, led by the Director NCD, Ministry of Health and by the staff of the Unit for Promotion of Physical Activity of the Directorate of NCD.

Qualitative data collection

Information required to fill the SAT were mostly collected using qualitative techniques of key informant interviews (KII) and group consultative meetings.

Key informant interviews

Key informant interview technique was used as the method to gather qualitative data from all the stakeholders identified. The head of the institution or the relevant focal point of each stakeholder institution was interviewed taking the SAT as a guide. Interviews were conducted physically and virtually, and proceedings were recorded.

Group consultative meetings

The Directorate of NCD identified a focal point from each organization and invited them for several stakeholder meetings. The meetings were used to gather information based on the SAT. The meetings were instrumental in analysis and collation of documents relevant to physical activity promotion in Sri Lanka. The meetings were conducted physically and virtually considering COVID-19 outbreak in the country. Following diagram outlines the summary of the SAT completion process.

The key informant interviews and group consultative meetings involved following key stakeholders:

- Ministry of Health
- Ministry of Sports
- Ministry of Education
- Sri Lanka Police
- Ministry of Transport
- Ministry of Urban Development
- Ministry of Public Services, Provincial Councils and Local Governments
- Ministry of Labour
- Ministry of Women and Child Development
- Ministry of Higher Education
- Ministry of Finance
- Non-Governmental Organizations



Figure 1: Summary of the SAT completion steps.

Data analysis

The Directorate of NCD compiled a summary report on promotion of physical activity based on the gathered data. The data analysis helped to identify existing gaps and provide recommendations to promote physical activity. The final report was presented to the stakeholders and finalised upon their consensus.

SECTION 1

ACTIVE SOCIETIES

Summary

The aim of this section of the SAT was to assess three aspects related to the status of creating Active Societies. First is the implementation of national communication campaigns that aim to increase awareness and knowledge of the multiple benefits of physical activity, and support behaviour change. Also, to assess national engagement with any international or regional communication campaigns, including those which directly and those that indirectly focus on physical activity. Secondly, the status of conducting mass participation (free) events and/or health days/weeks and thirdly to identify what workforce training on physical activity is undertaken and available in the forms of pre-service training and continued professional development.

- a) **Public education campaigns:** In Sri Lanka various national and subnational level public education and capacity building campaigns on physical activity (PA) promotion are conducted by both the government organisations (Health, Sport) and non-government organisations (National Olympic committee, professional medical organisations, civil organisations). These raise awareness, knowledge, skills, motivation and behaviour change on PA promotion using community-based initiatives and sustained communications across traditional and social media channels (more evident with the COVID 19 pandemic). Some campaigns have primarily focused on PA (aerobic programs, walking, running, cycling) but in some PA is a part of a total health promotion package. Most campaigns are short term (day/month) and some are sustained for >10years with developing education material, processes and on-going evaluations/progress developing into sustain models with long term changes. Target audiences mainly had been adults, youth and children, some instances older adults and pregnant women, but not specifically people with disabilities or special groups.
- b) **Mass participation events** at national and sub national level (where participation is free of charge) are conducted mainly by the sports and health sectors (government, professional organisations, and non-government organisations) in parallel to various international days/events. In addition, novel days/months are declared by the ministry of sport and health to increase participation in sport and PA in public. National engagement for these events from other relevant sectors was not identified. Subnational programs are mainly conducted in urban cities. Central mechanism of coordinating the above activities was not identified.
- c) **Workforce development and training:** Capacity building on PA promotion and prescription is conducted at various stages and levels to the workforce who 1) provide services and programs related to physical activity (Health, sport and education sectors), whereas those 2) whose work influences the environments for physical activity (Town planners, Transport planners) did not have any formal training on PA promotion. In the health sector primary care medical doctors have training on PA promotion and prescription at undergraduate (initiated incorporating into the curricula in small scale), in-service and post graduate levels. Physiotherapists have training at undergraduate/in-service stages and nurses, midwives, public health inspectors and social care workers have initiated incorporating to the in-service curricula. Health promotion officers, occupational health and safety officers have pre-service training. No formal training evident for non-medical healthcare staff in the private sector. The government sector preschool, primary school and physical education (PE) teachers have pre-service training, and it is now discussed to include PA training to all teachers. Formal training available for private sector teachers is not evident. In the sports sector, sports scientists, managers, coaches, trainers have undergraduate and pre service training on PA promotion.

1.1 National level communication campaigns, mass participation events to create an Active society

Sri Lanka has successfully implemented several national public education and awareness campaigns on physical activity.

1.1.1 Health Sector

The Sri Lankan government provides a well-organised free health service in the form of Western medicine and Ayurvedic medicine. Sri Lanka's low-cost health care system, provides a good foundation for the attainment of Universal Health Coverage and can make a major contribution to reduce premature mortality provided cost effective interventions are implemented

Sri Lanka has laid a robust public health foundation to tackle NCDs which are regulated by the Ministry of Health. Public health successes in communicable diseases and maternal and child health, enable Sri Lanka to further accelerate progress in prevention and control of NCDs

The public health sector is organised into two parallel streams: community health services focusing mainly on promotive and preventive health - curative care services ranging from non-specialized primary care to specialised care delivered through a variety of hospitals.

There is a Directorate with responsibility for NCDs within the Ministry of Health. The National Steering Committee and the National Advisory Body for NCDs provide guidance for implementation of the National NCD Policy and the Multi-Sectoral Action Plan. Government revenues are allocated through the Department of Health services for health care for NCDs. Each district has a Medical Officer /NCD who functions as the focal point for NCD activities in the district. The NCD unit of the Ministry of Health conducts regular review meetings for Medical officers /NCD to facilitate exchange of information on NCD best practices in all districts.

Curative services are provided by the country's hospitals. The large hospitals comprise teaching hospitals, peripheral hospitals, and base hospitals; these have specialist consultants. The smaller hospitals include peripheral units and rural hospitals; these have fewer facilities. Each hospital has an outpatient department, which fulfils a similar role to that of general practitioners (GPs) in other countries. There are around 631 government sector medical institutions with indoor health facilities. There are 3.6 beds for every 1,000 persons in the state sector and is widely accessible. There is a reasonably good road network island wide from a healthcare facility. There are 1600 specialist medical officers providing services in hospitals. Overall there are 87 doctors 60 per 100,000 population.

1.1.1.1 Directorate of Non-Communicable Diseases

The Directorate of NCD commemorated the International Day for Sports Development and Peace on the 6th of April 2021. The month of April was declared the "National Move More Month". A national media briefing with a social media campaign was launched by the Directorate of NCD with the objective of creating awareness among the public on health benefits of physical activity during this month. The media briefing was contributed by specialists in Sports and Exercise Medicine and included practical demonstrations. Public awareness was also created through newspaper articles, radio programs and television programs. The social media campaign was carried out through FaceBook. A circular was issued by the Director General of Health Services (DGHS) instructing district level Medical Officer Non-Communicable Diseases (MO NCD) to conduct local level awareness and promotion events during the "National Move More Month".



Discussion on National Move More Month, April 2021, under the theme “Move more every step counts”.
@ TV 1, Jathika Mehewara programme.

Let's promote physical fitness for a healthier Sri Lanka.
<https://youtu.be/7N6IMxRMQ7A>



In addition, physical activity promotion is highlighted on various other international / national health days commemorated by the Directorate of NCD. The Directorate of NCD, commemorates world health day, hypertension day and diabetes day annually with a focus on promoting healthy lifestyles including physical activity.

1.1.2 Non Health Sector

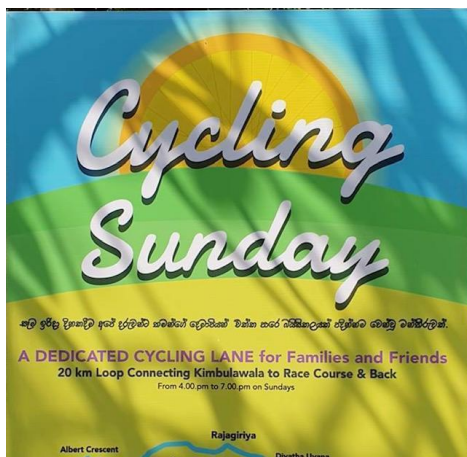
1.1.2.1 Ministry of Sports

The Ministry of Sports is involved in creating awareness through sports officers at district level and urban settings to build up a national sports culture. It has been proposed to declare Sports Policy for Sri Lanka to develop the field of sports on a systematic and a scientific footing and that all parties connected to sports will act in terms of proposed sports policy.

<https://mos.gov.lk/media/2020/4/yMFgNuQaAtJathOwyELq1wBj3DeVpalOhUPub9NQ.pdf>

In addition, the Ministry of Sports is attempting to promote cycling as a means of healthy transport. For the “Sunday Cycling Program” in Colombo a cycling lane is created on the main roads on Sundays.

Along with the “Sunday Cycling Program” two other programs were launched; “Friday Football” and “Saturday walking and jogging” programs. The Ministry of Sports is planning to popularize these programs throughout the country. These programs are taking place in some districts of the country at present.



Cycling Sunday launched with dedicated lane

View(s): 184

Cycling Sunday, an initiative by Yasas Hewage of 'Spinner' was launched last Sunday with the support of Ministry of Youth and Sports from Kimbulawala, covering a distance of 22 kilometres on a dedicated cycle lane.

Cycling Sunday, a global event which promotes cycling with the participation of all family members, flagged off from Kimbulawala at 4.00pm and finished at the same location around 7.00pm.

The route covered Kimbulawala, Parliament Road, Waters' Edge Junction, Rajagiriya, Borella, Gregory's Road, Race Course, Reid Avenue, Albert Crescent, Independence Avenue and took the similar route back to Kimbulawala.

"Our children and parents love to take bicycles and go for a ride. That's what we will do each Sunday henceforth with a dedicated lane allocated for cyclists in Colombo. We intend to take this initiative around the country," Hewage stated.

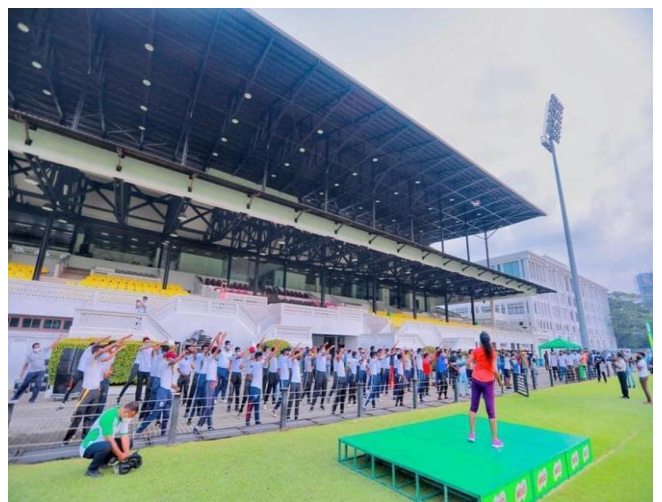




The Ministry of Sports commemorates national sports day on July 31, the day on which a Sri Lankan, Mr. Duncan White won a medal for the first time at the Olympics. Also they conduct special exercise promotion events on international days such as 'Women's Day' International Children's Day etc. International day for elder persons is commemorated through physical activity programs and international competitions for elderly veteran athletes.



In addition the Ministry of Sports conducts physical activity based programs on special days such as Independence Day and Sinhala Hindu New year.



1.1.2.2 National Olympic Committee

The National Olympic Committee conducts an event annually – focusing on developing values among the youth, fitness of athletes etc. for the International Olympic Day. School children from rural areas are given the opportunity to attend this event by coordinating with the Ministry of Education. This event focuses on teaching Olympic values, public awareness creation on importance of sports and motivation for athletes through lead athletes.



1.1.2.3 Sri Lanka Police: Motor Traffic Division

Road safety is important to ensure promotion of physical activity friendly modes of transport as well as to ensure safety of pedestrians and cyclists. The Motor Traffic Division of Sri Lanka Police regularly conducts awareness programs for various groups on road safety. The city traffic police was first set up to educate the public and school children on road safety, monitor duties of traffic branch and to collect data on accidents. Road Safety Committee have been already commenced in all Police Divisions which comprise of Government authorities and representatives from the Private Sector, Corporations, Boards, Public Transport, Education Department , etc and convenes monthly to discuss road engineering, traffic education and enforcement.

Detail of their programme content is publishes on their site:

<https://www.police.lk/index.php/item/69-traffic-police-how-the-division-could-help-the-public>



In addition to the training in parade and Musketry the police trainees are engaged in sport activities too. Programmes are scheduled to shape the recruit physically to meet the rigorous of a profession that require maximum physical fitness and mental alertness. Graduated physical exercises and endurance programme are designed to bring the recruit to a high standard of physical fitness.



1.2 Sub national level communication campaigns, events to create an Active society

1.2.1 Health Sector

1.2.1.1 Programs conducted by MO NCDs

Medical Officer Non-Communicable Diseases (MO NCD) the district level medical attached to the office of the Regional Director of Health Services (RDHS) assists the RDHS in successful implementation of the National Non-Communicable Diseases (NCD) prevention and control program within their districts under the directives of the National Policies and the National Multi-Sectoral Action Plans (MSAP) for Prevention and Control of Chronic NCDs and injuries. They liaise with the multi-sectoral partners of the district to ensure the implementation of the district MSAP (Ministries of Sports, Agriculture, Education, Labour, Local government Social Services Department, etc.) They are involved in promotion of physical activity at their districts and are responsible for conducting awareness programs at healthcare institutions, community and other settings on physical activities. In addition, with the patronage of the Regional Director of Health Services they organize mass participation events and district level campaigns to commemorate international and national health related days. Promotion of physical activity.

The Directorate of Non-Communicable Diseases (NCD) has developed a "Guideline to perform the duties for Medical Officers of Non-Communicable Diseases (MO-NCD)" based on existing Job description issued by the Director General of Health Services, dated 01.04.2010.

Duties of MO NCD in relation to physical activity

- Identify health and non-health stakeholders for the promotion of physical activity in the district and coordinate with them through the District NCD Multi-Sectoral Committee to conduct physical activity promotion in the district.
- Be a master trainer for the 'Physical Activity and Sedentary lifestyle guidelines for the general public' and organize/training for primary health staff (i.e., MOIC, PHNO, MO-HLC, NO-HLC, MOOH, PHII, PHMM)

- Facilitate the issue of individual-based exercise schedules by the MO HLCs for HLC attendees
- Facilitate and provide technical guidance to MOH and PMCI staff (HLC Nurse, PHNO, PHI, PHM) to train volunteer community leaders to conduct community-based exercise programs and establish active groups at village settings
- Collaboration with relevant stakeholders (eg; sports officer at DS office, social services officer, elderly rights officer etc) to empower and encourage the community to utilize the facilities available to be physically active (e.g., walking paths, parks, community open gyms, gymnasias, etc.)
- Coordinate establishment of indoor and outdoor gymnasiums in health care institutions/facilities/ community, based on the specifications and guidelines developed by the Directorate of NCD
- Facilitate the conduct of awareness programs on benefits of physical activity and national recommendations at pre-schools, schools, and higher education institutes by public health staff. Collaborate at district level with relevant institutions to implement the compulsory 20 minutes of physical activity for two (02) days per week, for all school children.
- Facilitate the conduct of physical activity programs/awareness programs at work settings by public health staff, provide technical guidance for development and implementation of institutional guidelines allowing the workers to be physically active at the district level, and promote workers to be physical activity at work settings by establishing exercise programs /active groups at large scale workplaces (Annexure V)
- Conduct local research and convey generated evidence to Directorate of NCD for improvement of the national programme for physical activity promotion.



A mass participation event organized by a MO NCD to promote cycling and physical activity among health staff in her district



Awareness on exercises at a Multi-Sectoral meeting at Divisional Secretary Office



Awareness on exercise for newly recruited government employees



Taking active breaks during a monthly conference at a Medical Officer of Health Office



Awareness on exercise for staff at Regional Director of Health Services Office



Introducing active breaks for student Public Health Midwife Training



Awareness on exercise for a Mother Support Group at a Medical Officer of Health Office

1.2.1.2 Programs conducted by Sri Lanka Sports Medicine Association (SLSMA)

SLSMA is a professional body composed of specialists in Sports and Exercise Medicine. They have been involved in many awareness raising programs on physical activity and exercises for health staff as well as the general public.



1.2.2 Programs conducted by Non-Governmental Organizations



Sri Lanka Medical Association nationally holds 'SLMA Health Run and Walk' for general public

There have been sub national level awareness campaigns to promote PA led by NGOs. For example, Sri Lanka Medical Association conducts national events and NIROGI Lanka project has implemented physical activity promotion programs at selected settings. In addition, various professional colleges have been focusing on promotion of PA through their annual walks etc.

1.2.2.1 NIROGI Lanka/SLMA: Exercise as an entry point to Wellbeing



'NIROGI Lanka' volunteer project (2009 to date) conducted under Sri Lanka Medical Association (SLMA) (<https://www.nirogilanka.org/>) is focusing on promoting health and capacity building of the people at ground level in urban, suburban and rural diverse communities, workplaces and schools in 6 districts in Sri Lanka including >300 settings of more than 10,000 people. The project is collaborated with the Ministry of Health Sri Lanka, World Diabetes Foundation and Rotary International. The project passed different phases (1 to 3) with on-going internal and external review with progress reports.

Phase 1 (2009- 2012)

This phase included **capacity building of health care staff at the Ministry** of Health for management of Diabetes and NCDs. This included training of nurses Diabetes Educator Nursing Officers (DENO) and Health Educator Nursing Officers (HENOs) in exercise promotion and counselling. Educational materials (handbook and DVD were developed) used by staff. DVD for training 'Easy Exercises for all' To educate general public and health care workers in Sri Lanka This is uploaded in NIROGI You tube

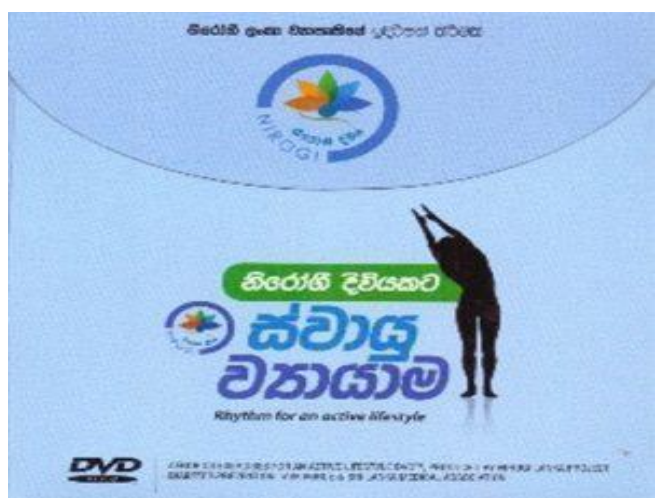
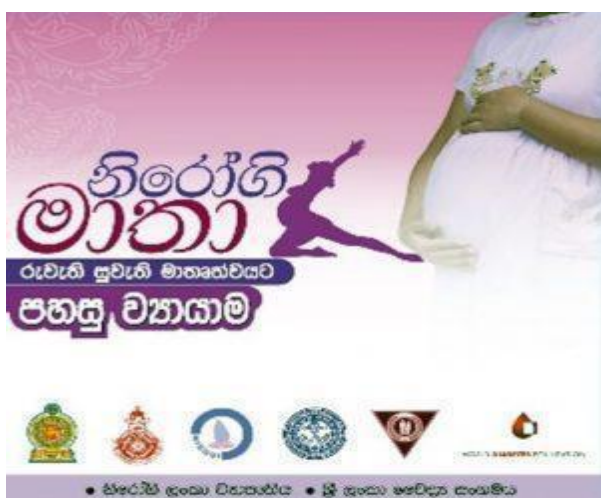
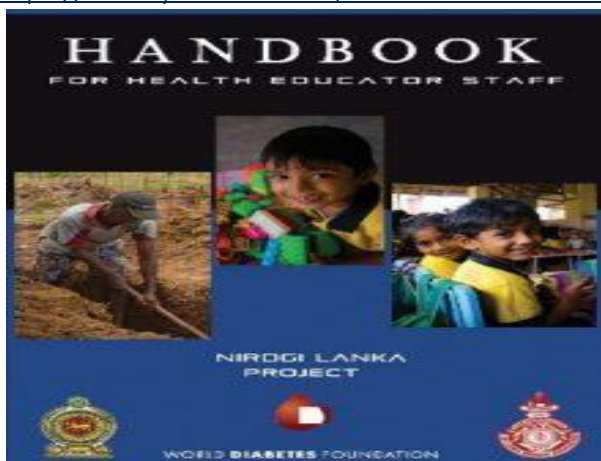
channel <https://www.youtube.com/watch?v=Gc3HY4dIMH4> The regular aerobic programs have shown to keep the communities glued to the process and had been an indicator of sustainability. <https://www.facebook.com/291662467710513/videos/2144291969178540>

Phase 11 (2013-2016)

Among three other components, a national programme with cost-effective evidence-based approach to gestational diabetes care was conducted as **'NIROGI Maatha'**. This included training of health care staff for prevention of gestational diabetes, which included exercise promotion and counselling. The developed educational video is now telecasted in antenatal clinics to support health care staff on exercise promotion. DVD for Exercise during pregnancy <https://www.nirogilanka.org/nirogi-matha/>

Phase III (2016- to date)

The priority was **Health Promotion under "NIROGI Diviya"** theme which initially done for Colombo District and later expanded for 6 districts. The Health Promotion Officers or HPOs developed with the project are carrying out this health promotion model in changing behavior of people on good health habits. The HPOs are conducting aerobics exercise programs with the help of developed DVDs in most community settings where these exercise programs have been one of the main 'entry points' to the 'health promotion process' which also includes changing nutrition, substance use and mental health. <https://www.youtube.com/watch?v=3P40TX1GJzo>





1.2.2.2. Sri Lanka Diabetes and Cardiovascular initiative/SLDCI (2016-2021)

Long term capacity building programs which involve health care staff and the public on diabetes prevention and management include PA promotion as one of main activities through health promotion. Sri Lanka Diabetes and Cardiovascular Disease Initiative (SLDC) has trained over 4670 Doctors, 3840 Nurses and 3131 PHMs on prevention and management of non-communicable disease including diabetes. A total of 472 Healthy Lifestyle Clinics have been strengthened with a focus on early detection of non-communicable diseases and over 338,984 people have been screened for Type 2 diabetes. Apart from training health care workers, over 2560 Community volunteers have been directly trained on the prevention and management of NCDs and health promotion.

1.2.2.3. Promotion of Cycling as a Healthy Mode of Mobility



Ride for Life, Sri Lanka is a community organization composed of a group of trendsetting professionals to promote cycling as a primary mode of mobility. They carry out community awareness campaigns to promote cycling through social media platforms. <https://www.facebook.com/rideforlifesrilanka>, <https://www.facebook.com/groups/988938708263279>



1.2.2.4. SUN People's Forum

SUN People's Forum is a NGO working closely with Civil Society Organizations (CSO) to promote nutrition and physical activity among the Sri Lankan population. They have been involved in awareness creation on physical activity among various difficult to reach communities.



Social Media Campaign



Production of Videos with Celebrities



International Women's Day Programme



Programme for Women Development Officers

1.3 Capacity Building

This section includes training those who 1) provide services and programs related to physical activity (Health, sport and education sectors) and those whose 2) work influences the environments for physical activity (Town planners, Transport planners)

1.3.1 Staffs who provide services and programs related to physical activity

Table below outlines the physical activity related pre-service and in-service training received by various staff categories employed in the government sector. Majority of staff categories receive in service training if physical activity promotion is directly recognised as one of their responsibilities. However, physical activity related education has rarely been identified as a component of pre service training.

Table 2: Physical activity related pre-service and in service trainings received by various staff categories employed in the government sector

Staff Category	Type of training	Availability	
		Yes	No
Medical doctors	Pre-service		✓
	In-service	✓	
Primary health care doctors/relevant specialists	Pre-service		✓
	In-service	✓	
Physiotherapists	Pre-service	✓	
	In-service	✓	
Nursing Officers	Pre-service	✓	
	In-service	✓	
Social and other health care workers	Pre-service	✓	
	In-service	✓	
Occupational health and safety officers	Pre-service	✓	
	In-service	✓	
Preschool teachers	Pre-service	✓	
	In-service	✓	
Primary school teachers	Pre-service	✓	
	In-service	✓	
Secondary/high school teachers	Pre-service	✓	
	In-service	✓	
Transport planners	Pre-service		✓
	In-service		✓
Urban / town planners	Pre-service		✓
	In-service		✓
Exercise, sport and fitness coaches and trainers	Pre-service	✓	
	In-service	✓	
	In-service	✓	

A. Training of medical doctors (undergraduate, in-service and postgraduate)

The Faculty of Medicine, University of Colombo has taken an initiative to include an exercise prescription lecture into the MBBS undergraduate curriculum. However practical/clinical training is still not included.

Medical Officers already in-service in the public health sector, such as MO NCD, MOH receive in-service training on promotion of physical activity. The Directorate of NCD in collaboration with the WHO has launched an online training platform where NCD related information such as risk factor control is shared.

Post graduate training for doctors is available as Post Graduate Diploma and MD in Sports and Exercise Medicine. During postgraduate training of other disciplines physical inactivity is focussed as a risk factor for NCD (MSc Com Med, MD Com Med, MSC Nutrition, MD general Medicine, Cardiology, Endocrinology etc.).

B. In service training for primary healthcare staff

Healthcare staff who are the first point of contact for the general population, have been trained on promotion of physical activity by the Directorate of NCD in collaboration with Sri Lanka Sports Medicine Association. A Training of Trainers (TOT) module developed by the Ministry of Health in collaboration with other stakeholders on 'Promotion of Physical Activity in Primary Healthcare' provides primary care doctors practical training on exercises and behaviour change counselling among the apparently healthy general public.

The training strategy involves training of two strata of officers involved in NCD service provision. Medical Officers NCD who are district level coordinators and the link between the Directorate of NCD and primary care staff are first trained on the TOT. Secondly the trained Medical Officer NCD organized a training for the HLC staff; Medical Officer HLC and Nursing Officer HLC, Public Health Nursing Officers and the public health staff such as Medical Officers of Health, Public Health Midwives and Public Health Inspectors who are expected to do lifestyle modification counselling for the general public, in their respective districts. Training has been carried out in selected ten districts out of the 26 districts in Sri Lanka presently: Matale, Anuradhapura, Matara, Galle, Hambanthota, Gampaha, Kaluataru, Rathnapura, Kurunegala and Nuwara Eliya.

The training consists of three main components, basic knowledge on physical activity and parameters of physical fitness, interactive practical demonstration of aerobic, strengthening, flexibility and balance exercises and motivational interviewing and brief interventions for promoting physical activity. The three components were conducted by public health experts, sports and exercise medicine experts and health promotion experts respectively. All the participants undergo an assessment of their suitability to participate in the exercise component using 'Physical Activity Readiness Questionnaire' and those who got through the screening participate in the exercise component. The program is evaluated qualitatively as well as quantitatively. The trained health staff conducts subnational level capacity building programs at their health institutions and the local communities.



Disease specific recommendations on physical activity for 8 identified NCDs were developed by the Directorate of NCD in collaboration with other professional colleges. It is planned to train doctors involved in NCD care at all levels on these recommendations.



A training of trainer's session for Medical Officer NCDs on promotion of physical activity in primary health care

C.Training of other healthcare staff

Other primary healthcare staff including Nursing Officers, Public Health Nursing Officers who work at Healthy Lifestyle Centers and Public Health Midwives, Public Health Nursing Sisters and Public Health Inspectors are also trained on physical activity promotion among the general public based on the A Training of Trainers (TOT) module developed by Ministry of Health in collaboration with other stakeholders on 'Promotion of Physical Activity in Primary Healthcare'.

o Training of Nurses

Diploma in nursing (basic) students in Nurses training schools and Management groups in Post basic school (Ward and Education) students participate in physical activities. Physical activity included the professionalism module in their curriculum. They have to do physical activity every other day as their first session in timetables. The coordinator of the batch is responsible for finding the resource person for conducting physical activity sessions. Sometimes, Ministry of sport, personnel from Forces or capable students conduct the sessions.

o Training of Public Health Nurses

Competency in physical activity promotion is included into the curriculum. Tutors train the student on a fixed exercise programme. The Directorate of NCD conducted a programme to the PHNO in collaboration with the SLSMA on training sessions for promotion of physical activity in primary health care.

o Training of Public Health Midwives (PHM)

Special Grade Public Health Nursing Tutors conduct the physical activity sessions for student PHMs during their training according to training centre timetables.

o Training of physiotherapists

Physical activity prescription and promotion is an essential part in the undergraduate training for physiotherapists done in Sri Lankan government universities (University of Colombo, Peradeniya Kothalawala Defence University). In-service training is also conducted as CPD programs. Opportunities are available for post graduate training locally and with international collaborations. Special training facilities to become Sports physiotherapists are provided by the National Institute for Sports and Exercise Medicine Ministry of Sport in collaboration with relevant universities/departments. Physiotherapists also act as resource persons for other staff training.

o **Training of Health promotion officers**

Health promotion graduates from Rajarata University receive training on physical activity promotion during their undergraduate education. The health promotion officers are not yet absorbed into the government health system but work in the community via non-government and professional organisations.

o **Sports Science graduates**

Universities of Sabaragamuwa and Sri Jayawardenapura conduct undergraduate programs and University of Peradeniya (diploma program) in sports and exercise science. They are working in the sports sector as sports scientists, coaches, trainers, instructors and in the education sector as PE teachers, instructors and lecturers.

o **Other trainings for health staff**

During a 6-month Diploma in Educational Sciences programme conducted at National Institute of Health Sciences, Public health Nursing tutors and all the other categories tutors undergo physical activity training. One of the objectives is that all the participants have to be trained as a master trainer for physical activity. After completing the diploma, they have to conduct physical activity sessions in their own schools, Medical Laboratory Technicians, Public Health Inspectors, Pharmacy, Electroencephalography and Echocardiography training schools.

D. Trainings conducted by National Institute of Sports Science (NISS), Ministry of Sports

National Institute of Sports Science (NISS) is a premier institute for sports education in Sri Lanka, established under the provisions of the sports law No. 25, 1973. They conduct sports education courses/diplomas for Sports Officers and School Sports Coaches. Directorate of NCD, Ministry of Health has developed curriculum and conducts training on gym maintenance for staff in healthcare institutions in collaboration with NISS.



E. Teachers and pre-school teachers

Childcare settings in Sri Lanka are regulated by the Ministry of Women and child affairs and trains pre-school teachers on early childhood care and development. Pre-school teachers receive various training on physical activity promotion at regional level during their service. The Ministry of Sports has supported the development of a PA module for preschool children. It is planned to implement this module with the Family Health Bureau, School Health Unit.

Physical activity related training is provided in all teacher trainee programmes conducted by the Ministry of Education, provincial and zonal education offices. However, in-service training programmes on physical activity are conducted only for the physical education teacher's national and provincial level. Physical activity promotion is included in primary teacher training programmes by the Ministry of Education into their teacher manual. In-service training programmes are conducted at regional level for primary school teachers. Training to be included to all government teachers during their pre-service training is discussed at the policy level.

F. Private sector employees

There is no recognisable formal training available for healthcare and education workforces in the private sector. Institutional level training is noted to be conducted by companies and educational institutes collaborating with experts.

G. Training of other non-health staff

Officers in Divisional Secretary offices such as Elder Rights Promotion Officers, Social Service Officers and various other officers in government service receive in-service training that facilitate their performance in job and awareness of physical activity as a risk factor for NCD. Occupational health and safety officers receive pre-service and in service training on basic concepts of physical activity. Transport planners do not receive any training on physical activity promotion through transportation. However, the Road Development Authority (RDA) has taken an initiative to promote physical activity at their workplaces. The RDA is currently focusing on developing cycling lanes and adequate foot paths in future road development activities.

1.4 Capacity building at sub national level

1.4.1 Capacity building by Medical Officer NCD and other health staff

Medical Officers NCD are trained as Master Trainers on physical activity by the Directorate of NCD. They are involved in regional level capacity building programs for health and non-health staff. Trained health staff such as Healthy Lifestyle Center staff esp. Public Health Nursing Officers conduct physical activity based training for the community.



Local training programme on exercise done by MO NCD with sports officers from Divisional Secretary Office for health staff



Exercise Training organized by a Public Health Nursing Officer

1.4.2 Capacity building through Primary Healthcare Strengthening Project (PSSP)

Among the 350 verifiable hospitals currently involved with Primary Health Care System Strengthening activities more than 50 Primary Medical Care Institutions are involved with physical health promotion activities aimed at risk communities. Those activities include physical exercise sessions facilitated by hospital staff and community volunteers, awareness activities, creating supportive hospital environments for exercising by installing outdoor exercising or indoor exercising equipment etc. Following photographs elaborate a few highlights of Training staff and community leaders at Divisional Hospital Kariyamadiththa.



GAPS IDENTIFIED

- Lack of a national communication strategy and a package to promote physical activities targeting all age groups
- Lack of human resources to plan transport facilities and towns
- Infrequent mass participation events promoting PA
 - No regular events to promote PA in public parks or public open spaces at national or sub national level
 - Non-existence of car free days, bike to school/workdays at national or sub national level.
- Inadequate training of workforce in non-health sectors on their role and services to promote and enable physical activity

RECOMMENDATIONS

- Development of a national communication strategy and a package to promote physical activities targeting all age groups and settings
- Scale up and regularly conduct the existing mass participation events aimed at encouraging participation in physical activity at national level
- Training of non-health workforce on physical activity promotion at their workplaces (government/private).
- Education of Transport planners and town planners on how to incorporate facilities to be physically active into future road and building designs

SECTION 2

ACTIVE ENVIRONMENTS

Summary

This section identifies **existing laws, standards and/or design guidelines** available from government ministries / departments/ agencies responsible (transport, roads, urban planning) that support, or potentially hinder, **creating environments that protect and enable people to be physically active**. In addition, contributions from other sectors responsible for creating active environments (health, sport, education, local/municipal governments) are included.

Broad provisions are available by different acts and laws in the urban planning, transport, road safety sectors which allow promotion of PA to the public. Specific laws and actions particularly directed at improving PA were limitedly identified in the laws and standards.

The **urban planning** sector has developed guidelines supported by the Ministry of Health to have open recreational spaces during construction of new buildings/ infrastructure. Recommendations are currently revised at school health policy to improve school design environment to support PA and active transport. The local governments have initiated individual projects to make active cities. Still provisions are not identified for parks or sports and recreation facilities to be freely accessible to the public.

Transport and road safety which is regulated by the Road Development Authority and Motor Traffic Act allow provision for the health and safety of the public, but specific laws and regulations for pedestrian walking and cycling are yet to be included. Provisions for speed limits, drink driving are available, but Implementation difficulties were noted.

Ministries of health, sport and education have on-going communications individually and in some instances with above sectors to improve PA promotion environment /infrastructure.

2.1 Laws and design standards in place to create an active environment

A. Urban and town planning

2.1.1 Urban Development Authority Planning & Development Regulations 2021

Urban Development Authority is the Sri Lankan government agency responsible for planning and implementation of economic, social and physical development of the urban areas. The authority was established by an Act of parliament bearing No 41 of 1978. The main policies and plans related to urban management, setting up of human settlements and sustainable housing expansion in Sri Lanka are as follows:

National Physical Planning Policy and Plan – (2030)

- National Policy on Air Quality Management of 2002
 - The National Energy Policy of 1997
 - National Transport Policy of 1991
 - National Environment Policy of 2003
 - Land Use Policy of 2009
 - Local Government Policy
- According to the regulations during development of a new building an open space should be provided inside or around the proposed building and 10% of land should be allocated for recreational facilities/open spaces. Where an open space is provided in a building as an alternate access to such building, for maintenance of such building or separating it from adjoining properties, such open space shall be not less than 1.0m in width. Also 50% of the open space of the land should be used for green gardens or to maintain green shade except the hard landscape.
 - The Directorate of Estate & Urban Health of the Ministry of Health have perused this draft regulation and provided inputs to bridge the gaps in urban developments in relation to having open spaces for physical activity promotion. Presently Urban Development regulations are being updated to include a section on walking paths in urban areas (Ref 2.1.5).

Ref: Urban Development Authority Planning & Development Regulations, 2021. Available at: <https://www.uda.gov.lk/cms/storage/acts/mcK3c2YfvS.pdf>.

2.1.2 Town and Country Planning Ordinance

Relevant stakeholder: National Physical Planning Department.

The Town and Country Planning Ordinance have set apart lands for the purpose of natural reserves, public parks and open spaces which will promote PA.

- There are local, city-level or municipal council policies and projects to develop walkways and green spaces to promote walking and cycling.
Examples for city level programme:
 - Colombo - Healthy Cities program
 - Jaffna - healthy cities initiative including a focus on city level physical activity
 - Jayawardanapura – Making an Active City –walking pathways and open gyms
- However, local government level policies are not available for identification and development of existing open spaces in a specific local government area and providing free access to the public.
- It was identified that there are places and spaces with facilities to engage in physical activities which are not open to the public, playgrounds in schools, gymnasiums, healthcare institutions etc.

Ref: Town and Country Planning, Chapter 605, Available at:
<http://extwprlegs1.fao.org/docs/pdf/srl37912.pdf>, (Accessed 20 May 2021)

The National Physical Planning Department was established after The Town & Country Planning (Amendment) Act was unanimously approved by the Parliament. Available at:
<http://extwprlegs1.fao.org/docs/pdf/srl37912.pdf>, (Accessed 20 May 2021)

B. Transport and Road Safety

2.1.3 Road Development Authority (RDA) Act

The Road Development Authority established under the above act is responsible for the construction, care, maintenance and improvement of motorways and main roads. Sri Lanka's road network is classified into National, Provincial, Pradeshiya Saba, Local Authority roads and roads built under numerous development projects (e.g. under major irrigation schemes and hydro power complexes) according to their functionality and administrative responsibility.

- **Road safety assessments:** Road Safety Unit RDA has compiled road safety assessment guidelines for roads.
- **Speed limits:** RDA decides the speed limit for roads when designing the roads.
- **Walking /cycling infrastructure:** At present there is no provision in the RDA act for establishment of separate cycling lanes or specific regulations for walking infrastructure development during build of new roads.

Ref: Road Development Authority Act No: 73 of 1981. Available at: [ROAD DEVELOPMENT AUTHORITY Act, No. 73 of 1981 \(rda.gov.lk\)](http://www.rda.gov.lk)

National Road Master Plan (NRMP) 2018-2027 (Final draft) presents the integral nature of road development, giving special emphasis to road safety, and public transport facilitation while adhering to environmental safeguard and catering to social obligations
https://www.rda.gov.lk/supported/noticeboard/publications/NRMP_2018-2027/NRMP2018-2027_Draft-final.pdf

2.1.4 Motor Traffic Act

- The National Council for Road Safety functions under the Ministry of Transport and Civil Aviation by the Motor Traffic (Amendment) Act No. 5 of 1998 is the highest body concerned with road safety matters and regulations in Sri Lanka. **Speed limits:** The Motor Traffic (Speed Limits) Regulations, No. 1 of 2012 of Motor traffic act sets out the speed limits for roads depending on the type of road and type of vehicle. Speed limits are displayed through roadside markings. No specific speed limits are mentioned near schools and recreational areas.
- **Dink/drugs while driving:** Under the provisions of the Motor Traffic Act "Driving under the influence of liquor & drugs" is an offence. However, at present Sri Lanka police has only the equipment to measure whether a person is under the influence of alcohol. Equipment to measure drug levels of drivers is not available.
- **Use of mobile phones while driving:** This is limited to usage of hands-free unit only. Monitoring the adherence to this rule is done by traffic police officers and a camera monitoring system is not available.
- **Reduce the impact of motorized vehicles:** At present there are no laws or policies designed to reduce the impact of motorized vehicles in urban areas such as having congestion charges, low vehicle emission zones, car-free streets or zones or other limitations on vehicle use.

- Regulations are available with regards to vehicle emissions, but is not enacted due to lack of availability of equipment
- It is not a legal requirement to have pedestrian or cycle lanes in Sri Lanka. Providing space to them within the current road infrastructure is difficult due to lack of space. However there have been several discussions among the Sri Lanka Police, RDA and UDA with regards to establishing separate pedestrian and cycle lanes.

Ref:Motor Traffic Act, Available at: [G 016234 \(E\) I\(l\) Motor Traffic Act.pmd \(rda.gov.lk\)](#)

C. Contribution from other government organisations

I) Health

2.1.5 Urban Health Guidance Framework, Ministry of Health

- The Estate & Urban Health Unit, Ministry of Health, Sri Lanka is in the process of developing a guiding framework on Health in Urban Planning & Design (2021). This document intends to provide technical guidance on how to incorporate concepts of health into urban planning and developments in order to improve the quality of life of people living in urban settings. It essentially includes guidelines on spaces and places for residents to be physically active and walkable.
- The framework consists of 12 domains. Promoting healthy lifestyles and creating spaces for physical activity are included as separate items under the 7th domain: Health & Services and 8th domain: Community spaces. The framework and the tools aim to advocate the urban planners and local authorities to incorporate the concepts in urban developments and assess relative levels of health promoting liveability of urban areas.

2.1.6 The Rights of Persons with Disabilities Act (No. 28 of 1996)

This act guarantees physical accessibility to public places for persons with disabilities. In addition, the Supreme Court, on 27 April 2011 gave a landmark order to boost the inherent right of disabled persons to have unhindered access to public buildings and facilities.

Ref: The Gazette of the Democratic Socialist Republic of Sri Lanka (Extraordinary), No : 1,467/15-2006 October 17

: <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/47403/96809/F888786967/LKA47403.pdf>.

II) Education

2.1.7 Education Sector

Sri Lanka has about 4 million school children distributed across 10,144 schools. Health promotion is a vital and positive means of enforcement for early action against exposure to risk factors of NCDs in schools one of the components includes promotion of physical inactivity. The Ministries of Health and Education have jointly adopted the concept of Health Promoting schools.

Ref :Gen Circular 01/37-2007 (I),Ministry of Health .Available at:

<https://fhn.health.gov.lk/images/FHB%20resources/School%20Health/circular/School%20Health%20Programme%20%20circular%202016%20-%20English.pdf>

Establish schools as health promoting settings is also emphasized in the **National Plan of Action for Children IN Sri LANKA (2016-2020)** : Page 66

<https://www.endviolence.org/sites/default/files/paragraphs/download/National%20plan%20of%20action%20for%20children%20in%20Sri%20Lanka%202016-2020.pdf>

- Circular 34/2016 by the Ministry of Education provides guidance on national norms and standards for school infrastructure. According to the circular it is a must for all government schools to have a playground. However private schools are not governed by the Ministry of Education and hence are not obligated to abide by this circular.

Ref: Circular 24/2016, Ministry of Education. Available at:

<https://moe.gov.lk/wp-content/uploads/2020/07/op123-02012017154720-1.pdf>.

Availability of a website was developed known as 'Yovun Piyasa', to provide youth friendly health information related to NCDs and their risk factors at this website which could be used to strengthen and empower youth to develop healthy behaviours in relation to tobacco and alcohol use, physical activity and healthy diet

Website address:

http://yowunpiyasa.lk/index.php?option=com_content&view=article&id=75&Itemid=247&lang=en#how-should-i-eat-as-an-athlete-to-keep-me-feeling-good-and-looking-good-while-giving-optimum-performance

- Public are not allowed to school playgrounds for security reasons. The States Ministry for Rural Sports and Infrastructure Development is supporting building sports facilities. It is expected these facilities can be used by children from other schools as well. Some schools in Colombo give facilities such as swimming pools to general public use.

2.1.8 Guidelines and Standards for Childcare Institutions in Sri Lanka, 2013, National Child Protection

Authority

Guidelines and Standards for Childcare Institutions in Sri Lanka, 2013, set forth standards for childcare institutions. The guideline states that all childcare institutions must encourage and facilitate children to develop and practice appropriate leisure activities. There should be a safe outdoor play area or an area nearby which could be accessed regularly for play activities. Adequate number of outdoor play equipment should be available, and they should be regularly checked for any hazards.

Available at: [guidelines and standards for childcare institutions in Sri Lanka.pdf \(childprotection.gov.lk\)](#)

GAPS IDENTIFIED

- Inadequate legal provisions to promote physical activity were observed across all settings.
 - No provision for establishment of separate cycling lanes in road designs
 - No laws enabling use of facilities to engage in physical activities by the public
 - No laws specifying the land allocation for spaces to be physically active
 - No laws requiring urban developments to prioritise access by walking or cycling
 - No laws that allow government/private employees to use facilities or paid work time to be physically active

- Implementation gaps of available legal frameworks/institutional guidelines
 - Regulations and standards for school building design and facilities does not apply to private and international schools
 - Unavailability of equipment to assess illicit drug use by drivers is not available

- Lack of monitoring systems to assess level of implementation of the existing laws or guidelines
- Lack of human resources to plan transport facilities and towns that promote physical activity of public

RECOMMENDATIONS

- Revise existing legal provisions/formulate new regulations for;
 - Establishment of separate cycling lanes in road designs
 - Safety helmets for cyclists
 - Enabling use of facilities to engage in physical activities by the public
 - Specifying the land allocation for spaces to be physically active
 - Requiring urban developments to prioritise access by walking or cycling
 - Allowing government/private employees to use paid work time to be physically active

- Establish a working group on physical activity to identify Implementation gaps of available legal frameworks/institutional guidelines and advocate to relevant sectors for action
- Strengthen law enforcement with regards to;
 - Vehicle emissions, sound pollution, driving under influence of drugs
 - Introduction of a demerit system to road safety offenders
- Training on road safety when obtaining driving licence
- Build capacity of transport planners and town planners on making public transport more available, accessible and user friendly and making towns more conducive to promote physical activity among the public

SECTION 3

ACTIVE PEOPLE

Summary

This section identifies existing **programs and services** supporting and enabling people of all ages (children, adults, older adults) and abilities (clinical and least active populations, people with disabilities) to participate in physical activity (PA). What is already being implemented and by whom (Health care, Education, Sport, Workplaces, Local governments) is discussed. This enables identifying gaps, learning, improvement, scaling, revision or replacement of current initiatives and focus on areas where greater attention is needed.

In Health care settings: Assessment and counselling of **all adults** (both healthy and selected chronic diseases populations) on increasing physical activity and reducing sedentary behaviour was done through Healthy Lifestyle Centres (HLCs) of the Ministry of Health. HLCs are conducted as part of the central curative health care system through primary care medical doctors and trained health care staff. National PA guidelines adopted from global WHO PA guidelines, terms of references and training manuals for staff on continuing professional development and processes are in place. Specialist clinicians in sports and exercise medicine are involved in implementation/as a point of referral. Further collaboration of other relevant medical specialists is yet to be included. There is no law/policy requiring a medical clearance prior to engaging in any types of physical activity programs in the general public but cleared by clinicians are available on referral. Circular by ministries of Health and Education is available for medical clearance of school children before participation in competitive sport.

Older adults: There are well established government supported networks of elderly/older adult committees functioning at provincial, district, divisional and village levels. National level programs were not identified to promote PA in this group while institutional level programs are conducted.

Least active populations, pregnant and post-partum women: There are no national health programmes or services specifically targeted at increasing PA in the least active populations such as women, indigenous communities, displaced persons, vulnerable communities and people at risk of poor mental health and, pregnant and post-partum women. Subnational and institutional level programs are conducted by health, sport, education, professional organisations and local governments.

Across Education sector and Children: Ministry of Education has included initiatives to improve fitness and physical wellbeing of all school children apart from conducting competitive sport festivals. The primary and secondary school curricula have included physical education (PE) as a subject and participation in 1-2 non-competitive sports is made compulsory. Challenges in implementation and monitoring are noted. Further multi-stakeholder discussions are conducted in revision of school health policy to increase the quality and quality of PE, improve time for PA before/during/ after school, active travel and to improve school environment to promote PA. The Ministry of Health via the School Health Promotion Programme monitors the school health activities. The Child Health Development Record (CHDR) , the government document which monitors the health of every child from birth, has included a section to advise/promote PA. No national initiatives are available specifically to promote active play in children in childcare settings. Tertiary and university education which has growing opportunities for PE needs streamlining with clear career paths, national health agenda and lifelong health/ PA promotion.

Workplaces: There are no national programmes or services for employers and employees in government and private sectors to be physically active during or outside the working hours. Institutional level programs are available.

Whole-of-community initiatives: Through the preventive arm of the Ministry of Health (Medical office of Health, Health Promotion Bureau, Family Health bureau) programs are initiated connecting the state health care with state and professional organisations, community and social care providers as appropriate; across community, workplace and, schools settings. Central coordinated mechanisms for monitoring and implantations of these whole-of-community initiatives that stimulate engagement by all stakeholders and optimize a combination of policy approaches are still not evident.

Across SPORT sector: Apart from conducting national competitive sport programs; Ministry of Sports has invested nationally/district level on infrastructure, sports clubs and sports trainers to promote sport participation at community level. National level sporting programs/events targeting 'all communities' are not available. National sporting bodies have national/subnational programs for children (also ministry of education) and adults living with disabilities but not specifically for less active children and all older adults (for healthy aging). Some sporting associations conduct competitive sport events for older adult age groups.

At City level: Local government/ city-level and community organisations driven initiatives are available at a couple of major cities that aim to specifically promote PA. Plans are available to introduce to other selected cities.

3.1 Existing programmes, services and initiatives to promote active people

3.1.1 Health Sector

3.1.1.1 Directorate of Non-Communicable Diseases, Ministry of Health

a) Healthy Lifestyle Centres (HLC) programme

The Healthy Lifestyle Centres (HLC)s were established in 2011 for proactive identification of risk factors related to Non-Communicable Diseases (NCDs) and to improve access to specialized care for those with a higher risk of cardiovascular disease (CVD), thereby reducing the risk of cardiovascular disease (CVD) events. There are 1008 functioning HLCs mainly located at the primary healthcare institutions across the country. Eligible participants include all persons aged 35 and above and persons aged between 20-34 years having risk factors for NCDs, recruited mainly by self-referral or through appointment by public health staff and health volunteers. Clinic sessions are conducted at least once a week or more depending on the available resources. Outreach clinics are also conducted to improve the employed population.

The main service offered includes the assessment of risk factors for NCDs. Behavioural risk factors (Smoking, Alcohol use, Physical Activity, Unhealthy Diet) are assessed through history. Physical assessment (Body Mass Index, Waist circumference, Waist to height ratio, Blood Pressure, Oral and Breast Examination) and biochemical assessment (blood sugar -Fasting or Random, Total cholesterol, Serum creatinine when available) are performed to assess biological risk factors. Then the 10 year Cardiovascular disease (CVD) risk is assessed. Referral to appropriate clinic/institution is done according to the health condition of the participant. Lifestyle modification guidance provided at HLC includes advice and brief interventions on physical activity, cessation of smoking and alcohol and healthy diet.). Primordial and primary preventive programmes such as health education sessions, exercise programmes, Yoga programmes are also conducted. Medical Officer NCD (focal point) attached to Regional Director of Health Services offices supervise and monitor the functioning of HLCs at district level and Directorate of NCD monitor and provide technical guidance for conduct of HLCs. Directorate of NCD, Ministry of Health is the central level programme manager for the Healthy Lifestyle Centres (HLC) programme. Trained HLC staff has successfully trained HLC attendees on how to improve the physical activity level at home. Trained volunteers (such as community leaders) have initiated exercise programs/active groups with the local community. The HLC attendees are also motivated to utilize facilities available (e.g. walking paths, parks, community open gyms, gymnasias etc.) to be physically active. Given below are some photographs from functional HLC based exercise programs.



b) Health Corner, Ministry of Health



A health corner was established in 2020 in the Ministry of Health premises in order to screen the staff for NCD and risk factors. All the staff is methodically screened by a nursing officer stationed at the health corner and are provided lifestyle modification guidance by a medical officer. Those who require further referral for managing specific disease conditions or risk factors are referred accordingly. This health corner is one entry point for Ministry of Health staff to the physical activity program conducted at Ministry of Health premises.

c) PA program and gymnasium at Ministry of Health

A physical activity program is conducted for 30 minutes, two days per week at the Ministry of Health premises. A circular issued by Secretary Health has permitted Ministry of Health employees to utilize working hours for this purpose. The sessions are conducted by Ministry of Health staff themselves who have been trained by the Sri Lanka Sports Medicine Association. The participants undergo a baseline assessment when recruitment and provide lifestyle modification counselling including dietary advice. They are followed up regularly thereafter to observe improvement in BMI and waist circumference. A gymnasium is being constructed at Ministry of Health premises which will provide more opportunities for the staff to engage in physical activities.

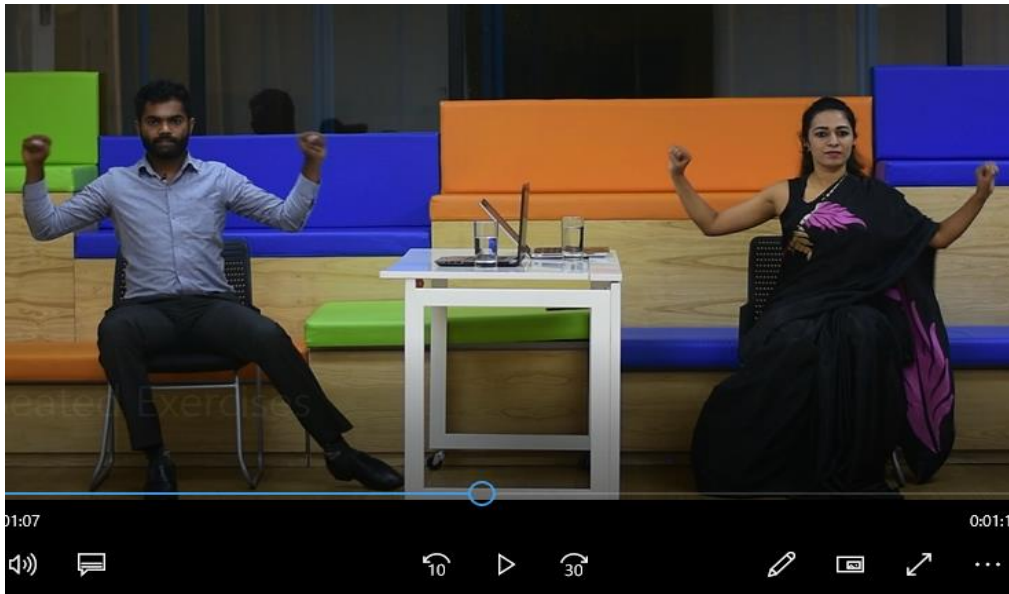
d) Workplace screening

The Directorate of NCD has introduced NCD and risk factor screening to both government and private workplaces where they are provided lifestyle modification counselling including physical activity. Through a circular issued by the Director General of Health Services all heads of government healthcare institutions have been instructed to conduct workplace screening for NCDs and risk factors annually. It is encouraged to start exercise programs at healthcare institutions so that the screened staff can be referred.

There are no national programmes or services for government employees to be physically active during or outside of the working hours. In the private sector, depending on the type of the work most industries have programmes to promote physical activity among their employees, but these programs are mostly conducted after working hours.

e) Promoting active breaks during work hours/meetings

A series of videos has been developed by the Directorate of NCD, Ministry of Health in collaboration with Sri Lanka Sports Medicine Association to promote active breaks during work hours/meetings. They have been disseminated among Medical Officer NCD and various other professionals to be used during meetings.



The videos can be found at;

<https://drive.google.com/file/d/1IWDHRkwcVji7Fx1AAB9X-jMxd2dArDp/view?usp=sharing>

https://drive.google.com/file/d/1Qm2AWTassXvpN_y6v_TS8VnshbYKZDcS/view?usp=sharing

<https://drive.google.com/file/d/1tEpIzPtgwHkKVL1zPIWVF0axMJoi7y6O/view?usp=sharing>

WHO Country office has also developed and disseminated a 3 minute video to be used as the guide for physical activity during meeting breaks.



3.1.1.2 Happy Village Program-Health Promotion Bureau, Ministry of Health

As the centre of excellence in health promotion and health education, the Health Promotion Bureau has taken numerous steps to promote physical activity in the country. There are two flagship programmes carried out by the Health Promotion Bureau in the village settings known as Happy Village programme and Mothers' Support Groups programme. With the target of establishing at least one Happy Village per MOH area, over 300 Happy Villages have already been established across the country. Utilisation of untapped resources in the form of retired elders, pronounced emphasis on

engaging non-health sector stakeholders (eg., Samurdhi, Agriculture, Geama Niladhari etc) and promotion of the community ownership of the programme through active community engagement from the very commencement of the planning stages have resulted in Happy Village Programme being a particularly sustainable endeavour at the grass root level. When considering the Mothers' Support Groups programme there are nearly 7000 Mothers' Support Groups established all over the country reaching the target of at least one active Mothers' Support Group per Public Health Midwife (PHM) area.

The Health Promotion Bureau provides the technical guidance for the happy village project and the Mothers' Support Group programme. At the District level the Health Education Officers play a crucial role in facilitating these programmes. Having recognized the lack of physical activity as one of the major risk factors of non-communicable diseases in the community, the Happy Village programme has dedicated an entire section of its list of example interventions to promotion of physical activity in the community. The list of interventions identified have been categorized into interventions that can be conducted at the household level and at the community level in the interventions table printed and distributed among all established Happy Villages. Inspired by such examples, volunteers organizing regular recreational physical activities at the village level, improving infrastructure for physical activity promotion in the community and advocating the public in villages to increase participation in such activities are a few of the commonly seen interventions in Happy Villages. Although such interventions are often mediated by grass root level healthcare workers, the activities are carried out by volunteers in the community through mobilization of various resources in the community itself, promoting the sense of community ownership of the programmes and thus sustainability.

The key roles of the Mothers' Support Groups at the village level are nutrition promotion and promotion of physical activities. These groups also play a significant role in preventing Non-Communicable Diseases. There are Mothers' Support Groups who conduct the physical activity promotion programmes successfully by calculating the BMI of their members in a frequent manner, followed by a health education session where necessary referrals are done to NCD clinics via area MOH. Mothers' Support Groups organize various activities at the grass-root level for both adults as well as for children. The establishment of playgrounds, playhouses for kids and encouraging traditional games and exercise programmes are several examples. These activities will improve both the physical health and mental wellbeing of the population with an expected behaviour change.





3.1.1.3 School Health Promotion Programme, Family Health Bureau, Ministry of Health

School health promotion programme aims to ensure that all school children are healthy and are empowered to promote their own health, health of their families and the communities while letting them to be optimally benefited from the available educational opportunities. Through the programme different school-based interventions are being introduced, making school children to act as change agents on promotion of physical activities. School children are expected to increase involvement of their families and the community on physical activities during the normal and routine day to day activities..

School health unit has contributed to development of guidelines and circulars on physical activities with special reference to the school children. The unit is in the process of implementing the school health policy and now it is at the final stages. Through the policy, physical activities have been identified as one important strategy in improving school children's health and wellbeing.

At the moment the school health unit acts as the main monitoring body on implementing adequate and continuous physical activity involvement by the school children. Furthermore, it gives hand in hand partnership with vertical and horizontal approaches for promoting physical activities in schools. School health unit of the Family Health Bureau has also conducted an evaluation of health promotion schools.

Ref: Health promoting schools evaluation form available at: [Health Promoting School Evaluation - Sinhala.pdf - Google Drive](#)

3.1.1.4 Directorate of Estate & Urban Health, Ministry of Health

High prevalence of NCD's is seen in the urban sector in Sri Lanka, particularly among urban under settled communities. The Urban sub program of the Directorate launched a pilot project: Urban Champion Program (Nagara Suwa Udaana vadasatahana), in the re-settlement flats in Colombo district, aiming community engagement and empowerment for health promotion. The Urban Champion program was initiated in 21 such settings in Colombo district, of which 19 are in the CMC area and 2 are in Kolonnawa Urban Council area. During the initial health needs assessments done by the flat residents, obesity and NCD's were found to be key health problems they are concerned about. Urban champion groups in these flats identified the need to have regular physical activity promotion sessions in the flats. As a response, together with the trainers of the Sports Ministry and Department of Sports of CMC, the Directorate carried out Training of Trainers sessions on physical activity for Health Instructors of CMC and the flat managers of Urban Development Authority who are assigned for each flat. This program aims to mobilize and engage the target community groups for health promotion including physical activity and reduction of overweight and obesity.



3.1.1.5 Directorate of Youth Elderly and Disabled, Ministry of Health

Directorate of Youth Elderly and Disabled, Ministry of Health is the Directorate responsible for health of elderly sixty years and above. Promotion of physical activities are incorporated into the existing nation and provincial health programmes.

Physical activity promotion for older persons at Elderly homes, Elderly Committees & Elderly day centres

There are well established network of elderly committees functioning at provincial, district, divisional and village levels. Elderly day centres are functioning at village level. There are elderly homes functioning under state sector and under private sector. Physical activities for elderly are given priority at all these places. Health of elderly including promotion of their physical activities are collaborated by the Youth, Elderly and Disability unit, Ministry of Health along with the Medical Officer of Health and their field health staff at community level. Administration of elderly committees are done by the Divisional Secretaries under the guidance of the National Secretariat for elders. They coordinate with elderly committees at village level through elder right promotion officer/social services officers employed at divisional secretariats. Some of these homes and centres have their own programs to promote physical activity among the residents e.g. yoga programs.

There are no national health programmes or services specifically targeted at increasing physical activity in the least active populations such as women, indigenous communities, displaced persons, vulnerable communities and people at risk of poor mental health

3.1.2 Non Health Sector

3.1.2.1 Ministry of Education

A) Department of Physical Education and Sports

The Physical Education and Sports Branch in the Ministry has a mission to generate healthy and efficient Sri Lankans who can successfully adapt to changing trends and be able to love with moral values. Functions of the Branch include:

- Monitoring and coordinating 20 sport schools
- Organizing national school games competition in order to provide opportunities to reach all island level to student who achieve places in divisional, zonal and provincial level sport competitions
- Conducting all island teachers sport competition to assess sports skills of teachers
- Grant approval for teachers and students participating foreign sport competitions
- Organizing training session to update the knowledge of sport teachers

B) School curriculum

The Ministry of Education School Curriculum also promotes physical activity for school children in various ways including:

- Physical Education is compulsory for grades 1-5.
- In grades 6-9, Health and Physical Education is a compulsory subject.
- Grade 7 students- scholarship programme for children excelling in sports
- In grades 10-12, Health and Physical Education is an elective subject. However it is on the same subject line as ICT, which many students choose instead to look for jobs in IT.
- In 2020 a change was introduced to the Curriculum at local and national level to:
 - Include education on the traffic light labelling system introduced in 2016 for food; and
 - include a special program introducing the School Health Promotion program developed by the Ministry of Education in collaboration with the Ministry of Health.
- It is proposed in upcoming reforms
 - to make Health and Physical Education a compulsory subject from 6-11 grades,
 - fitness testing for students
 - measurement of BMI and waist circumference at term tests.
- In addition, secondary school children can participate in extra-curricular activities that involve physical activities (Boy scouts, girl guides etc.)
- Children with special needs will be provided sports equipment tailor made for their needs (portable swimming pools, gym balls etc). Nine centres are being developed countrywide to cater to children with special needs.

C) Physical activity for children with special needs (2019)

An all-island sports festival was conducted for the first time for children with special needs in year 2019. The teachers of children with special needs were trained on special sports activities and they trained the children on selected sports. The event was participated by children with special needs from around the country.



3.1.2.2. Sports Sector

3.1.2.2.1 Ministry of Sports

The Ministry of Sports facilitates health and physical well-being of citizens through district level programs conducted by Sports Officers. These officers are attached to divisional secretariat offices. In most of the districts they have established fitness clubs and are doing fitness programs for the general public, government and private sector employees.





The Ministry of Sports has spent Rs.1.5 million per each facility to develop small scale playgrounds/sports facilities in 300 divisional secretariats in 2021. The Ministry of Sports has given funds to develop sports and recreational facilities in 100 schools and each school has been given 3.2 million rupees. At the same time the Ministry steps have taken to improve large scale sports and recreational facilities and each centre has been allocated 5 million rupees.

The Ministry of Sports is in the process of establishing a regulatory body for sports and recreation professionals to enhance the quality of services provided by these professionals by giving them the education and qualifications to safeguard the health of people while improving the fitness level of the people. These regulations will improve the services given at the fitness and health centres. Thereby it is expected more people will be attracted into the fitness industry and more jobs related to industry will be generated with expansion of the industry.

3.1.2.2. National Olympic Committee Sri Lanka

The National Olympic Committee of Sri Lanka is affiliated to the International Olympic Committee and was established in 1937. The mission of the committee is “Develop, promote and protect the Olympic movement in Sri Lanka, in accordance with the Olympic Charter”. It is also committed to propagate Sports in Sri Lanka and thereby to achieve unity and brotherhood among the different communities living in Sri Lanka and to promote sportsmanship and healthy competition in the World Sports Arena. In addition, there are national sports federations and sports clubs established for various sports. The National Olympic Committee conducts education program for school children on Olympic values, while supporting their sports development.



3.1.2.3 Non -Governmental Organizations/other organizations/programs

A. Smile N Win

'Smile n Win' is a non-governmental organization involved with promoting health and enhancing functional ability of children with intellectual impairment. The organization gives special attention to physical activity-based therapies to promote well-being of those with special needs.



B. Paralympics

Sri Lanka first entered the Paralympic Games in 1996 Summer Paralympics in Atlanta. The country has participated in every subsequent Summer Paralympic Games. At the 2012 Summer Paralympics in London, Sri Lanka won their first Paralympic medal.

C. National Federation of Sports for the Disabled



National Federation of Sports for the Disabled, Sri Lanka was established in 1994 to promote sports among the differently abled Sri Lankans.

D. Special Olympics Serendib Sri Lanka



Special Olympics Serendib (Sri Lanka) was established in 2012 where Intellectually Disabled Athletes are involved in variety of sports

E. Sri Lanka Deaf Cricket Association

Sri Lanka National Deaf Cricket Team represents Sri Lanka for international deaf cricket championships. Players with hearing problems make up this team.

F. Sri Lanka Cricket Association for the Visually Handicapped

Sri Lanka National Blind Cricket Team represents Sri Lanka at blind cricket. The Sri Lankan team has participated in every edition of the World Cup for Blind. It is run by the Sri Lanka Cricket Association of the Visually Handicapped.

3.1.2.4 At City-level

A. Jaffna Healthy City (JHC) Programme

Led by the Mayor of Jaffna and a group of interested officials and citizens, WHO technically supported initiation of 'Jaffna Healthy City programme' in late 2019. The Primary aim was to have a functioning healthy city in line with the WHO healthy city concept, and health promotion while aligning health as an agenda for achieving sustainable development goals.

The coordinating committee of Jaffna Healthy City comprises a multidisciplinary team of experts led by the Mayor of Jaffna. Experts in the sectors of health, environment, educational, road development, public health engineering, academia, INGOs and interested public are the other members of the Coordinating committee. The Department of Community Medicine and Family health at the Faculty of Medicine, University of Jaffna functions as the Secretariat of the JHC. The WHO supported the formation and the functioning of the coordinating committee by providing technical and logistic support.

Several discussion meetings have been held since late 2019 and the Committee has prioritized the following three action areas to develop Jaffna city as a healthy city.

- Promoting healthy diet through settings of school and offices
- Promoting physical activity through settings of schools, offices and public spaces
- Creating a sustainable environment through healthy waste management practices at school, offices and at public spaces

The JHC initiative thus wishes to generate collaboration support and financial resources from varying partners and so far, have made linkages with the government officials, private sector, UNICEF, SUN People's Forum and other local CSOs to carry out priority activities. The JHC are in the process of developing the activity packages so that interested partners could fit in. Three settings have been identified namely the schools, workplaces and public spaces through which the prioritized activities are implemented.

Out of the 23 schools in Jaffna city, 10 schools have been identified for the year 2020-2021. Selection of workplaces for action has been initiated to improve the diet, physical activity and waste management. Similar public activities especially for physical activity and waste management are planned.



In addition, under the Strategic Cities Development Project (SCDP) it is expected to improve selected urban services and public open spaces in the city regions of Sri Lanka. The selected cities are Kandy city and Galle city. The Project Management Unit has been established under the Ministry of Megapolis and Western Development and is responsible for overall project implementation. The proposed additional financing would help finance the costs associated with the scale-up of the city region of Jaffna.

B. Urban Health Champions Programme (Nagara Suwa Udaana Wedasatahana)

Through the established Urban Champion groups the Directorate of Estate & Urban Health, Ministry of Health has taken the initiative to promote physical activity among re-settled communities in urban settlement flats who used to live in urban slums. First stage was training of trainers' sessions, thereafter groups of flat residents (Urban Champion groups) were trained by the coaches of Sports Ministry and Sports Department of CMC. The objective is to train two flat residents from each flat as trainers, and facilitate regular exercise sessions in these flats through those resident trainers. The initially trained officers will facilitate the sessions when those are carried out by the flat residents.

Spaces available to be physically active in urban settings;



C. Kandy City Runners (KCR)



Kandy city running commenced its running activities on 17th January 2019. This is a free and open community running group and organized weekly. A large number of runners of all age groups joined initially and gradually the event popularized. The participants engaged in walking, jogging or running. KCR organizes Sunday morning runs around Kandy Lake. The foreigners who visit Kandy Heritage city also join this programme. Runners of different ethnic groups are seen respecting each other and having good unity which enhance social cohesion.



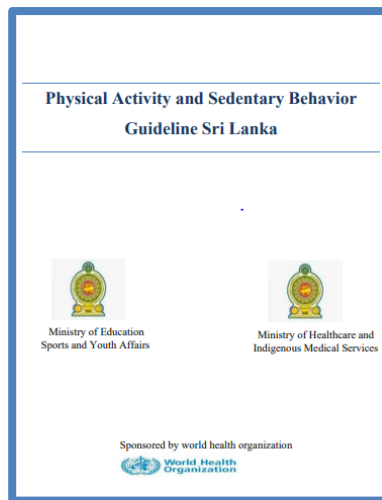
There have been subnational and city level initiatives to promote physical activity among children. Sarvodaya is one such non-governmental organization which has been involved in facilitating physical activity among pre-school children through their regional centres network

3.2 Protocols, standards and guidelines related to promote active people

3.2.1 Health sector

3.2.1.1. For all age groups

A. Physical Activity and Sedentary Behaviour Guideline Sri Lanka

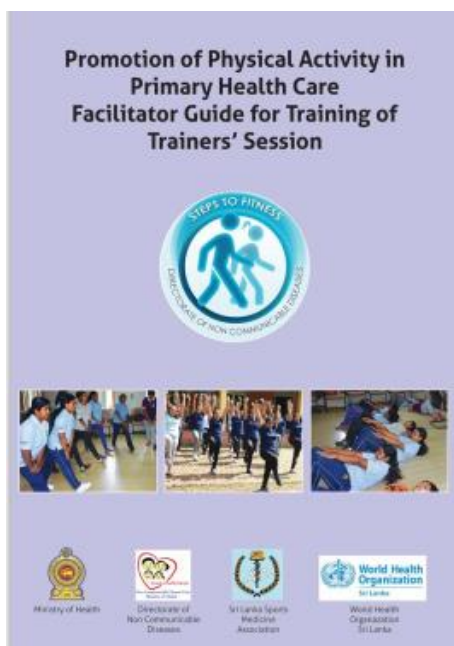


This guideline was developed by the Ministry of Sports in collaboration with the Ministry of Health, Ministry of Education and the World Health Organization. The physical activity and sedentary behaviour guideline Sri Lanka provide physical activity recommendations for following groups;

- Key Guidelines for Adolescents 11 – 19 Years
- Key Guidelines for Young Adults 20-34 Years
- Key Guidelines for Adults 35-64 Years
- Key Guidelines for Adults 65+
- Guidelines for Women During Pregnancy and the Postpartum Period
- Guidelines for Safe Physical Activity

B.Promotion of physical activity in primary healthcare; Facilitator guide for the training of trainers' session

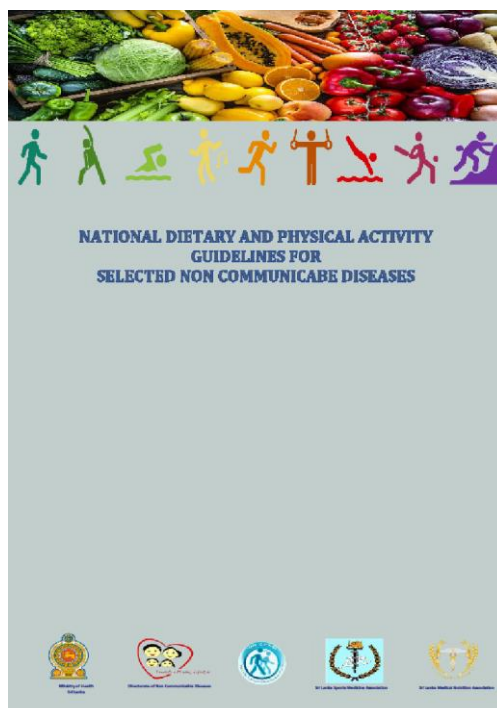
A Training of Trainers' (ToT) module on promoting physical activity for the general public at primary healthcare has been developed by the Directorate of NCD, Ministry of Health including the recommendations for Sri Lanka given by the Ministry of Sports, the recommendations from the World Health Organization and American College of Sports Medicine and adapted to the local setting. The ToT module also includes how to challenge the myths related to physical activity, stages of behaviour change, how to conduct motivational interviewing and implementation of brief interventions, which are important for the primary healthcare workers in promoting physical activity among the community.



3.2.1.2 For patients with non-communicable diseases

A. National dietary and physical activity guidelines for selected NCD

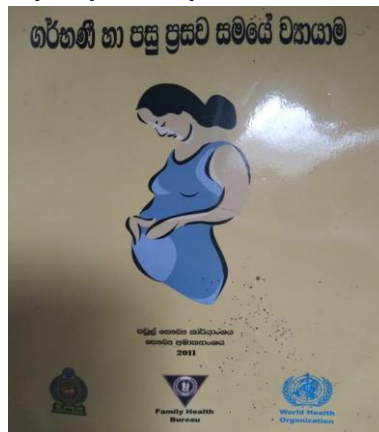
The dietary and physical activity guideline for selected non communicable diseases, was developed by the Directorate of Non-Communicable Diseases, Ministry of Health in collaboration with other professional colleges. This guideline includes dietary and physical activity recommendations for the patients diagnosed with overweight and obesity, hypertension, coronary heart disease, cerebrovascular accidents, diabetes mellitus, chronic respiratory diseases, chronic kidney disease and arthritis.



Available at: <https://docs.google.com/document/d/1X7FvqiTmkm6j5YrIVTffi03YIUcuX4K75R3v0yeY1YY/edit>

3.2.1.3 For pregnant and postpartum women

A. Exercises during pregnancy and postpartum period



A book published by the Family Health Bureau, Ministry of Health in collaboration with WHO outlines the exercise recommendations during pregnancy and postpartum periods.

3.2.1.4 For school children

The school health unit of the Family Health Bureau has compiled a guideline for teachers on health promoting schools in collaboration with the Ministry of Education. The guideline recommends that there should be a playground with adequate space and the sports equipment should be maintained properly to facilitate sports related activities of school children.



Ref: Teachers' guide to health promoting schools available at: [Health Promoting School Teacher Guide Sinhala.pdf - Google Drive](#)

3.2.1.5 For preschool children

A. The Manual for Preschool Health Promotion Setting Development, Health Promotion Bureau, 2020

This manual which identifies preschools as a setting for health promotion specifically mentions the need for a safe and healthy physical environment at preschools. It recommends allowing preschool children to play in a safe playground and to allocate at least 1/2 - 1 hour a day as outdoor active play time. Outdoor play activities need to be carried out under the supervision of preschool teacher/s or caregivers.

3.2.1.6 Child Health Development Record (CHDR)

The CHDR is issued to all new-borns on discharge from a healthcare institution. The document records the growth and development of a person from birth until 18 years of age. In addition to the instructions and knowledge the CHDR provides for parents, the CHDR has been updated with recommendations on physical activity and on the importance of physical activity for the growth and development of children.

3.2.2 Non Health Sector

3.2.2.2 Ministry of Education

Following table outlines the guidelines in place to promote physical activity among school children.

Table 3: Guidelines promoting physical activities at schools

Document/circular/letter	Recommendation	Status of implementation
Primary education 1-5 grades		
School curriculum	Physical education compulsory	Well implemented
Secondary education 6-11 grades		
School curriculum 6-9 grades	Health and Physical Education is a compulsory subject	Well implemented
School curriculum 10-11 grades	Health and Physical Education is an elective subject	Well implemented
Circular 02/2020	20 minutes physical fitness program	currently implemented 20 minutes 2 days per week-
Letter dated 19/03/2017	Giving marks for sports in every term test	Implementation gaps and lack of monitoring
Circular 35/2020	All island school games	Well implemented
Circular 03/2021	Sports school programme	Well implemented
Circular 24/2020	School sport associations	Well implemented – 35 associations for various sports
Circular 02/2019	School Health Promotion Program	Implementation gaps and lack of monitoring
Instruction sheet 03/2013	Pre-participation medical examination is mandatory for marathons and cycle races	Implemented

Level of implementation of these recommendations is not uniform across all the educational zones and further delayed due to the COVID-19 pandemic.

3.2.2.3 Ministry of Sports

The Ministry of Sports has formulated several guidelines on returning to/engaging in sports during the COVID-19 pandemic.

- National Standard Operational Procedure for Aquatic Facilities through COVID 19
- Daily Questionnaire for athletes and supporting staff to prevent infection during training
- Sports training in the face of the spread of COVID19 disease National Guidelines for Restarts

GAPS IDENTIFIED

- Schools: Inadequate opportunities for school children to be physically active at school
- Workplaces: -Employees lack opportunities /time to be physically active at work
- Transportation: do not facilitate people to use active modes of transport
- Sports: lack of programmes for children and all older adults in community
- City level :
 - Facilities for PA e.g. walking paths, open gyms are utilized less by the urban poor.
 - Minimum opportunities for special groups e.g. elderly, disabled to be physically active

RECOMMENDATIONS

- Schools: Implement circular allowing school children to be physically active during school hours, Make Physical Education and Sports a compulsory core subject
- Workplaces : Initiate workplace based physical activity programs or Establishment of indoor/outdoor gymnasias at workplaces
- Special groups: Increase opportunities, establish programs for special groups such as elderly, disabled,
- Transport: Strengthen public transport systems and ensure road safety
- City level: opportunities for urban poor to be physically active
- Health: Strengthen Healthy Lifestyle Centre based physical activity programs networking with civil society organisations

SECTION 4

ACTIVE SYSTEMS

Summary

This section aims to describe the 'ecosystem' which governs PA in Sri Lanka. It identifies and collates available policies, strategies or actions plans, across different government departments that directly/indirectly impact on PA, guidelines govern them, and national targets set to achieve. It also encompasses available monitoring and survey mechanisms, governance and multi-stakeholder collaborations, funding mechanisms and political support. Then briefly discusses policy gaps, conflicts or opportunities within and between policy agenda and priorities.

National policies

Sri Lanka's current political mandate 'Vistas of Splendour and Prosperity' explicitly mentions promotion of physical activity and sports as contributing to happy families and building a safe and healthy physical environment. This is in line with Sustainable Development Goals (SDG). Detailed policies are available in the Health sector to promote PA to prevent NCDs and improve health with emphasis on multi-stakeholder involvement. Policies are also available for aging, people with disabilities and childcare. The Sports policy identifies to utilize sport to enrich physical wellbeing/health of all and to provide knowledge, access for everyone to participate in sports. School health policy of the state education sector focuses on improving physical education and revisions are being made to improve school build environment and active transport. Medical screening of school children before competitive sports is available. Transport policy has provisions for accessibility, safety and non-motorised transport, but does not specifically focus on promoting walking/ cycling. The infrastructure/physical planning policies focus on accessibility, safety, improved pedestrian spaces, recreation facilities and green built environments. Workplace related policies do not have PA promotion included. There is no policy in Sri Lanka at the moment concerning physical activity as a standalone health issue or specifically mentioning promotion of PA but directly or indirectly considers physical activity as an important component.

National Targets aligned with GAPPa global targets are available for reduction in physical inactivity and sedentary behaviour (not specifically for walking/cycling) in all ages and abilities, driven through the Ministry of Health. Incorporating these targets to other relevant sector policies is not identified. No national targets were identified on delivery of infrastructure (such as walking paths, bike lanes) or facilities (such as public transport, parks, playgrounds, or open spaces) to promote PA. National targets are available for road safety and prevention of air pollution. Reasons need to be identified for unavailability of targets, no synergies between the different sectors, clear action plans, monitoring and funding plans.

National PA guidelines are available for all ages and abilities including selected clinical populations through the Ministries of Health and Sport.

Collaborations: National multi-sectoral coordination mechanisms/councils that provide oversight of national actions are available at the Ministry of Health (on prevention and management of NCDs/PA promotion), Ministry of Sport (Sport promotion for all) , Ministry of Education (School health and curriculum) chaired by the respective ministers. Other relevant government sectors, non-governmental organisations, academia, and private sector involvement is available on invitation or through specific projects. A central National PA promotion Council involving all sectors is not available.

Sri Lanka's current **political mandate** supports PA promotion and a positive trend is seen in commitment on developing national plans, funding, advocacy (seen through, speeches appearances of professional/public /political figures, celebrities and sports people) to a community-wide shift towards an active society.

National surveys to collect and report information on levels of physical activity done through STEPS and Global school-based students health surveys. No national data systems are available on walking, cycling or community sports participation. Individual and sub national research are conducted by academia and research institutes/Universities /projects.

Government **Funds** are annually (capital/recurrent) allocated to promote physical activity and sport to all Sri Lankans via ministries of Urban Development and Housing, Youth & Sports, Education, Agriculture and Health. Funding which is specifically allocated for implementation of actions or to achieve national physical activity targets is not evident

4.1 Policies/strategies/action plans related to promote active systems

4.1.1 Health sector

The national policy & strategic framework for prevention and control of chronic non-communicable diseases 2009

The government of Sri Lanka has recognized that the prevention and control of chronic NCDs is a priority issue in the national health agenda and the National Health Master Plan 2007- 2016 as these diseases lower the quality of life, impair the economic growth of the country and place a heavy and rising demand on families and national budgets. The Ministry of Healthcare & Nutrition has formulated the National Policy for Prevention and Control of Chronic Non-communicable Diseases. The emphasis of the National NCD Policy is on promoting health and wellbeing of the population by preventing chronic NCDs associated with shared modifiable risk factors, providing acute and integrated long-term care for people with NCDs, and maximizing their quality of life. The policy identifies physical inactivity as a major risk factor for burden of NCD in the country and has identified the following policy, regulatory and service delivery measures as important in promoting physical activity within the country.

- A coordinated mechanism involving the education, sports and relevant stakeholders to develop a national physical activity guide.
- National and local governments directed towards formulating policies in providing people with opportunities for safe walking, cycling, organised games and other forms of physical activities.
- Transport policies to encourage non-motorised modes of transportation.
- Policies in promoting sports and recreation facilities embodying the concept of increasing the physical activity for all

Ref: Available at: http://www.ncd.health.gov.lk/images/pdf/publication/NCD_Policy.pdf

A. The Sri Lanka National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Disease (MSAP) 2016–2020

The Sri Lanka National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Disease (MSAP) 2016–2020 is a blueprint for action to prevent and control NCDs through a multisectoral approach. The MSAP 2016–2020 is a high national priority, and the activities under the operational framework are implemented by relevant ministries. In keeping with global NCD targets, a national multisectoral action plan for prevention and control of NCDs, Sri Lanka aims to achieve a 10% relative reduction in the prevalence of insufficient physical activity by year 2025. The National Programme for Promotion of Physical Activity, Directorate of Non-Communicable Diseases functions according to an annual action plan prepared based on the MSAP.

Ref: Available at: http://www.ncd.health.gov.lk/images/pdf/publication/MSAP_NCD_2016-2010.pdf

Both the NCD policy and the MSAP are being revised for the period 2021 to 2030 and will be launched in 2021.



B National Health Promotion Policy of Sri Lanka 2010

National Health Promotion Policy of Sri Lanka 2010 intends to promote the health of the Sri Lankans through the settings approach based on the five action areas for health promotion; building health policy; creating supportive environments for health; strengthening community actions; developing personal skills and reorientation of health services. Although physical activity promotion is not separately mentioned, the policy identifies prevention and control of NCDs as an important strategic area.

Ref: Available at:

http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/9_Health%20Promotion.pdf

C. National Nutrition Policy of Sri Lanka

The National Nutrition Policy of Sri Lanka is currently being revised and the revised action plan includes activities for promoting physical activity among school children.

Ref: Available at:

http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/24_National%20Nutrition%20Policy_2010.pdf

4.1.2 Non Health Sector

A National Policy on Sports

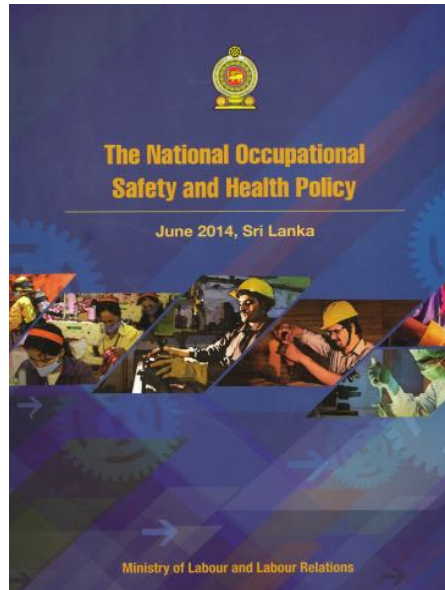
<https://www.mos.gov.lk/media/2020/4/yMFgNuQaAtJathOwyELq1wBj3DeVpalOhUPub9NQ.pdf>

Vision: “Sri Lanka to be the strongest Asian country in sports”

With the objective of developing the sports field in Sri Lanka on a systematic and a scientific footing, the Ministry of Sports has announced a national policy on sports. The policy proposes to develop many varieties of sports in Sri Lanka to make sports an active contributor to the economic development of the country. Two of the major goals of the policy are to utilize sports to enrich the quality of life, physical wellbeing and health of all Sri Lankans and to provide knowledge, access and the opportunity for everyone to participate in sports and enjoy its benefits.

A. National Occupational Safety and Health Policy 2014

National Occupational Safety and Health Policy 2014 provides the policy framework for ensuring health and safety of employees at work places. Available at: [National-occupational-safety-and-health-policy-of-Sri-Lanka.pdf](http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/24_National%20Occupational%20Safety%20and%20Health%20Policy_2014.pdf)



B. National Action Plan for Children

It is included in the 'National Action Plan for Children' to develop infrastructure to facilitate the mobility of children with disabilities within school and other public premises



Ref: [National Plan of Action for Children IN Sri LANKA \(2016-2020\) \(childwomenmin.gov.lk\)](http://childwomenmin.gov.lk)

There is no policy in Sri Lanka at the moment concerning physical activity as a standalone health issue. However there are many policy frameworks that are indirectly related to physical activity.

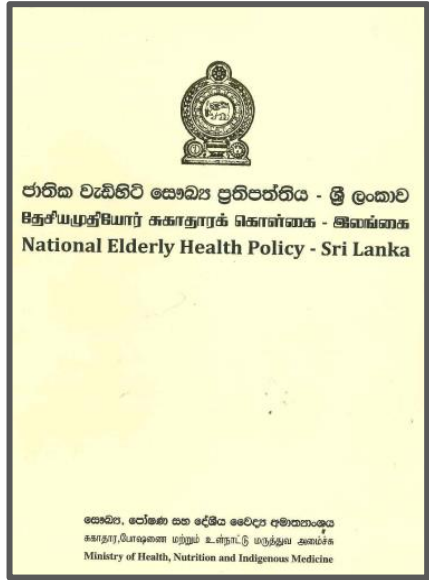
C. National policy on early childhood care and development, 2018

Available at: [National Policy on Early Childhood Care and Development](#)

Under the above policy there is a strategy to ensure an appropriate environment for recreation for children aged below 5.

D. National Elderly Health Policy

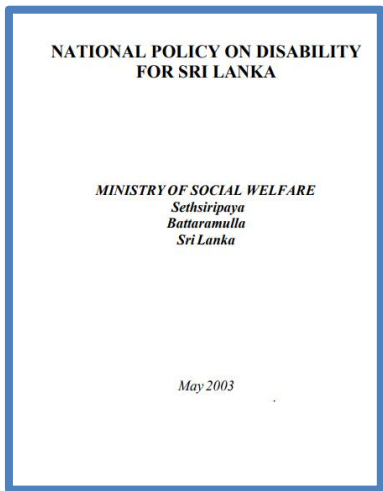
The National Elderly Health Policy recognizes prevention of diseases and health promotion as a key component for ensuring wellbeing among the elderly. Available at: [NationalElderlyHealthPolicySrilanka.pdf](#)



E. National policy on disability for Sri Lanka

This policy contains a separate section on sports. It strives to ensure that people who have disabilities, will be given opportunities to participate in sports activities of their choice Just like their peers without any disabilities. It encourages all organizations responsible for sports to recognize their abilities, include events for them in all public sports activities, make training places accessible to them and facilitate the participation in international events.

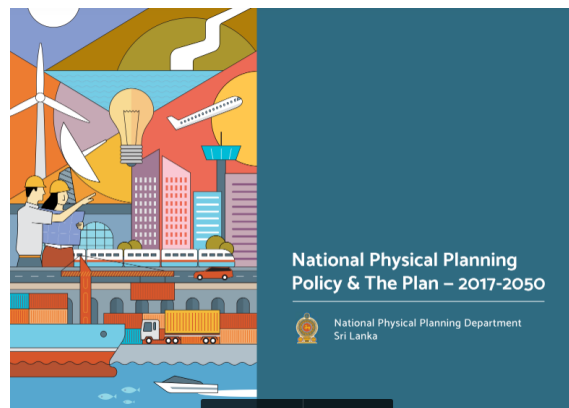
The policy also suggests to include disability as a module in the training of sports personnel including coaches, referees and trainers and employment of suitable qualified individuals with disability as coaches, referees and trainers.



Available at: [Microsoft Word - NatPolicyDisabilitySep2003srilanka1.doc \(aloka.foundation\)](#)

F. The National Physical Planning Policy 2017-2050

The National Physical Planning Policy 2017-2050 has identified improved pedestrian spaces, increased recreation facilities and green built environments as important in future urban designs. The general standard is to have one hectare of open space for 1000 persons and is not seen in present most urban developments. It is proposed to utilize areas such as river banks, marshy areas and beach fronts as spaces and places for recreation. Development of transport facilities and improving access to the public is a main strategy identified in the policy.



G. National Transport Policy of Sri Lanka

This policy focuses on easily accessible transport systems that are designed to meet the basic transport needs of citizens, safe, comfortable and reliable. Improving and expanding non-motorized transport systems to increase where appropriate and ensuring road safety are also priorities. Available at: [Revised Transport Policy document Dec 2017.pdf \(ntc.gov.lk\)](#).

In addition, The National Road Safety Council of the Ministry of Transport carries out various projects with the intention of minimizing the burden of road accidents in the country.

4.2 Pending projects; provision of indoor and/or outdoor sports and recreation facilities

4.2.1 Health sector

4.2.1.1 Global RECAP

The International Development Law Organization (IDLO), the World Health Organization and the International Development Research Centre are implementing the Global RECAP Program. The overall aim is to strengthen the capacity of countries to promote healthy diets and increase physical activity for the prevention of NCDs. Five countries have agreed to participate in the first phase of the program: Tanzania, Uganda, Kenya, Sri Lanka, and Bangladesh. Program activities will focus on capacity building for more effective regulatory and fiscal interventions, supporting the development and use of relevant research, and convening multi-stakeholder dialogues and collaboration between civil society, academia, and government stakeholders. The Global RECAP Program is funded by the Swiss Agency for Development and Cooperation and the OPEC Fund for International Development.

Under the Global RECAP project Sri Lanka has identified three sectors to be strengthened with regards physical activity promotion; school, government workplaces and community. The activities involve formulation of guidelines, creating awareness and capacity building on promoting physical activity at these three settings. The Directorate of NCD, Ministry of Health, Ministry of Education, Ministry of Public Administration and WHO are the stakeholders involved locally, further supported by Child Fund, an NGO.

4.2.1.2 Active Lanka

The Directorate of NCD has planned to implement a social media campaign 'Active Lanka' in partnership with NIROGI LANKA project with the aim of promoting physical activity. Face Book will be the social media partner for this project.

4.2.1.3 Establishment of gymnasias at healthcare institutions

The Ministry of Health has formulated specifications for indoor and outdoor gymnasiums in collaboration with the Ministry of Sports and NIROGI LANKA project. It is expected to establish gymnasiums at government healthcare institutions to promote physical activity among the employees.

4.2.1.4 Provision of basic exercise equipment to HLC

The Directorate of NCD has initiated a procurement process to provide HLC with basic exercise equipment such as gym balls, therabands, yoga mats etc. to further strengthen the exercise programs.

4.2.1.5 'Let's Be Healthy' booklet

The Directorate of NCD in collaboration with the Ministry of Education and Government Medical Officers Association is revising the book 'Let's Be Healthy' which is intended for school children. The book contains a separate chapter on physical activity.

4.2.2. Non Health sector

4.2.2.1 Ministry of Sports

The cabinet of Sri Lanka has approved a proposal to open 500 outdoor gymnasiums at a cost of Rs 625 million to "inculcate an active lifestyle" in Sri Lanka. The project aims to cater to 100,000 members and 5,000 professional athletes each year. The responsibility of running these centres will be delegated to youth and sports clubs at the local level. The project will be implemented in the period 2021-2022.

4.2.2.2 Ministry of Transport

National Strategy on Sustainable Freight Transport

Private motorized play an important role in the economy and day-to-day life-style of people in Sri Lanka. Most Sri Lankans use their private vehicles which is now a problem due to the heavy traffic congestion in urban area and also there is a lack of parking spaces within the city limits.

With the technical assistance from UNESCAP, the ministry of transport initiated formulating the National Strategy for Sustainable freight transport in Sri Lanka. The strategy provides for a guiding vision, strategic focus areas, enablers, operational priorities, and a results framework to support achieving SDGs in Sri Lanka. The guiding vision of the strategy is to have an efficient, safe, inclusive and clean freight transport system. Implementing the strategy requires developing annual action plans and a national Task Force as an inter-ministerial body will be constituted to oversee the implementation.

Under this initiative, a national road map for promoting electric mobility including increasing railway transport, improving intermodal freight transport, fleet renewal policy for trucks, instituting eco-driving and defensive driving courses and developing a master plan for sustainable freight transport for main cities will be developed. Formulating the Strategy is at the final stage now and the next step would be preparation of implementing modalities.

National Transport Policy:

<https://www.transport.gov.lk/web/images/downloads/tp.pdf>

4.3 National targets

In 2018, the World Health Assembly adopted a target to reduce global levels of physical inactivity by 15% by 2030. Sri Lanka has adopted this target along with other global NCD targets.

Road Traffic Accidents (RTA) are high in Sri Lanka (kill approximately 3000 people each year) and 70 % of road crashes involve low-income commuters and motorists. In line with United Nation's Sustainable Development Goals, by 2030, Sri Lanka aims to achieve a 20% reduction of RTA. Similarly Sri Lanka has adopted the SGD target 11.6.2 to reduce air pollution including CO2 emissions and transport related emissions.

The HLC program of the Ministry of Health aims to provide physical activity related lifestyle modification counselling to HLC clients. The target population for HLC is those who are apparently healthy and above 35 years. This is approximately 40% of the population of Sri Lanka.

Drawbacks

Walking path utilization is limited to certain groups. It would be good to increase utilization among low income categories. At present Sri Lanka has not set national targets for walking, cycling, community sports participation, access to sport and recreation facilities, physical education in schools, provision of public open space, provision of walking infrastructure, provision of cycling infrastructure and provision of public transport services.

4.4 COORDINATION, COLLABORATION AND PARTNERSHIPS

4.4.1 Health Sector

National NCD Council

The national NCD Council functions as the supreme body for promoting inter-ministerial /inter-sectoral collaboration and multi-sectoral partnerships and overseeing progress of implementation of the National NCD Policy for Sri Lanka as an integral part of the health system development. Decisions taken by the National Steering Committee for Non-Communicable Diseases regarding implementation of strategies involving multi-sectors are discussed here. The council is chaired by the Minister of Health.

The National NCD steering committee

The National NCD steering committee functions as the national monitoring body on National NCD Policy implementation. It is chaired by the Secretary of the Ministry of Healthcare and Nutrition and constitutes high level representation from all relevant government agencies and development partners including local and International NGOs. The membership is comprised of Secretaries of Ministries of Finance, Trade, Agriculture, Urban Planning, Education, Justice, Poverty Alleviation, Social Welfare, any other relevant Ministries, Provincial Secretaries of Health Ministries, Provincial Health Directors, relevant Deputy Director Generals, Directors, representatives from professional bodies and consultant community physicians from the Directorate of NCD. The National NCD Steering Committee meets every two months and is accountable to the Minister of Health for policy implementation.

National Advisory Board for NCD (NABNCD)

The NABNCD functions as the advisory body on National NCD Policy implementation. It will be chaired by the Director General of the Ministry of Healthcare and Nutrition and constitute high level technical representation from relevant professional bodies.

District Steering Committees for NCD

District level coordination of NCD prevention and control activities are carried out by the district steering committees. The Regional Director of Health Services is the Chairperson of the committee and district Medical Officer Non-Communicable Diseases acts as the secretary to the committee.



Physical inactivity being one of the main risk factors for NCDs all the above-mentioned bodies function to implement strategies for reducing physical inactivity in Sri Lanka.

4.4.2 Non Health Sector

4.4.2.1 National Sports Council

The National Sports Council is chaired by the Minister of Sports and is concerned with policy level decisions related to sports development in the country. The membership of the Sports Council is made up of experienced professionals in a variety of disciplines who have contributed with national as well as international sports achievements to Sri Lanka through their careers.

4.4.2.2 National Education Commission

The main function of the commission is to make recommendations to the President, on educational policy in all its aspects, with a view to, ensuring continuity in educational policy and enabling the education system to respond to changing needs in society, including an immediate review of educational policy and plan or plans and the making of recommendations to the President, on a comprehensive National Education Policy. The commission also reviews and analyses periodically, the National Education Policy and Plan or plans in operation and where necessary, to recommend to the President, changes in such Policy, Plan or Plans.

4.5 POLITICAL LANDSCAPE

Sri Lanka's current political mandate 'Vistas of Splendour and Prosperity' explicitly mentions promotion of physical activity and sports as contributing to happy families. It also emphasizes building a safe and healthy physical environment. A programme to incorporate physical exercise as a routine life habit. Jogging tracks and fitness centres to be built in Colombo and other urban areas which will receive public appreciation, will be expanded across the country under the direct supervision of the Urban Development Authority and maintained by the relevant local government institutions is mentioned in the 'Vistas of Splendour and Prosperity'. This government policy framework is in line with Sustainable Development Goals (SDG), progress of which are monitored by the national SGD council.

In addition, during recent years a wide recognition has been given to the development of a sports culture in the country with budgetary allocations to develop infrastructure at sports schools and public gymnasiums. Sponsorship of sports events by the private sector is encouraged and the large-scale industries have taken initiatives to recruit sports champions and promote engagement in sports by the employees.

Sri Lankan past President Maithripala Sirisena performs Yoga during an event to mark the International Yoga Day at the Independence Square, Colombo, Sri Lanka on Saturday 23 June 2018.



Sri Lanka Prime minister commemorating yoga day



4.6 INFORMATION AND MONITORING SYSTEMS

4.6.1 Health Sector

STEPS survey

STEPS survey of NCD and risk factors in Sri Lanka was carried out in 2015 among 5188 adults aged 18-69 years. According to this survey 30.4 % adults (22.5% males and 38.4% females) do not engage in the recommended 150 minutes of moderate intensity physical activity per week. The next STEPS survey which was planned to be conducted in year 2020 was postponed due to the COVID-19 outbreak and is currently being carried out in year 2021.

Global School Based Student Health Survey

The Global School Based Student Health Survey was last conducted in 2016 in Sri Lanka. According to the survey, only 15.5% of students aged 13-17 years (males 19.3% and females 11.7%) are physically active at least 60 minutes per day all seven days of the week.

Healthy Lifestyle Centre surveillance

The Directorate of NCD has data on prevalence of physical inactivity among the Healthy Lifestyle Centre Clients (those who are at or above 35 years and apparently healthy). The database is updated quarterly. Recently a hybrid system with a digital monitoring platform was introduced (HIMS-HLC-Cloud) and HLC staff were trained.

Monitoring through the Multi-sectoral Action Plan (MSAP)

The MSAP outlines the monitoring and evaluation framework for NCD and risk factor control in Sri Lanka under its 4th strategic action area, Surveillance, monitoring, evaluation and research. Under this strategy following mechanisms are established.

National and district NCD Reviews

Directorate of NCD conducts a review of the NCD prevention and control programme annually at national level. The MO NCDs conduct reviews of their district level NCD prevention and control activities quarterly and annually. At these reviews activities related to physical activity promotion are monitored.

Supervision

MO NCDs supervise and monitor the NCD prevention and control activities done within their respective districts including HLC.

Availability of a mechanism to disseminate results

The NCD and risk factor data are quarterly and annually disseminated through Quarterly NCD Bulletin and Directorate of NCD annual report.

Capacity assessment survey

The Directorate of NCD conducts periodic training needs assessment of staff involved in NCD risk factor prevention and control.

Post training evaluation

A post training evaluation has been conducted on the level of implementation of recommendations among health staff trained on physical activity.

Evidence generated and used for national policy and programme development

The Directorate of NCD has identified research related to physical activity as a priority and supports and provides technical guidance for research.

Currently there are no national data systems in Sri Lanka that collect data on walking, cycling or community sports participation.

4.6.2 Non Health sector

4.6.2.1 Ministry of Education

The Department of Examination, Ministry of Education Sri Lanka collects the data of the students who took physical education as a subject in the GCE Ordinary Level examination.

4.6.2.2 Ministry of Transport

A. Study on Sustainable Public Transport for Low-carbon City Development in Sri Lanka

Through the endorsement of the Ministry of Environment, a study Sustainable Public Transport for Low-carbon City Development was initiated under the technical assistance of Global Green Growth Institute – international intergovernmental organization based in Seoul, South Korea. This study will involve the conducts of pre-feasibility study for Intelligent Transport Systems ITS and e-Buses adoption in Colombo to assess the viability options on the e-mobility and ITS transition, present recommendation on enabling environment for ITS AND e-busses adoption through institutional, regulatory and policy inventory and review. Preparation of investment proposals is also a component of the study.

B. Sri Lanka Accident Data Management System (SLADMS)

Existing data management system used at present is not digitized and has lot of limitations. The quality control system of the system (MAAP) is weak and the location referencing of road accidents are often erroneous. Further, accident data analysis is a necessary component in road design the current system does not have advanced data analysis tools to investigate causal factors of road accidents. The new system included new data management software with advanced data analyzing tools and a data entry app to allow police officers to enter the accident data on-site using tablet computers. Executing agency of the project is National Council for Road Safety and the implementation agency is Sri Lanka Police.

4.7 Funding and Financing Mechanisms

4.7.1 Government of Sri Lanka

Funds are annually being allocated for implementing actions to promote physical activity among the Sri Lankan population. The Ministry of Finance, annually provides financing (capital/recurrent) to promote physical activities, sports and healthy foods among children, young generation and adults through the Ministry of Urban Development and Housing, Ministry of Youth & Sports, Ministry of Education Ministry of Agriculture and Ministry of Health.

Sometimes funds are allocated through special budget proposals for projects related to physical activity promotion. Local governments use the funds received by them to develop walking pathways and other infrastructure necessary for people to be physically active. Fund received by the Ministry of Health is mainly utilized for capacity building of health staff to promote physical activity.

In addition special projects for promotion of physical activity are being carried out from time to time which are funded by NGOs, World Bank, WHO etc.

4.7.2. Primary Healthcare Strengthening Project (PSSP)

PSSP is a World Bank funded project that intends to strengthen and develop selected healthcare institutions in Sri Lanka. The investment made by the project for physical activity promotion during 2019-2020 are as follows.

Activity	Rs. Million
Awareness and training on Exercise programme	15
Procurement of exercising machines, tools	32

Further funds are committed to the PSSP to conduct island wide volleyball competition with the participation of Suwasewa Mithuro committees in order to promote physical health enhancement among risk communities with game experience.

GAPS IDENTIFIED

- Inadequate attention on PA promotion in non-health policies
- Lack of synergies between the different sectors, clear action plans, targets and monitoring related to PA promotion- e.g. infrastructure (walking paths, bike lanes) or facilities (public transport, parks, playgrounds, or open spaces)
- No national data systems on activities to promote PA
- Inadequate funds and efficient utilisation of allocated funds not evident

RECOMMENDATIONS

- Advocate to include and prioritise PA promotion in all policies/strategic frameworks across all sectors
- Set smart targets related to physical activity promotion: transport, school, workplaces
- Advocate for more fund allocation and efficient use of funds through prioritisation
- Establish a mechanism for regular monitoring of PA promotion programs in the country through a multisectoral technical working group

	Green	Orange	Red
Policies/strategies/plans	Are comprehensive, have common agendas, synergies and potential for cross-sector collaboration	Are not very comprehensive, have no common agendas & synergies and with little or no potential for cross-sector collaboration	No policies
Targets	Align with WHO GAPP or precedes the WHO target	Have target but not align with WHO GAPP	No target
Political support	Is strong	Is present but not very strong	Little or no political support
National coordination/ collaboration	Is strong	Is present but not very strong	Little or no collaboration and partnership
Activities and programmes	Many activities and programmes are conducted	Some activities and programmes are conducted	Very few or no activities or programmes are conducted
Sustainable funding/ Sustainability	have sustainable funding	have funding but activity based and not sustained	No funding available
Workforce/ Capacity	Have full time staffs dedicated only for physical activity	Have staff but not 100% FTE	No staff working on physical activity

Figure 2: Self-rating of country situation using traffic light system

References

1. WHO. NCD Country Profile - Sri Lanka: 2016 [Internet]. NCD Country profile. 2018. Available from: https://www.who.int/nmh/countries/lka_en.pdf
2. Ministry of Health Nutrition and Indigenous Medicine. Sri Lanka National Health Accounts 2013 [Internet]. 2016. Available from: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/NHA/Sri Lanka National Health Accounts 2013.pdf
3. Ministry of Health Nutrition and Indigenous Medicine. Non Communicable Disease Risk Factor Survey Sri Lanka 2015 [Internet]. 2015. Available from: <https://www.who.int/ncds/surveillance/steps/STEPS-report-2015-Sri-Lanka.pdf>
4. Lim SS, Vos T, Flaxman AD et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*[Internet]. 2012;380(9859):2224–60. Available from: <https://pubmed.ncbi.nlm.nih.gov/23245609/>
5. Prevention and Control of Noncommunicable Diseases Think Globally-Act Locally; Lessons from Sri Lanka http://www.health.gov.lk/moh_final/english/public/elfinder/files/Downloade/NCDbook2018.pdf
6. Lee I-M, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Impact of Physical Inactivity on the World's Major Non-Communicable Diseases. *Lancet*. 2012;380 (9838):219–29.
7. Callaghan P. Exercise: A Neglected Intervention in Mental Health Care? *J Psychiatr Ment Health Nurs* [Internet]. 2004;11 (4):476–83. Available from: <https://pubmed.ncbi.nlm.nih.gov/15255923/>
8. Medagama A GM. Lack of infrastructure, social and cultural factors limit physical activity among patients with type 2 diabetes in rural Sri Lanka, a qualitative study. *PLoS One* [Internet]. 2018;13(2):e0192679. Available from: <https://doi.org/10.1371/journal.pone.0192679>
9. Urban Development Authority. Planning & Development Regulations, 2021. Available at: <https://www.uda.gov.lk/cms/storage/acts/mcK3c2YfvS.pdf>
10. National Physical Planning Department. Town and Country Planning, Chapter 605, Available at: <http://extwprlegs1.fao.org/docs/pdf/srl37912.pdf>, (Accessed 20 May 2021)
11. Road Development Authority. Act No: 73 of 1981. Available at: ROAD DEVELOPMENT AUTHORITY Act, No. 73 of 1981 (rda.gov.lk)
12. Department of Motor Traffic. Motor Traffic Act 2012, Available at: G 016234 (E) I(I) Motor Traffic Act.pmd (rda.gov.lk)
13. Democratic Socialist Republic of Sri Lanka. Extraordinary Gazette of the, No : 1,467/15-2006 October 2017. Available at:<https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/47403/96809/F888786967/LKA47403.pdf>
14. Ministry of Education. Circular 24/2016,. Available at: <https://moe.gov.lk/wp-content/uploads/2020/07/op123-02012017154720-1.pdf>
15. National Child Protection Authority. Guidelines and Standards for Childcare Institutions in Sri Lanka, 2013. Available at: guidelinesandstandardsforchildcareinstitutionsinlanka.pdf (childprotection.gov.lk)
16. Ministry of Sports. Physical Activity and Sedentary Behaviour Guideline Sri Lanka. 2018. Available at: <https://mos.gov.lk/media/2020/9/M3dZdo06zH2vblFocCCioaPjolLzeoe2MQYiwkHm.pdf>
17. Family Health Bureau. Teachers' guide to health promoting schools. 2010. Available at: [Health Promoting School Teacher Guide Sinhala.pdf](http://HealthPromotingSchoolTeacherGuideSinhala.pdf) - Google Drive 2010
18. Directorate of Non Communicable Diseases. The national policy & strategic framework for prevention and control of chronic non-communicable diseases 2009. Available at: http://www.ncd.health.gov.lk/images/pdf/publication/NCD_Policy.pdf

19. Directorate of Non Communicable Diseases. The Sri Lanka National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Disease (MSAP) 2016–2020 Available at: http://www.ncd.health.gov.lk/images/pdf/publication/MSAP_NCD_2016-2010.pdf
20. Ministry of Health. National Health Promotion Policy of Sri Lanka 2010: Available at: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/9_Health%20Promotion.pdf
21. Ministry of Health. National Nutrition Policy of Sri Lanka. 2010. Available at: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/24_National%20Nutrition%20Policy_2010.pdf
22. Ministry of Sports. National Policy on Sports. 2020. Available at: <https://www.mos.gov.lk/media/2020/4/yMFgNuQaAtJathOwyELq1wBj3DeVpalOhUPub9NQ.pdf>
23. Ministry of Labour and labour relations National Occupational Safety and Health Policy. 2014. Available at: [National-occupational-safety-and-health-policy-of-Sri-Lanka.pdf](#)
24. Ministry women and child affairs. National Action Plan for Children 2016-2020. Available at: [National Plan of Action for Children IN Sri LANKA \(2016-2020\) \(childwomenmin.gov.lk\)](#)
25. Ministry of Education. National policy on early childhood care and development, 2018. Available at: [National Policy on Early Childhood Care and Development](#)
26. Ministry of Health. National Elderly Health Policy. 2015-2016. Available at: [NationalElderlyHealthPolicySrilanka.pdf](#)
27. Ministry of social welfare. National Policy on Disability. 2003. Available at: Microsoft Word - NatPolicyDisabilitySep2003srilanka1.doc (aloka.foundation)
28. National Physical Planning Department. .The National Physical Planning Policy 2017-2050. Available at; [NPPD-ENGweb-27_12.pdf](#) - Google Drive
29. Ministry of Transport. National Transport Policy of Sri Lanka. 2017. Available at: [Revised Transport Policy document_Dec 2017.pdf](#) (ntc.gov.lk).