



# IMPA

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT  
MEDICAL PRACTITIONERS ASSOCIATION

# NEWS

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[www.impa-sl.com](http://www.impa-sl.com)



## FROM THE PRESIDENT'S PEN...



### Reflecting on a Productive September: A Commitment to Holistic Care

My Dear Colleagues,

As we step into the final quarter of the year, I wish to take a moment to reflect on the remarkable educational initiatives we undertook in August Presidential induction ceremony and September CME program. It is with immense pride that I highlight our commitment to continuous learning, which remains the bedrock of our professional excellence at IMPA.

At my Presidential Induction Ceremony, I introduced the concept of incorporating anti-aging care into co-clinical practice in Sri Lanka. This initiative was warmly received by the Secretary of Health, Dr. Anil Jasinghe, who expressed his keen interest and requested a concept paper outlining how such a program could be effectively implemented and integrated into our national medical system.

To advance this important task, I kindly request the support of all IMPA members. We plan to appoint a dedicated working group to study the subject in depth and prepare a comprehensive report to be submitted to the Ministry of Health. Your expertise and contributions will be vital in shaping this initiative.

In addition, I invite all members to visit [www.drSanathHettige.com](http://www.drSanathHettige.com) and download the e-book on anti-aging practices. By reviewing and refining this resource together, we can create a practical, evidence-based framework that will enable every doctor in Sri Lanka to confidently incorporate anti-aging care into their clinical practice.

Last month, we had the privilege of hosting a profoundly impactful Continuing Medical Education (CME) session, addressing two critical, yet very different, areas of patient care. The first, "Worrying Symptoms of the Gastrointestinal Tract," was expertly delivered by Dr. Duminda Ariyaratne. His insightful presentation on surgical diagnostics and management was a masterclass in clinical acumen, reminding us of the vital importance of vigilance in our physical examinations and investigations.

We then turned our focus to an issue of pressing global and local importance with our session on "Suicide Prevention and Mental Health First Aid." I extend my deepest gratitude to Associate Professor Sunera Fernando and Dr. Harsha Ediriweera for their invaluable guidance. This session was a powerful reminder that our duty of care extends beyond the physical body. Equipping ourselves with the skills to recognize psychological distress and provide mental health first aid is no longer optional; it is an essential part of being a compassionate and complete physician.

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Furthermore, as many of you would have noted, September also marked World Heart Day (September 29). This global observance aligns perfectly with our mission, dedicated to raising awareness about cardiovascular health a cornerstone of our daily practice. Let us all carry its message forward in our patient interactions, emphasizing prevention and proactive management.

My sincere appreciation to every member who participated actively in these sessions. Your engagement is what fuels our association's progress.

I look forward to our continued journey of learning and growth together.

Warmly,

Thank you,

Yours Sincerely,

**Dr Sanath Hettige** MBBS, DFM, MD, FCGP

President, Independent Medical Practitioners Association of Sri Lanka

Board Certified Specialist in Family Medicine,

Honorary Senior Lecturer, Faculty of Medicine, University of Colombo,

Chief Scientist, Oil of Dermae Laboratories & Dermae Research Medical Center

Chairman, Health & Nutrition Committee, Organization of Professional Association of Sri Lanka

# TB Invitation for 10<sup>th</sup> October 2025

The President and the Council of  
**The Independent Medical Practitioners Association**  
Invite

Prof./Dr./Mr./Ms. ....

to

A Medical Education Programme and Networking of Professional Associations

on

**“Current trends and status of Tuberculosis, priority areas for prevention and control,  
and the role of different professional groups”**

By Dr Mizaya Carder, Consultant Community Physician, National Programme for  
Tuberculosis Control and Chest Diseases

and

“Treatment and care of Tuberculosis, including newer approaches and the  
role of different professional groups”

By Dr Neranjan Dissanayeka

Consultant Respiratory Physician, Teaching Hospital, Kalutara

on

Friday 10<sup>th</sup> October 2025 at 6.45 p.m.

at

Auditorium of Organization of Professional Associations,

Followed by Fellowship & Dinner

Sponsored by

**Country Coordinating Mechanism Sri Lanka of the Global Fund**

*Dress. Smart Casual*

**RSVP:**

*Champa Silva 0771 674 913*

# IMPA CPD Program September 2025

The Independent Medical Practitioners Association held its CPD program on Sunday, the 28<sup>th</sup> September 2025, at Ninewells Hospital Auditorium, Colombo.

Three eminent speakers made presentations:

## "Worrying Symptoms of Gastrointestinal Tract"

By Dr Duminda Ariyaratne  
MBBS (Col), MS (SL), FCS (SL), FRCS (Eng) Consultant General Surgeon

## "Suicide Prevention"

by Dr Harsha Ediriweera  
MBBS (Col), FRANZCP, Consultant Psychiatrist, South East Sydney Local Health District  
And

## "Mental Health First Aid"

by  
Associate Professor Sunera Fernando  
MBBS, MD (Psychiatry), PhD, FRANZCP  
Consultant Psychiatrist, Northern Sydney Local Health District,  
Clinical Associate Professor, Macquarie University, Sydney



# IMPA President's Induction Speech



Honourable Chief Guest,  
Dr. Anil Jasinghe, Secretary to the Ministry of Health,

Past Presidents, Council Members, Distinguished  
Guests, Colleagues, Ladies and Gentlemen,

Good evening. It is both a great honour and a humbling moment for me to stand before you today as I take on the responsibility of serving as the next President of the Independent Medical Practitioners Association.

First, I wish to thank all of you for the trust and confidence you have placed in me. This position is not just a privilege - it is a responsibility to carry forward the vision and values of our Association.

The IMPA has a proud history of uniting private medical practitioners and upholding the dignity of our profession. For decades, we have played a vital role in the health system of our country, often as the first point of contact for patients, and sometimes their most trusted guide in health and illness.

I wish to pay my deepest respects to the 25 distinguished past leaders we honour today with medals. Your dedication and vision have shaped this Association and inspired us to continue your legacy. I must also extend my appreciation to our immediate past president, Dr. A.H.A. Hazari, and to our Joint Secretaries, Dr. Mrs. Kanthi Ariyaratna and Dr. Sabith Salieh, together with our Treasurer Dr. A.A.M. Haroon, for their tireless efforts in strengthening our Association.

As I look ahead, I see both challenges and opportunities.

Medical science is advancing at an incredible pace. Our patients' needs and expectations are changing. Technology, digital health, and preventive care are redefining how we practice medicine. In this environment, our Association must:

- Continue to provide learning and professional development for all our members.
- Advocate for the rightful place of private practitioners in health policy.
- Maintain the highest standards of ethics and patient-centered care.
- And most importantly, stay united as a community of doctors who support one another.

One area I would like to highlight as our new mission is the integration of anti-aging care into clinical practice. Our patients today are not only seeking longer lives but healthier and more active years. As family physicians and private doctors, we are in the best position to guide them with science-based approaches to longevity, vitality, and wellness.

This, I believe, will be a defining step forward for our Association—bringing preventive and anti-aging medicine into the mainstream of private practice in Sri Lanka.

Before I conclude, let me sincerely thank my colleagues, mentors, and my family, whose encouragement has made this journey possible. Most of all, I thank you—my fellow members—for your faith in me.

I do not forget to thank the help given by Champa who had been a tower of strength.

Together, let us take the Independent Medical Practitioners Association to greater heights, for the benefit of our profession, our patients, and our nation's health.

## Address by the Chief Guest



*Address by Dr. Anil Jasinghe, Secretary to the Ministry of Health and Mass Media*

Presidential Induction Ceremony - IMPA

### **22<sup>nd</sup> August - Water's Edge**

Good evening, Former Speaker of Socialist Democratic Republic of Sri Lanka Hon. Mahinda Yapa Abeywardhane, former Chairman of the University Grants Commission, Emeritus Prof. Mohan De Silva, Dr Sanath Hettige, President of the Independent Medical Practitioners Association, respected members of the Independent Medical Practitioners Association, distinguished guests, friends, and well-wishers.

It is a great privilege to be here tonight at this historic moment - the first-ever Presidential Induction Ceremony of the Independent Medical Practitioners Association of Sri Lanka.

The IMPA is not just an association. It is one of the oldest private medical organizations in the world - a rare achievement that reflects decades of dedication, resilience, and service to our nation's health.

This evening, we not only celebrate history - we celebrate leadership. We welcome as president a man whose name is already etched in both Sri Lankan and global medical circles - Dr. Sanath Hettige.

Dr. Hettige's career has been nothing short of extraordinary. A respected clinician, researcher, and innovator, he has developed medical inventions that improve diagnosis and treatment, authored important publications, and raised the profile of Sri Lankan medicine internationally. His recognition as a WONCA Global Five-Star Doctor places him among the finest

family physicians in the world - a distinction that brings honour to our country.

But beyond awards and innovations, Dr. Hettige is a leader with a vision. He understands the challenges independent medical practitioners face, and he is committed to empowering them through education, collaboration, and innovation.

IMPA shares many of the same goals as the Ministry of Health - better access to care, higher standards, and a healthcare system that puts patients first. I have no doubt that under Dr. Hettige's guidance, the IMPA will grow stronger, more influential, and even more relevant to the needs of our people.

To the members of the IMPA - support your new president. Stand together. This is a moment not only to honour the past, but to shape the future.

IMPA is marking yet another milestone in its history by extending heartfelt gratitude to its most senior members, in recognition of their unwavering commitment, exemplary leadership, and dedicated service to the Association.

As I look through the list of esteemed individuals being honoured this evening, I see many renowned and respected names in the field of healthcare in Sri Lanka. I have no doubt that they have served the IMPA with utmost dedication. More importantly, I am deeply aware of their significant contributions to the advancement of healthcare services and the overall well-being of the nation.

This Long Service Award, presented by the IMPA to its senior members, is a commendable gesture. It not only acknowledges their past contributions but also sets a meaningful example of gratitude and appreciation for future generations.

On behalf of the Ministry of Health, I extend my warmest congratulations to Dr. Sanath Hettige and to the IMPA. May this be the start of a bold and successful new chapter.

Thank you.

# Deadline Extended - 30<sup>th</sup> October

## IMPA JOURNAL 2025

Articles are requested for publication in the IMPA journal 2025, to be released at the IMPA AGM on 14<sup>th</sup> of December. The deadline for the submission of articles is 30<sup>th</sup> October 2025. Please follow the guidelines given below for the submission of articles.

### IMPA JOURNAL Guidelines

#### 1. Scope and Focus

IMPA Journal is published annually by the Independent Medical Practitioners Association of Sri Lanka. The Journal will be released at the AGM of that particular year. This is a Medical Journal with the ISSN 2465-6135.

The journal welcomes submissions that contribute to the advancement of knowledge and practice in independent medical practice, including but not limited to:

- Clinical case studies and research
- Health policy and regulation analysis
- Practice management and innovation
- Ethics, law, and patient care
- Continuing medical education
- Experiences from practice
- Any Other relevant articles and news

#### 2. Article Types

- Original Research Articles (1000-3000 words)
- Case Reports (800-1500 words)
- Review Articles (2000-3500 words)
- Opinion/Commentary (500-1200 words)
- Practice Pearls (300-500 words)
- Letters to the Editor (up to 500 words)
- Book/Resource Reviews (up to 800 words)

#### 3. Formatting Guidelines

- Submit in MS Word (.doc/.docx) format.
- Use 12 pt Times New Roman, double-spaced.
- Include title, author name(s), credentials, and affiliation.
- Abstract (150-250 words) for original research and reviews.
- Use Vancouver style reference.
- Images, charts, and figures should be high-resolution and captioned.

- Avoid plagiarism. All sources must be properly cited.

#### 4. Ethical Considerations

- Patient consent must be obtained for identifiable case reports/images.
- Conflict of interest and funding sources must be disclosed.
- Submissions must comply with ethical standards for medical publishing.

#### 5. Submission Process

Submit articles via email to [champa.impa@gmail.com]

- Each submission undergoes editorial review, and selected articles are sent for peer review.
- Authors will be notified of acceptance, revisions, or rejection

#### 6. Copyright and Permissions

- Authors retain copyright but grant the journal the right to publish.
- Reproduction of previously published content must have appropriate permissions.

#### 7. Contact

For inquiries, reach out to:

**Dr Neelamani Sandhaya Rajapaksa Hewageegana**

[MD(Timisoara, Romania), MSc, MD (Colombo, Sri Lanka), PhD (Sheffield Hallam, UK)]

*Editor IMPA (Independent Medical Practitioners Association) Journal Email: drneelamani@yahoo.com*

# Face to face Dialogue

Reported by

**Dr Sujatha Samarakoon**

MBBS (Cey), MSc, MD, Dip GUM (UK)  
Representative, IMPA

## “Advancing Sri Lanka’s Health Sector into a New Era”

Face-to-Face dialogue, with His Excellency Santosh Jha, Indian High Commissioner to Sri Lanka was held on 03<sup>rd</sup> September 2025 at 6.00 PM onwards at the SLMA Auditorium.

The dialogue was led by Dr Surantha Perera, President of SLMA. The event aimed to explore strategic avenues for collaboration in transforming the nation’s health sector.

The talk was about how technology, such as digitalization, is being used to increase universal health coverage in India. Telemedicine is used to reach remote areas in the country to provide health services. A Health insurance scheme is introduced for the above 75 year old population,

Indian rupees 500 thousand each to 750 million people. India is ready to help SL use these methodologies. He stressed that India has always provided what SL has requested eg . a credit line and vaccines during COVID. To a big question asked by Prof Saroj Jayasinghe regarding postgraduate training, he said the proposal has to come from SL, and the relevant institution will definitely have an evaluation exam on completion of training.

HC Jha is a typical diplomat, his speech, expression, articulation of words composure were all excellent.

Unfortunately, the attendance was poor, around 25 people. Young people were absent. The majority were the retired lot.



## Links to Interesting Articles

### IMPA

Link : [impa-sl.com](http://impa-sl.com)

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### Certificate course in Management of COPD and Asthma

Link : <https://acrobat.adobe.com/id/urn:aaid:sc:AP:db749d4e-b03c-47f0-9180-d963406a623b>

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### Medullary sponge kidney presenting with hypokalaemic paralysis

Link : [https://www.researchgate.net/publication/16469721\\_Medullary\\_sponge\\_kidney\\_presenting\\_with\\_hypokalaemic\\_paralysis](https://www.researchgate.net/publication/16469721_Medullary_sponge_kidney_presenting_with_hypokalaemic_paralysis)

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### Sri Lanka College of Endocrinologists Clinical Practice Guideline: Diabetes 2025

Link : <https://endocrinesl.org/clinical-practice-guideline/>

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### National expanded programme on immunisation for children

Link : <https://island.lk/national-expanded-programme-on-immunisation-for-children/>

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### CKDu in Sri Lanka: September 21<sup>st</sup>, 2025

Online article : <https://rdcu.be/eHpVY>

Social media sites : <https://lnkd.in/p/eBegJGnX> ;

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### Prof. Neelika Malavige featured in The Telegraph (UK) on South Asia's

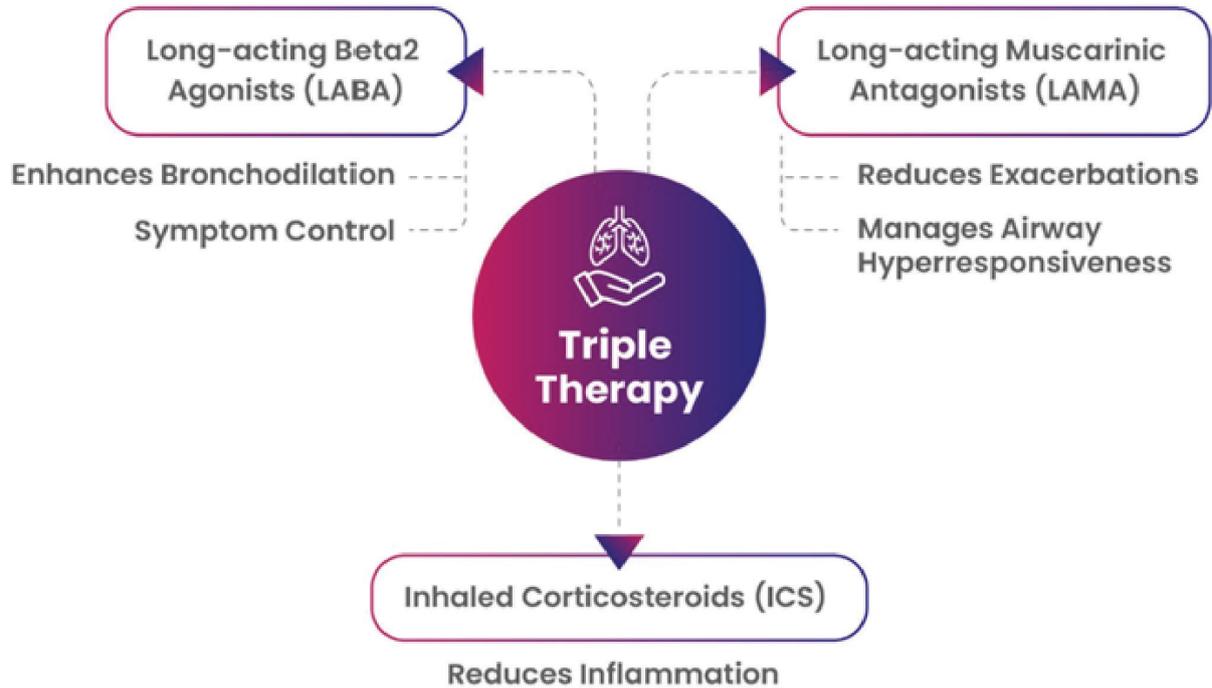
Link : <https://www.sjp.ac.lk/news/prof-neelika-malavige-featured-in-the-telegraph-uk-on-south-asias-double-outbreak-of-dengue-and-chikungunya/>

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**Ciplamed Flix**

## Components and Benefits of Triple Therapy





# The Certificate Course in Evidence Based Diabetes Management (CCEBDM)

- EVIDENCE BASED UPDATED CURRICULUM
- 12 MODULAR COURSE
- CASE STUDIES AND INTERACTIVE VIDEOS
- ONCE A MONTH WEEKEND INTERACTIVE LECTURES

### Academic partners



PHFI - Public Health Foundation of India



DMDEA - Dr. Mohan's Diabetes Education Academy, Chennai



## The Objectives of the course

To enhance knowledge, skills and core competencies of Primary Care Physicians in the management of Diabetes.

This program had been globally recognized by International Diabetes Federation (IDF) for training primary care physicians. The course had been recognized by South Asian Federation of Endocrine Societies (SAFES).

**Eligibility Criteria All doctors with SLMC Registration**

**COURSE FEE - RS. 50,000**  
Duration - 12 Months  
Course commence on 12<sup>th</sup> October 2025

Endorsed by the Education, Training and Research Unit of the Ministry of Health & Carries **17.5 CPD Points**.

The candidate completing the certificate course successfully shall be awarded the certificate and **17.5 CPD points**.

Certificate to be jointly issued by PHFI, DMDEA and respective Regional Faculty (PCDGS)

Programme Secretariate  
CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT (CCEBDM)

Primary Care Diabetic Group Sri Lanka  
Professional Centre, (IMPA Office)  
275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07.

Tel: 011 250 1113 | Fax: 011 250 0818 | Mobile: 077 167 4913  
E-mail: pcrgsri Lanka@gmail.com

## The certificate course in evidence-based diabetes Management.

### Course Objective -

To enhance the knowledge, Skills, And core competencies of primary care Physicians in the management of diabetes



**\*\*\*Eligibility - MBBS Doctors\*\*\***

**2025 New Batch commencing on 12<sup>th</sup> October 2025**

(Accredited by the Education, Training and Research Unit of the Ministry of Health & Carries 17.5 CPD Points)

### Certified by –

PHFI – Public Health Foundation of India

DMDEA – Dr. Mohan Diabetes Education Academy, Chennai

PCDGS – Primary Care Diabetes Group Sri Lanka

**Course Fee - Rs.50,000.00**

**Every second Sunday**



# National expanded programme on immunisation for children



**BY DR B. J. C. PERERA**  
 Director General,  
 Health Services,  
 Sri Lanka

Ever just about a couple of decades ago, it was quite common to see our children ill with various serious infectious diseases, over which we had very little control. Diseases such as tuberculosis, diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella, chicken pox and typhoid were rampant and seemed to rule the roost. There were regular mass epidemics of some of these nasty diseases, which occurred with disconcerting regularity. Some of these diseases killed children, while others left them severely disabled. For some of these diseases, the media being labelled as 'Epidemic Ward, Polio Ward, etc.' These are really things of the past now as a result of measures taken to prevent the occurrence of these dreaded diseases by successful immunisation, which is the general public mass vaccination.

The Sri Lanka Ministry of Health started the Immunisation Programme all over long years ago to try and control the unfortunate occurrence of some of these diseases. Initially, the main enterprise was viewed with some suspicion by the general population, and it took some time to build up confidence in the programme. Gradually, people started to join in and vaccinate their children. With time, the programme evolved into the generalised Expanded Programme of Immunisation (EPI) of the Ministry of Health.

The success of any preventive programme depends on the proportion of the vulnerable population that elects to join the programme. Today we can boast of over 90 per cent coverage of all children by the EPI. The parents of our children have taken it to their hearts to immunise the children. This is truly a wonderful example of the successful implementation of a partnership programme between the government and the people of a country. Our EPI is today envied by many authorities in the world, including the World Health Organisation, as a role model for most developing countries. The tremendous success of this programme has led to the vision of elimination of diseases such as diphtheria, whooping cough, tetanus, polio and measles from our country. The immunisation cards are recorded in a comprehensive booklet known as The Child Health Development Record (CHDR), which is issued free to every newborn baby by the Ministry of Health. New vaccines are now established as a vital cog in the wheel of successful child care.

The National Programme of Immunisation starts with the BCG vaccination at birth. This vaccine

works against tuberculosis, particularly the more severe types that affect the brain, spine, bones and kidneys. It is given as a single injection into the skin of the left upper arm near the shoulder within the first six hours after birth. We have the great advantage of over 90 per cent of births occurring in either public or private hospitals, and free administration of BCG to all those babies in that month even. The vaccination site comes up like a bump and even a blister within a couple of weeks, and sometimes opens up as a shallow ulcer, which leads to a scar. It is important to document the presence of a scar in the Immunisation Record component of the Child Health Development Record, as this scar fades off with time in a small percentage of children. If the vaccine does not produce a scar, it should be repeated within the first six months of life.

Next set of vaccines to be administered are the triple, hepatitis B and polio vaccines. The first doses are administered at the age of two months. The triple vaccine covers the baby against diphtheria, whooping cough and tetanus. These are given by a single injection. So is the hepatitis B vaccine. The Ministry of Health added the Haemophilus influenzae Type b (Hib) vaccine some time ago. This bacterium causes rather severe infections of the brain, lungs and ears of children. The polio vaccine is administered by mouth. All these vaccines have to be repeated again at eight, 16 and 24 months to provide full protection for the baby. All the diseases against which these vaccines work are serious problems and were major killers in the past. Diphtheria, tetanus and polio have been eradicated from the country as a result of these vaccines.

At present, the baby is administered the combined Measles, Mumps and Rubella (MMR) vaccine at nine months and 1 1/2 years of age. These protect the child against these diseases, which were major causes of mortality and some mortality in the past. Measles is a very rare disease now, and rubella is well under control. Rubella, when transmitted to pregnant mothers, produces major congenital malformations in the unborn baby. In many countries, children getting infected in a general source of infection for other pregnant mothers as well and this is the main reason that children are so immunised against this disease. There were some concerns regarding the alleged association of MMR vaccine with childhood autism in the past. It was a terrible fiasco created by an unscrupulous and dishonest doctor from a Western country. It is now firmly established as very strong scientific evidence that there is no such link between MMR vaccine and autism. That causal has now been finally buried for good. This vaccine has, in fact been used in Sri Lanka for many years without any problems.

Now there is a vaccine that is administered at one year for the prevention of Japanese Encephalitis, a

type of brain fever. Currently, this vaccine is given as a single dose, which provides adequate protection after just one dose. This is a significant advance in the development of immunisation in the country. Japanese Encephalitis was a major problem earlier and killed half of those who were affected and left a quarter with permanent brain damage. Several doses of Japanese Encephalitis and oral polio vaccines are administered later at 1 1/2-year intervals. The rationale behind these additional doses is to enhance the immunity and provide continuing protection for the child right up to adult life.

In addition to all these vaccines which are provided

## KEY POINTS

- Vaccination of children protects them against some of the nastiest diseases of the years gone by.
- Our Expanded Programme of Immunisation of the Ministry of Health has secured spectacular results in preventing some of these dreaded diseases.
- Quite a few of these diseases have even been wiped out from the country.
- A few other optional vaccines are available in the private sector.
- Proper storage and maintenance of the cold-chain is vital for the effectiveness of all vaccines.



at low by the Ministry of Health, there are additional optional vaccines which are currently available only in the private sector. Some of these are quite expensive but these will provide additional protection against some other important diseases. These are vaccines against typhoid, leptospirosis, chicken pox, meningitis, hepatitis, meningococcal disease and influenza caused by pneumococci. Chicken pox is generally considered to be a kind of 'vaccine disease' or a part and parcel of childhood. In very many cases, it does not cause serious problems in children. However, a child or an adolescent could get chicken pox at some of the most inconvenient times such as before examinations and prior to competitive sporting events. In children who have not had chicken pox as an illness, the vaccine is really overpriced but it has to be given well before contracting the disease.

All these vaccines must be transported and stored properly, as otherwise they lose their potency and effectiveness. One particularly important element of this process is the maintenance of the

proper 'cold chain'. This refers to the exact low temperatures at which these vaccines have to be stored to maintain their potency. The low temperatures at which they have to be stored are specified for each vaccine. In all institutions, whether big or small, where vaccines are stored, stringent measures, including built-up power supplies to refrigerators, should be instituted to address this issue even during power disruptions.

Our Sri Lanka government spends a great deal of money and provides all vaccines in the Expanded National Immunisation Programme, to safeguard the health of our children. At the point of administration, these vaccinations are provided completely free to the general population. Indeed, we see the entry of many countries in the world on the strength of our commitment to free health care.

However, there are serious problems, notably those out of all proportion, and various types of undue publicity regarding some of these vaccines, triggered by isolated untoward incidents that have occurred in some parts of the country as well as in other countries. In addition, many myths regarding unconfirmed/unverifiable effects of vaccines on fertility and other aspects of the health of children have produced a growing group of parents who oppose all forms of vaccination, the so-called 'anti-vaxers' or vaccine hesitant people. Unfortunately, sensationalising media reports, along with misinformation and disinformation, have contributed to jeopardising the very core of one of the most successful programmes in the annals of our National Health Services.

This author has gone through several epidemics of many of these diseases and seen first-hand the excruciating anguish and misery of the parents and families in these diseases. It breaks his heart now to see some interested people and doctors carrying out a campaign against vaccines. If only they could have seen even an iota of the misery caused by these diseases, as witnessed by this author in the past, they would not campaign against immunisation. We have seen some factories offering, deaths and long-term disabilities noted out by some of these diseases even in the second half of the last century.

In the long run, the glittering successes achieved by the EPI are testimony to the effectiveness, viability and necessity of the programme. There is no other evidence of any wisdom of successive governments whose responsibility that could boast of such spectacular results as those achieved by this programme. In fact, our country has been cited on numerous occasions by the global community as a role model of fantastically successful immunisation. Sri Lanka is a signatory to the International Children's Charter, and the provision of good healthcare is a hallowed right of children as enshrined in that charter. The Expanded Programme of Immunisation is just one vaccine that was designed and initiated by the Ministry of Health to honour that commitment to our children, whom we all consider to be the jewels of our magnificent land.

Finally, more publications have appeared, "vaccines do not save lives but vaccination certainly does." What it means is that vaccines have to be properly administered for them to save lives.



## UNHRC has institutionalised bias

By N. A. DE S. AMARATUNGA

There is a glaring disparity in the treatment of countries in the world today when it comes to the issue of human rights. Developing nations, which are often plagued by economic instability, poverty and political instability, have become victims of an unfair approach by the United Nations Human Rights Council.

The UN Human Rights Council (UNHRC), a vital international institution, has a crucial role in the protection and promotion of human rights globally. The council is mandated to address human rights violations and make recommendations to member states. However, a concerning pattern of unfair treatment has emerged in the council's approach towards developing countries and its use of double standards.

The composition of the Council itself raises questions about its impartiality and fairness, as

certain developed nations with questionable human rights records hold significant influence over the council. For instance, more than a decade after dozens of detainees were held in a CIA-operated secret detention system in Guantanamo Bay - established from 2001 to 2011 - no one had been brought to justice for the crimes under international law and systematic human rights violations committed under that programme, including ordered disappearances, tortures, and other ill-treatment condoned by the United States of America.

One of the key issues that illustrate the unfair treatment is the double standards applied within the council. Developed countries, with their greater resources and influence, often evade adequate investigations into their own human rights violations. The council's approach towards developing nations often lacks tangible empathy and understanding of the challenges these countries face. At

One of the key issues that illustrate the unfair treatment is the double standards applied within the council. Developed countries, with their greater resources and influence, often evade adequate investigations into their own human rights violations. The council's approach towards developing nations often lacks tangible empathy and understanding of the challenges these countries face. At the Seventy-Seventh session, 24th and 25th meetings of the United Nations General Assembly, expressing his concern, Gerardo Pineda Portia, Cuba's Deputy Minister for Foreign Affairs, said selectivity, punitive practices, and double standards contribute to the manipulation of human rights against the South, which leads to distrust in the Council. Many other nations echoed his thoughts.

At the Seventy-Seventh session, 24th and 25th meetings of the United Nations General Assembly, expressing his concern, Gerardo Pineda Portia, Cuba's Deputy Minister for Foreign Affairs, said selectivity, punitive practices, and double standards contribute to the manipulation of human rights against the South, which leads to distrust in the Council. Many other nations echoed his thoughts.

Furthermore, the council's intervention in developing countries is often motivated by political interests and ulterior motives, rather than a genuine commitment to improving human rights. Developed nations frequently exploit the council as a tool to further their geopolitical agendas, selectively targeting specific countries while turning a blind eye to others with a similar or worse human rights record. This selective approach is a clear manifestation of the power dynamics at play with

in the council, favouring influential nations over the weaker ones. At the Seventy-Eighth Session, 24th and 25th meetings of the United Nations General Assembly, the Third Committee (Social, Humanitarian and Cultural) approved six resolutions, including on the human rights situations in Ukraine, Syria, Iran, Myanmar and the Democratic People's Republic of Korea. At the outset, Azerbaijan's delegate, on behalf of the Islamic Alliance Movement, expressed deep concern over the selective adoption of country-specific resolutions in the Committee and Human Rights Council. This practice exploits human rights for political purposes and breaches principles of universality, impartiality and objectivity, she said.

The unfair treatment in the Human Rights Council's approach towards developing countries is a troubling phenomenon that threatens the council's credibility and undermines the quest for universal human rights.

Sri Lanka is being unfairly targeted by the UNHRC. Its case? Debating a terrorist group to protect the lives and property of the people!

The war against the LTTE was not started by the Sri Lanka government. It had no option but to take appropriate action against terrorism that the LTTE unleashed on the people and public institutions. It never gave up on reaching a negotiated settlement and held several peace talks and worked into peace agreements. These initiatives were utilised by the LTTE to access weapons and prepare to wage an all-out war with the intention of carrying out a separate state, though otherwise solutions that aimed to address the Tamil problems were on offer.

The situation came to a head when the LTTE denied water to 40000 farmers trapped in the Eastern Province and forced the government to go for a military defeat of the LTTE which it achieved in 2009. The western powers, which had been indirectly helping the LTTE, tried hard to stop the war and save the terrorists. The US and Europe have different policies regarding different terrorists, for instance the 9/11 bomb tower attack, resulted in immediate bombing and occupation of several sovereign nations, while the complete wiping out of terrorists in Sri Lanka has evaded the wrath of these powers and consequently they manipulate the UNHRC to bound the armed forces and leaders who were responsible for defeating the most heinous terrorists in the world.

Continued on page 8



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To empower students with theoretical and clinical knowledge on the best management practices of Asthma and COPD.

Course fee  
**Rs.50,000/-**  
Duration 8 months

### Academic Partners

CRF - Chest Research Foundation  
NH - Narayan Health  
PHFI - Public Health Foundation of India

### Eligibility Criteria

MBBS/RMO with SLMC registration



## Certificate Course in Management of COPD & ASTHMA

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# SYNDROME Z

With these metabolic features coexistence of OSA called as -

## METABOLIC SYNDROME



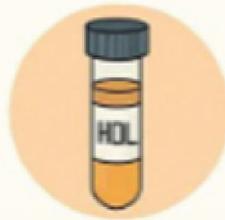
Abdominal obesity



Hypertension



Elevated triglycerides



Low HDL cholesterol

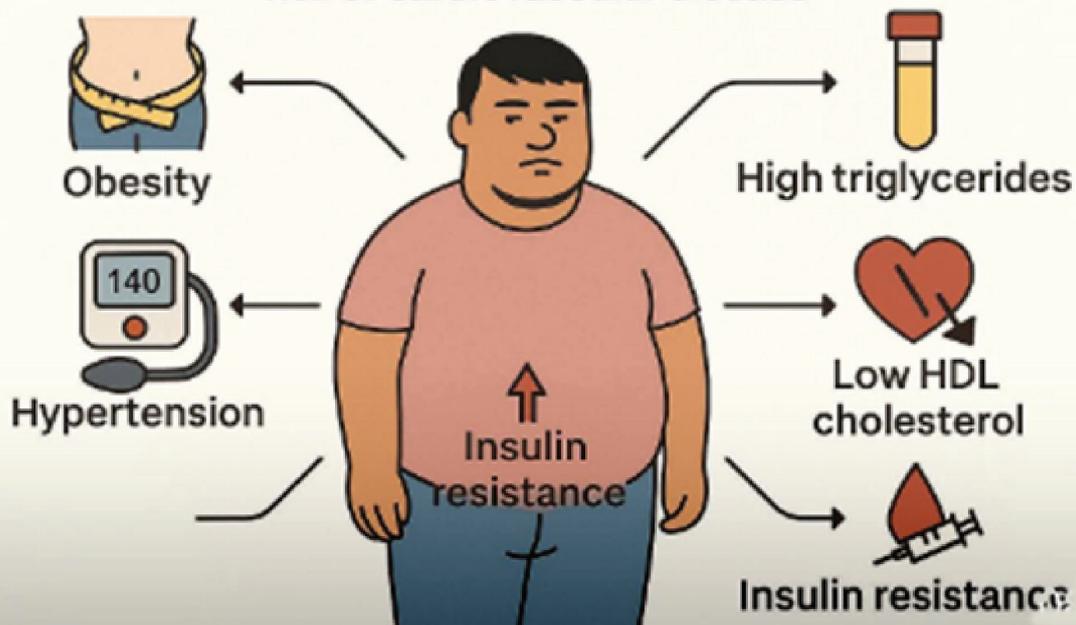


High blood glucose

With these metabolic features coexistence of OSA called as - **SYNDROME Z**

## Metabolic Syndrome

A cluster of conditions associated with increased risk of cardiovascular disease



# Advances in cardiovascular, metabolic & renal diseases

6th & 7th November 2025 - Cinnamon Life, Colombo | Sri Lanka



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## SPEAKERS



**Prof. Amanda Henry**  
Program Head - Women's Health,  
The George Institute for Global Health  
Professor of Obstetrics,  
University of New South Wales, Australia



**Prof. Anthony Rodgers**  
Professor of Kidney Health,  
Faculty of Medicine, University of New  
South Wales, Australia  
Chair of Disease Epidemiology,  
Faculty of Medicine, Imperial College  
London, United Kingdom



**Dr. Ashta de Silva**  
Founder / Executive Director  
Disease Health, Sri Lanka



**Prof. Bruce Neal**  
Professor of Medicine,  
University of New South Wales, Australia  
Professor of Clinical Epidemiology,  
Imperial College London, United Kingdom



**Dr. Carmen Teh Sri Lin**  
Director,  
Institute for Clinical Research,  
National Institute of Health, Malaysia



**Prof. Dossing Prabhakaran**  
Director,  
Centre for Chronic Disease Control, India  
President elect,  
World Heart Federation



**Prof. Felix Zannad**  
Professor of the Heart - Card steps,  
University of Orleans, France



**Prof. Manjula Sahay**  
Professor and Head,  
Department of Medicine,  
Ganga General Hospital & Ganga  
Medical College, India



**Prof. Mark Huffman**  
Professor of Medicine, Cardiology,  
Ch Director, General Heart Center,  
Washington University,  
St. Louis, USA



**Prof. Nasirina Karamdeen**  
Professor of Community Law,  
University of Colombo,  
Sri Lanka



**Prof. Nikhil Tandon**  
Professor and Head,  
Department of Endocrinology,  
All India Institute of Medical Sciences,  
New Delhi, India



**Prof. Nitish Nair**  
Professor of Cardiology,  
All India Institute of Medical Sciences,  
New Delhi, India



**Dr. Nirudhita Devasenapathy**  
Program Head,  
Academic Clinical Trials Unit,  
The George Institute for Global Health,  
India



**Prof. Otavio Berwanger**  
Lina Wei Sheng,  
The George Institute for Global Health  
Professor of Clinical Trials,  
Imperial College London, United Kingdom



**Prof. Shamini Prathapan**  
Professor of Community Pharmacy,  
Faculty of Medicine,  
University of Colombo, Sri Lanka



**Dr. Vasavi Moorthy**  
Senior Academic Physician  
Efficacy & Biomarkers Physician  
Organisation



**Dr. Vireb Kumar**  
Associate Professor of Cardiology,  
Programme Director of Medical  
Education and Research,  
India

## AGENDA - Day 01

- 6TH November 2025 | 9.00 AM to 04.30 PM -

### WELCOME NOTE

Ashta de Silva (SL, Sri Lanka)  
Anushka Patel (TGI / UNSW, Australia)

### OPENING PLENARIES

1. **Addressing the global burden of cardio-metabolic and renal diseases**  
- Mark Huffman (WashU, USA)
2. **Global warming and CVD - Dossing Prabhakaran (CCDC, India)**
3. **WHO global clinical trials initiatives - moving from resolution to action**  
- Vasavi Moorthy (IIMD, Geneva)

### GUEST LECTURE

Just conversations for a healthier ocean and social equity - Ashta de Silva

### TEA

### SYMPOSIUM 1 :

Metabolic & renal disease

1. **Adolescent obesity and mid-life cardio-metabolic risk**  
- Nikhil Tandon (AIIMS, India)
2. **Preventing chronic kidney disease and maintaining kidney health**  
- Manjula Sahay (IIMC, India)
3. **T2DM and risk of CVD - Bruce Neal (TGI / UNSW, Australia)**
4. **Gestational diabetes & risk of T2DM - Anushka Patel (TGI / UNSW, Australia)**

### LUNCH

### PANEL DISCUSSION 1

Diversity and equity in clinical trials

Moderator: Ashta de Silva &  
Vasavi Moorthy

### Speakers:

Vasavi Moorthy (IIMD, Geneva), Felix Zannad (UL, France), Carmen Teh Sri Lin (ICR, Malaysia), Otavio Berwanger (TGI / Imperial College, UK),  
Dossing Prabhakaran (CCDC, India), Nasirina Karamdeen (IIC, Sri Lanka)

### SYMPOSIUM 2

Hypertension

1. **Evidence-based guidelines - how to make them work**  
- Otavio Berwanger (TGI / Imperial College, UK)
2. **Single pill combination drug therapy to improve BP control**  
- Anthony Rodgers (TGI / UNSW, Australia)

### GUEST LECTURE

Titrate & tribulations: journey of a heart failure trialist - Felix Zannad (UL, France)

## AGENDA - Day 02

- 7TH November 2025 | 9.00 AM to 04.30 PM -

### GUEST LECTURE

Risk is not destiny: re-shaping peripartum care to prevent chronic disease  
- Amanda Henry (TGI / UNSW, Australia)

### SYMPOSIUM 3

Advances in clinical treatment  
strategies

1. **SG(T2) and GIP-1 receptor agonists - game changers in treating metabolic disease** - Nikhil Tandon (AIIMS, India)
2. **ICM - evidence from TRIDENT** - Anthony Rodgers (TGI / UNSW, Australia)
3. **Androgenic blockade in end-stage renal disease** - Vireb Kumar (IIMD, India)

### TEA

### PANEL DISCUSSION 2

Ethics and regulation of clinical trials -  
Challenges for regional / global studies

Moderator: Ashta de Silva

### Speakers:

Ashta de Silva (SL, Sri Lanka), Vasavi Moorthy (IIMD, Geneva),  
Carmen Teh Sri Lin (ICR, Malaysia), Shamini Prathapan (USP, Sri Lanka),  
Nasirina Karamdeen (IIC, Sri Lanka)

### LUNCH

### SYMPOSIUM 4

Heart failure -  
Enhancing GDMT & outcomes

1. **Innovations in heart failure - the case for polypharmacy** - Mark Huffman (WashU, USA)
2. **RRigging the aldosterone & mineralocorticoid receptor pathways in heart failure**  
- Felix Zannad (UL, France)
3. **Repurposing and novel drug therapies in heart failure** - Nitish Nair (AIIMS, India)

### SYMPOSIUM 5

Future directions in MCD clinical  
trials in South Asia

1. **Population level interventions: evidence from SALT** - Bruce Neal  
(TGI / UNSW, Australia)
2. **CVD prevention in primary care with SMART health** - Anushka Patel  
(TGI / UNSW, Australia)
3. **Building capacity for a South Asia research alliance** - Nirudhita Devasenapathy  
(TGI, India)

### CLOSING REMARKS

Ashta de Silva (SL, Sri Lanka)  
Anushka Patel (TGI / UNSW, Australia)

## CONFERENCE CO-CHAIRS



**Prof. Ashta de Silva**  
Senior Professor of Postgraduate,  
University of Kelaniya, Sri Lanka  
Director,  
Clinical Trials Unit, Faculty of Medicine,  
University of Kelaniya, Sri Lanka



**Prof. Anushka Patel**  
Chief Executive Officer,  
The George Institute for Global Health  
Co-chair, Biomarkers Professor,  
Faculty of Medicine,  
University of New South Wales, Australia

# Acute Appendicitis

## Epidemiology

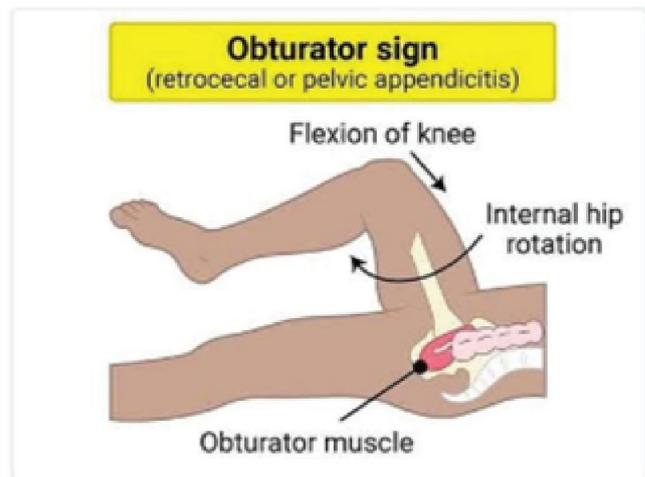
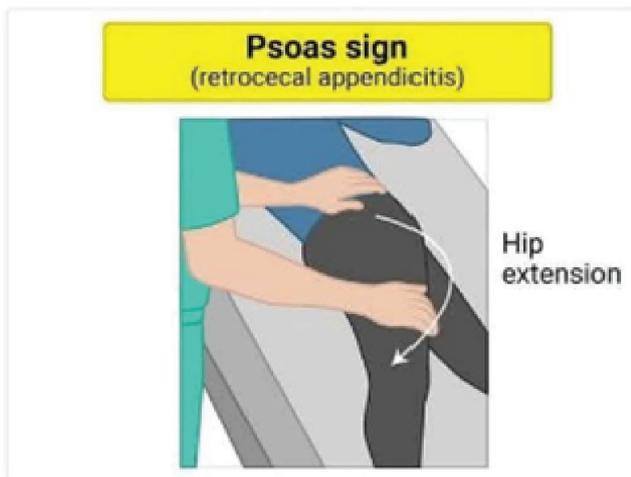
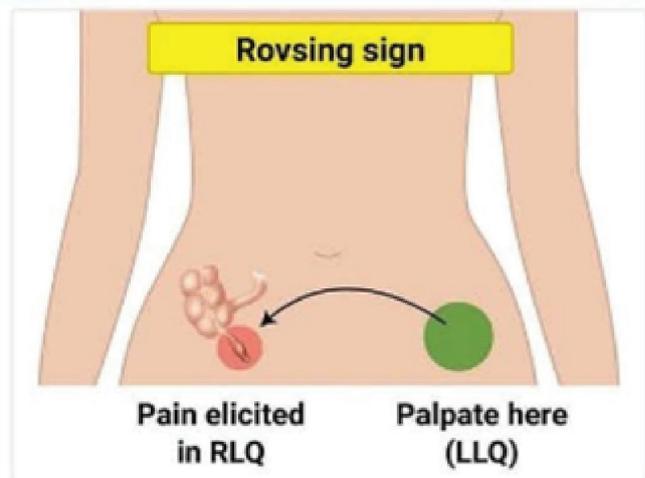
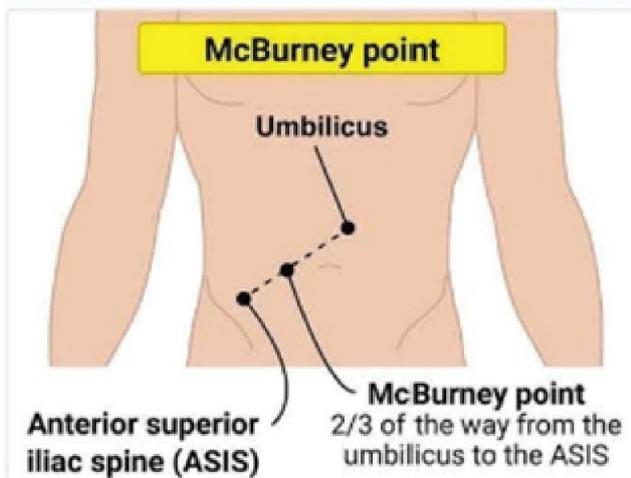
- Most common in 10- to 19-year-old group
- More common in boys and men

## Clinical

- Right lower quadrant abdominal pain
- Anorexia
- Nausea and vomiting
- Periumbilical pain that migrates to RLQ
- Fever

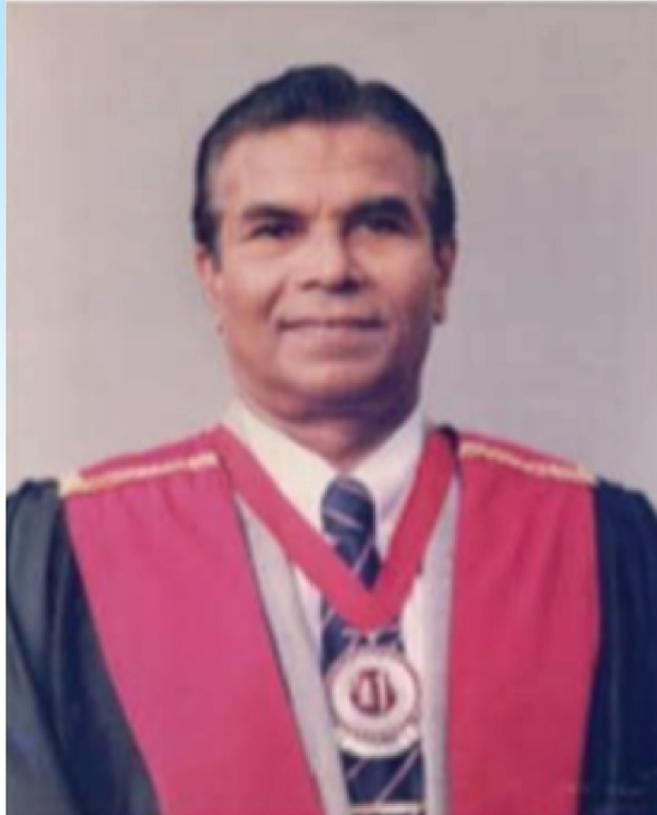
## Atypical features

- Dyspepsia
- Flatulence
- Bowel irregularity
- Diarrhea
- Generalized malaise



## Management

- Appendectomy
- Antibiotics only (reserved for cases of nonperforated, uncomplicated appendicitis)



### **Dr Nanda Amarasekara**

With deep sorrow, we announce the passing of Dr Nanda Amarasekara a distinguished physician a respected leader in medical education and clinical excellence and an active member of IMPA.

The President, the council and the members of IMPA extend their heartfelt condolences to his family and loved ones. His memory will remain in our hearts.

May he attain the supreme bliss of Nibbana.



***Heartiest Congratulations*** and Good wishes from the ***IMPA President, Council and the Members*** to Dr Preethi Wijegoonewardene for winning the award of “5 star Doctor” by WONCA



**Paracetol** (Paracetamol Tablets BP 500 mg  
10x10 & Oral Solution BP 120mg/5ml 100 ml)



**EmpaMor** (Empagliflozin  
Tablets 10 mg & 25 mg 10x3)



**Salmor** (Salbutamol Oral  
Solution BP 2 mg/5 ml 100 ml)



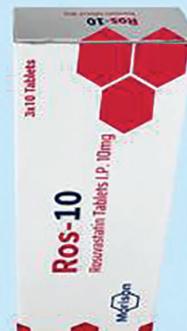
**CilniMor** (Cilnidipine  
Tablets IP 5 mg & 10 mg 10x3)



**BisoMor** (Bisoprolol  
Tablets BP 2.5 mg & 5 mg 10x3)



**RivoMor** (Rivaroxaban  
Tablets 10 mg & 20 mg 10x3)



**Ros-10** (Rosuvastatin  
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**MorSartan** (Losartan  
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