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 எனது இல. }
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MEDICAL SUPPLIES DIVISION

(Department of Health Services)

අංක 357, පද්මනාභ විමලසිංහ මාවත, කොළඹ 10, ශ්‍රී ලංකාව.
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දිනය/திகதி/Data : 08.08.2026

DDG - National Hospital of Sri Lanka, Colombo
 DDG - National Hospital, Kandy & Galle
 Provincial Directors of Health Services
 Regional Directors of Health Services
 Directors of Teaching Hospitals
 Directors of Provincial General Hospitals
 Directors of District General Hospitals
 Directors of Specialized Campaigns
 Medical Superintendents of Base Hospitals
 DMOs /MOICs Divisional Hospitals
 Heads of all other hospitals/primary care units/institutions

Annual Forecasts/Estimates for Medical Supplies -2027

1. A module of the forecasting/Estimation in SWASTHA system for medical supplies has been released to obtain annual requirements from your institution for the year 2027. As per the decision taken by the Ministry of Health considering the financial limitations, Priority Lists for pharmaceuticals, surgical consumables and some non consumable categories have been finalized with the concurrence from relevant colleges and this module is released based on these priority lists. However, all the laboratory items are priority items. You are hereby informed to convey these new changes to relevant parties before commencing the forecasting process to avoid disturbances in expiating.
2. The onsite and online demonstrating /awareness programs for the forecasting/estimating of medical supplies for year 2027 already have been held in addition to the given instructions in the chapter 04 of Manual on Management of Drugs - 2008 (second revision) and the circulars that have already been sent to you.
3. All the functionalities in SWASTHA, including the ordering system and distribution system, are designed based on annual requirement statistics of end user institutions, captured through the annual forecasting/estimation process by MSD. It is compulsory to make realistic estimates/forecasts by each and every institution to perform good supply chain management for medical supplies nationally. Therefore, you are informed to make sufficient arrangements (holding the special DTC meetings, circulating an internal document explaining the importance of the same task to aware the relevant consultants and other stakeholders to forward their inputs, giving optimum facilities to the officers carried out the task, etc.) to make realistic forecast/estimate of medical supplies for year 2027.

4. Estimating/forecasting of the annual requirement for the 2027, all the SWASTHA users are supposed to forward only the forecasted annual requirements for each item without consideration of the institutional stock availability as indicated in SWASTHA, which is consolidated by MSD to arrive at the National Forecast Requirement (NFR). Therefore, all the institutions using SWASTHA shall not deduct the on-hand stock when deriving the institutional annual forecasted requirement fed into the SWASTHA, as instructed in the training sessions.

In the above process, if any institution deducts its' on-hand stock can be viewed in the system, from the forecasted annual requirement or decides not to include the annual requirement (forecasted) considering the availability of sufficient stock, it creates **an error** due to duplication of the deduction of on-hand stock, in deriving National Requirement by MSD. All the issues/distributions originated by MSD for the year 2027 will be based on the balance annual requirement to be supplied to the institutions or RMSDs.

5. When estimating/forecasting of the monthly requirement, all the available data such as consumption of the previous years with the availability, institutional bed strength, OPD & clinical attendance, new specialties, out of stocks situation, impact of the quality failures, alternatives used in previous years, whether used the different dosage forms or strength due to non-availability, trends in usage, number of surgeries performed last years (specially for complementary surgical items)etc. should be considered.

6. In the preparation **of estimation of the surgical non consumables following instructions are instructed to follow.**

- 6.1. Surgical non-consumables are types of small scale equipment that can be used for a number of years and basically for which have no expiry date. Since the many items are made of specific metals the item value is considerably higher than the other medical supplies. In terms of effectively handling limited budgetary allocation, you are thoroughly advised to adhere to the following leading you to correct estimations and any action to be taken in the preparation of a realistic estimation in institutional level is recommended.

- 6.2. Identifying the annual requirement for medical supplies (specially the surgical non consumables) by conducting a special DTC meeting with relevant stake holders/meeting with the relevant consultant/s is a responsibility of the head of the respective institution/authorities.

- 6.3. Conducting a survey at the institutional level to collect the information of usable stocks of surgical non consumables in the wards, theaters, units, etc of the institution is expected from the head of the respective institution/authority.

- 6.4. If the annual institutional demand for a particular surgical non-consumables which has been identified at DTC is **A** and the available usable stock of the same found in the survey is **B**, the estimation/forecast of the same item may be determined/calculated as follows.

1. if $A = B$ no need to estimate/forecast.

2. if $A > B$ the subtract/difference is the estimate/forecast.

3. if $A < B$ the no need to estimate and the subtract/difference is required to upload as the transferable stock in the column of “on hand stock”.

7. The full/partial quantities of surgical non consumables except the item categories of which SR, starting from (201,202,203,204,205,206,207,208,223 & 229) have been already estimated by the institutions in the previous years from the year 2025 upwards shall at any time can be received by the institutions.
8. Entire quantity of surgical non consumables except the item categories of which SR, starting from (212) to be estimated, shall be delivered to you at any time in the due course of the supply chain process (whenever at the completion of the procurement) and shall be responsible to accept the same unless otherwise if for any cancellations /amendments for the estimated quantity have not been informed MSD in time which is sufficient to adjust the supplies accordingly.
9. All heads of the institutions are instructed to make sufficient arrangements to update the system records on time since these data are very useful/ important in decision making in supply chain management.
10. Except in the acceptable issues by SPC in accordance with the continuous supply, no supplementary requests for any medical supply is entertained by MSD, within the first nine months of the year unless otherwise if the same requirement has not been justified by the head of the respective institution/authority in special circumstances. (6,7,8 To be included)
11. The Divisional Pharmacist is responsible for managing the separate drug warehouse under the RDHS office, estimating needs, and distributing higher-level items required by lower-level institutions.

Active participation of all the parties involved in this national task are expected and highly appreciated.



Dr. Dedunu Dias
Director

Medical Supplies Division

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