

## Sri Lanka



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Sri Lanka is an island in the Indian Ocean with an area of 65 610 km<sup>2</sup>. Most of the population (around 69%) are Buddhist; ethnically, most are Sinhalese (around 74%) and the largest minority group is Tamil (around 8.5%). Sri Lanka is among the wealthier countries in the region but pockets of poverty persist, particularly in the estate sector in and around the central highlands. The economy is market-oriented, with manufacturing capacity taking over from former dependence on agriculture. Two decades of civil war destroyed infrastructure and impeded socioeconomic development in the north and east but since the 2002 ceasefire, reconstruction has been undertaken. Sri Lanka is prone to natural disasters - landslides and floods in 2003, droughts in 2002-04, and the tsunami in December 2004 which devastated the major portion of the coastal belt.

### HEALTH & DEVELOPMENT

**The general health status of the population is good.** Health is a long-standing Government priority and the United Nations (UN) Millennium Development Goals (MDGs) have been attained nationwide although there are still regional disparities. Demographic and epidemiological transition is taking place, bringing changes in health priorities and challenges for the health system. The Health Ministry (now Ministry of Healthcare and Nutrition, MHN) redefined its strategic direction in a National Health Policy document in 1996, which formed the basis for the Health Sector Master Plan in 2002 and the *Strategic Framework for Health Development in Sri Lanka* in 2003.

**Sri Lanka has an extensive network of public health clinics and hospitals.** Most people live within 5 km of a health facility. However, decentralization is incomplete, with excessive reliance on tertiary and secondary level hospitals and under-utilization of primary care facilities which often lack staff and service quality. Information systems and laboratory services are poorly developed and quality control for pharmaceuticals remains to be addressed. There is a shortage of nurses and paramedical personnel and concentration of medical staff in urban centres. Health care is provided free of charge: this is becoming difficult to sustain.

**Communicable diseases are still important causes of morbidity and mortality,** notably malaria, tuberculosis, dengue, Japanese encephalitis, diarrhoeal diseases and acute respiratory infections. Tuberculosis has a high incidence in and around Colombo and malaria is still prevalent in a few districts in North Central and Eastern provinces. The incidence of vaccine-preventable and vector-borne diseases has been greatly reduced but regional variations persist. Sri Lanka is a low prevalence country for HIV/AIDS.

**Noncommunicable diseases have increased,** particularly cardiovascular and cerebrovascular diseases, cancers, diabetes, and tobacco, alcohol and substance abuse; pesticide poisoning is a long term problem. Mental health disorders are common and Sri Lanka has a particularly high suicide rate (around 6000 per year). Injuries, including traffic accidents, are a major cause of hospital admissions. Malnutrition is prevalent in children in disadvantaged population groups.

**The tsunami in December 2004** caused more than 31 000 deaths, destroyed 92 health facilities and displaced about 850 000 people. Infrastructure is now being reconstructed in the affected areas.

Total population (2005) <sup>1</sup>	20 743 000
% under 15 (2005) <sup>1</sup>	24
Population distribution % rural (2005) <sup>1</sup>	79
Life expectancy at birth (2004) <sup>2</sup>	71
Under-5 mortality rate per 1000 (2004) <sup>2</sup>	14
Maternal mortality ratio per 100 000 live births (2000) <sup>3</sup>	92
Total expenditure on health % GDP (2004) <sup>4</sup>	3.6
General government expenditure on health as % of general government expenditure (2004) <sup>4</sup>	7
Human Development Index Rank, out of 177 countries (2003) <sup>5</sup>	93
Gross National Income (GNI) per capita US\$ (2004) <sup>6</sup>	1010
Population living below national poverty line % (1990-2002) <sup>5</sup>	25
Adult (15+) literacy rate (2003) <sup>5</sup>	90.4
% population with sustainable access to an improved water source (2002) <sup>5</sup>	78
% population with sustainable access to improved sanitation (2002) <sup>5</sup>	91

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Government's strong commitment to health; Strategic Framework for Health Development in Sri Lanka 2003 addresses changing needs, priority activities and reduction of inequalities</li> <li>Poverty Reduction Strategy Paper developed in 2002</li> <li>MDGs have been achieved at national level</li> <li>Nationwide network of health facilities; healthcare provided free of charge.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening the stewardship role of the MHN</li> <li>Meeting the rising costs of healthcare</li> <li>Reduction of regional disparities in disease burden and access to health care; improving skill-mix of medical personnel</li> <li>Improving use of primary care facilities</li> <li>Strengthening of information systems, laboratory services, mental health services</li> <li>Addressing environmental factors with important public health impact</li> <li>Coordination of public and private healthcare providers.</li> </ul>

**Sources:**

<sup>1</sup> United Nations Population Division

<sup>2</sup> World Health Report 2006

<sup>3</sup> World Health Report 2005

<sup>4</sup> WHO data on National Health Accounts

<sup>5</sup> Human Development Report 2005

<sup>6</sup> World Development Indicators 2005 (World Bank)

## PARTNERS

Increased donor investment in health followed the 2002 ceasefire; in 2003, external funding contributed 5.4% of public health expenditure. Post-tsunami assistance brought greatly increased funding for reconstruction and this is expected to continue at a reduced level for several years.

Japan is the main bilateral donor to Sri Lanka, (US\$ 3.7 million in 2003) supporting policy development, health service delivery, and provision of medical equipment. Australia, through UNICEF, supports provision of nutritional supplements for children. Austria and Finland support the building and rehabilitation of hospitals.

The Japan Bank for International Cooperation (JBIC) and the World Bank provide loans for health sector development, HIV/AIDS prevention, services for vulnerable groups, strengthening management capacity, and improvement of the blood safety programme. Several UN agencies are involved in the health sector and emergency relief and rehabilitation (FAO, ILO, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO). The Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) support the two largest global health initiatives (total US\$ 3.8 million in 2003); the GFTAM funds total US\$ 15 million for 5 years. FIDELIS supports the strengthening of the directly observed treatment, short-course (DOTS) programme for tuberculosis. Many nongovernmental organizations (NGOs) work in Sri Lanka and NGO activity increased greatly following the tsunami.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The work of UN agencies is coordinated through the UN Development Assistance Framework (UNDAF)</li> <li>• The Intersectoral country coordination mechanism (CCM) succeeded in mobilizing GFATM funds</li> <li>• Involvement in global health initiatives</li> <li>• Increased donor investment following ceasefire (2002) and tsunami (2004).</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of donor and NGO activities for emergency relief and reconstruction</li> <li>• Coordination and optimal use of post-tsunami relief funds to fill gaps and ensure sustainability of projects</li> <li>• Institutional development for environmental health and consumer protection.</li> </ul>

## WHO STRATEGIC AGENDA (2006-2011)

WHO's mission in Sri Lanka is to assist the Government to address the changing health needs of the country during demographic and epidemiological transition, supporting the adoption of a wider approach to health and promoting equitable access to health care.

WHO Country Cooperation Strategy in Sri Lanka is a medium-term strategic framework for cooperation between the Government and WHO, focusing on six strategic areas of intervention which are consistent with the needs of the country and will support the Government to adapt and strengthen the health system.

- **Health system.** Enhance fairness and financial risk protection in health care and optimal use of resources; enhance management and quality in delivery of services and interventions.
- **Human resources for health.** Rationalize the development and management of human resources; support pre-service and continuing education in clinical, public health and management competencies; strengthen the regulatory framework to ensure quality of performance of health staff.
- **Communicable diseases.** Strengthen surveillance system for existing, emerging and re-emerging diseases; address priority communicable disease programmes; coordinate action for pandemic preparedness.
- **Noncommunicable diseases and mental health.** Support prevention and control of major noncommunicable diseases (NCDs), mental health disorders and related priorities; promote integrated and cost effective approaches for prevention and management of major NCDs; support surveillance of NCD risk factors and their determinants.
- **Child, adolescent and reproductive health.** Reorient the existing maternal and child health services by inclusion of a package of services and interventions for child, adolescent and reproductive health and nutrition using a lifecycle approach.
- **Emergency preparedness and response.** Strengthen and communicate information for emergency preparedness, response and dissemination; contribute to networks for coordinated preparedness and crisis management; continue to address health and rehabilitation in post-tsunami and post-conflict areas; institutionalize the Emergency Preparedness and Response programme within the health sector.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/lka/en/>

WHO's Department for Health Action in Crises country page <http://who.int/hac/crises/lka/en/>

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