Sri Lanka has many achievements in the health sector and is showcased as a model for developing countries. The government’s commitment to health and education is commendable. However, demographic and epidemiologic transitions now pose a new challenge which calls for the reform of the primary healthcare model of the country. Sri Lanka has an extensive network of public health units and hospitals spread across the island. Hospitals in general are well staffed and equipped to meet the growing curative health demands of the community. However, the emphasis on public health interventions needs revitalizing. Although significant achievements have been made in nearly eradicating/eliminating vaccine-preventable diseases such as leprosy, malaria, Japanese encephalitis, congenital syphils, neonatal tetanus, and lym phatic filariasis, diseases such as dengue and some of the neglected tropical diseases such as leptospirosis continue to be a threat. Noncommunicable diseases are on the increase, particularly the burden of cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which account for about 70% of deaths in the country. Traumatic injuries continue to be the leading cause of hospitalization. The government has however made significant progress in curbing tobacco use by the ban of smoking in public spaces, increasing the tax levied on cigarettes and implementing other measures. Mental health services expansion is a priority of the MOH, particularly among those in post-conflict areas. The end of the long conflict in the North and Eastern Provinces in Sri Lanka has brought the need to rebuild the health system in these areas. However, recovery of the health system in these areas is challenging. Responding to the immediate health needs of the resettled population while also looking at the long-term recovery of the health system is important.

### HEALTH POLICIES AND SYSTEMS

The strong commitment of the national government to health and its sustained efforts to achieve the health-related targets envisaged in the UN Millennium Development Goals (MDGs) is reflected in the Health Sector Master Plan 2007–2016 based on the "Strategic Framework for Health Development". The increasing emphasis on the achievement of the equitable health outcomes was another significant cornerstone of the national health development process and a key component of health plans.

Sri Lanka’s main development challenges, as emphasized in the new government national policy framework, are to accelerate growth through increased investment in infrastructure, achieve more equitable development through assistance to the lagging regions, and strengthen public services delivery to ensure quality and performance of services to meet development needs. There is also a significant need for developing the North and the East of the country which suffered in great measure from the civil conflicts and inadequate investment over a considerable period of time. At the same time, the government faces the challenge of stabilizing the economy by reducing inflation and the fiscal deficit while aiming at a higher growth over a sustained period of time.

Sri Lanka is experiencing an epidemiological transition. Currently, national NCD prevention and control efforts are within the jurisdiction of the Directorates for Cancer Control and NCDs. A major achievement has been the NCD Policy and Strategic Framework and multi-sectoral action plan for NCD which is in place. Policy development, planning, and assessments are coordinated at the central level and implementation is carried out at decentralized level.

Sri Lanka was the first country in the Region to ratify the WHO Framework Convention on Tobacco Control (FCTC). The National Authority on Tobacco and Alcohol Act No 27 of 2006 on tobacco control and the Framework for Health Development. The increasing emphasis on the achievement of the equitable health outcomes was another significant cornerstone of the national health development process and a key component of health plans.

### Cooperations for Health

A multitude of international partners are active in the health sector in Sri Lanka, including UN agencies (ILO, IOM, UNDP, UNFPA, UNICEF, WFP and WHO), international NGOs, multi-lateral and bi-lateral organizations (World Bank, ADB, JICA, AusAID, USAID etc.). Both Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance are contributors to the health sector, complemented by other global health initiatives. Although external funding is relatively small compared to the national health budget, its value-added benefits are recognized by the government, mainly by providing technical support and sharing expertise, international lessons, good practices, ideas and innovations, policy options, pilots and demonstration projects, standards and operational guidelines.

### Sources of data:

Global Health Observatory May 2016
http://apps.who.int/gho/data/node/doc.coe

### Health situation

Sri Lanka has many achievements in the health sector and is showcased as a model for developing countries. The government’s commitment to health and education is commendable. However, demographic and epidemiologic transitions now pose a new challenge which calls for the reform of the primary healthcare model of the country. Sri Lanka has an extensive network of public health units and hospitals spread across the island. Hospitals in general are well staffed and equipped to meet the growing curative health demands of the community. However, the emphasis on public health interventions needs revitalizing. Although significant achievements have been made in nearly eradicating/eliminating vaccine-preventable diseases such as leprosy, malaria, Japanese encephalitis, congenital syphils, neonatal tetanus, and lymphatic filariasis, diseases such as dengue and some of the neglected tropical diseases such as leptospirosis continue to be a threat. Noncommunicable diseases are on the increase, particularly the burden of cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which account for about 70% of deaths in the country. Traumatic injuries continue to be the leading cause of hospitalization. The government has however made significant progress in curbing tobacco use by the ban of smoking in public spaces, increasing the tax levied on cigarettes and implementing other measures. Mental health services expansion is a priority of the MOH, particularly among those in post-conflict areas. The end of the long conflict in the North and Eastern Provinces in Sri Lanka has brought the need to rebuild the health system in these areas. However, recovery of the health system in these areas is challenging. Responding to the immediate health needs of the resettled population while also looking at the long-term recovery of the health system is important.
## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2017)

<table>
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Health Systems  
Contribute to the strengthening of the health system to further develop capacity for policy development, planning and improved service delivery | - To revitalize primary health care, keeping in mind the socio-demographic and epidemiological transitions.  
- To further ensure universal access by retaining the free health system through an increase in the health budget and a decrease in out-of-pocket expenses, to be achieved by strengthening health care financing.  
- To strengthen the health information system and research capacity for effective decision-making at all levels.  
- To ensure an equitable and efficient health workforce.  
- To support need-based public health training and creating an efficient health workforce.  
- To ensure equitable access to good quality medical products and technologies both in the public and private sectors. |
| **STRATEGIC PRIORITY 2:** Communicable Diseases  
Enhance country capacity in prevention, control and elimination of communicable diseases, and prevention and control of pandemics and disease outbreaks. | - To strengthen communicable disease surveillance for prevention and timely control of disease outbreaks.  
- To enhance the capacity of the health workforce to achieve a reduction of morbidity and mortality due to priority communicable diseases. |
| **STRATEGIC PRIORITY 3:** Noncommunicable Diseases, Injuries and Mental Health | - To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases including injuries.  
- To support the Government of Sri Lanka in the development of effective and holistic decentralized mental health services, in line with the National Mental Health Policy. |
| **STRATEGIC PRIORITY 4:** Maternal, Child and Adolescent Health, including Nutrition and Food Safety | - To sustain and expand the existing maternal, child and adolescent health services, including nutrition and reproductive health programmes, by supporting the addition of new evidence-based interventions and approaches through effective policies, plans, strategies, and periodic monitoring and programme evaluation.  
- To address issues of food safety and nutritional problems among pregnant women and under-five children and other vulnerable groups.  
- To strengthen the health sector response to gender and gender-related issues. |
| **STRATEGIC PRIORITY 5:** Emergency Preparedness and Response | - To support and strengthen the capacity of the health sector for disaster risk management (DRM) and build an evidence-base to guide the strengthening of DRM in the health sector.  
- To continue addressing the health and rehabilitation needs of those in the areas that were affected by conflict and to integrate recovery efforts with the longer-term health system development. |
| **STRATEGIC PRIORITY 6:** Enhanced Partnerships and Resource Mobilization for Health | - To help the MOH to coordinate and collaborate with all health stakeholders  
- To mobilize resources for addressing health priorities. |