Sri Lanka

The Present Context

Sri Lanka ranks 96th on the UNDP Human Development Index scale. The Country is a success story resulting from long-term emphasis on equity and social justice. Despite a modest GNP of $856 per capita in 2000, the 19.3 million inhabitants enjoy comparably high social and health standards. Life expectancy at birth is 73 years, considerably above the world average, and literacy rate is equally high: 90%.

The 19-year civil war between the Liberation Tigers of Tamil Eelam (LTTE) and the Government has resulted in the death of over 60,000 people. Over 2.5 million persons are affected by the conflict, of whom about 800,000 have been displaced. The beginning of peace negotiations has given rise to new challenges and opportunities on the humanitarian front and access has become easier except in high security zones. Since 2003, over 180,000 Internally Displaced Persons (IDPs) have returned to their places of origin. Sri Lanka was severely affected by the earthquake, ranking 8.9 in the Richter scale, and consequent tsunami that struck the region on 26 December 2004.

Millennium Development Goals in Sri Lanka

<table>
<thead>
<tr>
<th>Eradicate extreme poverty &amp; hunger</th>
<th>Achieve universal primary education</th>
<th>Promote gender equality</th>
<th>Reduce child mortality</th>
<th>Improve maternal health</th>
<th>Combat HIV/AIDS, malaria etc.</th>
<th>Ensure environmental sustainability</th>
<th>Global partnership for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>On track</td>
<td>On track/ Achieved</td>
<td>On track</td>
<td>...</td>
<td>...</td>
<td>Achieved</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.


Main Public Health Issues and Concerns

Health status

- Trends indicate a demographic transition. With the increase in life expectancy and the steady decline in fertility (2.0 in 2000), Sri Lanka is aging rapidly. It is projected that by 2020, 20% of Sri Lanka's population will have reached age 60 or over. Mortality rate, currently at 5.7 per 1,000 population (CDR in 2000), has been declining since independence.
- In 2002, infant and under-five mortality rates were 17/1,000 and 19/1,000 respectively, the lowest rates in the WHO South-east Asia Region. Sri Lanka has eradicated smallpox and achieved Universal Child Immunization. It is now well on the way to polio eradication.
- Sri Lanka is also in an epidemiological transition. Malaria, tuberculosis, dengue, Japanese encephalitis, diarrhoea and acute respiratory infections are still prevalent, but cardiovascular and cerebrovascular diseases, diabetes, and cancer are also emerging. Tobacco, substance and alcohol abuse have also increased in magnitude over the past two decades.
- The disease burden of malaria and diarrhoea are at a premium among IDPs and those living in the uncleared areas in the North-East.

Disclaimer
The emergency country profiles are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delineation of its frontiers or boundaries.
• An estimated 3,500 adults currently live with AIDS, for a prevalence of 0.1%. Since 1992, the HIV infections among women have shown an upward trend.

• The nutritional status of children has not significantly improved over the years. Health Survey 2000 reported that 29.4% of children under five were underweight and 13.5% stunted. Malnutrition exists among disadvantaged populations of difficult access in parts of the North and the East.

• In 2000, maternal mortality rate was between 59.6 and 92/100,000 live births. Ninety-seven percent of pregnant women, 98% of deliveries, and 98% of infants are attended by trained personnel. Accessibility remains a problem for isolated rural families. Over 70% of women of childbearing age use family planning methods.

• In 2000 the overall percentage of the population with safe drinking water available at home or in the vicinity was 75.4% (74.6% rural and 96-99% urban). The proportion of the population with latrine facilities in 2000 was 72.8% (68.3% rural and 87% urban).

Health System

• The war has impacted mostly on the populations in the North and East and the bordering areas. Some of the effects of the conflict include loss of lives and psychological trauma, damage to infrastructure and homes, displacement, restricted mobility, disruption of local economies, disruption of community and institutional networks, educational facilities, and deterioration of the health services.

• Throughout the 1990s, health expenditures averaged 3.4% of the GDP. Financial resources for health care are provided mainly by the government. Foreign assistance amounted to 4% of the government health expenditures in 1998. Service provision in the public sector is mostly free of cost to the consumer.

• There is a countrywide comprehensive network of health centres, hospitals and other medical institutions, with about 57,000 hospital beds and a large workforce engaged in curative and public health activities. In the public sector, human resources figures reported for 2000 were: 7,963 physicians (4.11/10,000 population), 14,716 nurses, and 5,068 public health nurses and midwives.

• However, the peripheral health network suffers from limited development of human resource and inadequate geographical distribution. Furthermore, health education concentrates on the production of medical doctors. Medical professionals are unwilling to work in the peripheral areas and concentrate in large urban centres.

• A health information system is in place consisting of management data (resources available and services provided) and epidemiological information, including routine surveillance data for communicable diseases. A system to routinely monitor trends in noncommunicable diseases and their risk factors has still to be established. The data reported are not up to the desired quality, particularly those from hospital medical records, which are incomplete in many cases.

Main Sector Priorities

The WHO Country Cooperation Strategy for 2002-2005 highlights the six following priority areas:

• Communicable disease control, in order to reduce excess mortality, morbidity and disability among the disadvantaged populations;

• Development of services in order to improve equity of access in areas which are lagging behind;

• Promoting healthy lifestyles and reducing environmental risk factors in order to address the non-communicable diseases and ensuing mortality, morbidity and disability;

• Integrating health services to enhance efficiency and effectiveness;

• Emergency preparedness and response, developing national capacity for health emergency preparedness and response to cope with public health needs;

• Sector reform, advocating for and facilitating the overall re-development of the health system at all levels based on a sector-wide approach;

• Partnerships and coordination, including mobilizing resources for the health sector and coordinating donor and government resources.