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Experiences and Challenges Faced by Sri Lanka in Implementing the Highest Attainable Standard of Health, Including Health Equity and Sexual and Reproductive Health and Rights

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Sri Lanka's long-standing commitment to free and equitable healthcare with a focus on primary healthcare has yielded impressive achievements in health equity, maternal and child health, disease elimination, and sexual and reproductive health and rights. However, Sri Lanka faces challenges in upholding health equity in the context of escalating domestic and global pressures. Safeguarding the highest attainable standard of health for all Sri Lankans requires addressing underinvestment, workforce migration, uneven service distribution, and the emerging burden of non-communicable diseases in a context of economic constraint.

L'engagement durable du Sri Lanka en faveur de soins de santé gratuits et équitables, axés sur les soins primaires, a permis d'obtenir des résultats remarquables en matière d'équité en santé, de santé maternelle et infantile, d'élimination des maladies, ainsi que de santé et de droits sexuels et reproductifs. Cependant, le Sri Lanka rencontre des difficultés pour maintenir l'équité en santé face à l'intensification des tensions nationales et mondiales. Pour garantir le meilleur état de santé possible à tous les Sri Lankais, il est nécessaire de remédier au sous-investissement, à la migration de la main-d'œuvre, à la répartition inégale des services et au fardeau émergent des maladies non transmissibles dans un contexte de contraintes économiques.

El compromiso de larga data de Sri Lanka con una atención médica gratuita y equitativa, centrada en la atención primaria, ha dado lugar a logros impresionantes en materia de equidad en salud, salud materno-infantil, eliminación de enfermedades y derechos sexuales y reproductivos. Sin embargo, Sri Lanka se enfrenta a retos para mantener la equidad en salud ante crecientes presiones nacionales y mundiales. Para garantizar el más alto nivel posible de salud para todos los habitantes de Sri Lanka, es necesario abordar la falta de inversión, la migración de la fuerza laboral, la distribución desigual de los servicios y la carga emergente de las enfermedades no transmisibles en un contexto de restricciones económicas.

斯里兰卡长期致力于提供免费且公平的医疗保健，重点关注初级卫生保健，在健康公平、母婴健康、疾病消除以及性与生殖健康及权利方面取得了显著成就。然而，在国内和全球压力不断加剧的背景下，斯里兰卡在维护健康公平方面面临挑战。在经济约束条件下保障全体斯里兰卡人享有可达到的最高健康标准，需解决投资不足、劳动力外流、服务分布不均以及非传染性疾病日益沉重的负担等问题。

Introduction

Sri Lanka, an island nation strategically located in the Indian Ocean, gained independence from British rule in 1948 and has since embarked on shaping its own path in health and development. The country adopted a 'free health policy' in 1951. In Sri Lanka, state health care is provided free of charge and is financed through public taxation, ensuring equitable access to medical services. Public health remains the cornerstone of service delivery, which has distinguished itself by offering free health care services to its citizens through decades of investment made in the public health system by successive governments.

Even though the right to health is not explicitly recognized as a fundamental right in the constitution of Sri Lanka, the country has made significant investment in ensuring that health services are accessible and available for all citizens. In 2018, the Government of Sri Lanka launched the Policy on Healthcare Delivery for Universal Health Coverage (UHC), reflecting its commitment to achieving Sustainable Development Goal (SDG) 3, in particular Target 3.8 on attaining universal health coverage. Universal Health Care is enshrined in the constitution of the World Health Organization (WHO) and it also enshrines health as a fundamental right. According to the WHO UHC Index, Sri Lanka achieved a score of 67 out of 100, higher than the South Asian regional average of 62.6.[1]

Despite the government spending for the public health system in the country remaining below 2% of Gross Domestic Production (GDP), Sri Lanka demonstrates commendable geographical coverage in terms of health facilities. Private sector health care facilities run in parallel to the public sector, contributing to the overall health service landscape.

Primary Health Care

The Primary Health Care system in the country has served as a foundation for Sri Lanka's progress toward achieving health equity, ensuring accessible, affordable, and comprehensive health services for all segments of the population. Primary Health Care as defined by the World Health Organization is a "whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment".[2]

Primary health care institutions function as the first contact point for those who seek medical care. Primary care in the country is delivered through 523 primary medical care institutions across the country. These institutions provide medical care including emergency care, outpatient care, palliative care, medical supplies, non-communicable disease prevention/management, etc.[3] Sri Lanka recognized primary health care as an indispensable component in the achievement of UHC. In recognition of the importance of further strengthening the country's primary health care (PHC) services, and with the objective of improving access to and the quality of primary care across all regions, Sri Lanka launched a Primary Healthcare System Strengthening Project for the period 2024–2028, with the support of the World Bank.[4]

Achievements in Health Equity

Sri Lanka leads the South Asian region with low neonatal, infant and child mortality rates. The country's Maternal Mortality Ratio reached 25 per 100,000 live births, being the lowest in the South East Asian Region. This figure remains well below the Sustainable Development Goal (SDG) target 3.1, which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, a reflection of Sri Lanka's strong maternal health strategies.

[1] Sri Lanka, Ministry of Health and Mass Media, *Analysis of Sri Lanka's Policy on Healthcare Delivery for Universal Health Coverage* (Colombo, 2025).

[2] World Health Organization, "Primary Health Care". Available from <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>.

[3] Sri Lanka, Ministry of Health and Mass Media, "Manual for the Management of Primary Medical Care Units" (2025).

[4] Sri Lanka, Ministry of Health and Mass Media, *Integrated, Innovative & Quality Primary Healthcare Reforms in Sri Lanka 2024 & Primary Healthcare System Enhancing Project 2024-2028*.

The country has rolled out a successful national immunization program which has contributed to eliminating several diseases including polio, neonatal tetanus, rubella and measles and successfully contributed to the control of Hepatitis B. In addition, Malaria, measles, filariasis and Congenital Rubella Syndrome are successfully eliminated from the country, reflecting its sustained commitment to public health and disease prevention.

According to World Health Organization data, the life expectancy at birth in Sri Lanka was 77.48 years in 2021, compared to the global average of 71.4 years during the same period. Filariasis has been successfully eliminated as a public health problem.

It is evident by the fact that more than 99% of births in the country take place in hospitals and over 99% of births are attended by skilled professionals. In 2023, Modern Contraceptive Prevalence Rate (mCPR) among married women in Sri Lanka was recorded at 74.7%. The prevalence of teenage pregnancies in Sri Lanka declined from 4.85% in 2016 to 3.7% in 2024, a reduction attributed to the expansion of sexual and reproductive health and rights (SRHR) education among youth.[5]

According to World Bank data, Sri Lanka's per capita health care expenditure in 2022 was \$145.56. Sri Lanka has been actively implementing the International Health Regulations (IHR) since their entry into force in 2007. Following the Joint External Evaluation (JEE) conducted in 2023, the country has developed the National Action Plan for Health Security (NAPHS) for the period 2024–2028.

Sexual and Reproductive Health and Rights (SRHR)

The Constitution of Sri Lanka prohibits discrimination against all citizens, irrespective of their sex, thus according equal protection for all citizens. The Ministry of Women, Child Affairs and Social Empowerment has launched a Second Multi-Sectoral National Action Plan to Address Sexual and Gender-Based Violence (SGBV) in Sri Lanka for 2024–2028, indicating the national commitment to address SGBV. The underlying principle of the action plan is 'zero tolerance of sexual and gender-based violence in Sri Lanka'.

Both hospitals and community-level health clinics in Sri Lanka provide a range of services addressing sexually transmitted infections (STIs), the management and support of survivors of sexual and gender-based violence, and care related to teenage pregnancies. These services are designed and delivered with the best interests of adolescents, offering access to family planning, sexual and reproductive health education, parental guidance, counselling, and referrals where necessary. Yowun Piyasa centres, established in 41 hospitals, together with Yowun Piyasa clinics operating within Medical Officer of Health (MOH) areas, deliver dedicated services to adolescents and youth. Public health midwives extend care to adolescents through domiciliary visits, providing antenatal care for pregnant adolescents, guidance during and after delivery together with psychological support.

In Sri Lanka, the health system's response to HIV and other sexually transmitted infections (STIs) is coordinated by the National STD/AIDS Control Program (NSACP) under the purview of the Ministry of Health which works closely with other national and international stakeholders.[6]

Challenges in Achieving the Highest Attainable Standard of Health

Despite its commendable achievements in the health sector over the years, Sri Lanka faces increasing challenges in upholding health equity in the context of escalating domestic and global pressures. Underinvestment in the health sector has led to a shortage of medicines, medical equipment, medical staff and an unequal service distribution. Although the doctor-to-population ratio in Sri Lanka stands at 104 government doctors per 100,000 people, the distribution is uneven, resulting in a rural–urban disparity in access to medical services.

Following the national economic crisis, household health care expenditure in the country increased significantly, rising to 48% between 2020 and 2021. In the aftermath, a pronounced brain drain within the health sector has placed considerable strain on healthcare service delivery. From 2022 to 2025 nearly

[5] Family Health Bureau, Sri Lanka

[6] Sri Lanka, Ministry of Health and Mass Media, *Annual Health Bulletin 2022–2023*.

726 consultants and 1,116 medical officers have migrated from the country. This has particularly affected rural areas, deepening health inequities.

Legislative lacunae may contribute to structural barriers that hinder the full realization of SRHR among certain populations, including the Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) community and sex workers. Same-sex sexual activities remain criminalized under the Penal Code, further marginalizing these groups and limiting their access to essential health services. In Sri Lanka, abortion is legally permitted only in cases of medical emergency and to save a woman's life, contributing to unsafe abortion practices that pose serious health risks.

The impacts of the pandemic, coupled with the economic crisis faced by the country in 2022, have negatively impacted the health system. Strain on sectors such as food, education and human capital has also affected health outcomes. A shift towards less expensive but nutritionally poor food options has contributed to nutritional deficiencies, increased non-communicable diseases (NCDs), low labor productivity, and reduced educational output.

The Way Forward

Sri Lanka has achieved commendable health outcomes, yet the country faces a growing burden of non-communicable diseases, the need for specialized care for an ageing population, and the challenge of improving primary healthcare. The Government is undertaking efforts to establish a unified 'One Registry' system as part of its digital transformation agenda, which will enable informed and evidence-based decision-making in the public health sector.

Sri Lanka's long-standing commitment to free and equitable healthcare has yielded impressive achievements in health equity, maternal and child health, disease elimination, and sexual and reproductive health and rights. However, sustaining these gains requires addressing persistent challenges, including underinvestment, workforce migration, uneven service distribution, and the emerging burden of non-communicable diseases in a context of economic constraint. Strengthening primary healthcare, expanding inclusive health policies, and advancing digital health systems will be pivotal in safeguarding the highest attainable standard of health for all Sri Lankans. By combining the strong public health legacy with targeted reforms and resilient policy measures, the country can continue progressing toward universal health coverage while ensuring that no one is left behind.

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