Sri Lanka is a country experiencing many transitions – sociodemographic, economic and epidemiological – all of which are greatly influencing health development. In the health sector, success in the Millennium Development Goals (MDGs) was focused on certain specific health issues. A year ago, the Sustainable Development Goals (SDGs) were adopted, with an agenda of unprecedented scope and ambition that goes well beyond the MDGs they succeed. Thus Sri Lanka, as with other countries, is also experiencing the transition from MDGs to SDGs.

There are many contributors to the evolving health environment in Sri Lanka. Influencing factors include the changing sociodemography, with an ageing society; altered health behaviours influenced by globalization; open economic policies; increasing purchasing power; changing dietary patterns; and an increase in people’s expectations of healthcare services. The country’s early response to these changes was reflected in amendments to the stewardship of health organization, with the establishment of directorates for elderly care and for noncommunicable diseases within the Ministry of Health, Nutrition and Indigenous Medicine.

Sri Lanka was on track to achieve most of the health-related MDG indicators long before the target date for accomplishment. Key results were in reduction in child mortality, improved maternal health, maintenance of a low prevalence of HIV and the elimination of malaria. Notably, the health-care-delivery system performed particularly well in response to the challenges in maternal and child health that prevailed several decades ago, and this was reflected in the achievements of the MDGs. The system now needs to be reviewed for its capacity to meet new challenges, mindful that improving maternal health and child survival remain within the SDG targets as part of the “unfinished MDG agenda”.

Nutritional status is a key contributor to overall health for sustainable development. For Sri Lanka, the specific nutrition challenge of the MDG indicator on the prevalence of underweight children aged less than 5 years was not sufficiently met. National programmes have been instituted to address iron status and iodine deficiency and need further review. Several interventions are also ongoing to monitor body mass index through existing maternal and child health programmes, school health programmes, adolescent health programmes and the Healthy Lifestyle Centres.

The country is noted for its high enrolment in the education system without gender disparity. Sri Lanka can further benefit from the opportunities provided by this key social determinant to influence positive behaviours for health. Female empowerment is considered a key contributor to improvements in maternal and child health. In Sri Lanka, this link is reflected in the declining level of teenage pregnancies at the subnational level. However, although Sri Lanka is considered to have high health-system performance among its regional counterparts, it has to be cognisant of obvious disparities in the unmet need for family planning and knowledge gaps around HIV among young people. Such issues can be tackled through well-targeted national school-education programmes. The school system can also be harnessed to promote positive attitudes to health, modify risk behaviours for chronic noncommunicable diseases and create healthy environments.

The MDGs were seen to be less powerful in creating these multisectoral linkages that are now being considered in the agenda for sustainable development. Opportunities exist for Sri Lanka, not only through high-school enrolment, but also through its existing national programme for school health. This programme largely focuses on school medical inspection, and national programmes that encourage participation of the school community in adopting positive health attitudes and behaviours should be built into the school curriculum for development of life-skills.

The sociodemography and economy of Sri Lanka largely benefited from the success in controlling malaria. Today, Sri Lanka has reached elimination status with no indigenous cases reported since 2012. The challenge now lies in migration and exogenous cases.

Lessons learnt from the monitoring of MDGs indicate that multisectoral linkages need specific focus. Progress on the MDG indicators was largely monitored via sectoral reporting. Since Sri Lanka was seen to be achieving some important targets early, the initial target-setting to some extent affected enthusiasm for tracking activities; thus rigorous monitoring was not regarded as a priority. The SDGs give each country the opportunity to set its own national targets, which should enable capture of the multisectoral inputs required to achieve positive health outcomes. A key challenge is therefore the formulation of systems for monitoring and evaluation that encourage multisector analysis. While the MDGs were selective and di
not address the total health-development needs for the country, the SDGs are seen to be more accommodative and give the opportunity to construct indicators tailored to the local context of health and social determinants. Sri Lanka is currently preparing its National Health Performance Framework, which identifies national needs for assessment of health performance and includes health-related indicators that are relevant to the SDGs.

Sri Lanka has been noted for having an efficient health-care model that delivers good health outcomes at low cost. The government continues its commitment to provide free health care to all its citizens, with high utilization of health care through government health facilities. National health accounts reveal that out-of-pocket expenditure on health is around 40% of the country’s total health expenditure. The government is of the view that the current health burden is contributing to household-level out-of-pocket expenditure and health financing needs to address this challenge to sustain a free health system.

Universal health coverage is a key strategy for accomplishment of Goal 3 of the SDGs, “Ensure healthy lives and promote well-being for all, at all ages”. Sri Lanka is revisiting its position on universal health coverage, which has shown commendable achievements in the past for maternal and child health care and communicable diseases. The system of health-care delivery places emphasis on preventive aspects, through a community health-service structure where medical officers, together with field health staff, are accountable for the achievement of community health care for a defined population within geographical boundaries. Similarly, primary-level curative care is available through the 965 institutions where medical officers provide care. Specialized institutions available throughout the country support the primary care system. A public health-care institution that provides free health care is available to every citizen within a 3 km radius. Sri Lanka plans to make further improvements in primary care access through the large network of curative care facilities, by reorienting and reorganizing its health services, with the aim of providing greater access to care needs relevant to the changing health burden in the country. A more family-centred, personalized and continuing-care model, with optimum use of primary and specialized care, is planned for the future, and it is expected that this will ensure the health contribution to sustainable development.

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