National Policy on Health and Wellbeing
Sri Lanka
2026 – 2035

Effective date: April 2026

Ministry of Health and Mass Media

Introduction

1. Background

Sri Lanka has earned global recognition for its sustained investments in health and social welfare, reflected in significant gains in life expectancy, maternal and child health, and communicable disease control. The country's legacy of free healthcare, universal franchise, and longstanding investments in education and poverty alleviation stand as a proud testament to its enduring commitment to equity and social justice and remains a source of national pride.

Sri Lanka's health system has achieved remarkable success through robust disease control programmes, with a core structure that has remained largely unchanged. Originally designed for an era dominated by maternal and child mortality and infectious diseases, it now requires major transformation to meet the demands of an evolving health landscape shaped by non-communicable diseases (NCDs), population ageing, and emerging health challenges.

Sri Lanka's health policy has evolved in response to changing national needs and global health priorities. Following the Cumpston Report (1950) and the Health Services Act (1952), the country operated for several decades without a formal health policy framework. The Presidential Task Force of 1992 made important recommendations, though their implementation was limited by the decentralization of health administration. The first National Health Policy in 1996 was followed by the Health Master Plan 2007–2016, developed with support from the Government of Japan (JICA). While it provided a concise framework and programme guidance, it also contributed to vertical programming and fragmented policy documents. More recently, the National Health Policy and Strategic Framework 2016–2025 guided health sector development.

Need for the Policy

Health and wellbeing of the Sri Lankan population is changing rapidly due to demographic, epidemiological, social, economic, environmental, and digital transitions. The population is ageing, with nearly one in five Sri Lankans expected to be over 60 years old by 2032, rising to one in four by 2042. Life expectancy has reached 77 years, but many people live with chronic illness or disability, reducing healthy life expectancy to 67 years and driving demand for long-term and palliative care. Women outlive men, often spending more years in poor health while also facing lower income security and greater vulnerability in later life.

Fertility rates have fallen below the replacement level, and subfertility is becoming a growing concern. These trends are contributing to a shrinking working-age population, a rising old-age dependency ratio, and mounting pressure on economic productivity and social protection systems. Out-migration, particularly among youth, further reduces workforce availability and weakens traditional family-based care structures, leaving many older persons isolated and with unmet health needs.

Sri Lanka faces multiple disease burdens: the growing prevalence of NCDs, increasing incidence of injuries and mental health conditions, and the persistence of communicable diseases and malnutrition. Non-communicable diseases account for more than 75% (2021) of all deaths and are projected to increase further, largely driven by population ageing.

Premature mortality trends show the predominance of NCDs, and forecasts indicate this trend will continue. Cardiovascular diseases remain the leading cause of premature deaths among males, while malignant neoplasms are the leading cause among females, with projections indicating cardiovascular diseases will become the predominant cause for both sexes by 2035. For females, premature deaths due to diabetes mellitus are expected to rise by nearly 50% by 2035. However, multidisciplinary care for NCDs and stronger patient empowerment for lifestyle change and treatment adherence remain insufficient.

Mental health disorders, violence, suicide, and substance use continue to impose a heavy psychosocial and economic burden, with many adolescents initiating smoking as early as ages 13–15. Mental health services remain unevenly distributed, with gaps in referral pathways, community-based care, and school-based counselling support. Injuries, particularly road traffic accidents, falls, and drowning, are a major and preventable cause of morbidity and mortality, especially among young adults.

Communicable diseases such as dengue, tuberculosis, and leptospirosis continue to impose a substantial burden. Rabies continues to cause deaths each year, even though dog and cat vaccination and post-exposure prophylaxis are freely available through the government health service. Recent measles outbreaks have exposed persistent gaps in immunity among certain age groups and vaccine hesitancy among population segments. Sustaining hard-won achievements, such as malaria elimination, demands continued surveillance and investment. The incidence of sexually transmitted infections, including HIV, is increasing, particularly among young males. The growing threat of antimicrobial resistance, especially in hospital-acquired infections, poses a serious long-term challenge to infectious disease control.

Maternal and child health indicators, though significant progress has been achieved, now show signs of stagnation and even reversal. The maternal mortality ratio stands at 25 per 100,000 live births (2023), yet maternal mental health and rising prevalence of overweight and obesity among pregnant women remain under-addressed. Early childhood mortality rates have not decreased since 2016, with prematurity and congenital anomalies contributing more to mortality. Developmental delays and childhood disabilities are becoming increasingly prevalent, adding to the long-term health and social burden.

Malnutrition reflects a triple burden of undernutrition, micronutrient deficiencies, and overweight and obesity. Stunting, wasting, and low birth weight indices remain stagnant, while childhood and adolescent overweight and obesity are rising. Deficiencies in iron, vitamin A, vitamin D, and calcium persist. These interconnected forms of malnutrition widen health inequities, strain the health system, and contribute to the growing burden of NCDs, highlighting the urgent need for comprehensive, life-course-oriented nutrition policies.

Oral health conditions, including dental caries and limited access to prosthetics and orthodontic services, continue to affect wellbeing across the life course. Hearing impairment, compounded by limited availability of audiology services and high costs of hearing aids, along with vision impairment, gaps in blindness prevention, and age-related conditions such as cataracts and glaucoma, contribute significantly to unmet needs.

Vulnerable groups, including older persons, persons with disabilities, estate communities, and the urban poor, continue to face persistent inequities in access and affordability. Outbound labour migration continues to serve as a key economic lever but challenges for universal health coverage persist beyond borders. Health consequences during overseas stay, health issues after returning, and health issues of families left behind need specific attention. At the same time, the changing profile of inbound migration underscores the importance of ensuring access to health services for temporarily resident populations.

Social, commercial, digital, and environmental determinants further compound these challenges, shaping how individuals perceive health, influencing lifestyles, and driving healthcare-seeking behaviours. Persistent gaps in health literacy and digital literacy risk deepening inequities in access, understanding, and meaningful engagement. Climate change fuels dengue and leptospirosis outbreaks and intensifies floods and landslides, threatening health system resilience. Pollution, contamination across the food chain, and unsafe working and living environments add further risks to population health.

Despite policy recognition, the Primary Health Care (PHC) reform has not been fully implemented. Continuity of care is compromised by the absence of a streamlined referral

and back-referral system, leaving secondary and tertiary care overburdened with long waiting lists for diagnostic and therapeutic interventions. Delays in the procurement of medicines and diagnostics further compromise patient care. Meanwhile, the private sector has expanded rapidly, often without sufficient regulation or assurance of continuity of care, functioning as a parallel service rather than in synergy with the public system.

Workforce shortages and maldistribution undermine service safety and quality, while the out-migration of healthcare workers threatens long-term sustainability. Weak retention in underserved areas further deepens inequities. Basic training programmes have not kept pace with the competencies required for integrated, people-centred care. Health financing poses a growing challenge.

Out-of-pocket expenditure accounted for 54.8% of current health spending in 2023, creating significant financial barriers to care. A substantial share of this spending is directed towards private medical consultations, diagnostic investigations, and the purchase of medicines. The growing financial burden on individuals contributes to delays in seeking care or foregoing treatment altogether. Government expenditure on health remains below 2% of GDP, lower than regional benchmarks, limiting the capacity for innovation and health system strengthening. Despite growing interest, public–private partnerships remain underutilized.

Digital health is expanding but remains fragmented, with interoperability, essential for enhancing services, still at a nascent stage. The continued reliance on paper-based patient records limits continuity of care and constrains real-time decision making, highlighting the urgent need for digital transformation. Monitoring and evaluation systems remain insufficient for tracking health outcomes, particularly in the curative sector. Accountability mechanisms are weak, with limited use of outcome-based indicators and minimal feedback to drive service improvement. Performance is not consistently linked to service safety and quality.

The changing health landscape, with its associated ethical challenges, calls for strengthened legal and regulatory frameworks. Key areas include reproductive health, governance of municipal health services, and the ethical use of artificial intelligence in healthcare. Legal reforms are also needed to enhance private sector oversight and regulate harmful substances and products, including food, to safeguard public health. Public trust, ownership, and responsiveness of health services have weakened due to the lack of structured mechanisms for citizen engagement and clear accountability in service delivery.

The COVID-19 pandemic, together with recent economic and climate shocks, exposed the vulnerabilities of the health system and highlighted the need for a resilient, equitable, and integrated system that supports community wellbeing. Many key factors influencing health, such as education, employment, food and nutrition security, housing, safe water and sanitation, transport, and environmental safety, lie beyond the health sector. Achieving better health and wellbeing therefore requires coordinated multisectoral action. These realities call for a national policy that moves beyond disease-oriented approaches and embraces wellbeing as a shared national responsibility across all sectors.

Purpose and Context

The National Policy on Health and Wellbeing (2026–2035) provides a comprehensive, evidence-informed, and multisectoral framework to advance the health and wellbeing of all Sri Lankans. It recognises that improving population health and wellbeing requires coordinated action beyond the health sector. The policy responds to Sri Lanka's demographic, epidemiological, social, economic, environmental, and digital transitions. It provides clear national direction for developing, implementing, and monitoring strategic actions that strengthen the health system, improve health outcomes, and promote collective responsibility for wellbeing across society.

The policy aligns with Sri Lanka's National Policy Framework (2024), which positions health and wellbeing as central to human capital development and sustainable growth. It is also consistent with global and regional commitments, including the Sustainable Development Goals (SDGs), particularly Goal 3, the WHO Global Health and Wellbeing Framework (2025), and the Colombo Declaration on "Healthy Ageing through Strengthened Primary Health Care" (2025).

By positioning health as a foundation for national prosperity, social cohesion, and resilience, the policy calls on government, the private sector, communities, and individuals to work together to build a healthier, thriving nation.

2. Rationale

Sri Lanka's health system stands at a critical juncture. Ongoing demographic, epidemiological, socio-economic, environmental, and digital transitions have exposed structural gaps in service delivery.

This policy builds on existing policies, institutional strengths, and past achievements while addressing persistent gaps and emerging risks, safeguarding hard-won gains and positioning the system for sustainable transformation.

The policy shifts the health system from fragmented to integrated, people-centred action; from siloed service delivery to collaborative, multisectoral approaches; and from paper-based processes to interoperable digital platforms. It establishes a deliberate transition from reactive care to a proactive, wellbeing-centred approach, emphasizing prevention, early detection, and continuity of care across the life course.

Building on national and global commitments, the policy positions health and wellbeing as central to human capital development. It recognizes the importance of supporting an ageing workforce to sustain productivity and contribute to the silver economy. A healthier population generates net economic gains through higher workforce participation, improved productivity, and reduced healthcare costs. By placing health and wellbeing at the heart of public policy, Sri Lanka reaffirms its commitment to ensuring that economic progress translates into equitable and meaningful improvements in quality of life.

The policy also strengthens coherence among national policies and sectoral strategies that influence health determinants, providing a unifying framework that aligns efforts, minimises duplication, and reinforces governance for health across all sectors.

Policy Principles

1. A healthy population forms the foundation of national resilience, productivity, and sustainable development.
2. The protection and promotion of every citizen's health at every stage of life is the responsibility of the State
3. The physical, mental, social, and spiritual wellbeing is safeguarded at every stage of life.
4. Health and wellbeing are a shared societal responsibility, requiring coordinated action across government, communities, civil society, the private sector and individuals.
5. All individuals are entitled to fair, timely, and affordable access to safe and quality health services without discrimination or exclusion.

Policy Statements

The Government of Sri Lanka shall,

1. Commit to building a wellbeing-oriented society founded on health promotion, supporting physical, mental, social, and spiritual wellbeing across the life course to advance human capital development and healthy ageing. The State shall ensure that wellbeing is a shared responsibility of individuals, communities, and institutions.
2. Commit to Universal Health Coverage as a national priority and guarantee access to essential, affordable health services across the full spectrum of care; promotive, preventive, curative, rehabilitative, and palliative, for all individuals throughout the life course.
3. Ensure that the health system is resilient to anticipate, withstand, and adapt to shocks such as climate-related disasters, disease outbreaks, pandemics, and economic disruptions, while maintaining continuity of essential services for all. Primary care shall serve as the first point of contact to promote equitable access, trusted health information, and strong community engagement.
4. Make prevention the central pillar of health action, focusing on NCDs that constitute a major share of the health burden, while promoting health literacy and empowering individuals and communities to adopt healthy lifestyles and lifelong health-seeking behaviours.
5. Commit to achieve significant improvements in population health by prioritizing efforts to address the diseases and conditions the contribute most to morbidity and mortality, while focusing on areas where progress has stalled or slowed to ensure equitable and continuous health gains.
6. Ensure access to person-centred, safe, effective and quality care, delivered across all levels; primary, secondary, and tertiary, through systematic referral and back-referral, while integrating traditional medicine and allopathic care in a complementary manner.
7. Ensure the establishment of national standards and progressively enforce across public and private healthcare sectors, supported by accreditation and clinical governance, to ensure accountability, patient safety, service quality, and public confidence.
8. Ensure that the health system is responsive to the needs of all population groups, with particular attention to gender, disability, ageing, migration, and other vulnerabilities, while fostering trust, dignity, and meaningful community engagement.

9. Ensure that the health workforce is sufficiently produced, equitably distributed, retained, and transformed to deliver clinical, public health, and managerial functions with compassion, accountability, person-centredness, safety and quality.
10. Sustain health financing through public funding, efficiency gains, and other innovative financing mechanisms to protect people from financial hardship arising from health expenditure.
11. Ensure digital transformation of the health system to create a secure, interoperable, and person-centred digital health ecosystem that promotes efficiency, equitable access, and evidence-based decision-making across public and private service providers.
12. Ensure that systems for integrated surveillance, research, and citizen voice, including the participation of women and youth, are institutionalised to guide evidence-informed, responsive decision-making and build public trust.
13. Ensure that health sector development is supported through reforms including restructuring, reorganization, and process re-engineering, where necessary, to improve service delivery, strengthen multisector coordination, and enhance citizen engagement.
14. Solicit effective multisectoral action through strengthened platforms to enhance accountability in addressing the social, economic, environmental, and commercial determinants of health.
15. Strengthen legal and regulatory measures to safeguard patient and health worker rights, ensure population safety, optimise service delivery, and build resilience in the health system.
16. Advance global health diplomacy to share national health gains and strengthen cross-border collaboration for mutual health security and development.

Policy Goal

All Sri Lankans shall achieve the highest attainable standard of health and wellbeing across the life course through a high-performing, resilient, equitable, and person-centred health system that delivers universal healthcare, responsive to evolving health needs and aligned with national development priorities.

Applicability & Scope

This policy applies to government healthcare providers, administrative bodies, and regulatory authorities operating within Sri Lanka's national health system, including traditional medicine systems where relevant. Furthermore, it guides the actions of the private health sector, including non-government healthcare providers, where national

standards, regulations, or partnerships are applicable. It also directs the work of relevant ministries, provincial and local government authorities, academic institutions, and development partners engaged in health-related activities. The scope of this policy does not override the existing legal mandates of independent regulatory bodies. Finally, it extends to the general public as beneficiaries and participants in the health system.

Strategic directions

1. Ensure universal access to equitable, standardized, comprehensive, and quality care across all levels, through an integrated and sustainably financed health system built on a strong Primary Health Care foundation.
2. Strengthen health system resilience through multisectoral action, institutional preparedness, and community engagement, ensuring the uninterrupted provision of essential services and climate-responsive care, grounded in planetary health principles.
3. Promote a health and wellbeing-oriented society by applying life-course approaches, and empowering individuals and communities.
4. Strengthen multisectoral commitment to advance health and wellbeing by scaling up coordinated action across national and local platforms, improving efficiency, ensuring accountability, and supporting collective decision-making.
5. Strengthen population health outcomes by addressing the disease burden and reducing health inequities.
6. Strengthen service delivery to ensure equitable access to preventive, curative, rehabilitative and palliative care services across primary, secondary, and tertiary levels, while maintaining continuity of care
7. Transform the health workforce to meet evolving needs by strengthening workforce planning, advancing education and training for person-centred care, expanding specialist services, and promoting workplace wellbeing.
8. Strengthen a sustainable, equitable, and efficient health financing system.
9. Accelerate digital transformation for secure, integrated, and citizen-centred healthcare.
10. Strengthen national health oversight through integrated disease surveillance, an independent evidence-generating research system, and institutionalized citizen engagement.
11. Strengthen governance through periodic review and revision of structures and mechanisms to improve performance, accountability, and responsiveness.
12. Harness global partnerships and diplomacy to drive health innovation, safeguard national systems, and respond collectively to cross-border and emerging health risks.

Responsibility & Authority

The Ministry of Health and Mass Media holds overall responsibility for this policy, providing leadership and coordinating across institutions and sectors. Provincial and district health authorities shall adapt national strategies to local contexts, ensuring services meet community needs while following national standards. Other ministries and agencies shall undertake multisectoral actions that influence determinants of health and wellbeing, including education, environment, social welfare, transport, and finance, reinforcing the "health in all policies" approach. Independent bodies, professional councils, development partners, academia, the private sector, and civil society shall support implementation through collaboration ensuring alignment with the policy.

The policy outlines the high-level intent to guide action over the next decade to ensure the health and wellbeing of the population. Detailed operationalization will occur through sectoral, as well as program-level, strategic frameworks aligned with this policy.

Monitoring & Evaluation

Monitoring and evaluation of this policy shall be conducted to assess its effectiveness, relevance, and alignment with national health priorities. The Department of National Planning (NPD) holds the authority to carry out the evaluation, either independently or in collaboration with the Ministry of Health and Mass Media, as the policy proponent.

Mid-term review shall be undertaken at five years and a final review at the end of the policy period. Findings from these reviews shall be used to guide policy revisions, strengthen implementation, and ensure continued responsiveness to the country's health needs.

Annexure 1

Strategic direction 1 Ensure universal access to equitable, standardized, comprehensive, and quality care across all levels, through an integrated and sustainably financed health system built on a strong Primary Health Care foundation.

Strategies

1.1. Strengthen primary care through a shared-care cluster model that extends services to community health centres, which build platforms for health promotion, foster community participation and local cross-sector collaboration.

1.2. Complete implementation of the state-led Primary care doctor model for delivering integrated primary care, with each physician serving 5,000–10,000 people

1.3. Provide universal access to a standard care package encompassing promotive, preventive, curative, rehabilitative, and palliative services, across primary, secondary, and tertiary levels.

1.4. Prioritize sustainable financing of the standard care package for the empanelled population through the provincial budgets

1.5. Maintain and enhance preventive health services through the Medical Officer of Health (MOH) system, ensuring continuity of core functions, with emphasis on safeguarding RMNCAYH service coverage and quality, and adapting to evolving health challenges.

1.6. Integrate quality, safety, and responsiveness as core dimensions of preventive and curative care, supported by continuous monitoring and improvement mechanisms.

Strategic direction 2 Strengthen health system resilience through multisectoral action, institutional preparedness, and community engagement, ensuring the uninterrupted provision of essential services and climate-responsive care grounded in planetary health principles.

Strategies

2.1 Ensure uninterrupted and equitable access to essential services and trusted health information during emergencies, positioning primary care as the first point of contact and strengthening its capacity for community engagement and coordinated multisectoral action.

2.2 Strengthen and sustain disaster preparedness and response mechanisms, enabling the health system to rapidly implement public health and social measures during outbreaks and emergencies.

2.3 Adopt climate-sensitive and environmentally sustainable health service delivery aligned with Nationally Determined Contributions (NDCs): incorporate low-carbon operational practices, integrate climate literacy into education and public awareness,

strengthen surveillance for climate-related health conditions, and enhance clinical practices to mitigate climate-related risks.

2.4 Sustain investments to prevent the re-establishment of eliminated diseases, maintain herd immunity for vaccine-preventable diseases, and fulfil obligations under the International Health Regulations (IHR).

Strategic direction 3 Promote a health and wellbeing-oriented society by applying life-course approaches, and empowering individuals and communities.

Strategies

3.1 Promote wellbeing literacy across the life course to empower individuals and communities with the knowledge, skills, and autonomy to make informed choices and take responsibility for their health and wellbeing.

3.2 Institutionalize wellbeing literacy across all sectors by embedding it into educational curricula, vocational training institutes, and professional training systems.

3.3 Strengthen preventive and curative health programmes to promote health and wellbeing across the life course, with targeted action on modifiable NCD risk factors, mental wellbeing, injury prevention, nutrition promotion, oral health, communicable disease control, and self-care capacities.

3.4 Promote healthier consumption patterns by addressing the commercial determinants of health through fiscal measures and regulatory measures, such as increased taxation and restrictions on harmful substances and products, including alcohol, tobacco, smokeless tobacco, areca nut, novel nicotine, sugar-sweetened beverages, ultra-processed food, and other commodities injurious to health and wellbeing.

Strategic direction 4 Strengthen multisectoral commitment to advance health and wellbeing by scaling up coordinated action across national and local platforms, improving efficiency, ensuring accountability, and supporting collective decision-making.

Strategies

4.1 Revisit and strengthen multisectoral platforms under a national high level over-sight body, including those for NCDs, injury prevention, food safety, food and nutrition security to enhance coordination, oversight, and implementation.

4.2 Strengthen multisectoral mechanisms for AMR, rabies, dengue, leptospirosis, and other zoonotic and environmental health threats by integrating One Health approaches across human, animal, and environmental sectors.

4.3 Advocate for multisectoral action to expand maternity, paternity, child, elderly, and disabled care benefits ensuring a gender-responsive care economy.

4.4 Promote Early Childhood Development during the first 1,000 days and pre-school years, including strengthened parenting and caregiving support, to foster optimal development early in the life course.

4.5 Advocate for investment in health-promoting educational environments and integrated skills development across schools and higher education institutions to support holistic development throughout the life course.

4.6 Advocate for establishing multi-sectoral psychosocial support frameworks to promote mental wellbeing and ensure equitable access to comprehensive interventions, including counselling, community-based services, and specialized support for survivors of gender-based violence.

4.7 Advocate for strengthening local-level multisectoral teams to improve accountability for health and wellbeing, guided by national health frameworks, and implement locally relevant actions through active community participation.

4.8 Support and sustain multisectoral linkages to deliver essential social support measures, including poverty alleviation schemes, food and nutrition security initiatives, water and sanitation projects, pre-school/school meal programmes, and targeted social protection for vulnerable groups affected by chronic illness and disabilities.

4.9 Formalize and strengthen citizen and civil society engagement, promoting transparency, empowerment, and shared responsibility for health and wellbeing.

Strategic direction 5 Strengthen population health outcomes by addressing the disease burden and reducing health inequities.

Strategies

5.1 Accelerate improvements in population health by prioritising diseases and conditions that contribute most to mortality and morbidity, and those with persistently slow progress in reducing their burden **(Annexure 2).**

5.2 Strengthen the measurement and monitoring of disaggregated health indices for access, utilization, and outcomes; identify inequities among vulnerable populations, analyse their underlying determinants, and enable timely, tailored, and inclusive service design and delivery.

Strategic direction 6 Strengthen service delivery to guarantee equitable access to preventive, curative, rehabilitative, and palliative services across primary, secondary, and tertiary levels, while ensuring continuity of care.

Strategies

6.1 Strengthen secondary and tertiary healthcare delivery through shared-care clustering to ensure equitable access, referral and back-referral, and continuity of care, supported by standardized care pathways across all levels.

6.2 Design health services that empower communities to seek healthcare and improve their health experience: ensuring services are confidential, non-discriminatory, stigma-free, disability-inclusive, gender-responsive, and age-sensitive, while adopting to the specific characteristics, geographic contexts, and vulnerability profiles of communities

6.3 Strengthen rehabilitative, palliative, and elderly care services by expanding multidisciplinary teams, and integrating community- and home-based models

6.4 Sustain and strengthen the prioritization of women's preventive health services across the life course, ensuring equitable access and safeguarding women's health, particularly for vulnerable and underserved populations.

6.5 Strengthen preventive health services for men through a life-course approach, recognizing men's specific health risks and health-seeking behaviours, and promoting early detection of non-communicable diseases and mental health conditions, through gender-sensitive service models.

6.6 Strengthen pre-hospital emergency care by promoting local awareness, community engagement, and first-aid training, and by coordinating with local authorities through disaster management plans that integrate rapidly responsive pre-hospital care arrangements linked to existing hospital networks.

6.7 Establish a well-coordinated supply chain for medicines, related products, medical devices, and equipment to ensure adequate, timely, safe, quality, and affordable products, by adopting digitized and transparent procurement systems, strengthening quality assurance mechanisms, and promoting local manufacturing to meet national needs.

6.8 Optimize the utilization of existing health infrastructure and ensure that expansions align with population needs.

6.9 Promote the use of traditional medicine as a complement to allopathic care, delivering person-centred services that provide mutual benefits while safeguarding existing public health gains

6.10 Establish a single national health helpline to meet the growing demand for health information by merging existing hotlines into one accessible service that delivers timely guidance and support.

Strategic direction 7 Transform the health workforce to meet evolving needs by strengthening workforce planning, advancing education and training for person-centred care, expanding specialist services, and promoting workplace wellbeing

Strategies

7.1 Strengthen health workforce planning to reflect demographic and epidemiological changes, support strategic deployment, ensure appropriate skill mix and manage regulated circular migration in line with international commitments.

7.2 Transform the health workforce to be person-centred by integrating health humanities into professional education, training, and service delivery, ensuring compassionate, effective, and responsive care.

7.3 Retain the health workforce by improving working conditions, promoting work-life balance, introducing innovative employment models, ensuring fair remuneration, establishing reward systems, and recognizing qualifications and experience to enable greater service responsibility.

7.4 Strengthen continuous professional development of all health workers through regular training needs assessments, curriculum reform, faculty development, and systems for periodic virtual and on-site learning.

7.5 Expand specialist coverage across shared-care clusters to respond to demographic and epidemiological shifts, and strategically deploy medical officers with advanced qualifications to ensure optimal returns on investment in training.

7.6 Enhance basic and in-service training of allied health professionals to enable multitasking and task-shifting, supported by redefined job descriptions, to deliver multidisciplinary care for older persons, NCD prevention and early detection, palliative and rehabilitative services, mental health, and high-quality RMNCAYH services across hospital and community levels

7.7 Invest in the recruitment and deployment of highly specialized professionals (e.g., health economists, ICT engineers, health technology assessment specialists) outside routine human resource management systems.

7.8 Recognize and support workplace wellbeing for the health workforce, reinforce their role in promoting societal health, and commit to zero tolerance for sexual exploitation and abuse.

Strategic direction 8 Strengthen a sustainable, equitable, and efficient health financing system.

Strategies

8.1 Strengthen health financing governance by improving financial forecasting for need-based budgeting, ensuring equitable and sustainable resource allocation, and institutionalizing resource tracking and accountability through performance-linked systems and robust financial monitoring

8.2 Advocate for increased domestic government health expenditure to progressively reach 2.75% of GDP within ten years.

8.3 Enhance efficiency and effectiveness of fund utilization by prioritizing high-impact investments in primary care and preventive care.

8.4 Institutionalize Health Technology Assessment (HTA) as an independent process to guide cost-effective health investments for suitable interventions and technologies, including medicines and pharmaceuticals.

8.5 Adopt efficiency-oriented hospital admission and discharge systems to minimizing avoidable inpatient stays, strengthening coordinated care pathways, and ensure effective linkage with step-down and community-based care.

8.6 Diversify health sector revenue streams by leveraging medical and wellness tourism, including traditional medicine systems where relevant, and expand international education, collaborative research, and partnerships with philanthropic and corporate actors.

8.7 Strengthen regulatory oversight of the private health sector, to ensure patient safety and service quality, while protecting patients from catastrophic health expenditures and financially exploitative practices.

8.8 Strengthen partnerships with the private sector and adopt strategic purchasing mechanisms within the government-funded health sector to improve efficiency and effectiveness of fund utilization

8.9 Secure innovative climate financing to support national health adaptation and mitigation initiatives.

Strategic direction 9 Accelerate digital transformation for secure, integrated, and citizen-centred healthcare.

Strategies

9.1 Enhance the operationalization of the centralized Digital Health Platform, by integrating hospital and public health information systems for seamless data connectivity and coordination.

9.2 Adopt a secure National Electronic Health Record to ensure person-centred continuity of care and enable citizens' confidential access to their health information across all levels of the public and the private sectors.

9.3 Expand digital health solutions, including telemedicine, to enhance accessibility and efficiency of healthcare services.

9.4 Leverage the digitalization of patient and public health data to establish national health data repositories, enable secure data sharing, and integrate advanced digital technologies, including artificial intelligence, for predictive analytics and evidence generation in partnership with academia and the private sector.

9.5 Establish a trusted digital health information portal, accessible via mobile devices and platforms, to provide citizens with timely access to relevant health information, while enabling local authorities and communities to track local health data and take timely preventive action.

9.6 Promote responsible and secure health information sharing across the system, by ensuring data privacy, ethical standards, and robust information security.

Strategic direction 10 Strengthen national health oversight through integrated disease surveillance, an independent evidence-generating research system, and institutionalized citizen engagement.

Strategies

10.1 Expand and integrate epidemiological surveillance systems for communicable and non-communicable diseases, including private sector data, by establishing a National Centre for Disease Control, serving as the National Public Health Agency to capture and triangulate diverse health determinants, generate evidence, and support timely, coordinated responses to health risks.

10.2 Institutionalize an independent health research body to advance research, prioritize investments in research, create trusted co-creation spaces for collaborative research, enable access to research databases through digital processes, and ensure effective coordination across institutions.

10.3 Establish an organized mechanism to systematically integrate citizens' voices into policy formulation, planning, implementation, and review, ensuring an inclusive and responsive approach to oversight and accountability.

Strategic direction 11 Strengthen governance through periodic review and revision of structures and mechanisms to improve performance, accountability, and responsiveness.

Strategies

11.1 Establish a national-level oversight body to coordinate multisectoral action and provide strategic direction to align policies, investments, accountability frameworks, and performance monitoring for health and wellbeing across sectors.

11.2 Strengthen health sector governance by restructuring or establishing core institutional capacities, including workforce management, health economics, Health Research & Innovation, Accreditation, and independent monitoring and evaluation.

11.3 Institutionalize robust clinical governance within government health care service through evidence-based guidelines, routine clinical audits, and continuous quality improvement.

11.4 Develop and implement a national accreditation framework for healthcare institutions that covers both curative and preventive services, and is uniformly applied across public and private sectors

11.5 Establish an independent mechanism for health system monitoring and evaluation to measure policy effectiveness, using routine health information systems and complemented by a national health survey, and ensuring accountability beyond individual program frameworks

11.6 Review and revise existing health-related legislation across both the health and non-health sectors, to address emerging public health challenges

11.7 Implement necessary reforms to improve urban health by strengthening local government health governance, especially municipal councils, and ensuring coverage of both preventive and curative services

11.8 Advocate for the progressive realization of the right to health by strengthening patient and health workforce charters and by enacting and updating comprehensive legal and regulatory frameworks to facilitate ethical organ transplantation, regulate assisted reproductive technologies, and protect populations from harmful product and addictive substances such as tobacco, alcohol, ultra-processed foods adhering to evidence-based and ethical approaches.

11.9 Increase health workforce participation by recognizing flexible and part-time employment arrangements for selected cadres, particularly to enhance retention and female participation, in alignment with the needs of the care economy.

11.10 Promote collaborative partnerships with public, private, and civil society organizations, academic, and professional bodies for research, innovation, human resource development, communication and service delivery improvement, ensuring mutual gains while safeguarding population health interests and preventing harmful commercial influence

Strategic direction 12 Strengthen global partnerships and diplomacy to drive health innovation, safeguard national systems, and respond collectively to cross-border and emerging health risks.

Strategies

12.1 Harness diplomatic engagement to benchmark Sri Lanka's health practices with those of selected countries, learning from their experiences to improve system performance and drive innovation

12.2 Showcase Sri Lanka's health achievements internationally while strengthening global partnerships and diplomatic relations

12.3 Leverage diplomacy through global bilateral and multilateral partnerships to address emerging global health issues, including securing innovative climate financing to support the national health adaptation plan.

12.4 Mobilize diplomatic engagement to safeguard national health system functions and provide support to other countries in need during public health crises.

12.5 Strengthen cross-border collaboration to address transnational health threats through joint networks, shared monitoring, preparedness, and coordinated response mechanisms.

Annexure 2

Health improvements to be achieved within the policy period

1. Reduce the prevalence of low birth weight among newborns by 10% from the 2016 DHS baseline (15.7%).
2. Reduce the neonatal mortality rate by 20% by 2030 from the 2024 FHB baseline (7.2 per 1,000 live births).
3. Reduce maternal mortality ratio (MMR) to 20 per 100,000 live births by 2030.
4. Reduce stunting among children under five by 30% by 2035 from the 2024 FHB baseline (10.5%).
5. Maintain prevalence of iron deficiency anaemia below 10% among children under five, adolescents, and pregnant women by 2035.
6. Ensure 85% of 12-year-olds are free from dental caries by 2035.
7. Eliminate thalassaemia as a public health problem by 2030, achieving zero births of thalassaemia major.
8. Reduce incidence of cervical cancer to fewer than 4 cases per 100,000 women by 2030.
9. Achieve a 25% relative reduction in prevalence of raised blood pressure among adults aged 18–69 years by 2030 (baseline: 2015 STEP survey, 26.1%).
10. Halt the rise in diabetes among adults aged 18–69 years by 2030 (baseline: 2015 STEP survey, 7.4%).
11. Halt the rise in obesity among adults aged 18–69 years by 2030 (baseline: 2015 STEP survey, 5.9%).
12. Reduce the prevalence of chronic kidney disease due to NCDs by 25% by 2035.
13. Reduce falls among persons aged 70–79 years by 5% by 2035.
14. Reduce hospital admissions due to injuries in state hospitals by 1% at the district level by 2035 (baseline: IMMR 2024 data).
15. Ensure at least 70% of older persons (≥60 years) are able to perform Instrumental Activities of Daily Living (IADL) by 2035.
16. Reduce suicide mortality by 25% from the 2024 baseline (15.0 per 100,000) to 11.25 per 100,000 by 2035.
17. The following targets are set for disease elimination or control:
    a) Eliminate human rabies deaths due to dog bites by 2030.
    b) Sustain malaria elimination status and prevent re-establishment.
    c) Control leptospirosis as a public health problem by 2030.
    d) Achieve re-certification of measles elimination by 2028.
    e) Sustain elimination status of lymphatic filariasis.
    f) Reduce and maintain the dengue case fatality rate at zero by 2035.
    g) End AIDS and viral hepatitis by 2030.

h) Achieve triple elimination of vertical transmission (HIV, syphilis, hepatitis B) by 2027.
i) Reduce annual incidence of cutaneous leishmaniasis to <5 per 10,000 population by 2028.
j) Reduce tuberculosis incidence to 10 per 100,000 by 2035.
k) Eliminate leprosy as a public health problem by 2035 by interrupting transmission, defined as achieving zero autochthonous leprosy cases among children by 2035

Glossary

Addictive Substances – Psychoactive substances that can cause dependence and harm to physical, mental, and social wellbeing. These include tobacco and novel nicotine products, alcohol, narcotic drugs, psychotropic substances, illicit drugs, and emerging substances such as synthetic drugs, as recognized and regulated under national and international legislation.

Care Economy – The collection of paid and unpaid work that maintains and improves people's health and wellbeing, including healthcare, education, childcare, elder care, and domestic support. It is vital for societal and economic functioning and often undervalued, particularly work performed by women.

Care Integration – The systematic coordination of health services across providers and levels of care to ensure continuity, appropriate referral and follow-up, and person-centred care.

Commercial Determinants of Health – The systems, practices, and pathways through which commercial actors influence health and equity, including through marketing, pricing, supply chains, product design, lobbying, and political influence particularly in relation to products and services that are harmful to health.

Harmful Products – Products that negatively affect health and wellbeing, particularly when used as intended or misused. These include tobacco and related products, alcohol, sugar-sweetened beverages, ultra-processed foods high in salt, sugar, and unhealthy fats, and other commodities injurious to health, as recognized in national policy and legislation and WHO guidance.

One Health Approach – A collaborative, multisectoral, and transdisciplinary approach working at local, national, regional, and global levels that recognizes the interconnectedness of human, animal, and environmental health to prevent, predict, detect, and respond to health threats.

Planetary Health – The interdependent condition of human health and the Earth's natural systems, recognising that the wellbeing of human populations depends on the integrity and functioning of the environment, including climate, water, land, and ecosystems. It acknowledges that human-driven changes to natural systems can directly and indirectly affect human health and therefore requires integrated actions to protect both environmental and human health for sustainable development.

Primary Health Care (PHC) – A whole-of-society approach to health that aims to ensure the highest possible level of health and wellbeing and equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, as close as feasible to people's everyday environment.

Primary Care – The provision of integrated and accessible health care services by primary care workers who are accountable for addressing the majority of personal health needs. Care integration within primary care refers to the systematic coordination of promotive, preventive, curative, rehabilitative, and palliative services across providers and levels of care, to ensure continuity, appropriate referral and follow-up, and person-centred care delivered in partnership with patients, families, and communities.

Quality of Care – The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current evidence-based professional knowledge.

Resilient Health System – A health system that can prepare for, manage (absorb, adapt, and transform), and learn from shocks, while maintaining core functions and continuing to provide essential services to the population.

Shared-Care Cluster Model – A primary healthcare service delivery model in which a defined population is served by a network of primary and secondary healthcare institutions, organised around an Apex Hospital (Base Hospital or above). The model links Primary Medical Care Units (PMCUs) and Divisional Hospitals (DHs) within a geographically demarcated catchment area to the Apex Hospital through structured referral and back-referral pathways, enabling coordinated care, efficient use of resources, and delivery of an essential service package.

Social Determinants of Health – The conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping daily life, which influence health outcomes and health inequities.

Universal Health Coverage (UHC) – Ensuring that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

Vulnerable Populations – Groups of people who are at increased risk of poor health outcomes due to social, economic, environmental, biological, or structural factors. This includes children, adolescents, older persons, persons with disabilities, women, institutionalized individuals including children, older persons, prisoners and persons in custody, low-income populations, estate and urban underserved communities, migrants, and populations affected by conflict, disasters, or chronic illness.