

# Srí Lanka Egészségügyi rendszerek



Economic classification: Lower Middle Income

### Health systems summary

Sri Lanka's public health sector has traditionally provided the bulk of healthcare in the country (despite health expenditure being evenly split between the public and private sector). This statefinanced system provides free at point of service care for curative and preventative services, and is widely praised for recent improvements in health indicators such as maternal and infant mortality. However, despite the existence of this public coverage, out of pocket expenditure remains high, making up 38% of total health expenditure. The private sector in Sri Lanka is flourishing as people increasingly seek care privately due to the underfunded and stretched public system.

Like elsewhere, Sri Lanka is being challenged by an ageing population and the increasing burden of chronic and non-communicable diseases (that are now estimated to contribute to 75% of deaths). The health system to date has done well in providing near- universal coverage, but these new challenges threaten continued progress. In late 2019, the Sri Lankan prime minister announced government plans to establish a national health insurance scheme.

## Indicators

| Where is the country's government in the journey towards defining 'Obesity as a disease'?  | Some progress |
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| Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?                                       | Some progress |
| Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? | No            |
| Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?                                    | Yes           |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?                            | Some progress |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?                            | No            |
| Are there any obesity-specific recommendations or guidelines published for adults?   | Yes           |
| Are there any obesity-specific recommendations or guidelines published for children?   | Yes           |
| In practice, how is obesity treatment largely funded?  | Out of pocket |



### **Perceived barriers to treatment**



## Summary of stakeholder feedback

Stakeholders report that there is some recognition of obesity as a disease (especially by the Ministry of Health). Work underway to address obesity includes traffic-light food labelling, community-led health promotion and school-based programmes. All stakeholders felt that obesity could be better prevented by encouraging people to do more physical activity.

There is also a broad focus on non-communicable diseases (NCD). There is an NCD prevention clinic in every hospital and there is an NCD council chaired by the Minister of Health that reviews interventions. However, while BMI is routinely measured in Sri Lanka, it is said that it is not typical for obesity to be treated. When treatment is offered, it is often paid for by a mix of government, insurance and out of pocket expenditure - and only when the individual has comorbidities or complications.

Although there are no obesity treatment guidelines from any governmental organisations, the Sri Lankan College of Endocrinologists have published treatment guidelines for adults and children. Allegedly, most healthcare professionals are not aware of the existence of these guidelines.

Based on interviews/survey returns from 3 stakeholders

Last updated: June 2020

PDF created on July 16, 2025