



HEALTH

SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES

UPR Info will provide the language for this sector to each factsheet.

NATIONAL FRAMEWORK

The Government has put forward a Health Master Plan for 2016-2025, which was drafted after the lapse of the previous Health Master Plan for 2007-2016. But there are still doubts about its adequacy and implementation. Recent legislative reforms, such as the Mental Health Act Bill and National

Blood Transfusion Bill of 2007, remain stagnant in the draft stage. It is not clear as to what steps have or will be taken as part of Sri Lanka’s obligations under the 2013-2020 Mental Health Action Plan, which was unanimously approved at the 66th World Health Assembly.

CHALLENGES

IMPACT

Quality public healthcare does not reach all people

Regional disparities in healthcare infrastructure, a long wait for specialist care and advanced procedures in the public sector and the burden of out-of-pocket health expenditure have eroded the fundamentals of universal ‘free’ health care coverage. State spending on health is less than 1.5 percent of GDP. A cut of Rs. 13 billion in the 2017 budget in spending on public healthcare and the privatisation of health care are forcing the poor to access private healthcare. In addition, high prices of drugs, inadequate support for alternate systems of medicine and poor response to negligence by medical and health professionals present additional challenges to the realisation of the right to health. Introduction of a health insurance scheme for school children exemplifies the push to privatise healthcare. The quality, costs and weak regulation of private medical education and care remain significant concerns.

The state of mental health care is poor

While one out of five persons in Sri Lanka suffer from a mental illness, due to lack of mental health resources and limited awareness, only 20 percent of those needing treatment receive it. Post-traumatic disorders as a result of the tsunami and the war present significant challenges. However the mental health and psychosocial services

CHALLENGES

IMPACT

The state of mental health care is poor

provided by the state in the war-affected North and East have largely been ad hoc. Mental health and psychosocial care services suffer from poor funding, insufficient number of trained psychologists and medical officers, regional disparities in service provision, poor referral systems, poor coordination, and the lack of social protection for patients and families. There is a lack of systematic programmes for prevention and promotion of mental health and psychosocial wellbeing at a community level.

The healthcare system is not equipped to face chronic non-communicable diseases, including Chronic Kidney Disease of Unknown Etiology (CKDu).

Non-communicable diseases (NCDs) are on the rise. But public health responses to some of the leading causes of NCDs, such as increased use of chemicals on agricultural products, unhealthy living patterns and environmental pollution, have been weak. Though Glyphosate pesticide was banned in 2015, its use in plantations is still allowed and a new pesticide, fifteen times stronger than Glyphosate, was introduced subsequently. Chronic Kidney Disease of Unknown Etiology (CKDu), which has been linked to the use of agrochemicals, amongst many other causes, has become a critical health challenge in Sri Lanka. While CKDu is concentrated in the North Central and Uva Provinces of the country, its prevalence has now been recorded in many other parts of the country as well. A Presidential Task Force on CKDu has not ensured an effective response to the overlapping health, social and economic crises precipitated by the disease within affected farming communities.

Undernourishment and food insecurity are high

There are high levels of and significant regional disparities in malnutrition and micronutrient deficiencies. Wasting increased significantly enough to leave Sri Lanka with "...one of the highest wasting prevalence in the world" (128 out of 130 countries), "...indicating a serious public nutrition situation". A national review (2017) notes that 5.2 million people (almost 25 percent of the population) are currently undernourished, 18 percent of pregnant women were in "a poor maternal nutrition situation" in 2015 and a quarter of the children between 6-59 months were found to be underweight. The review found that war-affected districts, the estate sector and some areas in the north and southeast "... represent the worst levels of under nutrition". A 2015 survey of over 1300 households from Trincomalee, Mannar and Jaffna found that food insecurity has generally worsened since a baseline survey of the same households in 2012. Some of the major causes identified for overall food insecurity and malnutrition include: High reliance on the market and physical and financial barriers; rising food prices; income inequality; poor infrastructure; high informal sector labour force; gender inequality; land degradation; urbanization; population aging, and climate change.

CHALLENGES

Right to health and discrimination/exclusion on the basis of sex/gender and sexual orientation

Significant measures are needed to increase women's access to information on health and health care services, and taking measures to counter prejudices and misconceptions regarding sexual and reproductive rights. Women's sexual and reproductive health continues to be compromised by current law holds that abortion is illegal, except when a mother's life is in danger.

LGBTIQ persons risk public humiliation, harassment and threats to their right to privacy at the hands of medical officers in public hospitals. The lack of public data on healthcare availability, the inability and/or unwillingness to provide adequate healthcare services to LGBTIQ individuals and the prejudiced discourse that links LGBTIQ persons to HIV carriers further perpetuates the lack of access to healthcare and homophobia and transphobia amongst healthcare providers.

IMPACT

RECOMMENDATIONS

1. Take steps to ensure that the right to health and the right to food are recognised as fundamental rights in the proposed constitutional amendment.
2. Take definitive and time-bound measures to strengthen the public health system by ensuring adequate budgetary and human resources as well as infrastructure, and ensuring public health facilities are more equitably distributed across the country
3. Take urgent measures to enhance food insecurity and to eradicate wasting and malnutrition with respect to children and pregnant or lactating mothers.
4. Outlines steps taken to implement the 2013-2020 Mental Health Action Plan, which was unanimously approved at the 66th World Health Assembly.
5. Take immediate steps to ensure provision of health services with dignity and without discrimination against any group owing to their social identity or status, especially on the basis of sex/gender or sexual orientation.
6. Take immediate steps to minimize and regulate the use of harmful agro-chemicals and strengthen support for communities affected by or at risk of CKDu, including by recognising its complex social and economic consequences.
7. Ensure access to medicines and effective regulation of private medical care services.
8. Take steps to include sex education as a module in school syllabus.

RECOMMENDATIONS

9. Set guidelines for Doctors in government hospitals to mention generic names of medicines when issuing prescriptions.
10. Allocate financial facilities for the families of the disappeared during the civil war, to restore their livelihood.

