

# Health in Sri Lanka: building on a success story

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(Keywords: public health, Sri Lanka, life expectancy, maternal health, health equity)

COVID-19 changed the world. In 2019, global GDP was just under \$88 trillion. By April 2020 global GDP had shrunk by 20% [1]. Health and the nature of society are closely intertwined. The pandemic made the inter-connection even more dramatically clear. Based on experience with other pandemics and natural disasters, it was predictable that the COVID-19 pandemic would expose the underlying inequalities in society and amplify them.

Sri Lanka illustrates this general proposition. On the whole, Sri Lanka's record of development is remarkably good. According to UNDP, life expectancy in Sri Lanka increased from 69.5 years in 1990 to 77 years in 2019. This increase of 7.5 years in 30 years, one year every four years, put Sri Lanka in the high development group of countries [2]. The human development index has three components: life expectancy, years of education, and gross national income per person adjusted for purchasing power (GNI). Of great interest is the discrepancy among these three. Sri Lanka ranks 94 among countries on GNI (1 is the highest) and 73 for the Human Development Index. In other words, Sri Lanka's performance on life expectancy, particularly, and expected years of schooling, is better than predicted from national income [3]. To take a striking counter-example: GNI in the Russian Federation, adjusting for purchasing power, is \$27,166 and life expectancy is 69.4. In Sri Lanka, GNI is \$12,578 and life expectancy is 76.4. Russia is doing worse and Sri Lanka better than predicted from national income per person. Plausibly, Sri Lanka's investment in education, especially including girls and women, and health care played a role in the country's welcome health improvement.

It should be noted that in 2021, UNDP puts Sri Lanka's life expectancy at 76.4, down from 77 in 2019 [3]. It is credible that this is a real fall owing to COVID-19 deaths and disruptions caused by COVID-19. We saw a bigger fall in life expectancy in the UK [4].

That apparent fall in life expectancy between 2019 and 2021 is emblematic of the general point that the

pandemic exposed and amplified outstanding issues in society. A recent UNDP report points to inequalities within Sri Lanka, exacerbated by the pandemic, geographically and across various divisions in the population. The recent severe economic and political problems that Sri Lanka faced will have taken their toll [2]. It is worth quoting from this Sri Lanka UNDP report:

'Key issues such as language inequality, low female participation in labour force, increasing unemployment, poverty and governance issues are highlighted in the paper. Improving the quality and relevance of education, providing medical treatment and care facilities for the ageing population, and fighting climate related disasters call for further policy support, financial mobilization and partnership strengthening. Social and political issues including persisting political instability, income inequality, social disparities and serious environmental constraints and macro-economic impediments are also highly significant.'

It is in this context that we should read the papers in this special issue. Healthcare personnel suffered in Sri Lanka, as they did other countries. Particularly worrying is the impact on mental health. The fact that about half of health care expenditure is out of pocket is storing up problems for the future of potential inequities in access and financial damage to families.

The triple burden of malnutrition, made worse by the pandemic, illustrates a most important point. As countries such as Sri Lanka developed, focus shifted to non-communicable disease, for which obesity poses an important risk. The pandemic showed us, in all countries of the world, that we cannot ignore communicable diseases. The triple burden of malnutrition shows us that problems of extreme deprivation coexist alongside overnutrition.

It is past time to be learning the lessons of this pandemic and preparing for the next one. To that end, UNAIDS has assembled a new Global Council on

*Ceylon Medical Journal* 2023; **68**: si 3-4

DOI: <https://doi.org/10.4038/cmj.v68iSI1.9787>

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Inequality, AIDS and Pandemics. (<https://www.inequalitycouncil.org>). I will co-chair it with economist, Joseph Stiglitz, and First Lady of Namibia, Monica Geingoss. The thinking behind the Council is that social and economic inequalities that drive AIDS and COVID-19, will drive future pandemics; and pandemics will amplify inequalities. Just as we have to confront inequalities in health in “normal” times, so do we even more in unusual times such as a pandemic.

A similar point can be made about conflict. In our Commission on Social Determinants of Health in the Eastern Mediterranean Region of WHO, we emphasised that conflicts within and between countries are potent social determinants of health inequities [5].

Sri Lanka’s health record shows that there is much of which to be proud. The pandemic, coming on top of economic and political problems, shows that there are large challenges. Social determinants of health and efforts to

achieve health equity will play a vital role in meeting these challenges.

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