



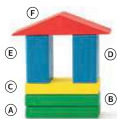
General data

POPULATION, 2023  
**22,037,000**  
SURFACE, KM², 2022  
**65,610**  
PHYSICIANS / 1,000 INH, 2022  
**1,192**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**73**  
GDP PER CAPITA (US\$), 2023  
**3827,96**  
HEALTH EXPENDITURE (% GDP), 2021  
**4,07**  
UNIVERSAL HEALTH COVERAGE, 2021  
**67**

Note: For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC

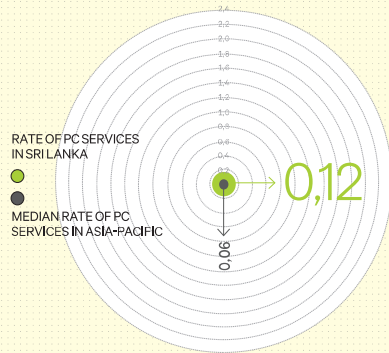


# Sri Lanka

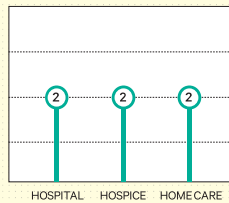
**F** Provision of PC (Specialized Services)

Total number of Specialized PC services **27**  
Rate of PC services per 100,000 inhabitants **0,12**

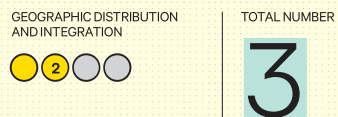
Sri Lanka in the context of Asia-Pacific regions



Level of development of different types of PC services



Pediatric PC Services

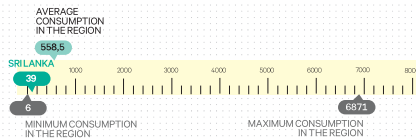


# Sri Lanka

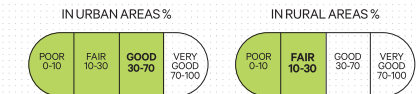
**D** Use of essential medicines

Opioids consumption (excluding methadone) **39**  
S-DDD/MILL INHABITANTS/DAY

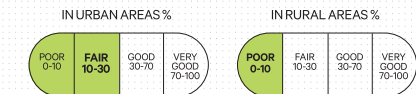
Sri Lanka in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



**C** Research

PC-related research articles **2**



Existence of PC congresses or scientific meetings **3**



National Association: Palliative Care Association of Sri Lanka.  
Consultants: Samadhi Wishwanath Rajapaksa; GV Chamath Fernando; Thushari D. Hapuarachchi; Suraj Perera; Eshani Fernando.

Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: No  
Edited by Atlantes Research Team University of Navarra (Spain)

**E** Education & Training

Medical schools with mandatory PC teaching **13/13**



Nursing schools with mandatory PC teaching **16/18**



Recognition of PC specialty **3**

**B** Policies

National PC plan or strategy **3**

Responsible authority for PC in the Ministry of Health **4**

Inclusion of PC in the basic health package at the primary care level **3**

**A** Empowerment of people and communities

Groups promoting the rights of PC patients **2**



Advanced care planning-related policies **2**





AP Sri Lanka

People & Communities

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>Several organizations, including the Sri Lanka Palliative Care Association, the Cancer Care Association of Sri Lanka, Palliative Care Trust of Sri Lanka, Indira Cancer Trust, and the Hospice Sri Lanka Alliance, contribute to palliative care through patient services, clinician training, and interdisciplinary initiatives. Key bodies such as the National Steering Committee on Palliative Care, the Palliative and End-of-Life Care Task Force, the Sri Lanka Medical Association, and the College of Palliative Medicine of Sri Lanka are also active in the field. However, there is limited evidence of focused advocacy or promotion of the rights of palliative care patients, their caregivers, and disease survivors. Legal representation, participation, and defense of these groups' rights remain largely absent within their scope of action.</p>
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<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>Sri Lanka does not have a formal legal provision for advance care planning or the documentation of advance directives. However, the Sri Lanka Medical Association's recently published End of Life Care Guideline recommends discussing and recording patients' wishes before clinical deterioration, provided these wishes are in the patient's best interests. Decision-making is often conducted through multidisciplinary meetings, and healthcare providers have the authority to determine treatment courses. While advance care planning guidelines are available, such as those produced by the SLMA Palliative and End of Life Care Task Force and the College of Palliative Medicine, they are still undergoing legal evaluation and have not yet been fully adopted.</p>
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Policies



<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	<p>There is a National Strategic Framework for Palliative Care Development, which includes monitoring indicators. Palliative care is also integrated into both the National Cancer Control Policy and NCD policies. Although measurable targets are outlined, there are data gaps, as a result, proxy data and data triangulation methods are used to monitor and assess progress. While no formal policy audits have been conducted, the palliative care program's progress is regularly assessed and monitored.</p>
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AP Sri Lanka

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	
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<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>Palliative care services are included in Sri Lanka's national health system. It is part of the National Health Policy, which has been approved by parliament, and is also incorporated into the Essential Service Package, approved by the Cabinet of Ministers. This package outlines the responsibilities and services at each care level, with palliative care included in the Primary Health Care Policy. Additionally, in the new healthcare reforms, Base Hospital type C is designated for palliative care and rehabilitation. However, primary palliative care services are currently primarily focusing on oncology patients at isolated levels.</p>
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<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific &amp; technical).</p>  <p>There are concrete functions and staff, but do not have a budget.</p>	<p>Palliative care in the country falls under the National Cancer Control Programme within the Ministry of Health, overseen by the Deputy Director General for NCDs. The NCD Bureau includes the NCD Unit, Cancer Control Unit, and Mental Health Unit. The Cancer Control Unit has a dedicated team of healthcare professionals, while the NCD Unit leads policy development and coordinates palliative care for non-cancer patients. Despite these structures, there is no single national authority solely focused on palliative care, and the Ministry of Health has limited administrative staff and inconsistent budget allocation for this area. This results in challenges related to staffing and funding, despite having defined organizational roles and responsibilities.</p>
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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years (and no national conference specifically dedicated to palliative care)

In 2023, Sri Lanka hosted the WHO Regional Meeting on Palliative Care, along with a National Workshop on Palliative Care. In addition, several annual academic sessions, including those of the Sri Lanka College of Oncologists, Sri Lanka College of Respiratory Physicians, Sri Lanka College of Nutrition Physicians, and Sri Lanka College of Physicians, incorporate lectures and workshops on palliative care. The National Cancer Control Programme also organizes national-level meetings to share best practices in palliative care each year. The National Health Research Symposium, held every two years, includes a separate stream for palliative care. Several professional bodies and the Sri Lanka Medical Association also conduct annual academic sessions related to palliative care.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

Palliative care research in Sri Lanka is limited, with only a small number of peer-reviewed publications from a few authors and organizations at the national and regional levels. While palliative care-related articles remain scarce, the College of Palliative Medicine of Sri Lanka publishes the International Journal on Palliative Medicine.

Medicines

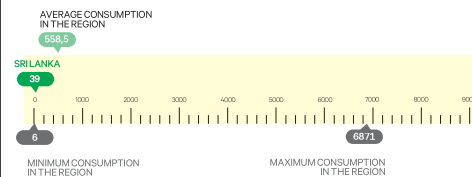
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 39 S-DDD



COUNTRY VS REGION



AP Sri Lanka

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

Primary health care in Sri Lanka is provided through primary medical care units and divisional hospitals. Most WHO Model List essential palliative care medications, except Hyoscine hydrobromide, Senna, Fentanyl, and Oxycodone, are usually available at these facilities, supplied by the Medical Supplies Division (MSD). Morphine is extremely limited despite a Ministry of Health circular ensuring its availability. Drug management depends on the exposure and interest in palliative care among Medical Officers in Charge (MOIC).

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

Immediate-release oral morphine is available in district hospitals across all 25 districts of Sri Lanka, but its presence in primary healthcare facilities is extremely limited. Factors contributing to this include stringent opioid regulations, lack of palliative care training among healthcare providers, and minimal patient expectations for symptom management at primary care levels. Furthermore, reluctance among medical staff to prescribe opioids, fear of audits for unused drugs, and variable drug availability across facility types hinder access. Morphine access improves in divisional hospitals (Grade A).

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

AP Sri Lanka

Education & Training

Ind11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

13/13



In Sri Lanka, all 13 medical schools include compulsory palliative care teaching in their curricula, ensuring 100% coverage. Additionally, several faculties of medicine offer elective programs in palliative care. Palliative care is also part of the curriculum in all 18 nursing schools, though its mandatory status for undergraduates is unclear. Elective courses are available in some institutions, with at least two universities offering palliative care as an option. The Open University provides an elective module in Palliative Nursing, while the Higher Education Centre for Nurses at National Hospital Sri Lanka offers a Diploma in Palliative Care Nursing.

11.2. The proportion of medical schools with OPTIONAL teaching in PC...

0/13

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

16/18

11.4. The proportion of nursing schools with OPTIONAL teaching in PC...

2/18

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

Sri Lanka offers a postgraduate diploma in palliative medicine through the Postgraduate Institute of Medicine (PGIM) at the University of Colombo. However, the diploma holders do not receive official specialist recognition yet. The curriculum for a specialized MD in Palliative Medicine has been formulated and is awaiting approval from the University Grants Commission. While there are other palliative care training opportunities for physicians, the development of palliative medicine as an official specialty is still in progress under PGIM.

AP Sri Lanka

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).



Ad hoc/ in some parts of the country.

13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

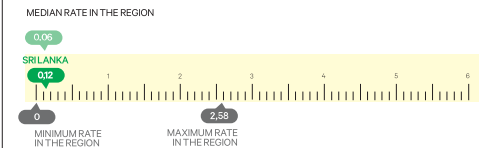


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Sri Lanka lacks officially recognized specialized palliative care teams but provides services through different platforms and healthcare professionals. Palliative care is available in public and private hospitals, with six government hospitals across provinces and two private hospitals in Colombo offering such services. Major facilities include the National Cancer Institute and tertiary care hospitals with consultative clinics and dedicated palliative care beds. Home-based care is delivered by 219 Public Health Nursing Officers under medical supervision, with additional free home care provided by NGOs, though services are inconsistent across regions. The country has about 27 specialized palliative care services, including 12 consultative services, eight privately managed adult hospices, one children's hospice, and 6 NGO teams. This corresponds to a rate of 0.12 specialized palliative care services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



27 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

3

PPC TEAMS

Sri Lanka does not have specialized pediatric palliative care (PPC) services or teams in an organized manner. However, PPC services are offered at the National Cancer Institute (NCI-SL) in Maharagama and Lady Ridgeway Pediatric Hospital in Colombo. Additionally, a dedicated pediatric palliative care hospice, Suwa Arana, has been established. Despite these efforts, there is no comprehensive system ensuring geographic reach or integration across service delivery platforms.