

Advancing health in Sri Lanka together

A snapshot of WHO's work in Sri Lanka from January-August 2026



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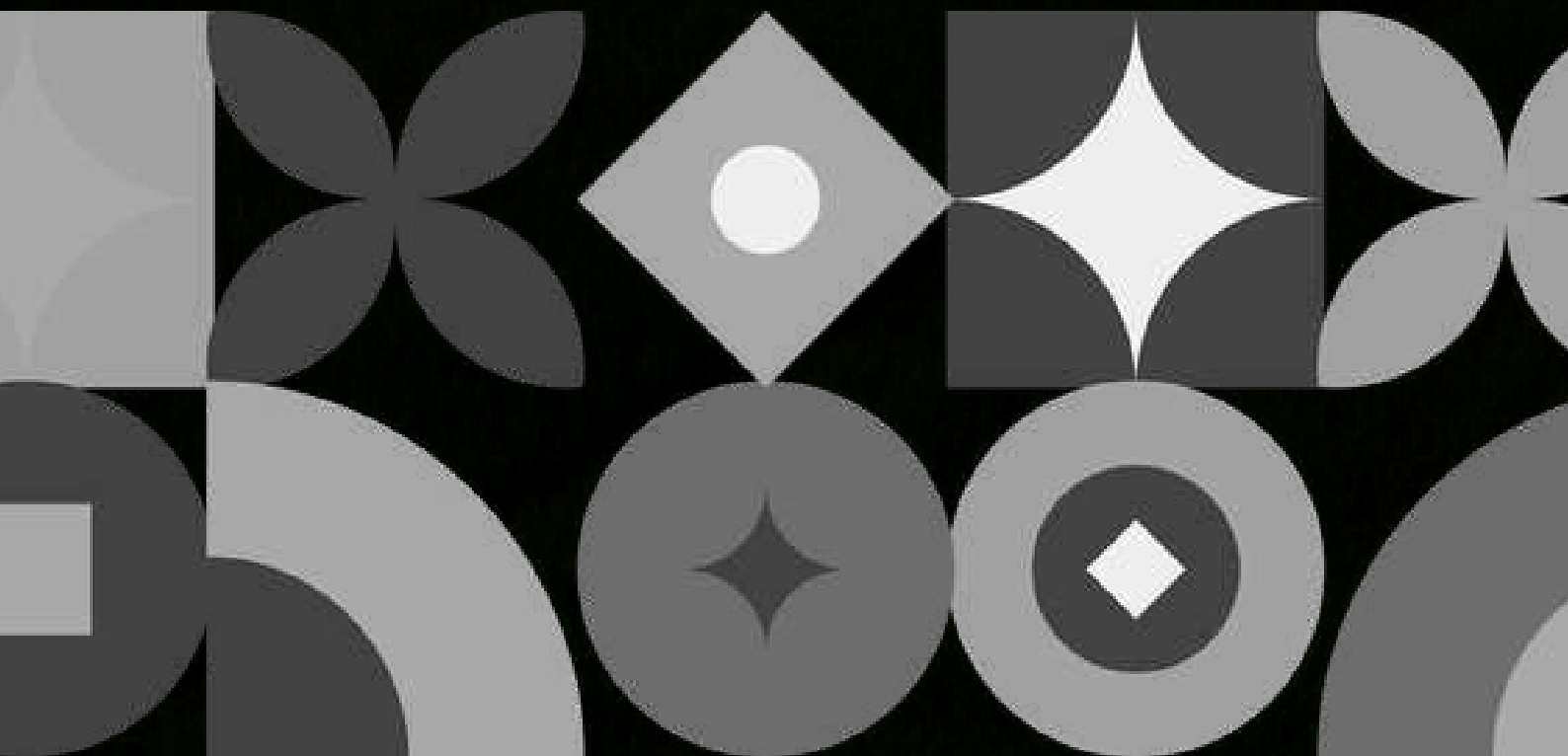


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Message from WHO Representative to Sri Lanka

This six-month progress report marks a special milestone for WHO Sri Lanka, as it is the first such report since I assumed the role of WHO Representative to Sri Lanka in December 2025. It is our intention to make this a regular six-monthly publication to provide stakeholders and health partners with a timely overview of WHO's work in support of the Ministry of Health and other national counterparts.

While it does not replace WHO's corporate programme budget reviews or end-of-biennium reporting processes, this report offers a timely and easy-to-read picture of WHO's support to Sri Lanka.

Combining stories, figures, field photographs, and examples of partnership in action, it highlights how WHO and its partners are working alongside the Government of Sri Lanka to improve the health and well-being of people across the country. It also looks ahead to the opportunities and priorities that will shape our work over the coming six months and beyond.

I hope this report brings our work closer to readers, helping them see the people, partnerships and progress behind WHO's continued support to health in Sri Lanka.

Dr Rajesh Sambhajirao Pandav



In just six months, Sri Lanka has moved important health priorities closer to implementation, from advancing primary health care reform and strengthening quality and patient safety, to expanding cancer control, building readiness for chemical and biological emergencies, and supporting recovery after Cyclone Ditwah.

These milestones show how national leadership, WHO's technical expertise and strong partnerships can translate policy commitments into practical progress for people and communities.

WHO's key milestones in Sri Lanka

January to August 2026



ADVANCING PRIMARY HEALTH CARE REFORMS IN SRI LANKA

Against the backdrop of an ageing population, a growing burden of noncommunicable diseases, and ongoing economic pressures, Sri Lanka is taking forward a major reorganization of PHC, with Arogya Health and Wellness Centres expected to anchor a more people-centered model of care. To support this transition, a high-level mission of seven international experts that produced the “Transforming Primary Health Care as the Foundation for Healthier Communities in Sri Lanka” report, the outcome of **WHO's two-phase health system review**.



SUPPORTING SRI LANKA DURING CYCLONE DITWAH

When Cyclone Ditwah swept across Sri Lanka in late 2025, it left behind a trail of disruption that tested the resilience of communities and the national health system. WHO stepped in to support the Ministry of Health with coordinated action, technical expertise and critical supplies that helped stabilize essential services during a time of crisis, with **175,000 USD allocated to strengthen rapid response functions in the flood-affected districts**, helping sustain critical medical and public health rapid response services at a time when they were most needed.



ADVANCING MEASURES FOR A COUNTRY FREE FROM ALCOHOL RELATED HARM

Sri Lanka has taken a significant step towards reducing alcohol-related harm with the launch of the **WHO SAFER technical package and the country's first comprehensive alcohol investment case**. The Alcohol Investment Case provides evidence on the substantial health and economic burden attributable to alcohol use, while **WHO SAFER initiative** offers a package of five high-impact, evidence-based interventions that supports countries to reduce alcohol-related harm and save lives.

WHO's work in Sri Lanka

WHO has partnered with Sri Lanka for more than seven decades, supporting a health system widely recognized for delivering strong outcomes at modest cost.

Over that time, the partnership has evolved from disease-focused campaigns to **broad technical and policy collaboration, strengthening primary health care, expanding immunization, driving disease elimination milestones such as malaria, and standing with the country through emergencies** from tsunami recovery to COVID-19.

Today, the collaboration is guided by the **Country Cooperation Strategy 2024–2030**, which aligns WHO's support with national health priorities through three Strategic Priorities:

A resilient, PHC-oriented health system advancing universal health coverage



Health promotion and disease prevention across the life course



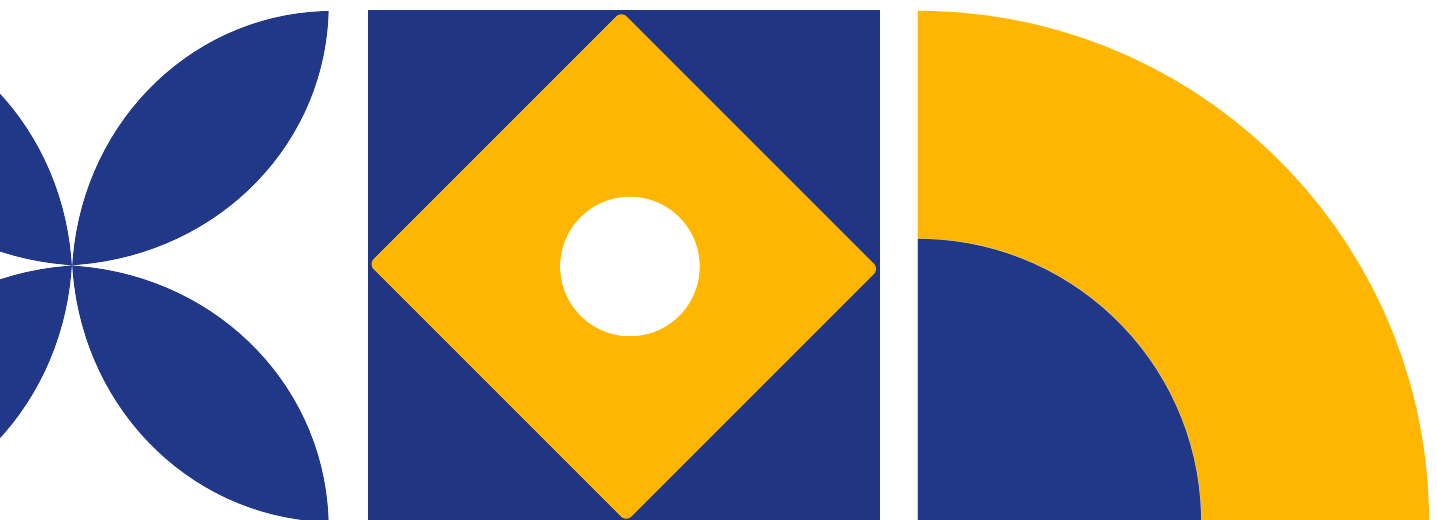
Stronger preparedness and response capacity for health emergencies



The 2026–2027 Programme Budget falls within this CCS period, and its priorities are fully aligned with both the CCS and Sri Lanka's national health priorities. This report focuses on progress made against these shared priorities from January to June 2026.

Sri Lanka's health landscape is shifting - an ageing population, a rising burden of noncommunicable diseases and mental health needs, climate-related health risks, and continued pressure on health financing and the health workforce. The sections that follow set out the country context, the current public health snapshot, and WHO's work across each technical area from January to June 2026.

1 Health systems



What does work in health systems look like?

Health systems work in Sri Lanka focuses on strengthening the foundations for quality, affordable and people-centred services across the life course.

WHO supports the Ministry of Health & Mass Media to advance a more efficient, equitable, inclusive and resilient primary health care-oriented system towards Universal Health Coverage.

This includes support for health sector governance, policy and strategic planning, health financing, service delivery reforms, quality and patient safety, digital health, health information systems, human resources for health, and access to safe, quality medical technologies, helping Sri Lanka sustain past gains while adapting to epidemiological and demographic transitions.



Supported Sri Lanka's preparedness for participation in the Seventy-ninth World Health Assembly (WHA79) and the Seventy-ninth Session of the WHO Regional Committee for South-East Asia (RC79):

The two **Global Health Diplomacy workshops**, brought together senior officials of the Ministry of Health, technical programme managers and public health professionals and enhanced their understanding of WHO governance processes, priority agenda items and effective engagement in international health policy discussions.

[Read the full story](#)

OUTCOME

WHO-supported Global Health Diplomacy workshops strengthened Sri Lanka's capacity to engage in WHO governing processes, articulate national priorities, refine country interventions, and contribute effectively to regional and global health policy dialogue.



Strengthening national policy for healthcare quality and patient safety

Sri Lanka launched three complementary national instruments: the **National Policy on Infection Prevention and Control 2026-2035**, the National Strategic Plan on Healthcare Quality and Safety 2026-2030 and the **National Action Plan on Medication Safety 2026-2030**. Together, they address AMR, safety culture, patient-centredness, workforce competence, data systems and medication-related harm. WHO facilitated the development of each of these technical products by providing support across all three-levels of the Organization, through the "Global Patient Safety Collaborative".

OUTCOME

Through this support, Sri Lanka established an updated national policy and implementation framework for quality and safety across the continuum of care, with defined strategic directions for infection prevention and control, medication safety, governance, workforce development, monitoring and continuous quality improvement.

[Read the full story](#)



Translating primary health care reform into action

A high-level mission of seven international experts from India, Japan, Australia, the United Kingdom, Thailand and WHO SEARO examined how Sri Lanka could translate its primary health care reform agenda into feasible implementation choices. The engagement focused on the role of Arogya Health and Wellness Centres, governance and financing arrangements, multidisciplinary PHC teams, digital health, information systems, referral pathways and continuity of care.

OUTCOME

[Read the full story.](#)

The mission produced the report “Transforming Primary Health Care as the Foundation for Healthier Communities in Sri Lanka” and handed over to the Hon. Minister of Health, Dr Nalinda Jayatissa, in the presence of the Hon. Deputy Minister of Health, providing recommendations to guide implementation of a more integrated and people-centred PHC model.

Marking a century of public health leadership in Sri Lanka

The National Institute of Health Sciences (NIHS) Centenary Celebrations represented a significant national milestone and a renewed commitment to strengthening the country's health system. As the principal partner, WHO Sri Lanka supported series of high-level events and technical engagements that highlighted Sri Lanka's public health achievements while fostering dialogue on future priorities. One of key highlights was the technical session on primary health care transformation, bringing together experiences from Sri Lanka, WHO SEARO, Thailand, Slovenia and the Maldives.

OUTCOME

This WHO technical session encouraged the exchange of national and international experience on building more integrated, equitable and people-centred primary health care systems, while reinforcing the importance of PHC investment and continued public health learning through NIHS to advance Universal Health Coverage and prepare health systems for future needs in Sri Lanka.



HUMAN RESOURCES FOR HEALTH

Developing leadership for a stronger patient-safety culture

Through a programme jointly supported by WHO at all three levels and SingHealth, Singapore, senior health leaders from national and subnational levels strengthened their capacity to foster safety culture, lead organizational change, and promote learning from incidents. The initiative supported Sri Lanka's preparations for healthcare accreditation, while enabling participants to develop action plans to advance patient safety and quality improvement across the health system.

[Read the full story](#)



OUTCOME

Health leaders were equipped to champion safer institutional practices, strengthen learning from incidents and support readiness for Sri Lanka's national accreditation programme.



OUTCOME

Through this support, Sri Lanka established an updated national policy and implementation framework for quality and safety across the continuum of care, with defined strategic directions for infection prevention and control, medication safety, governance, workforce development, monitoring and continuous quality improvement.

Moving the Health Humanities Resolution towards implementation

Following Sri Lanka's leadership in securing the first WHO resolution on introducing health humanities into health professional education and training, the Ministry of Health and WHO convened stakeholders to consider national implementation. Subsequently a national Core Group on Health Humanities, with focals from Sri Lanka's 13 medical faculties was established to provide leadership, coordination & technical guidance for implementation. A national situational analysis on the Status of Health Humanities in Medical Curricula in Sri Lanka was undertaken to map existing practices, identify gaps and opportunities, and inform future policy and curriculum development.

[Read the full story](#)

Preparing Sri Lanka's public health nursing workforce for the future with UK collaboration

WHO Sri Lanka, the Ministry of Health and International Academy of the Royal College of Nursing (RCN-UK) supported a training programme in June 2026 for the 3rd cohort of 100 PHNOs. The two-day programme brought together Ministry of Health experts, national trainers and RCN-UK specialists to strengthen practical skills in service mapping and referrals, health promotion communication, dementia care, holistic palliative care, nutrition, documentation, mentorship and ethical community nursing practice.

[Read the full story](#)



OUTCOME

An enhanced investment in the nursing workforce, alongside supporting the implementation of the WHO Code of Practice on the International Recruitment of Health Personnel (2010) through a UK-Sri Lanka partnership.



Advancing national efforts to combat substandard and falsified medical products

WHO supported the drafting of Sri Lanka's **National Action Plan on substandard and falsified medical products**, bringing together key stakeholders through a week-long expert mission to identify priorities and strengthen national capacities for prevention, detection and response. The process strengthened collaboration among partners and identified actions to improve the safety, quality and effectiveness of medicines and other medical products used by the public.

OUTCOME

The initiative advanced national attention to regulatory oversight and quality assurance for medical products, resulting in a National Action Plan that is responsive to existing challenges, and aligned with global standards, providing a robust framework for coordinated national action to ensure that all people have access to safe, effective, and quality medical products.



[Read the full story](#)

Enhancing capacity to investigate substandard and falsified medical products

The National Medicines Regulatory Authority (NMRA), with support from the World Health Organization (WHO), conducted a workshop in Colombo in July 2026 to strengthen national capacity to investigate incidents involving substandard and falsified (SF) medical products, convening regulators, technical experts and representatives of key institutions involved in preventing, detecting and responding to SF medical products, with the aim of enhancing investigation practices, improving inter-agency coordination and supporting evidence-informed regulatory action to protect patients and communities.

OUTCOME

Enhanced national skills in conducting investigations, analyzing evidence, assessing risks and preparing investigation reports, and reinforced importance of timely detection, inter-agency collaboration and evidence-informed regulatory action to prevent harm and maintain confidence in health systems in Sri Lanka.



[Read the full story](#)

Digitally strengthening Civil Registration and Vital Statistics (CRVS) system through the One Registry joint project with UNDP

The OneRegistry Joint Programme, implemented by WHO and UNDP in partnership with the Registrar General's Department (RGD), supported the digital transformation of Sri Lanka's civil registration and vital statistics (CRVS) system. Recognizing CRVS data as an important public health resource, WHO supported efforts to improve the quality, completeness and use of birth, death and cause-of-death data. This included capacity-building for medical officers, medical records officers and mortality coders to strengthen the production and use of vital statistics.

[Read more here](#)



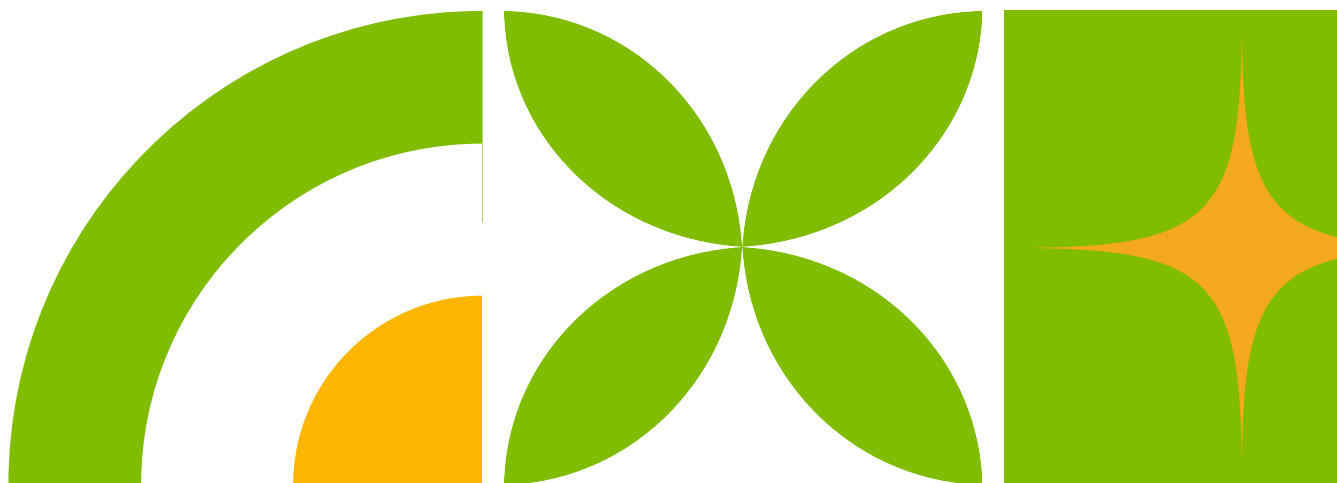
OUTCOME

Strengthened national capacity and institutional readiness for the digital transformation of Sri Lanka's CRVS system through enhanced leadership, technical expertise, and operational support. Improvements in the quality, completeness, and accessibility of birth, death, and cause-of-death data were supported through targeted capacity-building, strengthened digital infrastructure, and efforts to reduce birth registration backlogs. These interventions contributed to building a more efficient, integrated, and reliable CRVS system for evidence-based policy-making, public health monitoring, and service delivery.



WHO also supported institutional readiness for digital transformation through the **RGD to Digital Excellence Programme**, with a focus on leadership and change management. Technical and operational support was provided through a Digital Consultant to facilitate programme implementation and a UN Volunteer embedded within the RGD to support coordination. In addition, UN Volunteers were deployed in Colombo and Gampaha districts to help address backlogs in birth registration, contributing to improved completeness, quality and accessibility of civil registration data. WHO further supported the strengthening of digital infrastructure and operational capacity within the RGD and the Vital Statistics Unit.

2 Health promotion and disease prevention



How do we support health promotion and disease prevention?

WHO Sri Lanka supports the Ministry of Health and partners in advancing a comprehensive health promotion and disease prevention agenda across the life course, including communicable diseases control, noncommunicable diseases and their risk factors, mental health and substance use, reproductive, maternal, newborn, child and adolescent health, nutrition, neglected tropical diseases, healthy ageing, and environmental health.

Through policy development, strategic planning, capacity building, technical assistance, research, and programme implementation support, WHO promotes integrated and people-centred approaches to improving population health and well-being, and addresses cross-cutting priorities including gender, equity and human rights, health workforce development, emergency preparedness and response, antimicrobial resistance, and the social and commercial determinants of health, while fostering multisectoral collaboration to reduce health inequities and accelerate progress towards national and global health goals.



NON-COMMUNICABLE DISEASES

Preparing for enforcement of trans-fat regulations and connecting food regulation with cardiovascular disease prevention

Ahead of implementation of the Food (Trans-Fat) Regulations from 1 July 2026, laboratory professionals received four days of theoretical and hands-on training in WHO-recommended methods for detecting and quantifying trans-fatty acids.

[Read the full story.](#)



OUTCOME

Sri Lanka improved its readiness to translate the new regulation into measurable changes in the food supply by linking legal controls with the analytical capability required to verify industry compliance.



OUTCOME

WHO is supporting Sri Lanka to translate global evidence and the imPACT review recommendations into tangible actions, accelerating progress toward earlier diagnosis, improved treatment outcomes, and reduced cancer burden for all Sri Lankans.

Strengthening respiratory care through primary health care

Work on asthma and chronic obstructive pulmonary disease brought the management of chronic respiratory conditions into the broader PHC reform agenda, emphasising earlier identification, appropriate management and continuity of care closer to communities.

[Read the full story.](#)

OUTCOME

The initiative helped reinforce chronic respiratory care as part of comprehensive primary health care rather than relying predominantly on episodic, hospital-centred management.



COMMUNICABLE DISEASE CONTROL



Sustaining gains in dengue case management

Sri Lanka's health authorities, with support from the World Health Organization (WHO), convened the **National Dengue Review 2026** from 11 to 13 August to assess the country's dengue situation, review the ongoing outbreak response, identify operational challenges, and define strategic priorities for strengthening dengue prevention and control nationwide.

[Read the full story.](#)

OUTCOME

A shared assessment from the review, with WHO continuing to support the Ministry of Health and the National Dengue Control Unit in strengthening dengue surveillance, laboratory systems, outbreak preparedness, vector control, risk communication, clinical management and the use of strategic information for public health decision-making.

Advancing leprosy prevention and control

WHO continued to support Sri Lanka's progress towards achieving a **Zero Leprosy Sri Lanka by 2035** through sustained technical assistance, strategic guidance and collaboration with the Ministry of Health and the Anti-Leprosy Campaign (ALC). The visit of Mr Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination and Honorary Chair of The Nippon Foundation, in June 2026 provided an opportunity to reinforce national commitment, strengthen advocacy efforts and maintain momentum towards interrupting leprosy transmission and eliminating stigma associated with the disease.

[Read the full story.](#)



OUTCOME

Mr Sasakawa's engagement reinforced national and partner commitment to interrupting transmission, improving early detection and treatment, and addressing the stigma and discrimination experienced by people affected by leprosy.



OUTCOME

Improving laboratory quality, expanding stewardship activities, and fostering One Health collaboration and laid a foundation for sustainable AMR surveillance and evidence-based action, helping protect the health of people, animals, and the environment from the growing threat of antimicrobial resistance in Sri Lanka.

Supporting AMR stewardship

Fleming Fund support, implemented through the World Health Organization (WHO), has made a significant contribution to strengthening Sri Lanka's response to antimicrobial resistance (AMR) through investments in surveillance, laboratory systems, antimicrobial stewardship, and multisectoral collaboration. These efforts support the implementation of **Sri Lanka's National Strategic Plan for Combating AMR (2023–2028)** and advance a One Health approach that recognizes the interconnected links between human, animal, and environmental health.

National Immunization Technical Advisory Group (NITAG) strengthening

In Sri Lanka, the National Advisory Committee on Communicable Disease (NACCD) acts as the NITAG. WHO supported the Ministry of Health to strengthen **Sri Lanka's National Immunization Technical Advisory Group (NITAG)** through implementation of the **NITAG Maturity Assessment Tool (NMAT) process**, orientation of newly appointed members, and the facilitation of the involvement with the NITAG Club to promote continuous learning and exchange on evidence appraisal, vaccine policy and recommendation development.

OUTCOME

Sri Lanka improved its readiness to translate the new regulation into measurable changes in the food supply by linking legal controls with the analytical capability required to verify industry compliance.



Supporting the first comprehensive landscape review of the Commercial Determinants of Health (CDoH) in Sri Lanka

This generated a **country situation analysis of how commercial sectors, market practices and economic policies influence health outcomes and health equity**. The review examined pathways through which industries such as tobacco, alcohol, food, pharmaceuticals and digital platforms affect health, assessed existing governance and regulatory responses, and identified priorities for future action.

OUTCOME

The review established an evidence base for national dialogue on commercial determinants of health and provided strategic recommendations to strengthen governance, multisectoral action and protection of public health interests, supporting future policy development to address the commercial drivers of ill health and health inequities in Sri Lanka.

Strengthening laboratory capacity for polio surveillance and outbreak preparedness

WHO facilitated the on-site **accreditation review of Sri Lanka's National Polio**, bringing together experts from WHO Headquarters, WHO SEARO and regional reference laboratories. The review assessed laboratory quality systems, biosafety, virus isolation and intratypic differentiation functions, while providing technical guidance for continuous improvement and future implementation of environmental surveillance.

OUTCOME

The National Polio Laboratory demonstrated strong performance against **Global Polio Laboratory Network standards**, achieving high accreditation scores and maintaining timely and accurate poliovirus testing and reporting capacities. The review further strengthened Sri Lanka's readiness to support sensitive poliovirus surveillance and sustain its polio-free status.

Strengthening child and adolescent mental well-being through responsive parenting and digital citizenship

WHO supported **evidence generation and dissemination on child and adolescent digital wellbeing, responsive parenting and digital citizenship** in collaboration with the Family Health Bureau and the Sri Lanka Medical Association. The initiative reviewed global evidence and the Sri Lankan context on screen use, online safety, child development and mental wellbeing, and facilitated policy dialogue among key stakeholders, with the findings informing discussions at the highest levels of government, including engagement with the Hon. Prime Minister and the Ministry of Health.

OUTCOME

Strengthening the national evidence base on digital wellbeing and child mental health, increased awareness among policymakers and stakeholders, and supported the development of evidence-informed recommendations for parenting guidance, digital citizenship and child online safety.

Supporting life-skills education and strategic planning for adolescent health

WHO provided technical assistance to the Family Health Bureau to strengthen the Health Promoting Schools programme through the review and finalization of evaluation tools aligned with WHO standards. WHO also supported the development of life-skills training modules for school students, teachers and health staff and contributed to the finalization of the **National Strategic Plan on Adolescent and Youth Health (2026–2030)** through technical consultations, national reviews and coordination of expert inputs from WHO SEARO.

OUTCOME

The initiative strengthened Sri Lanka's capacity to promote adolescent health and wellbeing through schools and community platforms while providing a strategic framework to address priority health issues affecting adolescents and youth over the coming decade.

Promoting healthy diets and lifestyles in estate populations through community-based interventions

WHO supported the Ministry of Health in implementing community-based interventions in estate sector communities to improve food habits and healthy lifestyles. Technical assistance was provided to strengthen the capacity of community field workers, support behaviour change activities and empower communities to adopt healthier dietary practices. WHO also contributed to the finalization of Healthy Workplace Canteen Guidelines to promote healthier food environments and support the prevention of nutrition-related diseases.

[Read the full story.](#)



OUTCOME

Strengthened community and workplace environments that support healthy eating and healthy lifestyles, contributing to the prevention of malnutrition, obesity and noncommunicable diseases across the life course.

FAMILY HEALTH, GENDER AND LIFE COURSE

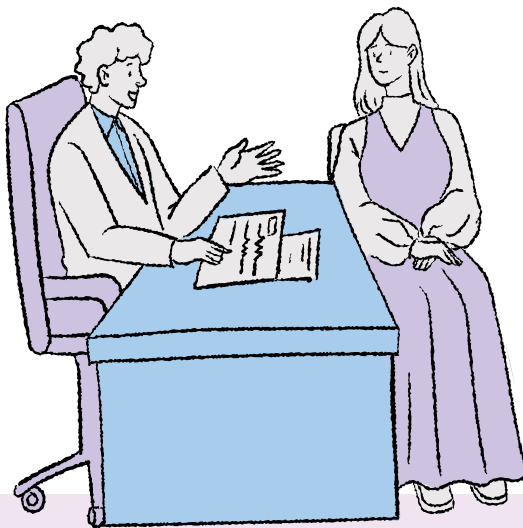
Advancing healthy ageing and promoting wellbeing among older persons

WHO supported the Ministry of Health in developing the **Multisectoral Action Plan on Healthy Ageing (2026–2030)** through stakeholder consultations, technical reviews and coordination with national and international experts. WHO also collaborated with the Ministry of Health and the College of Community Physicians of Sri Lanka to conduct a national webinar on elder abuse, creating awareness on healthy ageing, dignity, rights and protection of older persons while promoting policy dialogue on the growing public health challenges associated with population ageing.



OUTCOME

Strengthened national commitment to healthy ageing and coordinated multisectoral action to improve the health, wellbeing, independence and quality of life of Sri Lanka's growing older population.



OUTCOME

Enhanced capacity of subnational health managers to translate national RMNCAH policies and standards into district-level actions, strengthening governance, accountability and equitable service delivery and improved planning for maternal, newborn, child, adolescent and older person health programmes.

Strengthening subnational planning capacity for RMNCAH programmes

WHO supported a national training workshop on RMNCAH programme planning for subnational health managers, strengthening capacities in evidence-based planning, equity-focused prioritization, resource allocation and monitoring using WHO programme planning tools and guidance.

PALLIATIVE CARE

Expanding palliative care consultation services

Sri Lanka reviewed progress in extending palliative care consultation services, following a national review session to assess progress across 23 tertiary and secondary level health institutions in Sri Lanka, convened by the National Cancer Control Programme of the Ministry of Health, with support from WHO. Sri Lanka has also been selected to participate in the Collaborative Movement for Palliative Care Access and System Strengthening (COMPASS) Project 2026–2027, established under the Global Initiative for Childhood Cancer.

[Read the full story](#)



OUTCOME

WHO will continue to support Sri Lanka's efforts to improve the quality and reach of palliative care services. The outcomes of the national review will inform recommendations for Sri Lanka's emerging palliative care policy and strategic action plan.

SUBSTANCE CONTROL AND SOCIAL DETERMINANTS OF HEALTH (HEALTHY CITY INITIATIVE)



Translating alcohol-control evidence into national action

Sri Lanka launched the WHO SAFER technical package alongside its first comprehensive alcohol investment case, bringing together evidence on effective policy measures and the health and economic consequences of alcohol harm.

[Read the full story](#)

OUTCOME

This echoes the objectives of Sri Lanka's own National Policy on Alcohol Control, adopted in 2016, which commits the country to protect all segments of the population from the consequences of alcohol use at home, in workplaces and in public places.

Expanding access to essential eye care

Through the SPECS 2030 initiative, WHO worked with the Ministry of Health, with technical engagement from WHO's regional and global levels, to integrate essential eye care into primary health care and improve access to early identification and correction of common vision problems, along with facilitating the partnership with RestoringVision, resulting in a commitment of 350,000 reading spectacles for older adults in Badulla, Monaragala and Nuwara Eliya, with a further 1.65 million agreed in principle for expansion to other districts, subject to successful implementation and evaluation of the pilot.



OUTCOME

Primary health care workers in 3 districts strengthened their capacity for early detection, management and referral of eye conditions, promoting timely access to care and helping reduce avoidable blindness and vision loss.

OUTCOME

The programmes enhanced awareness amongst local government and health-sector stakeholders and established a strong foundation for implementing multisectoral actions that promote healthier, more inclusive, and sustainable urban environments in Sri Lanka.

Advancing healthier urban environments

With technical support from WHO, the Ministry of Health, through the Estate and Urban Health Unit, is strengthening the Healthy City Initiative in Sri Lanka, with four provincial advocacy programmes conducted to improve awareness among local authorities and encourage urban municipalities and councils to engage with and join the Initiative.



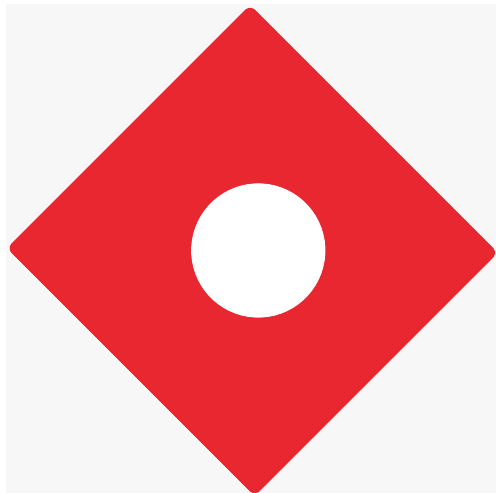
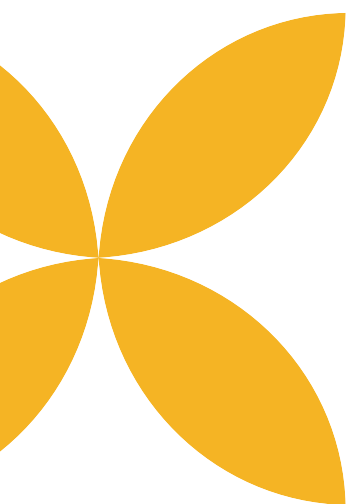
Strengthening tobacco control with a focus on young people

National activities for World No Tobacco Day 2026 in Sri Lanka highlighted the ways tobacco and nicotine products are designed and marketed to attract younger audiences, connecting public awareness with the wider need for effective regulatory and preventive action.

OUTCOME

The 2026 campaign strengthened public and policy attention to industry tactics targeting young people and reinforced the need for stronger protection from tobacco and nicotine-product marketing in Sri Lanka.

3 Health in emergencies



How do we mobilize support for health emergencies?

As part of the WHO Country Cooperation Strategy (CCS), WHO supports the Government of Sri Lanka in strengthening national capacities for health emergency preparedness, readiness, response, and recovery.

This includes supporting implementation of the International Health Regulations (2005), the National Action Plan for Health Security 2024-2028, and the development of resilient emergency management systems. WHO works closely with the Ministry of Health and partners to strengthen disease surveillance, event-based surveillance, early warning systems, emergency operations coordination, risk assessment, and public health intelligence.



EMERGENCY WORKFORCE

Strengthening of Sri Lanka's health emergency workforce for chemical and biological hazards

Through a week-long programme from 23 to 27 February 2026, the programme included activities in development of national reference documents for chemical emergency response, a national consultation on workforce strengthening, and technical training covering hazard assessment, PPE use, detection and notification systems, decontamination, incident command systems, and CBRNE preparedness. WHO also handed over essential CBRN equipment and PPE to six tertiary hospitals.

[Read the full story.](#)



OUTCOME

The initiative enhanced national preparedness, operational readiness, and multi-sectoral coordination for chemical emergencies in the health sector key stakeholders.



OUTCOME

The findings will guide targeted capacity-building investments and workforce development activities, strengthening national coordination, readiness, and resilience to respond effectively to chemical and biological emergencies.

Supporting national plan development for chemical & biological hazards

Phase 1 of Sri Lanka's 2026–2030 National Plan for Strengthening the Emergency Health Workforce for Chemical and Biological Hazards in partnership with the Ministry of Health focused on mapping existing workforce capacities, skills, training, and institutional readiness across preventive and curative health services, aligned with the eight functions of the Incident Management System. A nationwide facility assessment was initiated to identify preparedness and workforce gaps at all health system levels.

[Read the full story.](#)

PREPAREDNESS

Enhancing Risk Communication and Community Engagement (RCCE)

In response to a priority recommendation of Sri Lanka's 2023 Joint External Evaluation, WHO supported an **external review of the national Risk Communication and Community Engagement (RCCE) system**, with attention to lessons from the COVID-19 response and their application to future health emergencies. This assessed governance and coordination, public communication, community engagement and listening, infodemic management, workforce capacity, equity and sustainability. Preliminary findings were presented to the Director General of Health Services to inform further strengthening of the national RCCE system.



OUTCOME

Documented strengths in community engagement and multisectoral coordination, while identifying the need to further institutionalize RCCE arrangements, and provide an evidence base for strengthening national RCCE capacities and future strategic planning for health emergencies.

Steps for respiratory pathogen pandemic planning



Supporting the National Respiratory Pathogen Pandemic Preparedness Plan

To strengthen the country's readiness, response, and resilience against future respiratory pathogen threats, WHO is facilitating the review and alignment of the plan with lessons learned from the COVID-19 pandemic, evolving global guidance, and national priorities. The revision process includes strengthening governance and coordination mechanisms, surveillance and early warning systems, laboratory capacity, RCCE, health emergency workforce readiness, clinical management, logistics and supply chain systems, and continuity of essential health services.

OUTCOME

The updated plan will provide a comprehensive framework to support a whole-of-government and whole-of-society approach to pandemic preparedness and response, enhancing Sri Lanka's capacity to prevent, detect, and respond effectively to future public health emergencies.

Sri Lanka participated in the WHO South-East Asia Regional Practice of All-Hazard IHR Event Communication (SAPHIRE) 2026

A regional simulation exercise that brought together more than 200 officials from International Health Regulations National Focal Points (IHR NFPs), Poison Centres, Health Emergency Operations Centres (HEOCs), and chemical emergency agencies from 10 countries. Using a simulated pesticide-related chemical emergency, the exercise tested national and regional mechanisms for event detection, risk assessment, reporting, communication, and cross-border coordination under the IHR (2005).



OUTCOME

SAPHIRE 2026 strengthened multisectoral collaboration, identified opportunities to improve standard operating procedures and communication pathways, and enhanced regional preparedness for chemical incidents and other public health emergencies.

SURVEILLANCE AND ALERT



Supporting the development of an Event Based Surveillance(EBS) system

Through the Pandemic Fund, WHO is providing technical assistance for the design and implementation of the **Event Based Surveillance EBS system**, including development of tools, standard operating procedures, monitoring and evaluation mechanisms, capacity-building activities, and partner coordination. Earlier in 2026, WHO conducted training for the Epidemiology Unit on the use of **Epidemic Intelligence from Open Sources (EIOS)**, to identify and assess public health signals from online information sources. WHO is also supporting the establishment of **Wastewater and Environmental Surveillance (WES) systems** to promote a multi-source surveillance approach. The initial in country consultation has been completed in the first half of 2026.

OUTCOME

Better detection of early warning signals through non-traditional methods of surveillance enable to identify and rapidly address health threats as they evolve in communities

FOOD SAFETY

Knowledge exchange with India on food safety standards

WHO facilitated a **technical study visit to the Food Safety and Standards Authority of India (FSSAI)** in New Delhi from 27 to 31 July 2026 for a delegation from Sri Lanka's Ministry of Health. The visit brought together officials from the Directorate of Environment, Occupational Health and Food Safety, the Food Control Administration Unit, and the Medical Research Institute to strengthen national capacities in food safety governance and regulation. Through technical exchanges and site visits, participants explored risk-based food inspection systems, food safety surveillance, laboratory networks, digital licensing and compliance platforms, food labelling regulations, and food advertising oversight.

[Read the full story.](#)

OUTCOME

The study visit strengthened the technical knowledge and capacities of Sri Lankan food safety authorities and provided practical insights into internationally recognized approaches for food safety regulation and oversight. Lessons learned will **support Sri Lanka's ongoing efforts to modernize its food safety framework**, including the establishment of a Food Safety Bureau, enhancement of food labelling oversight, and strengthening of regulatory systems.



4 Cyclone Dittwah response



CYCLONE DITWAH RESPONSE



Leading the health sector coordination

- WHO led the health sector narratives for the Joint Rapid Needs Assessment Phase 1 and Phase 2, Humanitarian Priorities Plan and co- led the health sections of the Post Disaster Needs Assessment with Ministry of Health Sri Lanka.
- WHO played a convening role as **health cluster/ sector chair** convening the UN Health Cluster Meeting on 14 occurrences with the participation of over 40 stakeholders representing UN, non-governmental, civil society, donors and other development partners.

Procurement of medical supplies

- Critical medical commodities lost during the disaster were replenished, including the procurement and **distribution of 9,200 vials of Insulin, 200,000 syringes, 700,000 blood glucose testing strips through the national health supply chain**, ensuring uninterrupted diabetes care services nationwide. 2,000 nasopharyngeal and oropharyngeal swabs were provided to continue influenza sentinel site surveillance during the displacement of populations.

Sexual and reproductive health

- WHO also initiated the replenishment of family planning clinic commodities destroyed during the cyclone and supported the procurement of dengue serotyping PCR diagnostic kits to strengthen laboratory surveillance capacity.

Building resilience

- Recovery and resilience-building activities were implemented primarily in Badulla, Monaragala, Colombo, and other affected districts. These included strengthening community protection, disability inclusion, gender-based violence prevention, and protection from sexual exploitation and abuse through training and sensitization programmes for health personnel.



CYCLONE DITWAH RESPONSE



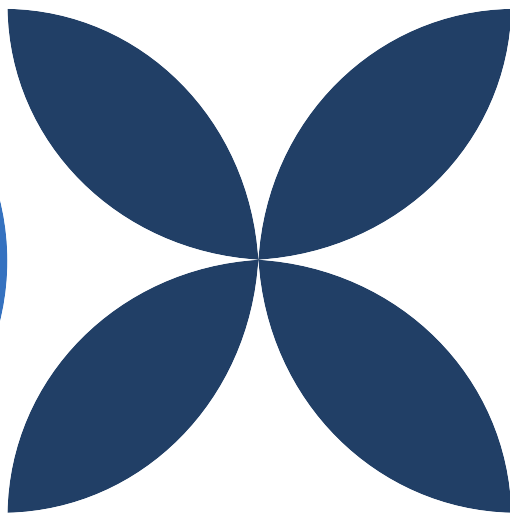
Mental and psychosocial support (MHPSS)

- **Psychosocial First Aid (PFA)** training was provided for Child Development Officers and Welfare Officers serving plantation communities, while outreach mental health services were delivered to displaced populations and affected communities.
- **Addressing mental-health and psychosocial needs post Cyclone Ditwah:** In the Badulla District, WHO supported the Regional Director of Health Services (RDHS) to strengthen community-based Mental Health and Psychosocial Support (MHPSS) services for disaster-affected populations.
- WHO also supported **psychosocial-support trainings** for 49 frontline workers in Kandy and Psychological First Aid training in Badulla that equipped nearly 360 educators to assist students affected by the emergency.
- A comprehensive review of health, nutrition, and wellbeing services in the estate sector was also completed to identify gaps and strengthen service delivery for vulnerable populations. In Colombo District, WHO supported capacity-building programmes for health and non-health stakeholders on injury prevention, medical emergency management, and basic first aid, reaching 360 personnel and strengthening local preparedness for future emergencies.

Through the Cyclone Ditwah response, WHO supported both immediate response operations and early recovery interventions, restoring essential health services, strengthening public health capacities, replenishing critical supplies, supporting vulnerable populations, and enhancing resilience in the most affected districts. This emergency also was an opportunity to test how previous investments in strengthening emergency operations were utilized in actual emergencies.



5 Resource mobilization, strategic partnerships and challenges



Resource Mobilization

WHO’s biennial Programme Budget is financed through two main funding streams: Flexible Funds and Voluntary Funds. Flexible Funds are derived primarily from Member States’ assessed contributions, while Voluntary Funds are mobilized from development partners and donors to support specific programmes and priorities.

Comparing the first year of the current Programme Budget cycle (July 2026, PB 2026–2027) with the corresponding period of the previous cycle (July 2024, PB 2024–2025), Flexible Funds remained relatively stable at approximately US\$3.6 million.

In contrast, Voluntary Funds increased by 107%, rising from approximately US\$1.7 million to US\$3.6 million over the same period.

This significant growth reflects both successful resource mobilization efforts and strong partner confidence in WHO’s technical leadership and support to the Government of Sri Lanka.



While a portion of these resources is mobilized directly at the country level, a substantial share is secured through WHO’s Regional Office and Headquarters. This demonstrates the value of WHO’s One WHO approach, leveraging coordinated efforts and collaboration across all three levels of the Organization to mobilize resources and deliver results.

Strategic Partnerships

Collaboration with Ministry of Health and counterparts

WHO Sri Lanka collaborates closely with the Ministry of Health and other government institutions, UN agencies, development partners, international financial institutions, academic and research institutions, professional associations, civil society and community-based organizations, and private-sector partners to **advance national health priorities and the Sustainable Development Goals.**

Convening key health partners

Together with the World Bank, **WHO co-chairs the regular Health and Nutrition Working Group**, which brings together UN agencies, civil society organizations, embassies, and development partners to discuss key health and nutrition priorities. Depending on the topic, government counterparts and private sector representatives are also invited to participate, fostering open dialogue, coordination, and collaboration across stakeholders.

Co-charing Health Cluster during health emergencies

During health emergencies, **WHO also serves as the Chair of the Health Cluster**, co-chairing the mechanism with the Ministry of Health and a civil society representative (Sarvodaya). The Health Cluster facilitates coordinated support among health partners to the government, supports information sharing, and promotes a harmonized response to public health emergencies and humanitarian situations.



Challenges

The first half of 2026 was marked by significant operational and external challenges for WHO Sri Lanka. Following the global reprioritization and realignment process implemented across WHO since 2025, the country office began the year with a substantially leaner workforce, with **33% budget cut in the human resources (from the 2024-25 budget) and almost half of established positions discontinued**. Despite this reduced staffing profile, the office was expected to deliver a comparable level of technical support and programme implementation to the previous biennium, with even a slight increase of 5% in the activity budget. This required strategic prioritization, streamlined team structures and responsibilities, strengthened cross-programme collaboration, and more efficient use of available resources.

At the same time, WHO Sri Lanka remained heavily engaged in the **response to Cyclone Ditrwah**, which struck the country in late November 2025. Throughout the first months of 2026, the office played a central role in supporting national and inter-agency coordination efforts, including co-chairing Health Cluster meetings with the Ministry of Health and civil society partners, supporting coordination through the UN Humanitarian Country Team, and ensuring effective partner collaboration across the health sector and with other sectors involved in the response. Internally, WHO activated and maintained Incident Management Team (IMT) functions, repurposing existing staff across technical and operational units to take on emergency response responsibilities in addition to their regular workplans. This placed considerable demands on an already reduced workforce.

In addition, **global energy market disruptions linked to the Middle East conflict** resulted in fuel conservation measures and restrictions on non-essential government travel since March 2026. Consequently, some planned field missions and stakeholder consultations had to be postponed, scaled down, or adapted to virtual modalities.

Despite these challenges, WHO Sri Lanka successfully supported national emergency response and recovery efforts while continuing to deliver most of the results planned for January-June 2026 through adaptive programming, strong partnerships, and close collaboration with government counterparts and development partners.



WHO Sri Lanka thanks its key development partners for their generous financial support of its work in 2026



Beyond financial contributions, WHO greatly values non-financial technical partnerships that create synergies and strengthen support to national health priorities.



WORLD BANK GROUP

Support to the Primary Healthcare Systems Strengthening Project



ASIAN DEVELOPMENT BANK

Support to secondary care services and referral pathways

This technical support complements WHO's policy advice and technical assistance on primary health care and broader health systems reform.



Supports the Primary Health Care Leadership Programme through financial assistance, while WHO contributes technical guidance, curriculum development, and mentoring.

Such partnerships, although not reflected as resources mobilized directly by WHO, are equally valuable in advancing health outcomes and maximizing collective impact through coordinated support to the Government of Sri Lanka.

Looking forward

Sustaining efforts

As WHO Sri Lanka and the Ministry of Health look ahead to the remainder of the 2026-2027 Programme Budget period, efforts will focus on advancing national health priorities through a stronger, more resilient, equitable and people-centred health system.

KEY PRIORITIES INCLUDE:



Strengthening the health workforce



Advancing digital health



Enhancing preparedness and response to health emergencies



Addressing the growing burden of non-communicable diseases and population ageing



Sustaining progress towards communicable disease control and elimination targets.

In the pipeline

WHO will also undertake a **mid-term evaluation of the Country Cooperation Strategy (CCS) 2024-2030** to assess progress, identify lessons learned, and inform the remainder of the implementation period.

Looking ahead, WHO remains committed to working closely with the Government of Sri Lanka and partners across the UN system to providing technical expertise and normative guidance to advance Universal Health Coverage, strategic policy advice, strengthen health security, and improve the health and well-being of all people in Sri Lanka.









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