Sri Lanka
State of the Economy Report 2016

Chapter 14
SDGs to Ensure Healthy Lives

by
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14. SDGs to Ensure Healthy Lives

14.1 Introduction

Uplifting the health of a country's population is vital for enhanced socio-economic development as affirmed by many international reports and initiatives over the years.[1] In 1998, the World Health Organization (WHO) introduced the concept of 'Health for All in the 21st Century'; the MDGs followed up by setting three goals for health. This progressive importance on health is even more evident under the SDGs - amongst the 17 goals and 169 targets, one specific goal with 13 targets are assigned for health. And unlike MDGs - framed to strengthen human development - the health outcomes in SDGs are integrated towards sustainable development around three pillars namely; economic, social, and environmental. This integration is argued to make the approach to health in SDGs critically different from other development agendas.[2]

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Sri Lanka has made impressive inroads in health care delivery and sound outcomes. However, with demographic and epidemiological transitions, and rising incomes, the demand for health care is changing. Maternal and child care issues, and infectious diseases are on the decline while non-communicable diseases (NCDs) are on the rise. Despite good national level health indicators, regional disparities continue to persist. Against these challenges, the financial burden of meeting

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[1] World Bank (1993), *World Development Report – Investing in Health*, World Bank, Washington, D.C.

[2] WHO (2015), "Executive Summary: Towards a Monitoring Framework with Targets and Indicators for the Health Goals of the Post-2015 Sustainable Development Goals (Draft)," World Health Organization, Geneva.

Box 14.1
The 2030 Agenda for Sustainable Development - Health

"To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, ebola and other communicable diseases and epidemics, including by addressing growing anti-microbial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development."

Source: UN (2015), "Transforming Our World: The 2030 Agenda for Sustainable Development", United Nations, New York.

health needs is falling increasingly on individuals and households. In this context, the SDG agenda on health comes at a critical juncture in Sri Lanka's efforts to improve health care delivery and health outcomes through national policy initiatives.

14.2 Health in SDGs

Of the 17 SDG goals, goal 3 is devoted entirely towards health, aiming to "ensure healthy lives and promote well-being for all at all ages", comprising 13 sub-goals/targets (see Table 14.2) and 4 targets which are focused more on implementation/action (see Box 14.2). In order to measure outcomes, more than 15 indicators are listed.

As already mentioned, the focus of the health goal in SDGs is wider compared to that of MDGs. Whilst emphasis is still given to the same health targets, the SDG targets are more aspirational; in addition to maternal and child mortality, and infectious diseases (HIV/AIDS, Malaria, and Tuberculosis (TB)), newer infectious diseases have been brought in. Hepatitis B & C (both common causes of liver cirrhosis and cancer) have set targets and indicators, but some other defined diseases (e.g., water-borne diseases, neglected tropical diseases (NTDs), and other communicable diseases) are yet to have identified targets and indicators set.

Importantly, SDGs have incorporated crucial changes in morbidity patterns (epidemiological changes) that gave birth to NCDs, which are now the leading cause of deaths and disability in the world.[2] Principally, NCDs includes chronic diseases (diabetes, cardiovascular diseases, respiratory diseases, cancers, etc.), injuries, and mental health issues. Of 56 million global deaths in 2012, NCDs and mental health are attributed to 30 million deaths (52 per cent) while about 8

[2] WHO (2014), "Global Status Report on Non Communicable Diseases 2014: Attaining the Nine Global Non Communicable Diseases Targets – A Shared Responsibility", World Health Organization, Geneva.

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million deaths (14 per cent) occurred due to injuries.[3] More than 40 per cent of total NCD deaths (38 million) were premature deaths (under the age of 70 years).

Aside from being a cause of death, the rapid increase in NCDs impedes poverty reduction initiatives, particularly in low and middle income countries. The socially disadvantaged are at greater risk of getting sick and dying sooner because they are at high risk of being exposed to risk factors of NCDs (e.g., unhealthy diets, air pollution, and use of tobacco and alcohol). Further, the rise of NCDs can never be reversed or terminated. Therefore, NCDs are predicted to increase further by 15 per cent between 2010 and 2020, and further accelerated by 20 per cent in some countries of Africa, the Eastern Mediterranean, and South-East Asia.[4] Even though a set of targets for prevention and control of NCDs was introduced by the WHO, and technical and financial assistance was given to member countries for preparing and implementing effective interventions, some areas remain to be addressed. The SDGs aim to fill this with targets on NCDs (SDG 3.4 on NCDs and mental health, SDG 3.6 on accident and injuries) and NCD risk factors (SDG 3.5 on substance abuses, and SDG 3.9 on exposure to environmental and chemical pollutions). In addition, NCD targets are further underpinned by SDG 3a in which tobacco control programmes are to be carried out in all countries as appropriate.

Rising health inequalities within and between societies is also a key challenge addressed by SDGs. While a few initiatives are in place, such as the focus on social determinants of health by the WHO, the SDGs set ambitious targets with an emphasis on universal health coverage that pinpoints and addresses the determinants of health within and beyond the health sector. SDG 3.8 on "achieving universal health coverage (UHC)" is to act as a platform to integrate all sectors to address health issues and underpins existing approaches such as "health in all policies". UHC is defined as "a

[3] WHO (2014), "Non Communicable Disease: Country Profiles 2014", World Health Organization, Geneva.

[4] WHO (2010), "Global Status Report on Non Communicable Diseases 2010", World Health Organization, Geneva.

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coverage that provides people with the health services they need while protecting them from exposure to financial hardship incurred in obtaining care".[5] As per the definition, UHC has three dimensions: (i) health service coverage; (ii) financial protection coverage,[6] and (iii) population coverage. Once all three dimensions are achieved, inequity in health can also be removed.

However, achieving UHC is not straightforward; both developed and developing countries are unable to meet either all or any part of the dimensions of UHC (WHO, 2015). Apart from regional and global achievement on UHC, even within a country, there can be a variety of drawbacks and challengers - such as lack of fiscal space, poor coordination within programmes, unavailability of adequate information, inadequate human resources, poor health literacy, poor quality of medical supplies, etc. - that hinder the effectiveness of health interventions/programmes towards UHC. However, it is important to note that SDGs do not ignore system issues prevailing within a country and these are to be rectified through SDG 3b, 3c and 3d.

Achieving UHC is not the sole responsibility of the health sector; other sectors must also give substantial attention to reinforce the outcomes of health interventions. Hence, other SDGs such as those on poverty reduction (goal 1), provision of water and sanitation (goal 6), urbanization and service delivery in human settlement (goal 11) have a pivotal role to play in support of UHC. Another facet is the importance given to 'ensuring equity', explicitly recognized in SDGs as well as in the frequent use of the phrase "no one will be left behind". While the overall health targets in SDGs is well valid for all countries, suitable alterations need to be made in accordance with each country context.

14.3 Relevance of SDG3 to Sri Lanka

Sustained basic health outcomes in Sri Lanka are the result of effective care delivery by the country's public health system with the inception of a free health system.[7] Sri Lanka is

[5] WHO (2010), "The World Health Report: Health System Financing – The Path to Universal Coverage", World Health Organization, Geneva.

[6] WHO (2015), "Executive Summary: Towards a Monitoring Framework with Targets and Indicators for the Health Goals of the Post-2015 Sustainable Development Goals (Draft)", World Health Organization, Geneva.

[7] See Chapter 8 of this report on "Health Care Financing: Challenges and Alternatives".

SDG 3.8 on "achieving universal health coverage (UHC)" is to act as a platform to integrate all sectors to address health issues and underpins existing approaches such as "health in all policies".

placed well ahead of countries in the region in term of infant mortality, newborn mortality, child mortality, maternal mortality, and life expectancy. As per the 3rd MDG report, Sri Lanka has already met many of the health goals and targets while some goals are on track to be attained.

When considering the relevance of each SDG health target, the first three targets are the continuation of MDG health targets. With a good network of maternal and child health (MCH) care facilities across the country, Sri Lanka is enjoying a commendable reduction in maternal mortality, infant mortality, neonatal mortality, and under 5 mortality at the national level. The indicators are even well ahead of SDG targets (Figure 14.1). However, to sustain these achievements, further investment in MCH care is vital, in particular to reduce regional disparities.[8] Hence, the agreed targets in SDG 3.1 and 3.2 regarding MCH care are more relevant.

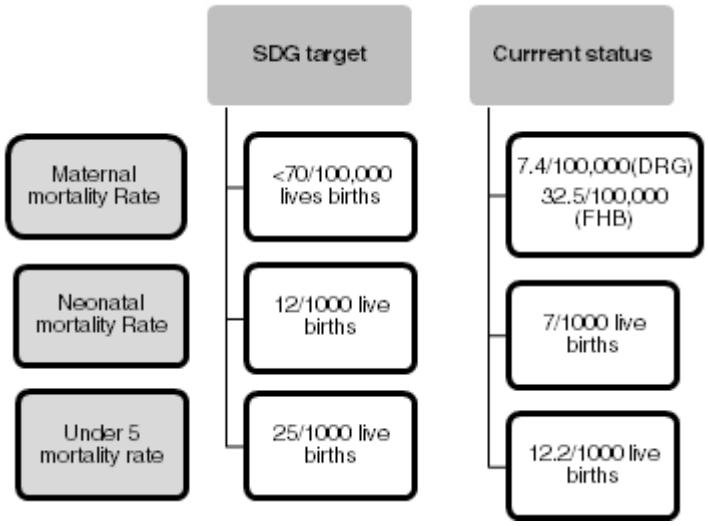
Although some SDG 3.3 commitments to "by 2030, end the epidemics of AIDS, TB, malaria, NTD, Hepatitis, water-borne diseases and other communicable diseases" have been monitored through the MDGs, there still remains challenges for Sri Lanka. While Sri Lanka is one among Southeast Asian countries whose HIV prevalence is less than 1 per cent,[9] reported cases have been increasing considerably over the years. From about 95 cases that were reported in 2009, the figures doubled to 186 cases in 2012; in 2015, reported cases stood at 235.[10] Notably, among the reported cases over the years, the proportion of males is progressively higher than females. For instance, in 2015 the male to female ratio increased to 2.8:1, from 1.7:1 in 2014. Further, a majority of cases are to be found in the age group of 25-34 and 35-49 years consistently, while the proportion of cases reported amongst 15-24 years has been gradually increasing. In

8 UN (2015), "Millenium Development Goals:Sri Lanka Country Report 2014", United Nations, Colombo.

9 WHO (2012), "HIV/AIDS in the South-East Asia Region: Progress Report 2011", SEARO/WHO, Geneva.

10 MOH (2015), "Annual Report 2015: National STD/AIDS Control Programme, Ministry of Health, Colombo.

Figure 14.1
SDG Targets and Current Status of Maternal, Neonatal, and Under 5 Mortality Ratios



Notes: DRG-Department of Register General; FHB- Family Health Bureau.

Source: MOH (2014), "*Annual Report*; Family Health Bureau 2013" and MOH (2015), "Annual Health Bulletin 2013", Ministry of Health, Colombo.

2015, the numbers living with HIV are estimated at around 4,200 with death by AIDS at 130. As per the HIV/AIDS target of SDGs, the number of deaths from AIDS is expected to be reduced by 117 from 130 deaths in 2015 base year.

Malaria is ranked as one of the top life threatening diseases. However, Sri Lanka has almost eradicated this epidemic with no deaths from malaria reported since 2007, and no single indigenous case reported since 2012.[11] However, the Ministry of Health (MOH) still carries out anti-malaria programmes to ensure that Sri Lanka remains a malaria free environment. By contrast, Sri Lanka is still combating the high prevalence of TB and dengue, despite widely carried out interventions across the country. Each year, about 5,000 dengue cases are reported and nearly 10,000 TB cases are detected and treated.[12] TB prevalence per 100,000 population in 2012 was 109 while out of 100 TB patients, almost 6 patients die, which is almost 4 times less compared to the average of WHO-SEARO (25 per cent). Further, Sri Lanka has taken steps to combat water-borne diseases, and Hepatitis by increasing access to safe drinking water across the country (with current coverage of 89.7 per cent), and vaccination coverage. However, Hepatitis B and C still exist, albeit with less prevalence (B and C range from 0.27- 2.5 per cent and 0.56-0.97 per cent, respectively).

[11] UN (2015), "Millenium Development Goals:Sri Lanka Country Report 2014", United Nations, Colombo.

[12] MOH (2015), "Annual Health Bulletin 2013", Ministry of Health, Colombo.

Achieving UHC is not the sole responsibility of the health sector; other sectors must also give substantial attention to reinforce the outcomes of health interventions.

NCDs and mental health are estimated to account for 75 per cent of all deaths in Sri Lanka, while 14 per cent of deaths occur due to injuries.[13] About 18 out of 100 people die before 70 years of age. Moreover, the country's leading cause of hospital death is Ischaemic heart disease. Sri Lanka has already begun to implement interventions in line with the NCD National Policy; more recently, a 'National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2020' was launched. With such national initiatives, Sri Lanka stands better placed to accelerate NCD prevention and control in line with SGD goals.

Sri Lanka's national targets with regard to reproductive health are also in line with SDG goals. In particular, teenage pregnancies (6.5 per cent in 2010), unsafe and illegal abortions (959.3/100,000 females of reproductive age in 2012), and contraceptive prevalence rate (64.2 per cent in 2010) are some critical areas which place teenagers/women at greater health risks.[14] Therefore, by incorporating the targets/ indicators of SDGs, current intervention on sexual and reproductive health care can be implemented more effectively.

UHC to be achieved through SDGs is an important concept towards health system development, with an emphasis on achieving equity progressively. Sri Lanka has been enjoying good health outcomes through a well functioning, publicly financed health system. However, over the years, the proportion of public sector finance has been declining while private sector contribution has increased, of which out-of-pocket (OOP) expenditure is the highest at 83 per cent of private health expenditure. Therefore, Sri Lanka's health system is far below the agreed SDG target of allowing people to stay free of OOP expenditure. Lack of access to quality, effective, and essential medicine is another critical issue that persists in Sri Lanka. Therefore, addressing poor financial sustainability in Sri Lanka's health system is pivotal.

The SDG goal on reducing deaths and illness due to chemical exposure is also relevant for Sri Lanka since a majority of people in the country engage in the agriculture sector. They are very often exposed to hazardous chemicals, with rising instances of chronic kidney diseases

[13] WHO (2014), "Non Communicable Disease: Country Profiles 2014", World Health Organization, Geneva.

[14] MOH (2015), "Annual Health Bulletin 2013", Ministry of Health, Colombo.

(CKD) in some areas where paddy farming is highly concentrated. Such chronic diseases are claimed to be a by-product of exposure to pesticides. Thus, exposure to such harmful chemicals needs to be addressed urgently to reduce endocrine imbalances in the human body and long-term health problems.

14.4 Key Challenges and Recommendations

Getting accustomed to a new global agenda is always a challenge for any country in view of scarcity of resources, and national agendas. While SDG goal 3 itself is very relevant to Sri Lanka, the real challenge in meeting the targets is in terms of resources - financial, physical, and human.

The estimated cost of achieving SDGs globally is US$ 2.5-4.5 trillion per year with a 'financial gap' of US$ 2.5 trillion, where sources of financing is still unclear. This merely reflects the scale of the challenge, particularly for low and middle income countries.[15] As defined by the WHO, a country can achieve UCH by spending around 5 per cent of GDP on health, and where OOP is less than 40 per cent of total expenditure on health (TEH).[16] As such, Sri Lanka is still far from attaining universal coverage; in 2013, Sri Lanka's TEH was 3.2 per cent of GDP and OOP 83 per cent of total private spending.[17] However, almost more than 75 per cent of health expenditure is financed by domestic funds. Increasing the country's fiscal space for higher spending on health to meet SDGs is a challenge. The private sector too has a crucial role to play in investing in SDGs. In many neighbouring economies (Singapore, Malaysia, and Thailand), the private sector plays a key role in bridging the financing gap. In Sri Lanka too, opportunities for investments by the private sector have to be clearly identified, and regulatory reforms carefully thought through in advance to ensure that the country's health system is safeguarded.

Table 14.1
Health Target Coverage by Areas

Areas Covered	SDG Target Numbers
MDG health targets	3.1 3.2 3.3
NCD targets	3.4 3.5 3.6
Mixed targets (financial protection, health literacy, access to care, exposed to environmental hazardous etc.)	3.7 3.8 3.9

[15] UN (2015), "Transforming Our World: The 2030 Agenda for Sustainable Development", United Nations, New York.

[16] WHO (2009), "Health Financing Strategy for the Asia Pacific Region (2010 – 2015). World Health Organization, Geneva.

[17] WHO (2013), "Country Profiles: Sri Lanka", retrieved from http://www.who.int/countries/lka/en/.

In addition to fiscal challenges, two other barriers need to be tackled. The first relates to a firm political commitment to establish an institutional mechanism (apex body) to ensure effective planning, implementation and monitoring of SDGs. This apex body should be representative of the public, private, and INGO/ NGO sectors. Thereafter, SDGs need to be aligned to national health policy initiatives, financing estimates worked out, and monitoring and evaluation systems developed at regional and national levels. The second constraint to be addressed is formalizing coordinated action between health and other health related sectors. In this, adopting the concept of 'health in all policies' is essential, to avoid overlaps and duplications in health interventions.

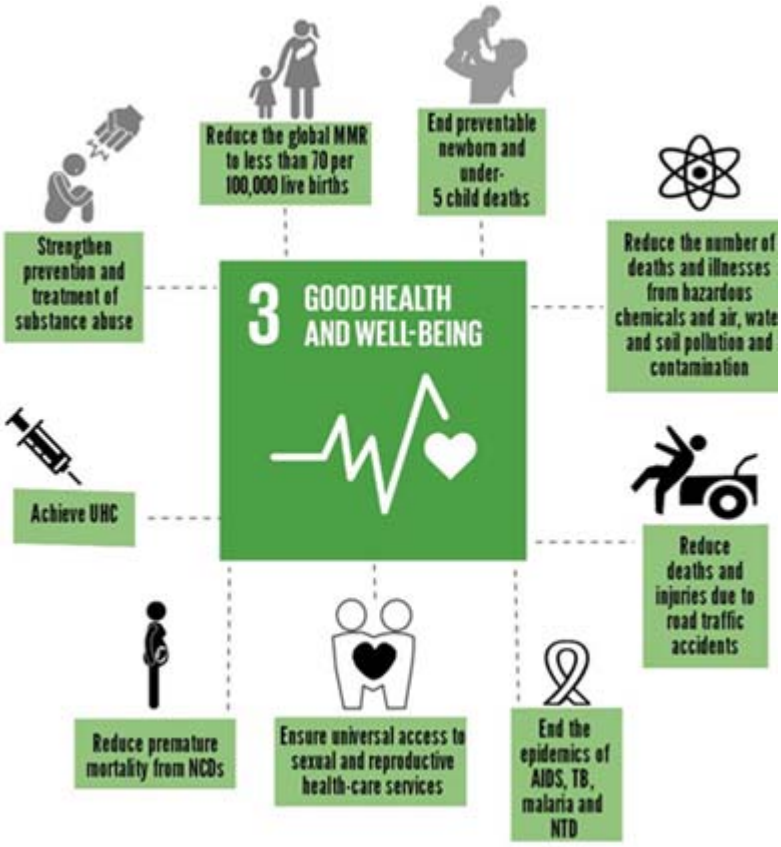


Table 14.2
Summary of SDG Health Sub-goals/Targets and Indicators

Overall goal	Target specifics	Indicator
Ensure healthy lives and promote well-being for all at all ages	Increase (healthy) life expectancy by: 6 years in developing and 2 years in developed countries	Life expectancy at birth (including 40% reduction in premature deaths before age 70
Sub-goal	**Target specifics**	**Indicator**
1. Reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Reduce the global MMR to less than 70 and no country to have MMR above 140	Maternal deaths per 100,000 live births
2. End preventable newborn and under-5 child deaths	All countries to reduce under-5 mortality to less than 25 /1,000	Under-five mortality per 1,000 live births
	All countries reduce neonatal mortality to less than 12 /1,000	Neonatal mortality per 1,000 live births
3. End the epidemics of AIDS, TB, malaria and NTD	90% reduction in new adult HIV infections, including among key populations Zero new infections among children	HIV incidence rate per 100 adult person years HIV incidence rate per 100 children person years
HIV	90% reduction in AIDS-related deaths	HIV/AIDS deaths per 100,000 population
TB	80% reduction in tuberculosis incidence rate (< 20 cases per 100,000 population) 90% reduction in tuberculosis deaths	TB incidence per 1000 person years TB deaths per 100,000 population
Malaria	90% reduction in global malaria case incidence 90% reduction in global malaria mortality rate	Malaria incident cases per 1000 person years Malaria deaths per 100,000 population
Neglected Tropical Diseases	No targets for 2030 at present	Multiple resolutions and targets for 2015 and 2020, often related to elimination
Combat hepatitis, water-borne diseases and other communicable diseases	90% reduction in hepatitis B and C incidence rate Water-borne diseases Other communicable diseases	Hepatitis B antibody prevalence in children (age 5)
4. Reduce premature mortality from NCDs through prevention and treatment and promote mental health and well-being	One-third reduction of premature mortality from NCD	Probability of dying of cardiovascular disease, cancer, chronic respiratory disease or diabetes at ages 30-70
	10% reduction in suicide-related mortality	Suicide-related mortality per 100,000 population
5. Strengthen prevention and treatment of substance abuse, including narcotic drug use and harmful use of alcohol	10% reduction of alcohol per capita consumption	Alcohol per capita consumption

Contd.....Table 14.2

Overall goal	Target specifics	Indicator
6. Reduce deaths and injuries due to road traffic accidents	Halve the number of global traffic deaths (from 1.2 mln to 600,000)	Number of deaths due to road traffic accidents
7. Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	Ensure universal access to sexual and reproductive health care services	Adolescent birth rate Contraceptive prevalence rate Unmet need for FP Antenatal care use (4+ visits)
8. Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	All populations, independent of household income, expenditure or wealth, place of residence or sex, have at a minimum 80% essential health services coverage Everyone has 100% financial protection from out-of-pocket payments for health services	Coverage with a set of tracer interventions for prevention and treatment services* Fraction of the population protected against impoverishment by out-of-pocket health expenditures, Fraction of households protected from incurring catastrophic out-of-pocket health expenditure.
9. Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	No specifics	Mortality attributed to: • household air pollution • outdoor ambient pollution at levels • water and soil pollution and contamination • hazardous chemicals Morbidity: attributed to the same risk factors

Note:* The tracer interventions may vary by country but all should include for prevention - FP, ANC (4+ visits), immunization (full or DTP3), non-tobacco use, and adequate water source and sanitary facilities - and for treatment - skilled birth attendance, TB treatment, ARV therapy, diabetes and hypertension treatment.

Source: WHO. (2015). Executive Summary: Towards a monitoring framework with targets and indicators for the health goals of the post-2015 Sustainable Development Goals (Draft). WHO.

Box 14.2
Implementation Targets

3a : Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in All Countries, as appropriate

3b : Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3c : Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing states

3d : Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks