



SRI
LANKA

Country Update

Mapping of Medical Services Sector: Key Figures, Structure, and the Current National Regulations

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Sri Lanka

1. Structure and Key Figures

The healthcare system in Sri Lanka is a mixed system consisting of public and private healthcare services. Since the 1950s, successive governments have remained committed to the provision of free healthcare. Sri Lanka's constitution also mandates free healthcare for all citizens. Alongside free government healthcare facilities, private sector involvement in the provision of health services has also expanded in recent years.¹

1.1 Structure of Sri Lanka's Medical Services Sector

The public sector accounted for 73% of hospitals and 93% of the available bed capacity

as at end 2014 and accounted for over 90% of inpatient care and around 40% of outpatient care.² (Refer Annex 1 for more details.)

The private sector primarily provides curative and outpatient services.³ There were 181 private hospitals registered with the Private Health Services Regulatory Council (PHSRC) with a capacity of 5,792 beds in 2017.⁴ The private healthcare sector remains highly concentrated - just five leading firms accounted for 45% of overall bed capacity in 2014⁵. The sector is also geographically concentrated, with services primarily available in Colombo and other urban areas in the highly populated Western Province.⁶

Private hospital services increased rapidly during the period 1990–2011, by more than 120% to an estimated 4,210 beds, 266,000 discharges and LKR 19 billion (approximately USD 100 million) in revenues by 2011.⁷ The

share of the private sector in hospital beds increased by 21% over 2010-14 compared to 10% in the public sector at a compound annual growth rate.⁸ (Refer Annex 2 for more details)

1.1.1 Outpatient Care

Public facilities provide free outpatient primary care services through general outpatient clinics. However, patients can also opt to pay for treatment at private hospitals and clinics, which account for over half of all outpatient care in the country.⁹ The demand for "faster", "cleaner" and "flexible" service delivery is increasing with people's rising income levels.¹⁰ As per a PricewaterhouseCoopers (PWC) report published in 2014 on the health sector of Sri Lanka, 5.3 out of 10 patients prefer outpatient treatment in private hospitals despite access to universal and free state healthcare.¹¹

A study conducted by Rannan-Eliya et al., published in 2014, revealed that the overall utilisation of outpatient services in Sri Lanka, averaging 4 to 5 outpatient consultations with physicians per year, is high for a lower-middle-income country.¹² It is even higher than several OECD countries. Outpatient expenditure accounted for 21% of the total current healthcare expenditure of Sri Lanka in 2015.¹³ Further, the quality of primary clinical care for outpatients in Sri Lanka is relatively high, like that of high-income countries. The quality of outpatient primary care in the public sector is found to be better than that of the private sector in the technical aspects of care, such as history takings, examination & investigations and management. It is, however, worse than that of the private sector in the patient education and interpersonal satisfaction areas.¹⁴

In the public sector, in 2011, the government operated a network of around 1070 public hospitals and primary care facilities, including some 590 hospitals with inpatient facilities and nearly 500 clinics only providing outpatient care.¹⁵ There were 53 million outpatient visits recorded in the public sector in 2016.¹⁶

Most private outpatient primary care is provided by private ambulatory clinics, with the rest provided by private hospitals. Government medical officers engaging in private practice in their off-duty hours provide the bulk of private primary outpatient care, but they are supplemented by full-time private general practitioners who provide outpatient care from private clinics on a fee-for service basis, estimated to number around 5,000 in 2012.¹⁷ Specialist outpatient care is also available in the private sector, mainly in private hospitals, with staff again being dominated by medical officers of the government. Private patients pay private doctors and hospitals on a fee-for-service basis, with most doctors also dispensing medicine. Most private clinics are run on a solo practitioner basis.¹⁸

For the private sector, the largest share of outpatient visits in 2011 was in the Western Province (63%), followed by the Southern Province (16%). The lowest shares of outpatient visits were in the Eastern, North-Central and Uva Provinces, where the cumulative total was only 3%.^{19, 20}

1.1.2 Dental Services

The Deputy Director General Dental Services (DDG/DS) Division of the Ministry of Health, assisted by the Director of Oral Health, is responsible for the coordination of island-wide dental services in the public sector. Transfers and other human resources management decisions concerning dental surgeons are handled by the DDG/DS division and the Director of Oral Health as part of an island-wide service appointment.

While all the dental services related to the line ministry institutions are managed directly through the Ministry of Health, for institutions under the Provincial Health Departments, the regional dental surgeons attached to the Offices of Regional Health Services act as intermediaries. School dental services are managed by the Family Health Bureau's Oral Health Unit. The DDG/DS division coordinates

with this unit to improve the dental services provided to school children through the dental clinics run by dental therapists in schools.²¹

1.2 Revenue and Expenditure

In 2015, total expenditure on health amounted to LKR 369 billion (approximately USD 2 billion)²². This represented 3.4% of GDP. It should also be noted that out of the total health expenditure, 88.4% consisted of current health expenditure while the rest was made up of capital formation. Out of the total current health expenditure the private sector accounted for a majority at 54%. The public sector continues to dominate in the provision of inpatient care and public health services. The private sector share of total health expenditure has increased mainly due to growth in outpatient care, the provision of auxiliary services, and the supply of pharmaceuticals, medical supplies and medical equipment. Approximately 84 % of medicine and other medical goods expenditure on outpatients is financed privately and mainly by individuals.²³

Public Sector Expenditure: Public financing of current healthcare expenditure in 2015 was LKR 150 billion (approximately USD 830 million)²⁴ or 1.4% of GDP.²⁵ The share of public expenditure on outpatient care rose from 18% to 28% between 1990 and 2016. Similarly, public expenditure on medical supplies to outpatients increased from 5% to 16%, however public expenditure on inpatient care, preventive care and the broader category 'other functions of healthcare' reduced from 83% to 75%, 90% to 87% and 56% to 27% respectively between 1990 and 2016.²⁶

Private Sector Expenditure and Revenue: Private financing of current healthcare expenditure in 2015 was LKR 175 billion (approximately USD 970 million)²⁷ or 1.6% of GDP. Total current private healthcare expenditure in 2015 was accounted for largely by out-of-pocket spending by households (85%) while employers accounted for 8%,

insurance for 5%, and non-profit institutions for 2%.²⁸ Out of the total out-of-pocket health expenditure, a majority went to private practitioners and, when including the fees of ayurvedic practitioners and specialists as well, doctors' fees accounted for more than 50% of the total out-of-pocket expenditure.²⁹ The private sector industry size was estimated at USD 200 million in 2010, however the top 5 hospital chains enjoys 75% of the percentage of the total revenue of the sector.³⁰ As per a World Bank study on the Sri Lankan health sector published in 2014, the private facilities consulted stated that on average up to 86% of their total revenue was derived from direct payments by patients. In fact, 40% of the facilities claimed that all their revenue was directly received from patients. Revenue from private health insurance played a minor role with 49% of the consulted facilities not receiving payments from private insurance and 69% not receiving any payments from employer-paid insurance schemes.³¹

1.3 Human Resources and Employment in the Medical Services Sector

The total employment in human health and social work activities as at 2017 was 149,272 employees, or 1.8% of total employment. This is an increase of 5.2% from the previous year. Females account for 68% of workers in the health sector.³² In the public sector, in 2016 there were 18,968 medical officers compared to 3,345 in 1992, 1,433 dental surgeons compared to 381 in 1992 and 34,069 nurses compared to 11,214 in 1992. Since 1977, the government of Sri Lanka (GoSL) has permitted public sector health staff to practice in the private sector outside of their official hours of duty. As a result, a majority of medical staff in the private sector also work in the public sector. In 2011, only about 700 medical officers worked full-time in the private health sector, of which about 450 were registered with the Independent Medical Practitioners Association of Sri Lanka³³. Hence, in the private hospitals a majority of medical and dental professionals

worked part-time. Only 8% of physicians and 24% of dental practitioners working in private hospitals worked full-time. The estimated number of nurses in private hospitals in 2011 was about 4,500, the majority of whom worked full time.³⁴

1.4 International Trade in Health Services

1.4.1 Medical Tourism - Mode 2

Due to the country's well-educated, English-speaking medical staff, state-of-the art private hospitals and diagnostic facilities, and relatively low cost of services in comparison to global and regional players, Sri Lanka is emerging as a popular destination for medical tourism.³⁵ Taking current tourism statistics into account, though, it can be estimated that in 2016 less than 0.6% of tourists (around 12,200 tourists)³⁶ came to Sri Lanka for medical purposes.³⁷ The government has identified health tourism as a subsector that could help raise export earnings to the target of USD 20 billion for 2020, based on existing tourism and health infrastructure.³⁸

Sri Lanka offers medical services in Western medical services, ayurvedic medical and health services and medical diagnostics.³⁹ Most foreign patients who come to Sri Lanka are from neighbouring countries like Maldives and Seychelles.⁴⁰ Private healthcare providers in Sri Lanka mainly attract patients from the Maldives for dental, cosmetic and other surgeries.⁴¹ Countries such as Germany, Austria, Italy, the Commonwealth of Independent States (CIS) countries, the Middle East and East Asian countries such as Japan and China, are among the major sources of medical tourism in the ayurvedic sector.⁴²

At present, only three hospitals in the country have the gold standard for accreditation under the Joint Commission International (JCI), but many more are preparing to join this elite list. According to the industry research firm Patients Beyond Borders, JCI accreditation, which certifies that a hospital meets the same rigorous standards as in the US, is one of the top growth

drivers of medical tourism in emerging markets.⁴³ Hospitals also partner proactively with insurance companies and referral centres abroad to obtain patients.⁴⁴ Considering Sri Lanka's geographic location and Sri Lanka's relatively lower rates for medical tourists on certain conditions (when compared to countries such as Thailand, Malaysia and other neighbouring countries), Sri Lanka does seem to have a comparative advantage in the field of medical tourism. For instance, for a heart bypass while Sri Lanka's rates in 2010 were around \$6,220, in Malaysia and Thailand the rates are \$11,430 and \$15,121 respectively.⁴⁵

1.4.2 Foreign Investments in the Health Sector – Mode 3

Apart from a few specified sectors,⁴⁶ the Sri Lankan Government allows 100% foreign investment in any commercial, trading, or industrial activity, including in healthcare. Foreign healthcare services providers are subject to the same regulations as domestic suppliers (e.g. registering with the PHSRC). The Board of Investment (BOI) of Sri Lanka facilitates investments for both foreign and local investors.⁴⁷ According to the BOI, as at September 2018, there are 29 projects currently operational in Sri Lanka in the healthcare sector, approved under Section 17 of the BOI Act (three of these projects are foreign-owned, three are joint ventures and 23 are locally owned). Of a total investment of LKR 18,850 million (approximately USD 104.72 million)⁴⁸ in these healthcare projects, the estimated foreign investment amounts to LKR 3,666 million (approximately USD 20.37 million)⁴⁹ or 19% of the total investment.⁵⁰ A study conducted by the World Bank's Human Development Network finds that almost 98% of private healthcare facilities in Sri Lanka are owned locally. No small clinics had foreign ownership and only 3.5% of medium-sized facilities (20-99 staff members) had an element of foreign ownership.⁵¹

1.4.3 Movement of Persons - Mode 4

A study conducted in 2006 by De Silva et al. finds that around 15% of the registrants with the Sri Lanka Medical Council (SLMC) work

overseas. Analysis of the data for the period 2006–2016 confirms that these percentages are still applicable. This is estimated to be around 4000–5000 people.⁵² However, since most of them have migrated permanently, they will not fall under Mode 4 – export of services.

Foreign healthcare practitioners wishing to work in Sri Lanka are allowed to do so through a temporary registration with the SLMC, under Section 67(A) of the Medical Ordinance (refer to section 3.2.2.1 for more details). As per the most recent data made available in the SLMC Annual Report for 2010, over 150 temporary registrations were issued during the year 2010 for medical practitioners and dentists.⁵³

1.4.4 Commitments made under GATS and FTAs

Sri Lanka has not made any commitments in the area of healthcare services (including professional services related to the health sector) under the World Trade Organization's (WTO) General Agreement on Trade in Services (GATS). To date, Sri Lanka only has one regional trade agreement (RTA) that covers services, i.e. the Singapore-Sri Lanka FTA. However, the country has not made any healthcare-related commitments in its services commitments under the Singapore-Sri Lanka FTA.

1.5 Challenges

1.5.1 High Private Sector Operation Costs

The expenditure per patient incurred for inpatient and outpatient care in private facilities was three to four times higher than that of public health facilities. For example, as per a study done in 2006, outpatient expenditure per person for 48,574,000 cases reported in the private sector was approximately LKR 817 (USD 6). In contrast, outpatient expenditure per person for 41,429,000 cases reported in the public sector amounted to approximately LKR 273 (USD 1.5).⁵⁴

1.5.2 Weak Regulation and Oversight of Private Healthcare Facilities and Medical Professionals

The PHSRC is the authority responsible for the regulation of the private sector as per the Private Medical Institutions (Registration) Act No 21 of 2006. However, a report by the World Bank states that the PHSRC does not perform consistently in accordance with its declared purpose and is inadequately financed and staffed.⁵⁵

1.5.3 Inequitable Distribution of Healthcare Services

Despite only 29% of the population living in the Western Province of Sri Lanka, this region hosts a majority of Sri Lanka's healthcare facilities. The Western Province accounts for 73% of the industrial value of the health sector. In the private sector, more than 50% of beds are concentrated in the Western Province followed by the Central Province and the Southern Province.⁵⁶ These facilities tend to cluster around areas that already have government facilities, which limits their ability to expand the reach of health services to the general population, and to rural areas.⁵⁷

1.5.4 Insufficient Health Insurance Coverage

Overall, the private sector is heavily reliant on out-of-pocket payments, with government subsidies and insurance playing only a minimal role. Insufficient health insurance coverage (low penetration of medical insurance products) is a pressing issue which makes healthcare less affordable for the public. Most private health spending is expended by households while employers contribute 7%, and private insurance contributes about 5%.⁵⁸ The World Bank estimated that in 2011 medical insurance coverage amounted to 900,000 people or 6% of the population.⁵⁹

1.5.5 Shortage of Skilled Workers

The shortage of skilled medical professionals is

a key issue in Sri Lanka, especially with regards to the lack of specialists. The forecasted increased demand for healthcare services and a brain drain, where Sri Lankan healthcare professionals are opting to leave the country for foreign jobs, is likely to aggravate the problem.⁶⁰

2. National Policies in place for this sector in Sri Lanka

The current Health Policy which was formulated in 2015, for the years 2016–2025, replaces the previous health policy, prepared in 1996.⁶¹ The master plan is in line with the overall development policies of the country and has identified the strategic framework for sector development in keeping with the agenda for sustainable development and universal health coverage; it will further be guided with the national government vision and policy statements. In addition to the national health policy, Sri Lanka has also developed sub sectoral policies and strategic plans to improve the health services in the country. To date 28 health policies that have been developed or are in place. (Refer Annex 3 for more details.)

A Draft National Oral Health Policy (DNOHP) document has also been formulated for Sri Lanka in order to adopt new strategies to improve the oral health status of the people in this country, while consolidating previous achievements. The main objectives are to develop benchmark guidelines to be followed by all categories of oral health care providers; to encourage evidence-based approaches to reduce the oral disease burden of the Sri Lankan population using age-specific strategies; to incorporate a common risk factor approach and maximum integration into existing public healthcare infrastructure; and to

enhance the potential contribution of oral healthcare services for the quality of life of the Sri Lankan population by improving their oral health status. (Refer Annex 4 for more details.)

3. Legal & Regulatory framework

3.1 Legal Framework

- *Medical Ordinance, No. 26 of 1927 (as amended)*: The Sri Lanka Medical Council (SLMC) was established by the above Ordinance. The SLMC is a statutory body established for the purpose of protecting healthcare seekers by ensuring the maintenance of academic and professional standards, of discipline, and of ethical practice by health professionals who are registered with it. The SLMC is responsible for registering healthcare personnel in Sri Lanka—with the exception of nurses—ranging from the medical practitioners, dentists and midwives to pharmacists and paramedical assistants, etc. These professionals cannot practice in Sri Lanka without registering with the SLMC. The Medical (Amendment) Act No. 30 of 1987 introduced the requirement for the renewal of registrations of those professionals registered with the SLMC. The Council also maintains and publishes registers of qualified persons in different categories who are authorised to practise each discipline.

The Medical Ordinance has been amended to accommodate foreign graduates and dentists. (Refer to annex 5 for additional information on the amendments.)

- *Medical Registration Ordinance 1905 and Dentists Registration Ordinance*

1915: These laws were repealed by the Medical Ordinance and, as per section 22 of the Medical Ordinance, registers kept under the two laws above are now maintained by the Registrar of the SLMC.

- *Health Services Act No. 12 of 1952*: The Act provides for the constitution and responsibilities of the Department of Health, the establishment of Regional Hospital Boards and Hospital Committees, and the securing of a more efficient administration by the local authorities in relation to public health.

3.2. Regulatory Framework

- *Medical Services Minute of the Sri Lankan Health Service*.⁶²
 - These regulations are applicable to those providing medical services in the public sector.
 - These regulations, issued by the Public Service Commission, provides (among other factors) for the salary, recruitment and scheme of efficiency of the bar examination for medical and dental officers
- *Medical (Maintenance of Minimum Standards of Medical Education)*.⁶³
 - This regulation sets out the minimum standard for medical education in a recognized university or institution.

3.2.1 Key Case Law

Sri Lanka Medical Council and Others v D.K.M. Suriyarachchi, S.C. Appeal No. 184/2017, 21 September 2018. (SAITM Case)

The Supreme Court held that ‘under and in terms of and by operation of the provisions of the Medical Ordinance and the Universities Act, the petitioner is entitled to provisional registration as a medical practitioner under section 29(2) of the Medical Ordinance and the SLMC is required, by the law, to forthwith grant that provisional registration to the petitioner. It follows that, thereafter, the SLMC is obliged to accord to the petitioner, without

restriction or delay, all the rights which ordinarily flow from provisional registration as a medical practitioner under section 29(2) of the Medical Ordinance.

The SLMC has unnecessarily delayed the petitioner obtaining provisional registration as a medical practitioner and would have, thereby, caused her to bear considerable expenses in addition to causing grave prejudice to the petitioner. In these circumstances, SLMC shall pay the petitioner a sum of Rs.100,000/- by way of costs.’

3.2.2. Licensing requirements and procedures

- Minimum educational qualifications*: Regulation 8(c) of the Medical (Maintenance of Minimum Standards of Medical Education) Regulation, No. 1 of 2018 states that, ‘Every student admitted to the Medical Degree Programme of a university or institution shall have passed the General Certificate of Education (Advanced Level) Examination of Sri Lanka or an equivalent examination, in the subject of Biology, Chemistry and Physics with *minimum grades of credit passes* in the subjects of Biology and Chemistry, *at one and the same sitting*.’
- 5 years in a Medical College/Foreign Medical College recognized by SLMC
- Provisional Registration (Section 29 of Medical Ordinance) - Internship (1 year) in Sri Lanka. As per 2009 Amendment – Section 32 – Certificate of Experience and Internship Certificate – Section 9 by Amendment Act, No. 16 of 1965 is required. **Note:** In order to complete the internship every medical graduate automatically joins the government sector (Medical Services Minute applies). If they wish to work in the private sector upon receiving the license to practise medicine, they must resign from the state service.
- Apply for SLMC Permanent License - One of the supervising doctors from the internship has to give character certificate- section 29 (1) (a). SLMC Application requires: - A/Ls and O/Ls

certification and registration Fee-Rs.10,000- 12,000. Registration must be renewed every 5 years as per section 26A (1) of the Medical Ordinance. (Registration is covered by section 29 of the Medical Ordinance.)

- v. Procedure for foreign graduates - Upon the completion of the ERPM exam as per section 29(2)b(iii) (cc). Foreign graduates have to complete the internship. Thereafter, the above noted procedure applies. **Note:** Presently in Sri Lanka there is no registration procedure for the private sector.

- *Regulations on medical professionals with a license from foreign jurisdictions practicing in Sri Lanka*

Sri Lanka allows foreign medical specialists to offer healthcare services under temporary registrations issued by the SLMC under Section 67A of the Medical Ordinance.

- i. The private hospital that wishes to obtain the services of such foreign medical professionals obtains temporary registration from the SLMC. These doctors are allowed to practise only in the hospital identified at the time of registration.
- ii. As per the current procedure in place, the SLMC and relevant colleges of specialists (for example, College of Surgeons, College of Anaesthesiologists) issue final approval and registration of foreign medical practitioners.
- iii. The Medical (Amendment) Act No. 31 of 1997 makes provisions whereby the registration is recommended by the Secretary, Ministry of Health, the Director General of Health Services or a Dean of a medical faculty.
- iv. Foreign medical practitioners, including dentists, can apply for registration for only one year following which the registration needs to be renewed by paying the registration fee of LKR 25,000 (approximately USD 150).

- v. Volunteer services, such as conducting clinics and workshops, require permission from the Ministry of Health followed by temporary registration with the Ministry.

- *Medical Practitioners and Specialized Colleges.*

There are several specialised colleges that medical professionals are required to register with in order to practice in their relevant field. (Refer annex 6 for the specific requirements.)

3.3 Regulations Governing Private Sector Healthcare Institutions

The responsibility of regulating private sector health services was moved to an independent Private Health Services Regulatory Council (PHSRC), established under the Private Medical Institutions (Registration) Act No. 21 of 2006. As per Gazette No. 1489/18 of 22nd March 2007 of the Act, it is mandatory for every private medical institution including those providing outpatient and dental services to register with the PHSRC.⁶⁴ The system is considered unique in a regional context as it moves regulation of private healthcare out of the Ministry of Health, and directly involves private sector providers in the regulatory agency.⁶⁵ The PHSRC is chaired by the Director General of Health Services and the committee consists of the provincial directors of health of all provincial councils and medical directors or their representatives of major hospitals in the country.⁶⁶

3.3.1 Activities and Powers of the PHSRC

As per the legislation, the Council's duties and functions are: (i) the licensing and registration of private medical institutions (ii) the formulation and monitoring of quality assurance programs for patient care in private medical institutions (iii) the maintenance of minimum standards for the recruitment of all personnel engaged or employed in private medical institutions (iv) the collection and publication of relevant health

information and statistics, and the implementation of a grading method of the facilities offered by private medical institutions.

The PHSRC has considerable powers to perform these functions, including the power to impose fines or imprison offenders for non-compliance through prosecution in a Magistrates Court and the ability of its authorized officers to enter and inspect the premises of private medical institutions without prior notice. It may also recommend that the Minister set regulations for various aspects of the operation of a private medical institution.⁶⁷

The Directorate of Private Health Sector Development (PHSD) of the Ministry of Health and the Private Health Services Regulatory Council (PHSRC) are jointly responsible for the registration of private medical institutions, for the coordination of procedures relating to the amendment of the Private Medical Institutions act and for acting as a link between the Ministry of Health and the private sector when seeking approvals.

The PHSRC Evaluation Subcommittee evaluates the applications of private hospitals, medical laboratories, medical centres, ambulance services and other private medical institutions, such as blood banks. The subcommittee assesses the application and informs the Provincial Director of Health Services (PDHS) if the medical institution can be registered. The PHSRC then issues the certificate of registration via the PDHS. This registration is valid for one year.⁶⁸

PHSRC has in their website a set of guidelines for private health services providers ranging from general practitioners, private hospitals, dental practices, private ambulance services to private laboratory services and homecare nursing services, on the maintenance of minimum standards for equipment and infrastructure, minimum qualifications for recruitment and minimum standards of training of personnel. However, it should be noted that

these guidelines are yet to be gazetted and hence formalised as per the website.⁶⁹

By the second quarter of 2017, approximately 1,305 institutions had been registered as private health institutions. The reality is, however, that the PHSRC makes minimal efforts to enforce compliance and, according to research conducted by the Institute for Health Policy, most private healthcare providers do not have a valid and current PHSRC licence. It is difficult to quantify the extent of non-licensing reliably because there is no reliable list of providers.⁷⁰

4 Annexures

Annex 1 – Structure of Sri Lanka’s Public Healthcare Sector

Three levels of healthcare are offered by the public sector in the current decentralised public system established in 1989: ^{lxxi}

- *First level:* Primary health care services provided by the Provincial Councils^{lxxii}, which offer non-specialist inpatient and outpatient care.
- *Secondary level:* Healthcare services provided at the district level.^{lxxiii} In addition to providing outpatient care, these institutions provide general surgical and medical units, at least one obstetric or gynaecology unit, and a paediatric unit. Some have other specialized units as well.
- *Tertiary level:* Healthcare services provided by the Central Government through the National Hospital, the teaching hospital and ten larger specialist hospitals, together with the procurement of drugs and recruitment, deployment and training of staff.^{lxxiv}

Annex 2 – Private Sector Healthcare

Based on a World Bank survey of 124 private hospitals it was found that a majority of private health facilities falls within three main categories: (i) hospitals (specialised or general), (ii) clinics (specialised or general), and (iii) laboratories. Nearly 98% of private health sector facilities (all categories and all sizes of facilities) are owned and operated by private domestic individuals, companies or organisations. None of the above are in partnership with the government; however, 3.5% of the medium-sized (more than 20 but less than 99 staff strength) facilities are in partnership with foreign entities.^{lxxv}

Outpatient department (OPD) services: About two thirds (65%) of these 124 hospitals surveyed, treated more than 5,000 outpatients in 2010. In terms of access hours, 46% of the health facilities provide comprehensive (24 hoursx7 days a week) outpatient services, while 29% provide OPD services for 12 hours daily. Convenient access is noted to be a primary reason for increased utilization of OPD services through the private sector.^{lxxvi}

Laboratory testing facilities: Of the private healthcare facilities assessed, the majority (88%) provided laboratory services. This includes 91% of the hospitals and 82% of the clinics surveyed. However, none of the facilities provided the total spectrum of laboratory tests identified in this survey. Tests identified include enzyme tests for heart diseases, total cholesterol tests, total iron binding tests, glycosylated haemoglobin tests, PCR, blood culture and cytology, and molecular biology tests.^{lxxvii}

Types of medical facilities - There are numerous tertiary care private hospitals which range from highly sophisticated multi-speciality hospitals to small-scale medical centres. In 2012, there were 145 private hospitals in the country with a capacity of 4,500 beds and an estimated 5,000 private general practitioner clinics (providing a range of primary health services including outpatient services).^{lxxviii}

Annex 3 –National Health Policies

Sri Lanka has a national policy and has developed sub sectoral policies and strategic plans to improve the health services in the country. There are 28 health policies that have been developed or are in place.

1. National Health Policy

(The Certificate of Authorization of the National Health Policy of Sri Lanka was published in 1996 by the Ministry of Health and Social Services)

2. Population and Reproductive Health Policy

(Certificate of Authorization of the Population and Reproductive Health Policy of Sri Lanka was published by the Ministry of Health and Indigenous Medicine in 1998. The Cabinet of Ministers approved the Population and Reproductive Health Policy on 27th August, 1998)

3. National Policy on Maternal and Child Health

(The National Policy on Maternal and Child Health, was published in Gazette Extraordinary No. 1760/32, dated 31st May 2012, by the Ministry of Health, according to the approval granted by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka)

4. National Immunization Policy

(The Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka approved the National Immunization Policy on 16th October 2014 as per Cabinet Memorandum No. 14/1017/509/050)

5. National Policy and Strategy on Cleaner Production for Health Sector

(The National Policy and Strategy on Cleaner Production for Health Sector, was published by the Ministry of Healthcare and Nutrition, with the collaboration of the Ministry of Environment and Natural Resources, in 2007)

6. Mental Health Policy of Sri Lanka

(The Mental Health Policy of Sri Lanka 2005–2015, was published in Gazette Extraordinary No. 1418/33, dated 11th November 2005, by the Ministry of Health. The Mental Diseases Ordinance was first enacted in 1873 and amended in 1956. and is now replaced by the Mental Health Act)

7. National Medicinal Drug Policy for Sri Lanka

(The National Medicinal Drug Policy for Sri Lanka was published in 2005 by the Ministry of Healthcare and Nutrition. On this basis, the National Medicines Regulatory Authority Act (Act No. 05 of 2015) was approved by the Parliament of the Democratic Socialist Republic of Sri Lanka, and certified on 19th March 2015)

8. National Health Promotion Policy

(At the meeting of the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka, held on 03rd March 2010, the Cabinet Memorandum No. 10/0355/311/ 060 on National Health Promotion Policy was discussed and the Ministry of Health/ Health Education Bureau (HEB) was advised to develop a combined action plan with the Department of National Planning and other relevant sectors)

9. Sri Lanka National Migration Policy

(The final draft of the Sri Lanka National Migration Health Policy (supported by the International Organization for Migration (IOM) was submitted in December 2011; Cabinet

Memorandum No. 11/2140/509/159, dated 14th November 2014, on the subject of the implementation of a programme to evaluate the health status of resident visa applicants had been ascertained by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka, and the Ministry of Health had been advised to resubmit this with (i) an evaluation report on the legal provisions and (ii) a plan of administrative structure)

10. National HIV/AIDS Policy for Sri Lanka

(The Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka approved the Cabinet Memorandum (No. 11/ 0958/509/092, dated 04th May 2011) on the National HIV/AIDS Policy of Sri Lanka)

11. National Blood Policy

(The National Blood Transfusion Services (a bill to provide for the regulation and monitoring of blood transfusion services, to ensure effective and safe blood supply throughout the country in order to give effect to the National Blood Policy; and for the matters connected therewith or incidental thereto) published in the Gazette of the Democratic Socialist Republic of Sri Lanka, part II of September 21st, 2007, supplement issued on 24th September, 2007)

12. National Policy and Strategic Framework for Prevention and Control of NCDs

(The National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases was published by the Ministry of Health in 2010)

13. National Health Laboratory Policy

(The National Health Laboratory Policy was approved by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka on 01st December 2006. Subsequently the National Health Laboratory Services Act was prepared with medium term and long-Term strategies and monitoring indicators)

14. Accident & Emergency Care Policy of Sri Lanka

(Cabinet Memorandum No. 15/0586/616/022, dated 19th March 2015, was approved by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka on 22nd April 2015)

15. National Policy on Health Care Quality & Safety

(Cabinet Memorandum No. 15/ 0652/616/037 dated 04th March 2015, was approved by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka, on 27th May 2015)

16. National Policy and Strategic Framework for Cancer Prevention and Control

(Cabinet Memorandum No. 15/0208/616/016, dated 25th February 2015, was approved by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka on 08th April 2015)

17. Sri Lanka National Policy on Alcohol Control

(Cabinet Memorandum No. 15/0326/616/019, dated 10th March 2015, was approved by the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka on 08th April 2015, subject to submission to the Parliament of Sri Lanka)

18. Policy and Strategic framework on Elimination of Human Rabies in Sri Lanka

19. National Policy and Strategic framework on Prevention of Injuries

20. National Environmental Health Policy

21. National Objectives for Development of Physical Rehabilitation Care

22. National Oral Health Policy of Sri Lanka

23. National Policy and Strategy on Health of Young Persons

(The National Policy and Strategy on Health of Young Persons was approved by the Cabinet of Ministers of the Government of Sri Lanka on 22nd July 2015 (Cabinet Memorandum No. 15/0999/616/058, dated 16th June 2015; Cabinet Decision No. 15/0999/615/058, dated 30th July 2015))

24. National Nutrition Policy of Sri Lanka

(The National Nutrition Policy was published in Extraordinary Gazette (No. 1639/5, dated 02nd February 2010) by the Ministry of Health. However, reference has to also be made to the Food and Nutrition Policy of Sri Lanka, published by the Ministry of Policy Development and Implementation)

25. Policy Guidelines for Fortification of Food in Sri Lanka

26. National Policy on Health Information

27. Proposed Policy on Restructuring Primary Level Curative Services

28. Proposed Policy on Health Services in the Plantations (Estate Health)

Annex 4 – Draft National Oral Health Policy for Sri Lanka

The Draft Oral National Health Policy consists of the following components:

1. Having a minimum standard of care for curative, preventive and rehabilitative oral healthcare services provided at each level of the hierarchy of public health care institutions.
2. Recognition by the state of the need for the provision of basic and emergency oral health care services free-of-charge by the public sector. Attempting appropriate cost recovery mechanisms for advanced oral health care services.
3. Recognizing the importance of fostering public through private partnerships in delivery of dental care services by integrated approaches with governmental, private sector and other non-governmental agencies, to facilitate greater coordination and regulation for evidence-based, cost-effective and quality oral healthcare provision.
4. Making oral health research a priority area, leading to the enhancement of the quality of life of Sri Lankan citizens.
5. Active promotion by the state of health education as a priority area in oral healthcare provision. Prioritising oral health promotional activities for special target groups delivered via cost-effective, best practice models and team-work approaches.
6. Promoting close collaboration between the media and health sectors in relation to advertising, in order to prevent and control the dissemination of messages to the public which are deemed detrimental to their oral health.
7. Establishing an Oral Health Information System to assist monitoring and evaluation of oral healthcare services and for medico-legal purposes by using manual as well as electronic data bases, as applicable.
8. Recognising that Sri Lanka needs modern dental equipment and material affordable and appropriate for the Sri Lankan healthcare delivery system, to perform procedures in relation to oral healthcare provision.
9. Supporting and strengthening Human Resource Development for oral healthcare provision, in line with contemporary needs and demands for oral healthcare while maintaining a high quality and appropriate performance appraisal mechanisms.
10. Strengthening Continuing Professional Development (CPD) activities, in-service training and career advancement opportunities for all categories of oral healthcare workers to enhance their skills, competence and productivity

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11. Recognizing the importance of an efficient and effective referral system for oral healthcare services with a minimum burden to service users.

Annex 5– Amendments to the Medical Ordinance

Several key amendments to the Medical Ordinance include:

- (i) *Act No.16 of 1965*: provides for registration in the Sri Lanka Medical Council of Sri Lankan citizens who have obtained a degree or diploma from a medical school outside Sri Lanka. They are recognized by the Council to be registered following a special examination, the Examination for Registration to Practise Medicine (ERPM), conducted by the Council and after serving an internship.
- (ii) *Act No. 15 of 1996*: provides for registration in the Council of Sri Lankan citizens who have obtained a degree or diploma from a recognized medical school outside Sri Lanka to be registered if they were in employment of the Department of Health Services prior to 17th May 1991.
- (iii) *Act No. 23 of 1955*: provides for provisional registration of medical graduates to obtain pre-registration experience by serving a period of internship.
- (iv) *Act No. 30 of 1987*: introduced the requirement for renewal of registration.
- (v) *Act No. 1 of 2017*: amends section 20 on registers maintained by the registrar and also provides for provisional registration of dentists through section 43A.

Amendments in the pipeline (Proposed reforms through Cabinet Decisions) include:

- (1) 'Prescribing the Minimum Standards for the Medical Education', 12 December 2017, (http://www.cabinetoffice.gov.lk/cab/index.php?option=com_content&view=article&id=16&Itemid=49&lang=en&dID=8452)
Minimum qualification proposed: A minimum of 2 credit passes and an ordinary pass obtained at G.C.E (A/L) for Biology, Chemistry and Physics in one sitting.
- (2) 'Implementation of a National Accreditation Scheme for Medical/Clinical Laboratories and Healthcare Service Providers', 2 January 2018 (http://www.cabinetoffice.gov.lk/cab/index.php?option=com_content&view=article&id=16&Itemid=49&lang=en&dID=8512)

Annex 6 – Medical Practitioners and Specialised Colleges

These Colleges have their own constitutions and procedures on membership and related eligibility criteria and fees. A few examples are listed below.

- i. *College of Community Physicians*: Basic requirements include an MSc. in Community Medicine. The fee is Rs.5000 and membership has to be proposed and seconded by an existing member. A member is eligible to become a fellow after ten years of service to the country. The Board of the College has the power to confer fellowships.
- ii. *Sri Lanka College of Endocrinologists*^{lxxxix}: Eligibility for the various member categories are included below.

Life Member (Fee: Rs.5,000): A person of Sri Lankan origin who holds an MBBS Sri Lanka and shows interest in endocrinology or a person who holds a degree in any allied branch of medicine is eligible for life membership.

Associate Member (Fee: Rs. 10,000): Any person who is not of Sri Lankan origin who holds a basic degree in medicine or basic life sciences related to endocrinology is eligible.

Professional Life Member (Fee: Rs. 25,000): Any person who is an endocrinologist of Sri Lankan origin and is Board-Certified from the Postgraduate Institute of Medicine of the University of Colombo is eligible for Professional Life Membership from the date of Board Certification.

Ceylon College of Physicians^{lxxx} Two categories of memberships are available at the College of Physicians (membership fee Rs. 7,500). Membership eligibility criteria for each category and the application process are given below.

In terms of eligibility for membership, all members should be citizens of Sri Lanka. The member should be a registered medical practitioner who holds either (i) a degree of MD of the Postgraduate Institute of Medicine, Colombo in Medicine *and* is Board Certified as a Specialist by the Postgraduate Institute of Medicine (PGIM), Colombo; or (ii) an equivalent overseas qualification acceptable to the Council of the Ceylon College of Physicians *and* is Board Certified as a specialist by the specialist/postgraduate boards of the relevant country; or (iii) a degree of MD from the Postgraduate Institute of Medicine, Colombo in a related field of medicine such as Paediatrics, Pathology, Psychiatry, Microbiology, Radiology, Dermatology, Haematology or any other field of medicine that is accepted by the Council of the Ceylon College of Physicians *and* is Board Certified as a specialist by the Postgraduate Institute of Medicine, Colombo.

The membership application should be supported by two Members of the Ceylon College of Physicians of at least five (5) years standing. The Council of the College shall consider each application individually and decide on suitability for membership.

In terms of the membership application procedure, the application has to be signed by two members, who have had College membership for five-years or more, as the proposer and

second. The completed application, duly signed by the applicant, has to be forwarded to the College office personally or by registered mail with the supporting documents i.e. (i) a short CV of the applicant; (ii) a copy of educational certificates – MD (Medicine); (iii) a copy of the letter issued by the PGIM to the effect that the applicant is Board Certified as a specialist, or (a) an equivalent overseas qualification acceptable to the council of the Ceylon College of Physicians and is Board certified as a specialist by the specialist/postgraduate board of the relevant country or (b) a degree of MD of the PGIM in a related field of medicine such as Paediatrics, Pathology, Psychiatry, Microbiology, Radiology, Dermatology, Haematology of any other field of medicine that is accepted by the council of the CCP and is Board certified as a specialist by the PGIM, Colombo.

To be eligible for associate membership (Rs. 2,500 payment required), the prospective applicant should be a citizen of Sri Lanka. In addition, they should be a registered medical practitioner who holds a primary medical degree recognised by the Sri Lanka Medical Council and has been successful at the Selection Examination in Medicine for MD (Medicine) training, and is registered with the Postgraduate Institute of Medicine, Colombo for MD (Medicine). Further the application should be supported by the Director, Postgraduate Institute of Medicine, Colombo and a trainer of the respective trainee who should be a Member of the College. The Council of the College considers each application individually to decide on suitability for Associate Membership. Associate Membership lapses automatically on completion of ten years as an Associate Member or on admission to Membership or Overseas Membership of the College. Associate Member are not entitled to hold office in the Council of the College or vote at meetings of the College

In terms of the application procedure for Associate Membership, the application has to be signed by the Director of the PGIM as the proposer and a member of the College who has had membership in the college for five years or more as the second. The completed and signed application has to be forwarded to the College office personally or by registered mail with the supporting documents i.e. (i) short CV of the applicant; (ii) copy of the certificate of the primary medical degree recognized by the Sri Lanka Medical council and (iii) copy of a letter/certificate from the PGIM to the effect that the applicant was successful at the MD (Medicine).

Annex 7 - List of stakeholder institutions contacted

Stakeholder institution	Contact details
Private Health Services Regulatory Council (PHSRC)	No 2A, CBM House, 4th Floor, Lake Drive, Colombo 08, Sri Lanka. Tel: +94112672911, +94112672912
Sri Lanka Medical Council	31, Norris Canal Road,

	Colombo 10. Tel: 2691848 Fax: - 2674787
Board of Investment (BOI)	Tel: 011 - 2437137, 011 – 2427375 West Tower, World Trade Center, Colombo 01, Sri Lanka.
Export Development Board	No. 42 Nawam Mawatha, Colombo-02, Sri Lanka. Tel: +94-11-230-0705 / 11

5 References

¹ Institute for Health Policy, 'Sri Lanka Health Accounts: National Health Expenditure 1990–2014', November 2015, available at: <http://www.ihp.lk/publications/docs/HES1504.pdf>, [accessed on: December 2018].

² Oxford Business Group, 'Sri Lanka's highly efficient public health sector faces new private competition', 2016, available at: <https://oxfordbusinessgroup.com/overview/vital-signs-highly-efficient-public-health-sector-faces-new-private-competition>, [accessed on: December 2018].

³ Ramesh Govindaraj, Kumari Navaratne, Eleonora Cavagnero, and Shreelata RaoSeshadri, 'Health Care in Sri Lanka: What can the Private Sector Offer?', June 2014, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/20018/899540WP0Box380th0Care0in0Sri0Lanka.pdf?sequence=1&isAllowed=y>, [accessed on: December 2018].

⁴ Central Bank of Sri Lanka, 'Annual Report 2017', 26 April 2018, available at: <https://www.cbsl.gov.lk/en/publications/economic-and-financial-reports/annual-reports>, [accessed on: December 2018].

⁵ Oxford Business Group, 'Sri Lanka's highly efficient public health sector faces new private competition', 2016, available at: <https://oxfordbusinessgroup.com/overview/vital-signs-highly-efficient-public-health-sector-faces-new-private-competition>, [accessed on: December 2018].

⁶ Ibid.

⁷ Sarasi Amarasinghe, Sanil De Alwis, ShanazSaleem, Ravi P. Rannan-Eliya and Shanti Dalpatadu (Institute for Health Policy), 'Private Health Sector Review 2012', August 2015, available at: <http://www.ihp.lk/publications/docs/PHSR2012.pdf>, [accessed on: December 2018].

⁸ Oxford Business Group, 'Sri Lanka's highly efficient public health sector faces new private competition', 2016, available at: <https://oxfordbusinessgroup.com/overview/vital-signs-highly-efficient-public-health-sector-faces-new-private-competition>, [accessed on: December 2018].

⁹ Ravindra P Rannan-Eliya, Nilmini Wijemanne, Isuru K Liyanage, Janaki Jayanthan, Shanti Dalpatadu, Sarasi Amarasinghe, Chamara Anuranga, 'The quality of outpatient primary care in public and private sectors in Sri Lanka—how well do patient perceptions match reality and what are the implications?', Health Policy and Planning, Volume 30, Issue suppl_1, 1 March 2015, Pages i59–i74, available at: https://academic.oup.com/heapol/article/30/suppl_1/i59/732670, [accessed on: December 2018].

¹⁰ Hiruni Perera (Daily Mirror), 'POSITIONED FOR SUSTAINABLE GROWTH: PRIVATE HEALTHCARE INDUSTRY IN SRI LANKA', 29 Mar 2017, available at: <https://www.pressreader.com/sri-lanka/daily-mirror-sri-lanka/20170329/282595967747082>, [accessed on: December 2018].

¹¹ PricewaterhouseCoopers (PwC), 'The Health Sector of Sri Lanka: Embassy of the Kingdom of the Netherlands', June 2014, available at: <https://www.rvo.nl/sites/default/files/2016/01/Health%20sector%20in%20Sri%20Lanka.pdf>, [accessed on: December 2018].

¹² Ravindra P Rannan-Eliya, Nilmini Wijemanne, Isuru K Liyanage, Janaki Jayanthan, Shanti Dalpatadu, Sarasi Amarasinghe, Chamara Anuranga, 'The quality of outpatient primary care in public and private sectors in Sri Lanka—how well do patient perceptions match reality and what are the implications?', Health Policy and Planning, Volume 30, Issue suppl_1, 1 March 2015, Pages i59–i74, available at: https://academic.oup.com/heapol/article/30/suppl_1/i59/732670, [accessed on: December 2018].

¹³ Amarasinghe, S.N., Dalpatadu, KCS, and Rannan Eliya, R.P, 'Sri Lanka Health Accounts: National health Expenditure 1990 – 2016. Health Expenditure Series No.5 Colombo, Institute of Health Policy, available at: <http://www.ihp.lk/publications/docs/HES1805.pdf> [accessed on: December 2018].

¹⁴ Ravindra P Rannan-Eliya, Nilmini Wijemanne, Isuru K Liyanage, Janaki Jayanthan, Shanti Dalpatadu, Sarasi Amarasinghe, Chamara Anuranga, 'The quality of outpatient primary care in public and private sectors in Sri Lanka—how well do patient perceptions match reality and what are the implications?', Health Policy and Planning, Volume 30, Issue suppl_1, 1 March 2015, Pages i59–i74, available at: https://academic.oup.com/heapol/article/30/suppl_1/i59/732670, [accessed on: December 2018].

¹⁵ Oxford Business Group, 'Sri Lanka's highly efficient public health sector faces new private competition', 2016, available at: <https://oxfordbusinessgroup.com/overview/vital-signs-highly-efficient-public-health-sector-faces-new-private-competition>, [accessed on: December 2018].

¹⁶ Medical Statistics Unit, Ministry of Health, Nutrition and Indigenous Medicine, 'Annual Health Statistics 2016, available at: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/AHB/2017/AHS%202016.pdf, [accessed on: December 2018].

-
- ¹⁷ Institute of Policy Studies, 'Private Hospital Healthcare Delivery in Sri Lanka' June 2013, available at: <http://www.ips.lk/wp-content/uploads/2017/01/Privatehospitals.pdf>, [accessed on: December 2018].
- ¹⁸ Ravindra P Rannan-Eliya, Nilmini Wijemanne, Isuru K Liyanage, Janaki Jayanthan, Shanti Dalpatadu, Sarasi Amarasinghe, Chamara Anuranga, 'The quality of outpatient primary care in public and private sectors in Sri Lanka—how well do patient perceptions match reality and what are the implications?', *Health Policy and Planning*, Volume 30, Issue suppl_1, 1 March 2015, Pages i59–i74, available at: https://academic.oup.com/heapol/article/30/suppl_1/i59/732670, [accessed on: December 2018].
- ¹⁹ Sri Lanka is divided into 9 Provincial Councils; Western, Central, Southern, Northern, Eastern, North Western, North Central, Uva and Sabaragamuwa
- ²⁰ Sarasi Amarasinghe, Sanil De Alwis, ShanazSaleem, Ravi P. Rannan-Eliya and Shanti Dalpatadu (Institute for Health Policy), 'Private Health Sector Review 2012', August 2015, available at: <http://www.ihp.lk/publications/docs/PHSR2012.pdf>, [accessed on: December 2018].
- ²¹ Ministry of Health, Sri Lanka, 'Dental Services', 2012, available at: <http://www.dental.health.gov.lk/about-us/organization-structure>, [accessed on: December 2018].
- ²² Monthly average Exchange Rate December 2018 (180 LKR: 1 USD)
- ²³ Amarasinghe, S.N., Dalpatadu, KCS, and Rannan Eliya, R.P, 'Sri Lanka Health Accounts: National health Expenditure 1990 – 2016. Health Expenditure Series No.5 Colombo, Institute of Health Policy, available at: <http://www.ihp.lk/publications/docs/HES1805.pdf> [accessed on: December 2018].
- ²⁴ Monthly average Exchange Rate December 2018 (180 LKR: 1 USD)
- ²⁵ Amarasinghe, S.N., Dalpatadu, KCS, and Rannan Eliya, R.P, 'Sri Lanka Health Accounts: National health Expenditure 1990 – 2016. Health Expenditure Series No.5 Colombo, Institute of Health Policy, available at: <http://www.ihp.lk/publications/docs/HES1805.pdf> [accessed on: December 2018].
- ²⁶ Ibid.
- ²⁷ Monthly average Exchange Rate December 2018 (180 LKR: 1 USD)
- ²⁸ Amarasinghe, S.N., Dalpatadu, KCS, and Rannan Eliya, R.P, 'Sri Lanka Health Accounts: National health Expenditure 1990 – 2016. Health Expenditure Series No.5 Colombo, Institute of Health Policy, available at: <http://www.ihp.lk/publications/docs/HES1805.pdf> [accessed on: December 2018].
- ²⁹ Ramesh Govindaraj, Kumari Navaratne, Eleonora Cavagnero, and Shreelata Rao Seshadri, 'Health Care in Sri Lanka: What can the Private Sector Offer?', June 2014, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/20018/899540WP0Box380th0Care0in0Sri0Lanka.pdf?sequence=1&isAllowed=y>, [accessed on: December 2018].
- ³⁰ Institute of Policy Studies, 'Private Hospital Healthcare Delivery in Sri Lanka' June 2013, available at: <http://www.ips.lk/wp-content/uploads/2017/01/Privatehospitals.pdf>, [accessed on: December 2018].
- ³¹ Ramesh Govindaraj, Kumari Navaratne, Eleonora Cavagnero, and Shreelata Rao Seshadri, 'Health Care in Sri Lanka: What can the Private Sector Offer?', June 2014, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/20018/899540WP0Box380th0Care0in0Sri0Lanka.pdf?sequence=1&isAllowed=y>, [accessed on: December 2018].
- ³² Department of Census and Statistics, 'Labour Force Survey Annual Report 2016', 2017, available at: http://www.statistics.gov.lk/samplesurvey/LFS_Annual%20Report_2016.pdf, [accessed on: December 2018].
- ³³ Ramesh Govindaraj, Kumari Navaratne, Eleonora Cavagnero, and Shreelata Rao Seshadri, 'Health Care in Sri Lanka: What can the Private Sector Offer?', June 2014, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/20018/899540WP0Box380th0Care0in0Sri0Lanka.pdf?sequence=1&isAllowed=y>, [accessed on: December 2018].
- ³⁴ Sarasi Amarasinghe, Sanil De Alwis, ShanazSaleem, Ravi P. Rannan-Eliya and Shanti Dalpatadu (Institute for Health Policy), 'Private Health Sector Review 2012', August 2015, available at: <http://www.ihp.lk/publications/docs/PHSR2012.pdf>, [accessed on: December 2018].
- ³⁵ PricewaterhouseCoopers (PwC), 'The Health Sector of Sri Lanka: Embassy of the Kingdom of the Netherlands', June 2014, available at: <https://www.rvo.nl/sites/default/files/2016/01/Health%20sector%20in%20Sri%20Lanka.pdf>, [accessed on: December 2018].
- ³⁶ This low figure, however, does not seem to be representative of the current size of the industry as the 'health' purpose category was only introduced in 2014 by the SLTDA and the method of collecting information remains unclear, due to the broad definition of 'health'.
- ³⁷ GoSL, 'National Export Strategy of Sri Lanka Wellness Tourism Strategy 2018-2022', 2018, available at: <https://www.srilankabusiness.com/pdf/nes/sri-lanka-wellness-4-2-web.pdf>, [accessed on: December 2018].

³⁸ Frost & Sullivan, 'Medical Tourism in Sri Lanka to Boom with the Offer of Low-cost Services and Government Support', 27 September 2017: <https://ww2.frost.com/news/press-releases/medical-tourism-sri-lanka-boom-offer-low-cost-services-and-government-support/>, [accessed on: December 2018].

³⁹ Export Development Board, 'Ayurvedic-Medical and Wellness Services', 2018, available at: <http://www.srilankabusiness.com/export-services/health-services/ayurvedic-medical-and-wellness-services.html>, [accessed on: December 2018].

⁴⁰ Frost & Sullivan, 'Medical Tourism in Sri Lanka to Boom with the Offer of Low-cost Services and Government Support', 27 September 2017: <https://ww2.frost.com/news/press-releases/medical-tourism-sri-lanka-boom-offer-low-cost-services-and-government-support/>, [accessed on: December 2018].

⁴¹ Export Development Board, 'Health Services Overview', 2018, available at: <http://www.srilankabusiness.com/export-services/health-services/>, [accessed on: December 2018].

⁴² Ibid.

⁴³ Oxford Business Group, 'Sri Lanka seeks to carve out niche in medical tourism', 21 April 2017, available at: <https://oxfordbusinessgroup.com/news/sri-lanka-seeks-carve-out-niche-medical-tourism>, [accessed on: December 2018].

⁴⁴ Frost & Sullivan, 'Medical Tourism in Sri Lanka to Boom with the Offer of Low-cost Services and Government Support', 27 September 2017: <https://ww2.frost.com/news/press-releases/medical-tourism-sri-lanka-boom-offer-low-cost-services-and-government-support/>, [accessed on: December 2018].

⁴⁵ Institute of Policy Studies, 'Private Hospital Healthcare Delivery in Sri Lanka' June 2013, available at: <http://www.ips.lk/wp-content/uploads/2017/01/Privatehospitals.pdf>, [accessed on: December 2018].

⁴⁶ Sectors where 100% foreign ownership is not allowed - air transportation; coastal shipping; large scale mechanized mining of gems; lotteries; manufacture of military hardware, military vehicles, and aircraft; dangerous drugs; alcohol; toxic, hazardous, or carcinogenic materials; currency; and security documents. (These sectors are regulated and subject to approval by various GSL agencies including the Board of Investment).

⁴⁷ Key Person Interview. Board of Investment of Sri Lanka. 3 September – 14 September 2018.

⁴⁸ Monthly average Exchange Rate December 2018 (180 LKR: 1 USD)

⁴⁹ Monthly average Exchange Rate December 2018 (180 LKR: 1 USD)

⁵⁰ Key Person Interview. Board of Investment of Sri Lanka. 3 September – 14 September 2018.

⁵¹ Oxford Business Group, 'Private health care providers fill infrastructure gaps as demand rises in Sri Lanka', 2018, available at: <https://oxfordbusinessgroup.com/overview/sharing-responsibility-private-enterprise-fill-infrastructure-gaps-demand-rises>, [accessed on: December 2018].

⁵² 'Academic Circle on HRH' of the Colombo Medical Faculty (The Sunday Times), 'Does Sri Lanka need more doctors?', 26 Mar 2017, available at: <https://www.pressreader.com/sri-lanka/sunday-times-sri-lanka/20170326/282329679769244>, [accessed on: December 2018].

⁵³ Sri Lanka Medical Council, 'Annual Report 2010', available at: <http://www.srilankamedicalcouncil.org/download/download/11/661d9bfdc97a525e0b254c58df5bf6a9.pdf>, [accessed on: December 2018].

⁵⁴ PricewaterhouseCoopers (PwC), 'The Health Sector of Sri Lanka: Embassy of the Kingdom of the Netherlands', June 2014, available at: <https://www.rvo.nl/sites/default/files/2016/01/Health%20sector%20in%20Sri%20Lanka.pdf>, [accessed on: December 2018].

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ramesh Govindaraj, Kumari Navaratne, Eleonora Cavagnero, and Shreelata Rao Seshadri, 'Health Care in Sri Lanka: What can the Private Sector Offer?', June 2014, available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/20018/899540WP0Box380th0Care0in0Sri0Lanka.pdf?sequence=1&isAllowed=y>, [accessed on: December 2018].

⁵⁸ Hiruni Perera (Daily Mirror), 'POSITIONED FOR SUSTAINABLE GROWTH: PRIVATE HEALTHCARE INDUSTRY IN SRI LANKA', 29 Mar 2017, available at: <https://www.pressreader.com/sri-lanka/daily-mirror-sri-lanka/20170329/282595967747082>, [accessed on: December 2018].

⁵⁹ PricewaterhouseCoopers (PwC), 'The Health Sector of Sri Lanka: Embassy of the Kingdom of the Netherlands', June 2014, available at: <https://www.rvo.nl/sites/default/files/2016/01/Health%20sector%20in%20Sri%20Lanka.pdf>, [accessed on: December 2018].

⁶⁰ Ibid.

⁶¹ Ministry of Health Nutrition & Indigenous Medicine, 'Sri Lanka National Health Policy 2016-2025', available at: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2017/NationalHealthPolicy2016-2025.pdf, [accessed on: December 2018].

⁶² Medical Services Minute of the Sri Lankan Health Service, No. 1883/17, 11 October 2014 – amended by gazette No. 1996/46 dated 9 December 2016 and No. 2093/6 dated 16 October 2018

⁶³ Medical (Maintenance of Minimum Standards of Medical Education), No. 2055/54, 26 January 2018.

⁶⁴ Private Health Services Regulatory Council, 'ENFORCEMENT OF PRIVATE MEDICAL INSTITUTIONS (REGISTRATION) ACT 21 OF 2006', available at: http://healthdept.wp.gov.lk/web/wp-content/uploads/2018/01/1-ENFORCEMENT_OF_PRIVATE_MEDICAL_INSTITUTIONS.pdf, [accessed on: December 2018].

⁶⁵ Sarasi Amarasinghe, Sanil De Alwis, ShanazSaleem, Ravi P. Rannan-Eliya and Shanti Dalpatadu (Institute for Health Policy), 'Private Health Sector Review 2012', August 2015, available at: <http://www.ihp.lk/publications/docs/PHSR2012.pdf>, [accessed on: December 2018].

⁶⁶ Institute of Policy Studies, 'Private Hospital Healthcare Delivery in Sri Lanka' June 2013, available at: <http://www.ips.lk/wp-content/uploads/2017/01/Privatehospitals.pdf>, [accessed on: December 2018].

⁶⁷ Ibid.

⁶⁸ Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka, 'Annual Performance Report', 2017, available at: http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/2018/AnnualPerf_Report2017-E.pdf, [accessed on: December 2018].

⁶⁹ Private Health Services Regulatory Council, 'Drafts of the guidelines in use and to be gazzeted', '2018', available at: http://www.phsrc.lk/pages_e.php?id=3, [accessed on: December 2018].

⁷⁰ Sarasi Amarasinghe, Sanil De Alwis, ShanazSaleem, Ravi P. Rannan-Eliya and Shanti Dalpatadu (Institute for Health Policy), 'Private Health Sector Review 2012', August 2015, available at: <http://www.ihp.lk/publications/docs/PHSR2012.pdf>, [accessed on: December 2018].

^{lxxi} Dr Susie Perera, 'Chapter 10 - Primary Health Care Reforms in Sri Lanka: Aiming at Preserving Universal Access to Health, 2015, available at: <https://www.ncbi.nlm.nih.gov/books/NBK316262/>, [accessed on: December 2018].

^{lxxii} Sri Lanka is divided into 9 Provincial Councils; Western, Central, Southern, Northern, Eastern, North Western, North Central, Uva and Sabaragamuwa

^{lxxiii} Each province consists of several districts, there are 25 districts in the country, organized under the 9 Provinces

^{lxxiv} Dr Susie Perera, 'Chapter 10 - Primary Health Care Reforms in Sri Lanka: Aiming at Preserving Universal Access to Health, 2015, available at: <https://www.ncbi.nlm.nih.gov/books/NBK316262/>, [accessed on: December 2018].

^{lxxv} PricewaterhouseCoopers (PwC), 'The Health Sector of Sri Lanka: Embassy of the Kingdom of the Netherlands', June 2014, available at: <https://www.rvo.nl/sites/default/files/2016/01/Health%20sector%20in%20Sri%20Lanka.pdf>, [accessed on: December 2018].

^{lxxvi} Ibid.

^{lxxvii} Ibid.

^{lxxviii} Institute of Policy Studies, 'Private Hospital Healthcare Delivery in Sri Lanka' June 2013, available at: <http://www.ips.lk/wp-content/uploads/2017/01/Privatehospitals.pdf>, [accessed on: December 2018].

^{lxxix} Sri Lanka College of Endocrinologists, 'Membership', 2017, available at: <http://endocrinesl.org/slce-membership.html#fees>, [accessed on: December 2018].

^{lxxx} Ceylon College of Physicians, 'Membership Overview', 2018, available at: <https://ccp.lk/membership-overview/>, [accessed on: December 2018].



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GENEVA MSMEs CONNECTION INITIATIVE

The Geneva MSMEs Connection Initiative aims to link micro, small & medium enterprises (MSMEs) in South and Southeast Asia to the multilateral trading system. Web: [http://www.cuts-geneva.org/WTOForum\(SSEA\).html#view3](http://www.cuts-geneva.org/WTOForum(SSEA).html#view3)



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