

Nairobi Summit on the ICPD25:
Progress Report

Sri Lanka

On January 14, 2020, Sri Lanka made 10 commitments under the Nairobi Statement to support the full implementation of the ICPD. Since 1994, Sri Lanka has made considerable progress in protecting the health and well-being of the population, in particular through advancing the reproductive health and rights of women and youth. Sri Lanka committed to implementing universal health coverage (UHC) in 1951, and re-committed to it again in 1977 after a brief suspension of the policy. In 1996, the Well Woman Programme was launched to screen for reproductive cancers and women's health issues, and in 1998, Sri Lanka adopted a Population and Reproductive Health Policy. Some of Sri Lanka's other national policies, such as its free education policy, National Action Plan for the Protection and Promotion of Human Rights, National Strategic Plan on Adolescent and Youth Health, the National Maternal and Child Health Policy, and the National Plan of Action to Address SGBV have also paved the way for the achievement of Sri Lanka's health and well-being goals.

Methodology:

Both long-standing population policies and newer policies are relevant in understanding how Sri Lanka's 10 commitments made pursuant to the Nairobi Summit would further the country's progress toward the goals of the ICPD and the SDGs. Sri Lanka adopted 3 new national policy documents in the year prior to the Nairobi Summit that are relevant to its 10 commitments, and indicate the most current and dynamic priorities of the government. Those are the National Policy Framework (NPF) for 2020-2025 called "Vistas of Prosperity and Splendour", the Sustainable Sri Lanka 2030 Vision and Strategic Path, and the National Strategic Plan for the Well Woman Programme for 2019-2023. These policy documents advance Sri Lanka's education and empowerment goals, health goals such as fully implementing UHC, and implement special protections for the health of women and youth, all updated for the current context and the achievements already made under previous and existing commitments and policies.

In developing this report, Sri Lanka's 10 commitments were first viewed in light of these new policy documents, to understand the specific role of each commitment in the current development planning of Sri Lanka. Then, additional relevant laws and policies, such as the National Action Plan for Human Rights, the National Maternal and Child Health Policy, and the National Action Plan for SGBV, along with the long-standing policies of government toward UHC and universal education, were considered to provide further context for the commitments. Looking at older and well-established laws and policies as well as newer ones was helpful in seeing and understanding the progress already made toward each commitment. The goals of the ICPD and the SDGs were also considered to provide context, targets, and progress related to each commitment as well. Finally, by understanding and analyzing how the commitments made were similar and related, recommendations were developed, both for Sri Lanka in fulfilling its commitments, and for other countries to implement the best practices of Sri Lanka in making and fulfilling their own commitments.

Commitment 1: Potential of Women and Youth to Harness Sustainable Development

Sri Lanka is fully aware of the potential of women and youth to harness in sustainable development and strongly committed to get their contribution to country's economic and political decision making process.

Sri Lanka's commitment to utilize the potential of women and youth in achieving sustainable development, specifically through economic and political participation, reinforces key principles of participation and empowerment from the Nairobi Statement and the ICPD. Sri Lankan law protects women and children from being forced to endure harsh working conditions. However, these types of protections can also have the consequence of deterring employers from hiring women for certain positions. At the same time, female labor force participation is only around 36%, while male labor force participation is almost double that at 74.5%. Of women who work, only 55% are provided with wages or a salary for their work. While youth unemployment has fallen significantly since 1994, it has been rising since 2011 and is now at 21%. The Vision 2030 Sustainable Development Plan recognizes the importance of taking special measures to increase women's economic participation in particular through promoting flexible work arrangements, better maternity benefits, and also better and more secure public transportation infrastructure. The Plan also seeks to lessen the gender wage gap in Sri Lanka and improve recognition for unpaid care work women often perform in the place of paid, formal work.

Regarding political participation, Sri Lanka has a legislated quota of 25% combined representation by women and youth under the age of 35 at local levels of governance.¹ While the quota did work to significantly increase the number of women in local government positions, at the national level, less than 3% of MPs are below the age of 30, while 12.4% of MPs are below 40. Only 1 out of 16 Ministerial positions is held by a woman in Sri Lanka, and women hold only 5% of seats in the national parliament. The Youth Policy promotes youth engagement through community service, awards, mentorship, and political activity and activism. The National Policy Framework: Vistas of Prosperity and Splendour ("NPF") addresses "harnessing the power of youth" with a view to their political participation, and empowering women "economically and socially" to increase their participation overall in achieving development goals, as well as protecting women from violence.²

While economic and political participation are multi-faceted issues with many factors and much work remaining to be done, Sri Lanka has made significant achievements in education, which can lead to improved economic and political participation. The NPF addresses 10 key policy areas for the 2020-2025 planning cycle. Policy area 4 is related to citizens and family, and addresses improving the quality of education and access to technical education. Sri Lanka offers free education, which is compulsory through age 14, for all children and youth. In fact, net primary school enrollment in Sri Lanka is 99%, and secondary school enrollment is around 91%, with female students enrolled at a slightly higher rate than male students. Qualified students are also able to earn free tertiary education at public universities, and at this level, female students significantly exceed male students in enrollment numbers (15.8% male enrollment, 23.4% female enrollment). In 2018, Sri Lanka adopted a National Policy on Technical and Vocational Education which recognizes the low levels of female participation in TVET and recommends flexible

¹ Inter-Parliamentary Union, Youth Participation in National Parliaments (2018), p.27.

² National Policy Framework: Vistas of Prosperity and Splendour (2020-2025), p.19.

learning and part-time options to ensure better participation from women in these critical programs and fields.

In addition to supporting education, Sri Lanka has also adopted several policies that reinforce the understanding that reducing gender-based violence (GBV) will improve women's economic and political participation. The 2005 Prevention of Domestic Violence Act allows a woman to request a protection order that prevents her abuser from coming to her place of employment. The 2016 National Plan of Action to Address Sexual and Gender-Based Violence provides a systematic, multi-sectoral approach to SGBV. In the Economic Development and Employment Sector section of the Plan, women working in several specialized sectors (agriculture, self-employment, informal employment, garment industry, etc.) are identified, and specific strategies for protecting them against SGBV are developed.

In order to continue its progress toward this commitment, Sri Lanka can ensure greater protections for women against harassment and discrimination at work, providing more support for working mothers through flexible work arrangement and better maternity benefits, and promoting the participation of women and youth in politics, and specifically in Parliament. While the education infrastructure and policy framework in Sri Lanka is strong, increasing the quality of education will be necessary to further this commitment and Sri Lanka's other goals. Improving the law enforcement and judicial response to domestic violence and GBV can also provide women with assurance that they will be heard and helped if they need to report violence against them.

Commitment 2: Elimination of mother to child transmission of HIV and Syphilis

The country is progressing towards elimination of mother to child transmission of HIV and Syphilis with strong partnership of the Government, development partners and key population groups.

While HIV cases among men have been on the rise in Sri Lanka, cases among women have not significantly increased in the past 15 years. Syphilis cases have been steadily falling for both sexes since around 2010. The strategy for elimination of mother to child transmission of HIV and syphilis in Sri Lanka adopted in 2018 details the standards for testing and treating pregnant women to prevent the transmission of HIV and syphilis to children. The National Maternal and Child Health Policy of 2012 and the National HIV/AIDS Policy of 2011 both promote the availability of testing and counseling for all women of childbearing age to reduce the transmission of HIV and syphilis to children. In fact, since 2017, Sri Lanka has not recorded any cases of mother-to-child transmission of HIV, and syphilis transmission is at 2 cases per 100,000 live births.³ The National HIV/STI Strategic Plan for 2018-2022 attributes this success to the high rates of ante-natal care for pregnant women in Sri Lanka, allowing for screening and treatment where necessary. Continuing with extensive ante-natal counseling and testing will be important for Sri Lanka in completely eliminating mother-to-child transmission of HIV and syphilis.

³ WHO congratulates Sri Lanka for eliminating mother-to-child transmission of HIV, Syphilis, Dec. 10, 2019, <https://www.who.int/southeastasia/news/detail/10-12-2019-who-congratulates-sri-lanka-for-eliminating-mother-to-child-transmission-of-hiv-syphilis> (last visited May 19, 2020).

Commitment 3: Services for prevention and control of Reproductive Organ Malignancies

Services for prevention and control of Reproductive Organ Malignancies will be further expanded with new interventions and technologies.

Early detection of cervical cancer is the key to reducing harm and death caused by the disease. However, cervical cancer screening has not always been available for women at government-sponsored health facilities in Sri Lanka, although breast cancer screening and cancer treatments such as radiology and chemotherapy were readily available at government health centers. The National Health Development Plan for 2013-2017 specifically sought to improve testing for cervical cancer for women over 35. The original Well Woman Programme, created in 1996, was designed principally as a screening program for some of the most prevalent health issues impacting women.⁴

A new National Strategic Plan for the Well Woman Programme (“Well Woman Plan” or “Plan”) was recently adopted for 2019-2023. One of the main focus areas of the Plan is cervical cancer screening, as well as screening for other reproductive cancers. The Well Woman Plan indicates that the country will be moving to HPV screening as the primary method of cervical cancer detection, in line with scientific developments and new understandings of the disease since the Well Woman Programme was originally adopted. As the Well Woman Plan cites the probable shift to HPV testing as the primary method of cervical cancer screening due to greater accuracy and less difficulty in administering the test than the pap smear method, it does recognize the need for a transition plan and further research to ensure this decision is the best for the country.⁵ Currently, the screening rate is only 50-70% of eligible women,⁶ while 10% of all female cancers in Sri Lanka are cervical cancer—although this is the lowest cervical cancer rate in the South Asia region. With Sri Lanka’s new approach of transitioning to use HPV testing for cervical cancer screening, these rates may go down even more if appropriate resources are dedicated to these efforts.

Commitment 4: Ensuring quality and timely information for monitoring of reproductive health services

Ensuring quality and timely information for monitoring of reproductive health services is a country priority, further [encouraging] research in priority areas. Electronic web-based information systems will be expanded with networking and data sharing among stakeholders.

Sri Lanka’s National Health Strategic Master Plan for 2016-2025 and National Maternal and Child Health Policy adopted in 2012 prioritize the importance of digitization of data collection and reporting from regional health centers to improve reproductive health (RH) service delivery. The Family Health Bureau’s Monitoring and Evaluation Unit hosts a Reproductive Health Management Information System, which has been digitized (eRHMS), for tracking indicators related to maternal and child health, family planning, and adolescent and women’s health.⁷ Better

⁴ Well Woman Programme: National Strategic Plan 2019-2023, Family Health Bureau/Ministry of Health (2019), p.4.
⁵ *Ibid.*, p.26-27.

⁶ Each for equal: efforts to eliminate cervical cancer, Mar. 7, 2020, <https://www.who.int/srilanka/news/detail/07-03-2020-each-for-equal-efforts-to-eliminate-cervical-cancer> (last visited May 19, 2020).

⁷ Family Health Bureau, “eRHMS”, <http://fhb.health.gov.lk/new/finances/informationssystem.php> (last visited May 19, 2020).

monitoring in the RH field is also supported by the Sustainable Sri Lanka: 2030 Vision and Strategic Plan, which is oriented toward the innovative use of technology to streamline health care.⁸ The Well Woman Plan identifies a lack of supervision and monitoring at Well Woman Clinics, which host many of the RH services Sri Lanka has committed to monitor under its commitments.⁹ The Well Woman Plan also notes the importance of health governance strengthening in improving monitoring and evaluation,¹⁰ and incorporates monitoring objectives to improve the quality of services¹¹ and the quality and accuracy of public information related to the Well Woman Programme.¹² The Well Woman Plan was also adopted with a detailed monitoring and evaluation structure utilizing technology for reporting and monitoring, structured supervision, and review meetings.¹³ Following the trajectory and activities of the Well Woman Plan for improving monitoring and evaluation for RH will help Sri Lanka to use M&E to improve RH services.

Commitment 5: Strengthening Primary Health Care

Primary Health care will be further strengthened for elimination of Gender based violence while care provision for survivors will be expanded through Mithuru Piyasa Centres and safe homes. Multi-sectoral approach to address GBV will be strengthened with the partnership of Government, NGOs and community groups.

Sri Lanka has an existing legal and policy framework to support the prevention of GBV and has some of the lowest rates of intimate partner violence in the Asia region. The Prevention of Domestic Violence Act creates a legal framework to protect women against some forms of GBV by creating a system of protection orders, specifically allowing a woman to get a protection order against an abuser that prevents the abuser from coming to her place of residence, schooling, or employment. In 2016, the government adopted a 5-year National Plan of Action to Address Sexual and Gender-Based Violence, looking at all sectors of the economy and society to provide a systematic, multi-sectoral approach to SGBV. As reported in the Demographic and Health Survey (DHS) from 2016, about 17% of ever-married women reported experiencing domestic violence from an intimate partner. Domestic violence was more prevalent in urban sectors of the country, however around 75% of women who did experience violence reported the abuse to a relative and sought their help.

While Sri Lanka has already committed to achieving UHC, Sri Lanka's commitment under the Nairobi Summit to strengthen primary healthcare, linking it to the prevention of GBV. Sri Lanka also noted in its Vision 2030 that primary healthcare, which had been somewhat underfunded when compared to specialized healthcare, is paramount to strengthening the health sector overall.¹⁴ The Vision 2030 report also points to decentralization of government services to address some

⁸ Sustainable Sri Lanka: 2030 Vision and Strategic Plan (2019), Presidential Expert Committee, p.137.

⁹ Well Woman Programme: National Strategic Plan 2019-2023, Family Health Bureau/Ministry of Health (2019), p.12.

¹⁰ *Ibid.*, p.32.

¹¹ *Ibid.*, p.39.

¹² *Ibid.*, p.44.

¹³ *Ibid.*, p.47-49.

¹⁴ Sustainable Sri Lanka: 2030 Vision and Strategic Plan (2019), Presidential Expert Committee, p.133.

inequities in the health sector.¹⁵ While Sri Lanka has nearly achieved UHC, it aims to strike an appropriate balance between availability of government health services, especially for the poor, and a thriving private health sector which can serve some higher-income customers who choose to seek care there.¹⁶ Sri Lanka recognizes that a thriving primary healthcare system will be essential in preventing GBV and supporting GBV survivors. As primary healthcare is strengthened, it should also be coordinated with improved monitoring of RH indicators and also with law enforcement and women's and children's police desks to ensure the primary healthcare system can become a frontline of defense against GBV.

Commitment 6: Sexual and reproductive health education for adolescents and Youth

Sexual and reproductive health education in schools, and adolescent and youth friendly health services will be further strengthened with the partnership of Ministries of Health, Education, Vocational Training and Youth Affairs.

Although Sri Lanka has achieved universal education, it has not yet succeeded in incorporating comprehensive sexuality education into the curriculum. The Vision 2030 Plan and the NPF do not mention the improvement or inclusion of sexual and reproductive health (SRH) education in school curricula. However, other national policy documents, such as the National Strategic Plan for Adolescent Health, the National Health Development Plan, the National Action Plan for Human Rights, and the National Youth Policy do address adolescent SRH education. The National Strategic Plan on Adolescent and Youth Health for 2018-2025 calls for access to SRH education and services for youth. The Plan notes that this can be achieved through better training of staff, and providing better access to adolescent-friendly health services to address a rising trend in adolescent fertility. The National Youth Policy also supports the improvement of SRH education and access to SRH services. While Sri Lanka has incorporated youth-friendly services and SRH education into some of the relevant policies, it has not yet successfully implemented these programs. Understanding and addressing cultural, resource, and skill barriers to improving youth access to SRH services and education will be critical for Sri Lanka in implementing this commitment.

Commitment 7: Budget Allocation for Reproductive Health

A separate national budget line with adequate budgetary allocation will be formulated for Reproductive Health to support implementation at national and sub national levels by 2020. We will sustain and continue the budgetary provisions to already existing priority areas such as humanitarian response and crisis management.

This specific commitment has been made to give a dedicated budget line to RH in national and sub-national budgets by 2020. The language of the commitment does not designate whether the allocation will be part of the Ministry of Health's budget or another agency or entity, or as a standalone budget line. However, the importance of including RH in sub-national budgets is significant—in Sri Lanka, with near-universal health coverage and decentralized healthcare, much treatment and health support will occur at sub-national levels. In addition to including RH in the

¹⁵ *Ibid.*, p.134.

¹⁶ *Ibid.*, p.134-137.

national and sub-national budgets, this commitment requires sensitization of officials to this change in budgetary policy, or the importance of allocating funds to RH might be lost.

Commitment 8: Reproductive Health rights are protected

New legal enactments will be made available to ensure Reproductive Health rights are protected in all ethnic groups, socially disadvantaged populations, adolescents and youth. Country will ensure that SRH needs of special population groups are equally addressed.

The Maternal and Child Health Policy from 2012 affirms the government’s priority of reaching disadvantaged women and groups with RH services. The National Action Plan for Human Rights re-affirms this commitment, noting the importance of achieving UHC and providing equal access to healthcare throughout the lifecycle. Sri Lanka’s Vision 2030 Plan also prioritizes protection of vulnerable groups in particular. The Well Woman Plan focuses specifically on extending RH services to marginalized groups. Strategy 4.3 of the Plan calls for customizing services to vulnerable and marginalized groups, which includes sensitizing health workers to barriers faced by these groups in accessing care, and obtaining feedback on the quality of services received. The focus of the implementation of increasing access to care in the Well Woman Plan is on the decentralized nature of healthcare in Sri Lanka, and utilizing that decentralization to ensure broader availability of RH services for vulnerable populations. The Plan also advocates for improved monitoring and reporting on services, especially in regions that serve larger groups of vulnerable populations. While Sri Lanka’s legal and policy framework is oriented toward protection of vulnerable groups, the Well Woman Plan reflects the importance of carrying this priority over to the area of RH services as well. In order to realize this commitment, excellent monitoring and evaluation of access to and quality of services will be required to frequently adjust and improve services and access to services for vulnerable groups.

Commitment 9: Reduce Unmet need for Family Planning.

Unmet need for family planning accounts for 20% of maternal deaths, and currently the country is experiencing social and religious threats for the National FP program. Hence the government will take actions to strengthen the Family Planning program with adequate financing for advocacy, capacity building, community empowerment and making safe commodities available across the country.

Sri Lanka’s unmet need for family planning is low compared with other countries in the region—it was reported to be 7.5% in the 2016 DHS. However, Sri Lanka has recognized that reducing the unmet need for family planning can reduce maternal death, and can also reduce demand for abortions, which are criminal in many circumstances under Section 303 of Sri Lanka’s Penal Code. Although comprehensive sexuality education has not been implemented in Sri Lanka, the DHS found that 99% of respondents were aware of contraceptive methods, although only about half of women reported that they were made properly aware of potential side effects of various contraceptive methods. The met need for contraception was reportedly around 90%, with 74% of respondents using modern methods of contraception.

The Well Woman Plan supports Sri Lanka's commitment to reduce the unmet need for family planning through Strategic Objective of health system strengthening, mainly through improved human resource availability and skill, clinical operations efficiency and availability, and family planning commodity availability and variety for clients.¹⁷ Furthermore, better trained staff and better availability of staff can also improve women's understandings about their family planning options, which protects their RHR and also secures their access to family planning commodities.¹⁸ As Sri Lanka seeks to improve the availability of information about family planning and the availability of family planning commodities, it can better support its goal of reducing the unmet need for family planning.

Commitment 10: We are committed to reduce our maternal mortality.

We are committed to reduce our maternal mortality ratio [below the SDG goal down to] 20 per 100,000 LB by 2030¹⁹ and priorities are set to address the cause specific mortality and regional disparities. Coverage and quality improvement in health care and expansion of emergency obstetric care specifically targeting for vulnerable and marginalized women will be attended to achieve zero preventable maternal mortality.

Sri Lanka's National Maternal and Child Health Policy of 2012 notes the importance of improving the quality of healthcare, especially primary healthcare, for reducing maternal deaths. The Policy on Healthcare Delivery for Universal Coverage encourages greater utilization of services at local and district clinics and promoting of primary healthcare as methods of improving maternal death rates. Specifically, the policy aims to place one easily accessible primary care doctor per 5,000 individuals in the country in order to achieve the country's primary healthcare goals. Sri Lanka has also addressed maternal deaths in the Vision 2030 plan, noting the importance of addressing cultural factors like old-fashioned beliefs and cultural taboos that may prevent women from getting the life-saving care they need.²⁰ Sri Lanka's maternal mortality rate is estimated to be 36 per 100,000 live births, nearing the country's goal of 20 in its Commitment, and down to 10 in the National Strategic Plan for Maternal and Newborn Health.²¹ This rate has already fallen steadily and sharply since the year 2000, when it was 56. Sri Lanka's maternal death rate is well below the South Asia region average of 163, and can be an example of using UHC and promoting primary care to reach more women of reproductive age and reduce preventable maternal deaths.

Recommendations:

1. Universal Education and linking education with health and empowerment

¹⁷ Well Woman Programme: National Strategic Plan 2019-2023, Family Health Bureau/Ministry of Health (2019), p.31.

¹⁸ *Ibid.*, p.32.

¹⁹ The SDG Goal for ending preventable maternal deaths is to reach 70 per 100,000 live births by 2030. Sri Lanka has already achieved a very low maternal death rate, and continues to work toward ending preventable maternal death by achieving a rate below 20, and focusing on equity in the maternal mortality rate, especially for vulnerable populations.

²⁰ Sustainable Sri Lanka: 2030 Vision and Strategic Plan (2019), Presidential Expert Committee, p.135.

²¹ National Strategic Plan for Maternal and Newborn Health (2017-2025).

Sri Lanka has prioritized universal education as a general policy, which has many positive benefits for health goals as well. Strong education develops an empowered population. Universal education also ensures that children and youth can be reached with health information through the curriculum. When all children attend school, schools can also become a site of intervention for adolescent-friendly health services.

2. UHC and expanding primary care to promote SRHR

Sri Lanka's priority to achieve UHC facilitates many of its other goals as well. Sri Lanka has linked UHC to improving and increasing primary care, which allows more individuals to reach more health providers more easily. Sri Lanka's policies create a link between expanded primary care and expanded RH services—more pregnant women will have greater access to care, and victims of GBV have better access to help and are more likely to see a healthcare provider when they have injuries or health needs related to the violence.

3. Expanding reproductive cancer screening

Based on new evidence and consensus in the health field, Sri Lanka is moving toward HPV testing as the primary method of cervical cancer screening. In the process of changing from pap smear testing to HPV testing, Sri Lanka has developed and adopted policies and plans that allow for monitoring of the transition and ensuring that scientific evidence continues to support the shift in approach. Sri Lanka's approach can be observed and evaluated by other countries as well in determining how to improve cervical cancer screening rates and effectiveness and reduce reproductive cancer rates.

4. Improving reproductive health monitoring

Many of the key RH services in Sri Lanka are delivered at decentralized levels of the public health system. For this reason, monitoring and supervision of RH services is essential to achieving Sri Lanka's commitments and goals in RH. First, the system of monitoring and reporting was standardized nationwide. Then, it was digitized, and the Family Health Bureau is responsible for collecting the data and following up on any issues and needs shown by the data.

5. Setting specific goals for maternal mortality and family planning

Sri Lanka has set bold and specific goals for reducing maternal mortality rates and reducing the unmet need for family planning, recognizing the link between the two issues. Setting specific goals for maternal mortality and the unmet need for family planning allows for government-wide policy alignment and programmatic and research support for closing the gap on these two challenges.

6. Recognizing the importance of participation of women and youth

Sri Lanka has identified full participation of women and youth as a cross-cutting policy issue, and has set it as an overall goal that will enable the achievement of its other goals and commitments. Identifying and prioritizing the participation of women and youth as a cross-cutting policy issue

can allow for coordinated, multi-sector responses to improve health access and services for women, youth, and all citizens.