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Worsening economic crisis in Sri Lanka: impacts on health

Just as the COVID-19 pandemic is receding in Sri Lanka, we are battling a fresh challenge: a health catastrophe stemming from economic and political crises.

Threats to health from an economic crisis are multifold.¹ Stress and lack of health care can increase cardiovascular morbidities. Malnutrition can affect generations of children. Communicable diseases can increase due to rising costs of amenities and the weakening of preventive and control measures. The accompanying political uncertainties, widespread protests, and social disruptions adversely affect mental health and worsen quality of life. These multiple crises have the potential to cripple health systems.

At the time of writing, Sri Lanka announced it would be defaulting on its debts.² There is already a severe shortage of foreign exchange, leading to drug and device scarcities that have affected routine surgeries and clinical services. Lending organisations, such as the World Bank and International Monetary Fund, are negotiating relief packages and these could include cost-cutting measures and restricting the services provided by the tax-based health system. These strategies could adversely impact a health system that has an exceptional record of achievements, despite relatively low investments in health, providing all levels of care with no user charge.

What can we do? At a macro level, health care professionals have already advocated for political changes, justice, and more transparent decision making that would help us overcome the economic crisis. A charter of the Professionals of Sri Lanka has been circulated, and many health-care professionals are participating in protests calling for change.

First, and at a more specific level, actions including tapping into

social networks and professional organisations overseas to obtain financial donations and drugs, consumables, and equipment must be taken.

Second, cost-effectiveness of interventions will have to be a priority concern. A series of steps are proposed, as follows: more reliance on clinical judgment during clinical practice rather than laboratory investigations, development of appropriate cost-effective protocols for management, and prescribing of generic medicines that are cheaper.⁴

Third, establishing a stronger social protection system to help cope with escalating out-of-pocket expenses of households, impacts on productivity, and reduced earning capacity must be done. Social protection should be linked to the health sector and extended to cover newly emerging needs (eg, financial support for those affected by non-communicable diseases).⁵ There is ample evidence that health problems during an economic crisis can be mitigated by strong health and social protection systems.¹

Finally, improving efficiency by reorganising service delivery (eg, strengthening primary health-care services and an appropriate referral system) must be done.

We declare no competing interests.

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