

INSTITUTE OF POLICY STUDIES OF SRI LANKA

Sri Lanka Country Report - Health SDGs

Case For Sri Lanka

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List of Abbreviations

CBSL	Central Bank of Sri Lanka
CSOs	Civil Society Organisations
CSDH	Commission on Social Determinants of Health
DCS	Department of Census and Statistics
GDP	Gross Domestic Product
IDRC	International Development Research Centre
IPS	Institute of Policy Studies of Sri Lanka
INGO	International Non-Governmental Organizations
KIIs	Key Informant Interviews
MDGs	Millennium Development Goals
MNPEA	Ministry of National Policies and Economic Affairs of Sri Lanka
MoH	Ministry of Health
MoU	Memorandum of Understanding
MRI	Medical Research Institute
MSDW	Ministry of Sustainable Development and Wildlife
NCDs	Non-Communicable Diseases
NPD	National Planning Department
PPP	Private Public Partnerships
PRIs	Policy Research Institutes
SDGs	Sustainable Development Goals
SDPI	Sustainable Development Policy Institute
SEARO	South-East Asia Regional Office for WHO
TWG	Technical Working Groups
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

The objective of the study: The mapping of stakeholders is currently been undertaken to understand the national level preparedness and to assess the current status of implementing health-related Sustainable Development Goals (SDGs), identifying key stakeholders and to document their role. This study would further highlight ways in which stakeholders and institutions could be better utilized to achieve SDGs by 2030. Furthermore, this exercise would help gain an understanding of the potential role these stakeholders could play in accelerating health related SDGs in the respective countries in order to work regionally among policy research institutions. Sharing country level experiences in the South Asian region will strengthen individual country level initiatives for effective planning, implementation and monitoring of SDG indicators.

The main objectives of the study are therefore to analyze: (i) What are the national-level institutional arrangements that already exist for implementation of SDGs and where are the gaps?; (ii) Who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs nationally ; (iii) What role health policy research institutions are playing with respect to SDGs and what role could they play in future to help strengthen national and regional-level institutional arrangements?; (iv) What are the priority and the sectoral primacy being accorded to the SDGs?

MDG achievements and shortfalls: The Millennium Development Goals (MDGs), adopted in 2000, aimed at an array of issues that included reducing poverty, hunger, disease, gender, inequality and improving access to safe water and sanitation. Considerable progress had been made on the MDGs, in Sri Lanka, by 2015. Out of a total of 26 indicators, which had clear targets, only two indicators were not achieved by 2015. Despite this overall success, still there were disparities between regions, as well as between different socio-economic groups, which need to be addressed, so that Sri Lanka can proudly claim that it has achieved MDGs in all regions of the country, covering all socio-economic and population groups.

Priority SDGs in Sri Lanka: Sri Lanka is a signatory of the UN Development Agenda 2030 and has pledged to achieve SDGs with emphasis mainly on six SDGs: Poverty alleviation (SDG 01), Achieving Food Security (SDG 02), Quality education to all (SDG 04), Providing access to affordable, reliable, sustainable and modern energy for all (SDG 07), minimizing income and other forms of inequities (SDG 10) and Urban Development (SDG 11). This year has also been declared as a year for ‘poverty eradication’ and a national plan has been published to achieve this mission. In addition, national development priorities are currently been aligned with the SDGs and incorporated into the national plan.

National level institutional arrangements for SDGs including the roles and responsibilities of the respective stakeholders: The SDGs were unanimously adopted by 193 member states of the United Nations, including Sri Lanka, on 25th September, 2015. The SDGs include 17 goals with 169 different targets, aimed at fighting poverty, eliminating hunger, good health for all, quality education for all, gender equality, reducing inequality, full and productive employment, decent jobs for all, safe water and sanitation and addressing climate change, protecting the limited natural resources and the environment, for the benefit future generations, as well, while leaving nobody behind.

Sri Lanka has taken some preliminary steps, such as setting up a Presidential Expert Committee on Sustainable Sri Lanka 2030 Vision, Parliamentary Select Committee on SDGs with the aim of

preparing the national policy to drive Sri Lanka to achieve 2030 sustainable development goals. This report will focus on economic, social, and environmental sectors under selected spheres of agriculture, transportation, energy, health, education, water, oceans and fisheries, urban and physical planning, and it was discussed in detail regarding implementation of these areas in the future. Further, a Sustainable Development Council (Gazetted on 12th August 2016) was established creating a separate ministry called Ministry of Sustainable Development and Wildlife, etc. The council has not commenced activities yet although the Sustainable Development division within the MSDW has been proactive. The Ministry of Sustainable Development and Wildlife (MSDW) is mandated to take a lead role and facilitate sustainable development policies, strategies, guidelines, mechanisms and tools. Some of these activities planned during the year includes facilitating and coordinating the national sustainable development programme; building national capacity for implementing SDGs and strengthening the national transformation process; creating stakeholder awareness and creating pathways for planning, implementation and innovation. In addition, the National Planning Department (NPD) has taken necessary steps to integrate the national development plans with the plans and strategies that need to be implemented, in order to achieve the SDGs by 2030. The Department of Census and Statistics (DCS) is taking stock on availability of required data to assess the present status of SDG indicators, which could be used as baseline data and to monitor the future progress. This also helps in identifying the data gaps. The DCS has already created a website giving the SDG Goals, Targets, indicators and the present status the indicators: (i) The indicators which are already being compiled by DCS or any other institution; (ii) the indicators which could be compiled; (iii) the indicators which cannot be compiled due to non-availability of required data; and (iv) the indicators not relevant to Sri Lanka, etc. In addition DCS has also published a publication titled “Status of Sustainable Development Indicators in Sri Lanka – 2017”, which provides the above information. The website could be used by any stakeholder and make suggestions to improve it. This is a good starting point because it provides opportunities to easily identify the data gaps and to take suitable action to fill the gaps. As seen from the above, Sri Lanka has indeed taken several positive steps on SDGs. However, it has been observed that as several organisations are responsible (according to how the organizations are structured) for planning, implementation and monitoring of SDGs there could be overlapping tasks which will caused some confusion and duplication of work. This is further compounded due to inherent weaknesses in organizational culture, by the fact some agencies work in silos due to the absence of effective coordination and communication among these government agencies. Role of these respective ministries relating to SDG’s need to be clearly expressed linking them to outcomes. Thereby, this builds up a clear link with the respective ministries in terms of accountability in achieving health related SDGs. It is thus essential that clear directions are given and properly functioning strong coordination mechanisms are established in order to spearhead Sri Lanka’s achievement of SDGs.

National level institutional arrangements for health related SDGs: The Ministry of Health (MoH) is presently in the planning phase of SDG 3 implementation and to its credit has made considerable progress with the assistance of the World Health Organisation (WHO). In fact, the MoH is one of the few ministries which have taken a proactive approach to plan for SDG 3 implementation and monitoring. The MoH has made concerted efforts to align current health policies with health SDG targets. Some of the initiatives include an identification and alignment of SDG core health indicators with national priorities, identification of criteria for target setting and baselines for SDG indicators and potential pit falls were also highlighted. A monitoring framework is also expected to be developed later by the MoH. Steering committees were also formed to facilitate policies and regulations to ensure data flows to monitor SDGs; ensure regular monitoring of SDG indicators; facilitate inter sectoral coordination for successful implementation of SDG 3 at national level; and provide guidance to the technical working groups to address different areas of work on SDGs. In

addition Technical Working Groups (TWGs) are formed and tasked with the responsibility of SDG data collection, monitoring and dissemination of SDGs and developing a policy and legal framework related to SDGs.

Role of Policy Research Institutions in accelerating progress on health related SDGs: There are several research institutions conducting socioeconomic research in Sri Lanka. Despite this only a small proportion of them conduct health related SDG research as their core functions. Most of the Policy Research Institutions (PRIs) interviewed in this study have direct or indirect links to health SDGs and to Government Agencies. Research conducted by these PRIs is evidence based and in some instances government agencies work in collaboration with PRIs to engage in research activities and disseminate findings. Although common research interests are evident there is no collaborative research between PRIs at present due to the absence of mechanism to do so. If a suitable mechanism could be established, research activities related to SDGs could be enhanced making use of the strengths of different PRIs. Without a strong coordinating mechanism such collaborative work could be difficult in Sri Lanka. For this, there should attitudinal changes. It would also be necessary to inculcate a culture of cross learning and to be open to different views, ideas and criticisms from other research organizations and academic institutions, so that the final findings of such research would be beneficial to all. The PRIs in Sri Lanka could also build research links with other PRIs in the region as well as academic institutions both in Sri Lanka and other countries in the region, which would help in learning from their experiences. This would help in developing and planning effective SDG strategies, which could be implemented to enhance the chances of achieving not only the health related goals, but also the other SDGs as well by 2030. The main challenges faced by PRIs would be the inadequacy of funding, diversity of research requirements due to complexity of health SDGs and reluctance of some of the line ministries to get PRIs/ CSOs / NGOs, involved in activities related to SDGs. Without the support/assistance of a very strong coordinating body with adequate competence, knowledge on the subject and authority, this could be a difficult task.

Challenges faced by stakeholders in fulfilling their role in implementation and monitoring of health related SDGs: Although a number of initial steps have been taken by the government as explained above, still Sri Lanka does not seem to have a strong high powered and effective coordinating mechanism to coordinate the activities related to SDGs and to give necessary directions, monitor the progress, and to take decisions regarding any indicators, which are not on track, to be achieved by 2030. This is essential as there are large number of Ministries, Departments and Government and non-government agencies, involved in or need to be involved in implementing SDGs in Sri Lanka. At present most of the Ministries / Departments / Other Agencies, are working on SDGs in isolation and therefore there is no proper coordination between them. Due to inherent interconnections and complexity of SDGs it is necessary have coordinated institutional mechanisms to create formal partnerships, across sectoral line Ministries, Departments and other governmental and non-governmental agencies. It is also essential to have coherence between different levels of the government: Provincial Councils, Local Governments etc. which is critical for promoting inclusive sustainable development.

1. Introduction

1.1 Overview and Background of the Study

The 2030 Agenda for Sustainable Development was adopted by world leaders at the United Nations Sustainable Development Summit in September 2015. This ambitious agenda is for the benefit of the people, planet and prosperity of the society at large. This agenda comprises of 17 Sustainable Development Goals (SDGs) and 169 targets universal in nature and applicable to all countries irrespective of their development status. These transformative goals aim to end poverty and hunger across countries, combat inequalities within and among countries, promote gender equality and empowerment of women and girls and stimulate inclusive and sustained economic growth and development.¹ The SDGs are built on the unfinished Millennium Development Goals (MDG) agenda and unlike the MDGs, they are integrated, indivisible and address economic, social and environment dimensions of sustainable development.

Health is a central component of SDGs with one dedicated goal (SDG 3: Ensure healthy lives and promote well-being for all, at all ages) linked to several other goals. SDG3 in particular encompasses 13 targets of which, four are on the unfinished and expanded MDG agenda, four on non-communicable diseases (NCDs), a further four on measures of implementing targets and one further target on universal health coverage.² Given the scale, nature and interconnectedness of SDGs, implementing them necessitates collaborative partnerships across all stakeholders and countries which demands shared action.³

In this context, the Sustainable Development Policy Institute (SDPI), Pakistan, with the support of International Development Research Centre (IDRC), Canada, held the first South Asian Regional Consultation on Health Policy Research Institutions in Islamabad in December 2016. The aim of this regional consultation was to discuss the role of policy research institutions, including think tanks and academic institutions could play to support South Asian countries to meet the goals and targets set by the SDGs, and bridge globally set health agenda with national priorities and implementation strategies. Here, participants suggested to conduct a mapping exercise on key stakeholders and on health policy research institutions to comprehend the current scenario within these countries in regard to implementing health related SDGs. Following this regional conference support and commitment of all South Asian countries were established to commence work on this study.

¹ Sustainable Development Knowledge Platform, "Transforming our world: the 2030 Agenda for Sustainable Development", United Nations <https://sustainabledevelopment.un.org/post2015/transformingourworld>

² World Health Organisation, (2016), " World Health Statistics 2016: Monitoring Health for the SDGs", WHO:http://www.who.int/gho/publications/world_health_statistics/2016/en/

³ Sustainable Development Solutions Network,(2015), "Chapter 1: Getting to Know the Sustainable Development Goals", SDSN <https://sdg.guide/chapter-1-getting-to-know-the-sustainable-development-goals-e05b9d17801>

1.2 Country Profile

Sri Lanka is an island in the Indian Ocean and is situated in the south of the Indian subcontinent. Total land area is 65,610 sq km and length and breadth of 445 km and 225 km respectively.

This island nation is a lower middle income country with a total population of 21 million and per capita income of USD 3,924 in 2015.⁴ In terms of economic performance, the country has rapidly progressed from predominantly an agricultural economy to a service driven economy.⁵ Apart from this, Sri Lanka has performed remarkably well in achieving most of the Millennium Development Goals (MDGs) and on human development.⁶

1.2.1 Demographic Trends and Patterns

Sri Lanka's population was 20.4 million in 2012, which is an eight fold increase from the number recorded in the first population census conducted in 1871. Although the population has increased, the rate of growth in population has decreased from 1.7 per cent in 1981⁷ to 0.9 per cent in 2015.⁸ The gradual decline in population growth is due to declining fertility rates. The low levels of both birth and death rates led to a rise in life expectancy. The birth rate in 2015 stood at 16.0 per 1,000 population compared with 28.4 per 1,000 in the 1980. While the death rate stood at 6.2 per 1,000 population in 1980 which has remained static in 2015 at 6.3 per 1,000 population.⁹ Policies of free education and health care services particularly on family planning programmes coupled with a strong emphasis on preventive and curative health systems have led to a rise in life expectancy. Trends in life expectancy in Sri Lanka highlights that females outlive their male counterparts. According to the latest statistics, female and male life expectancy at birth are 78.0 and 71.2 years respectively.¹⁰ Due to a rise in life expectancy, Sri Lanka's age structure has changed considerably due to an incremental rise in the proportion of older dependents compared with young dependents.

Decades of government investments in health care at low cost has resulted in good quality inpatient care. Further, significant achievements in preventive and curative services has led to higher life expectancy and good health outcomes such as reduction in maternal mortality, child mortality, control of communicable and preventable diseases. Despite this, regional disparities continue to prevail. If these inequalities are not addressed in the near future, this could have detrimental implications on the Sri Lankan population.

⁴ World Bank Sri Lanka, "Overview" <http://www.worldbank.org/en/country/srilanka/overview>

⁵ World Bank Sri Lanka, "Overview" <http://www.worldbank.org/en/country/srilanka/overview>

⁶ United Nations Development Programme (UNDP), "About Sri Lanka", <http://www.lk.undp.org/content/srilanka/en/home/countryinfo.html>

⁷ United Nations Population Fund (2014), "20.4 Million: Sri Lanka's Population At a Glance", UNFPA.

⁸ Ministry of Health Nutrition and Indigenous Medicine (2015), "Annual Health Bulletin", Medical Statistical Unit, Ministry of Health.

⁹ Ministry of Health Nutrition and Indigenous Medicine (2015), "Annual Health Bulletin", Medical Statistical Unit, Ministry of Health.

¹⁰ Central Bank of Sri Lanka, (2016), "Annual Report", Central Bank of Sri Lanka.

1.3 Transition from Millennium Development Goals to Sustainable Development Goals

Sri Lanka made considerable progress on the Millennium Development Goals (MDGs) by 2015. Out of a total of 26 indicators, which had clear targets, only two indicators were not achieved by 2015. Despite this overall success, still there were disparities between regions, as well as between different socio-economic groups, which need to be addressed, so that Sri Lanka can proudly claim that it has achieved MDGs in all regions of the country and by all socio-economic groups.¹¹

The new Sustainable Development Goals (SDGs), which were adopted on 25th September 2015, by the member states of the United Nations, including Sri Lanka, go much further than MDGs, addressing the root causes of poverty and the universal need for development that works for all people. Unlike MDGs, which had only 8 goals and 18 targets to be achieved within 15 years, the SDGs have 17 goals and 169 targets to be achieved by 2030. As such, it is not an easy task for most of the countries including Sri Lanka, to plan, implement and regularly monitor the progress, in order to examine whether the indicators are “on track”, unless proper mechanisms are in place, to do so. The SDGs and associated targets, which came into effect on 1st January 2016, will guide the decisions that will be taken on development over the next thirteen and a half years.

While the government has a major role to play to get things moving in the right direction, to ensure that Sri Lanka successfully achieves the SDGs by 2030, it need to be emphasized that the government alone cannot do it, without the cooperation of all stakeholders, including the people. The SDGs will require an efficient monitoring and evaluation framework and a properly planned programme for implementation of SDG strategies.

1.4 Rationale for Conducting the Study

The mapping of stakeholders has currently been undertaken to understand the national level preparedness and the current status in regard to implementing health-related SDGs, identifying key stakeholders and to document their role.

The objectives of the study are therefore to analyze:

- What are the national-level institutional arrangements that already exist for SDGs implementation and where are the gaps?
- Who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs in South Asian countries, both regionally and nationally?
- What role health policy research institutions are playing with respect to SDGs and what role could they play in future to help strengthen national and regional-level institutional arrangements?
- What are the priority and the sectoral primacy being accorded to the SDGs?

¹¹ United Nations Development Programme (2014) “Millennium Development Goals, Country Report- Sri Lanka”, UNDP.

2. Study Design and Methodology

This preliminary study covers the national level institutional arrangements for SDGs; national level institutional arrangements for health related SDGs, and the role of policy research institutions have to play to achieve health SDGs in Sri Lanka.

2.1 Definitions of Key Variables

It is known that health related outcomes, determinants of health and health service provision are linked to more than 10 goals and over 50 indicators.¹² These indicators are therefore categorized according to reproductive, maternal, new born and child health; infectious diseases; non-communicable diseases and mental health; injuries and violence; universal health coverage and health systems; environmental risks; and health risks and disease outbreaks. Given the interconnectedness of this goal, definitions of these targets and indicators were adopted as defined by the WHO.

Due to the complexity of stakeholders involved in SDGs an “Inclusion Exclusion Criteria” was developed to limit stakeholders and institutions involved in SDGs and health related SDGs in this study. A detailed description of these stakeholders are as follows: (a) Government Institutions comprised of ministries, departments and other government agencies, involved in research, planning, implementing, data collection, monitoring, evaluation, dissemination and creating awareness. (b) Policy Research Institutes consists of think tanks, centres of excellence, research institutes, and academia working on health and health related issues. (c) International Non-Government Organisations (INGOs), Non-Government Organisations (NGOs), Civil Society Organizations (CSO) and trusts responsible for health related SDGs. (d) The role of media in the context of health related SDGs.

2.2 Selection of Study Sites and Study Period

The study was conducted in the commercial capital of Sri Lanka, Colombo, where several consultations were made with stakeholders in person and over the telephone. Most stakeholders in the study were located in Colombo and pertinent information relating to this project was obtained through them. Since Sri Lanka is at the preliminary stages of planning for the SDGs, it remained a necessity to focus the study in Colombo. The study period for this purpose was two and a half months commencing from the 1st May to 18th August 2017.

2.3 Methods of Data Collection

Data and information required for the study was collected using different tools which included desk research, Key Informant Interviews (KIIs) and consultation meetings with stakeholders (Annexure 3). Members interviewed were from government ministries, departments and agencies, civil society organizations, academia, think tanks, research centres, policy institutes, INGOs and NGOs.

¹² World Health Organisation (2017), “World Health Statistics 2017: Monitoring Health for SDGs- Part 2: Status of the health-related SDGs”, WHO <http://reliefweb.int/sites/reliefweb.int/files/resources/9789241565486-eng.pdf>

A literature review was carried out to obtain information from both published and unpublished documents. These included working papers, policy reports, journal articles, workshop proceedings, research reports and other documents related to planning, implementation and monitoring of SDGs and health SDGs. The information was mostly collated from qualitative data. KIIs and FGDs and consultation meetings were conducted using a semi structured tailor-made questionnaires, specific to the different stakeholders. The selection of key informants were based on desk research which comprised of government agencies, NGOs, CSOs, academic institutions, think tanks, policy research institutions and community based organisations involved in SDG/health SDG planning, monitoring and implementation.

2.4 Key Steps and Work Plan

This study is a participatory exercise which comprised of desk research, and in person consultations. First, a desk review was carried out to comprehend the institutional and stakeholder arrangements for the overall planning, monitoring and implementing SDGs. Information for this purpose was primarily obtained through secondary sources of data and consultations with the planning and coordinating agencies such as the MSDW, DCS and the Department of National Planning. Second, a questionnaire (annexure 1) was developed according to the set guidelines where stakeholders and institutions were chosen based on an Inclusion Exclusion Criteria. Third, data and information was collated and evaluated on the extent of overall SDGs and health related SDG planning, implementation and monitoring of SDGs by the respective agencies. The information was obtained predominantly through Key Informant Interviews (KIIs), consultations (annexure 2) and reviews of available authenticated documents. Through these consultations institutions were categorized according to organizational structure and the extent of inter-ministerial coordination and multi-sectoral involvement for implementation and monitoring was also established. Gaps in implementation and monitoring of SDGs and health related SDGs was further examined. Fourth, research institutions, academia, NGOs and think tanks were consulted on the role they could play to expedite the implementation of health related SDGs and mechanisms for collaborative partnerships to enable better outcomes. This analysis was conducted predominantly through consultations and reviews of available research on health and health related SDGs. Finally, the report concludes by highlighting key findings and detailing policy recommendations.

3. National Level Institutional Arrangements for SDGs

3.1 Priority and the Sectoral Primacy being Accorded to the SDGs in Sri Lanka

Sri Lanka is a signatory of the UN Development Agenda 2030 and has pledged to achieve SDGs with an emphasis on six goals: Poverty alleviation (SDG 01), Achieving food Security (SDG 02), education (SDG 04), energy (SDG 07), minimizing income disparity (SDG 10) and Urban Development (SDG 11). Year 2017 has also been declared as a year for ‘poverty eradication’ and a national plan has been published to achieve this mission. In addition, the national development priorities are currently been aligned with the SDGs and incorporated into the national plan. The Presidential Expert Committee was set up to outline the Government’s strategies for achieving the SDGs 2030. A comprehensive report would be drafted detailing the goals, Sri Lanka should achieve by 2030, focusing on agriculture, transportation, energy, health, education, water, oceans and fisheries, urban and physical planning, and the means of implementation in the future. This expert committee within the Presidential Secretariat is working with several ministries (Ministry of Education, professional bodies (the Sri Lanka Medical Council, University Grants commission), academia (University of Colombo), think-tanks (Institute of Policy Studies, LirneAsia) and the private sector to draft the goals and priorities to meet them.¹³

3.2 National Level Institutional Arrangements for SDGs

Several government agencies and committees (Table 3.1) have been entrusted with roles pertaining to planning, monitoring and implementation. Given that several agencies are responsible for a multitude of tasks, there is considerable duplication of output compounded further by an absence of coordination among these several government agencies.

Table 3.1: Summary of the Main Institutions and Committees Responsible for Planning, Monitoring and Reporting of All the SDGs

Key Responsible Agency/agencies	Activities
MSDW	Increasing Awareness on SDGs at all levels (National/sub national/Civil Society, etc.) Monitoring and Evaluation (Progress Review)
MNEPA	Aligning SDGs to National Development Framework
Department of National Planning	Mapping SDGs to the National Development Framework
Department of Census and Statistics; other relevant agencies	Development of Indicators and Data collection;
Department of National Planning and all line	Identification and Prioritization of projects for

¹³ Interview discussions with stakeholders.

ministries	Implementation
Department of National Budgets; Department of External Resources	Financing the Priority Projects
MSDW; Ministry of National Planning and Economic Affairs; Department of National Planning	Reporting
Department of Census and Statistics; other relevant agencies	Development of Indicators and Data collection
Department of National Budgets; Department of External Resources	Financing the Priority Projects
The Parliamentary Select Committee	Formulate national policies and legislating laws in consultation with the relevant line ministries;
The Presidential Expert Committee	Outline strategies to achieve the 2030 based on the Government's priority goals.

Source: Department of National Planning and author's own computation.

Sri Lanka has taken a lead role to prioritize SDGs since the late 2015. In fact a Sustainable Development Division was established in February 2016 within the Ministry of Sustainable Development and Wildlife (MSDW). The primary objective of this ministry is to align SDGs with the national development strategy and the Government's vision to achieve SDGs and attain a middle income status by 2032.¹⁴ This ministry is also mandated to take a lead role and facilitate sustainable development policies, strategies, guidelines, mechanisms and tools. In addition, the Ministry will function as a central agency to undertake sustainable development interventions such as facilitating the formulation of necessary sustainable development policies, strategies, programmes, mechanisms and tools; identifying priorities and developing mechanisms to implement national policies on sustainable development; encouraging Sustainable Development related research and distribution of research results to trigger policy reforms and actions; and to coordinate, monitor, evaluate and report on national and international commitments to the 2030 Agenda.¹⁵

The MSDW has commenced drafting a roadmap under the theme 'Planning for an Inclusive Transformation'. Here a National and Provincial Sustainable Development Engagement Platforms have been launched in order to bring stakeholders including political, academia, civil society and private sector to discuss this road map. As such, implementation of SDGs are in three phases; Phase I: 2016-2020 (Legislative, Institutional and establishing a Policy Framework); Phase II: 2021-2025 (Investment for Sustainable Infrastructure and Systems in place); Phase III: 2026-2030 (Coherent and Convergent Sustainable Systems in motion).¹⁶

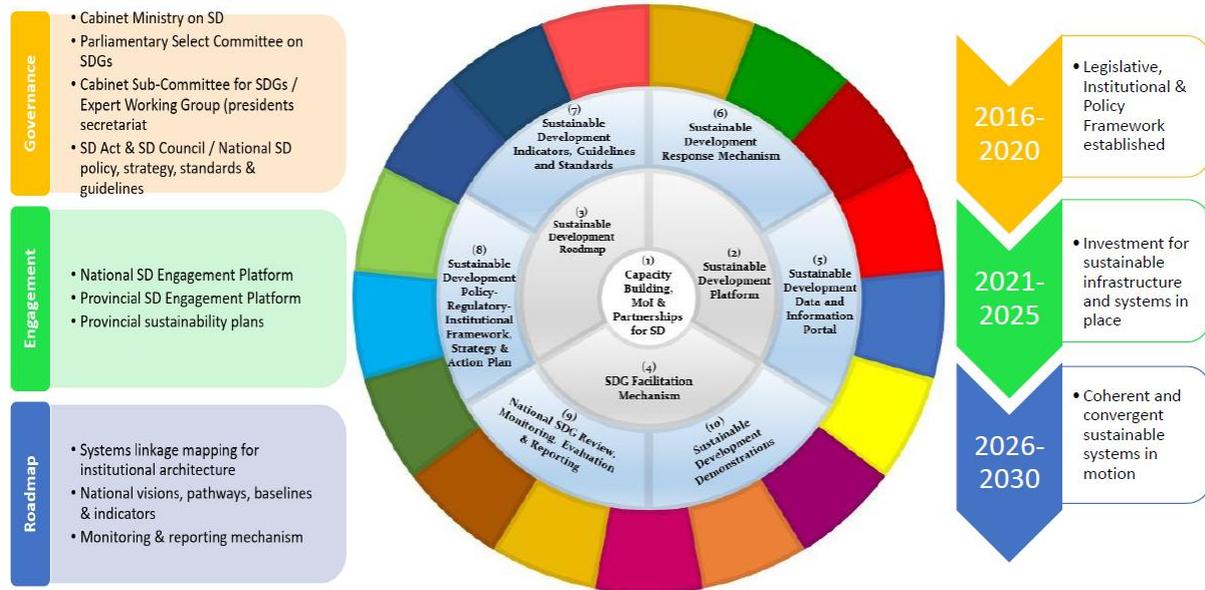
¹⁴ Interview discussions with stakeholders.

¹⁵ Ministry of Sustainable Development and Wildlife, 'Sustainable Development Division'.

<http://msdw.gov.lk/divisions/sustainable-development-division/>

¹⁶ Interview discussions with stakeholders.

Planning for an Inclusive Transformation in Sri Lanka



Source: National SDG Activity Plan (2017-2020)- Ministry of Sustainable Development and Wildlife

Apart from MSDW, the National Planning Department (NPD) will ensure that SDGs are integrated to the targets of the national development framework.

The NPD has completed a preliminary mapping exercise to understand the extent of integration of SDGs to the national development agenda and this was evaluated against the Government’s Public Investment Programme.¹⁷ Highlights of the findings for all the SDG targets are detailed in Table 3.2

Table 3.2 Extent to which the SDG Targets are aligned with the Government’s National Agenda¹⁸

Extent of Alignment	Percentage Aligned
Fully aligned with existing national development policies/plans and programmes	36%
Moderately aligned with existing national development Policies/plans and Programmes	38%
Slightly aligning with existing national development Policies/plans and Programmes	15%
Not relevant to the local context	11%

Source: Department of National Planning.

Similarly, the Department of Census and Statistics (DCS) conducted a mapping exercise to assess whether SDG indicators are locally available for SDG localization. Results of the findings for all the

¹⁷ Interview discussions with stakeholders.

¹⁸ Public investment Programme (2017-2020).

SDGs are tabulated in Table 3.2.¹⁹ The DCS has already created website on SDGs which provides the position regarding the availability of data required to monitor the progress SDGs, data gaps and the indicators not relevant to Sri Lanka. This provides an opportunity for all stakeholders to ascertain the current position on the availability of data, participating in improving the data base by assisting the DCS to fill the data gaps by sharing the available data, in respective ministries/ departments/ other government agencies. This type of collaborative effort is absolutely essential to build a comprehensive database which will be accessed and used by all stakeholders, as the achieving SDGs will depend entirely on effective collaboration and team work.

Table 3.3 Availability of Data for All the SDG indicators for Sri Lanka

Extent of Availability	Number of Indicators
Fully Available	46
Data can be compiled by adding new modules into existing Census's and introducing new surveys and special reports	29
Available data for 2016 through additional data series of the DCS	13
SDG indicators under the purview of other Institutions	19
Regional/Global Indicators	35
Irrelevant to the Sri Lankan Context	3

Source: Department of Census and Statistics (2017).²⁰

The Parliamentary Select Committee is also responsible for the following: Formulate national policies and legislating laws in consultation with the relevant line ministries; allocation of adequate domestic resources and finding international funding resources; coordinate amongst government implementing agencies; Network at national provincial and local levels; encourage public private partnership; Obtain the support of UN agencies and civil society organizations; share expertise and experiences among countries at regional and international level; develop separate databases and review the progress periodically. Further, the Department of National Budgets and External Resources (under the Ministry of Finance) is responsible for financing of priority projects.²¹

3.3 Type of Institutions by Organisational Structure

Core Ministries/Institutions –Public (6 agencies) ²²	Line Ministries –Public (51 agencies) ²³ Implementing Agencies –Public (425 agencies) ²⁴
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¹⁹ Discussions with stakeholders.

²⁰ Department of Census and Statistics (2017), "Status of Sustainable Development Goals Indicators in Sri Lanka:2017", Ministry of National Policies and Economic Affairs of Sri Lanka.

²¹ Discussion with stakeholders.

²² Discussion with stakeholders.

²³ Discussion with stakeholders.

²⁴ Discussion with stakeholders.

International Non-Governmental Organisations (several)	Academic Institutions/Policy Research Institutions/Think – tanks/research organisations (several)
Private Sector and Media (Several)	Civil Society Organisations/Non-Governmental Organisations (65 agencies or more) ²⁵

*Core and Line Ministries:*__The core ministries are responsible for strategic coordination and supervision of SDGs, reporting, monitoring and evaluation of SDGs and data collection. These core Ministries/Departments, such as the MSDW, DCS, NPD and the Parliamentary Select Committees, work in partnership with the UN agencies, academia, NGOs, line ministries and civil society organisations. The line ministries and other supporting agencies are responsible for the implementation of SDGs within their own ministries, departments and respective divisions within them. Some line ministries have aligned their activities in accordance with the SDG targets while others are still in the transition phase. Regardless of tasks allocated for ministries, more interaction, commitment, transparent lines of coordination and communication between the line ministries and the sub national level agencies should be established for effective implementation of the SDGs. There should be clear indications regarding the frequency of monitoring, and dealing with practical issues, feedbacks and follow ups.

International Non-Governmental Organisations (INGOs): INGOs such as most United Nations organisations have provided advice and assisted in building technical capacity in the coordinating institutions involved in planning, implementation and evaluation of SDGs. In fact, the Government of Sri Lanka and the United Nations agreed on a Sustainable Development Framework for 2018-2022 where the UN has made a long term commitment to provide assistance in Sri Lanka’s development priorities. The UN will provide assistance in four major areas namely, improved data; innovative public institutions; social security and resilience to climate change and disaster; and in evidence based policy planning, investing over USD 300 million for development activities over the next five years.²⁶

*Academia, think –tanks and other research Organisations:*_Research organisations have taken steps to align research interests according to SDG targets and Government’s priority goals. Some universities and academic institutions work closely with line ministries to advice on aspects of SDG planning, monitoring and evaluation yet several bottlenecks, such as access to timely and disaggregated data, absence of co-ordination among ministries and core agencies continue to prevail. Nonetheless, their contribution could be further improved provided these bottlenecks are alleviated. Thus, level of coordination is to be improved if these organisations are to achieve the common goal of SDGs.

²⁵ National Secretariat for Non-Governmental Organisations.

http://www.ngosecretariat.gov.lk/web/index.php?option=com_statistics&Itemid=67&lang=en&limitstart=90

²⁶ United Nations ‘Government and UN sign Sustainable Development Framework for 2018-2022.’

<http://lk.one.un.org/news/government-and-un-sign-sustainable-development-framework-for-2018-2022/>

CSOs and NGOs: At present CSOs and NGOs work closely with respective line ministries by implementing SDG related activities at the community level and participates actively to educate grassroots on the SDGs. Most CSOs and NGOs are on several committees organized by the line ministries. This could help in effectively communicating the SDG plans and implementing strategies down to the grassroots level, which is important for achieving SDGs at all levels.

Private Sector and Media: Their involvement up to now has been relatively weak in the current SDG planning and implementation activities although core ministries have acknowledged that the private sector should actively participate in SDG related implementation activities.

Sessions of continued feedback, conforming the urgency of the task are important. It is also favourable to build and enhance trust between various stakeholders. This will increase latter's level of confidence and continuous engagement.

3.4 Gaps in terms of SDG Implementation, Research and Monitoring

3.4.1 Inadequacy of Political Support for SDG Implementation

Inadequate political support towards SDG implementation, monitoring, research and evaluation is still a concern. Due to the fragmentation of agencies involved in planning and implementation of SDGs there is no integration among these agencies at the national level. This distorts policy coherence and stifles the effectiveness of planning and implementation. Due to this fragmentation at the national level, individual agencies and other actors are slow in adopting SDG planning and implementation. This has resulted in certain ministries working in their silos and independent of government involvement.²⁷ Therefore, certain ministries are at different stages of SDG implementation. Further, achieving SDGs relies on integrated commitments to establishing rights of individuals. For example, access to health care services is a human right. Thus, it is important that policy makers place considerable importance on alleviating issues relating to access to service delivery to ensure that no one is left behind. This is particularly applicable to rural and estate communities for whom the access to some of the services are limited, mainly due to the distance such facilities.

It is further essential to develop an effective awareness programme, as the SDGs are still a new subject to many people and too complex to be understood, mainly due to crosscutting issues, between goals. As a large number of stakeholders will be involved, in the implementation and monitoring process, they need to have a clear knowledge and holistic view on SDGs to gain an understanding of their responsibilities. The UNDP and other UN agencies may have to take a leading role in implementing an efficient and effective awareness programme, so that each and every stakeholder is mindful of their responsibilities and knows what needs to be done. Therefore, an effective awareness creation programme needs to be implemented among relevant stakeholders. The awareness programmes need to cover a wide stakeholder base involving the government agencies, private sector, general public, university students, as well as the school children, so that everyone will be familiar with the SDGs. This is important as everyone have a role to play, if Sri Lanka is to achieve SDGs by 2030.

3.4.2 An Influential Coordinating Body

²⁷ Discussion with Stakeholders.

Given that the MSDW is the central authority for SDG coordination and implementation among ministries, agencies, civil society organization, International non-governmental organisations and the private sector, it is suggested that this responsibility should not be shouldered by a single ministry. An overarching body with authority, comprising of professionals and administrators, with adequate knowledge on the complex crosscutting issues related to SDGs, and experience, is essential to effectively coordinate the activities related to SDGs, as a large number of ministries, departments and other agencies are responsible for SDG implementation.²⁸ If not, achieving the SDGs within the set timeframe would be a monotonous task. Minimal inter-ministerial coordination and an absence of a multi sectoral approach towards SDG implementation is often blamed due to the fragmentation of ministries and other agencies.

3.4.3 Poor Engagement with other Players, including CSOs, NGOs and the Private Sector

Engagement and awareness of SDGs among the private sector is extremely poor. While there are considerable efforts to adopt a multi sectoral approach to address several health issues, ministries continue to work in silos taking responsibility for achieving their respective goal. All stakeholders should feel a sense of ownership to these SDGs/health related SDGs which would necessitate considerable changes in the mind set and enable for transformations in institutional culture and practices. The Government should take proactive steps to increase awareness among all stakeholders and concurrently engage them in activities which would strengthen implementation and monitoring. Government has a responsibility to ensure that SDGs have been internalized by all stakeholders (including sub national level agencies, communities, NGOs and CSOs) and should be involved in the implementation process. More importantly, these stakeholders should be given suitable targets and be held accountable to attain the same in order to ensure effective implementation, with the aim of achieving the SDGs in all the regions leaving no one behind. Given that there is much emphasis on the private sector involvement to assist in the implementation of SDG activities, there is an urgent need to strengthen regulation, monitoring and evaluation of activities. In addition, the private sector should be adequately motivated and incentivized to engage with the other stakeholders for collaborative action. Given that CSOs work closely with local governments and communities, encouraging a participatory approach is much easier among these stakeholders.

3.4.4 Financing of SDGs

The MSDW has estimated the cost of key outputs and for the respective activities (capacity building for planning and implementation, national road map, provincial sustainability plans and national monitoring, review, reporting and follow up mechanism for SDGs) costing a total of LKR 800 million (USD 5.28 million)²⁹ over a period of 150 months. Financing for SDGs has not yet been included in the national budget nor have financing mechanisms been deliberated and planned. It is nonetheless apparent that the Government alone will not be positioned to finance all the SDG activities. Hence, it is vital to strengthen relations with the private sector, in order to ensure sustainable mechanisms of financing through private public partnerships and other strategies.

²⁸ Discussion with stakeholders.

²⁹ Exchange rate – USD=151.65 LKR at 02.11.17

3.4.5 Absence of SDG Research

SDG research is relatively weak among the academic and policy research sphere, up to now. This stems from the fact that a research culture has not been adequately encouraged within the government agencies. As such, there has been minimal involvement with the academic community in the past. In this context, collaboration with stakeholders including the general public would be low. It is nonetheless observed that although planning, implementation and monitoring of SDGs are confined to government agencies, academia, and policy research institutions, think –tanks have been involved in the SDG discourse. SDG research would necessitate attitudinal and cultural changes which are generally visible. As such, the extent to which SDG research would be conducted remains to be noticeable.³⁰ Therefore, policy institutes including think –tanks, should take a proactive role to strengthen and encourage SDG research, which will trigger increased awareness and knowledge among the stakeholders and also to increase continued engagement and participation with the general public as everyone has a role to play if SDGs are to be achieved by 2030.

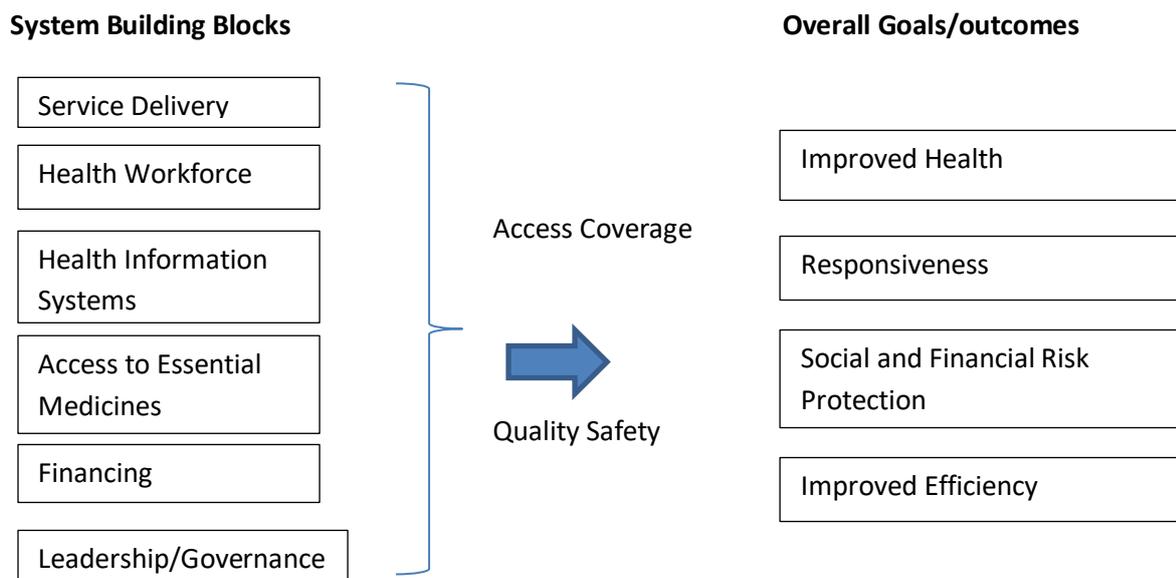
It is further central to develop an efficient monitoring and evaluation mechanism and a proper plan for implementation. Data gaps should be identified and actions need to be taken to fill such gaps. Reliable and up-to-date data should be collected, compiled, analyzed and maintained, preferably by the Department of Census and Statistics (DCS), in collaboration with other data producers, especially in the Ministries of Environment, Health and Education. To monitor the progress from 2016, it would be necessary to have baseline data, so that the progress from the baseline could be monitored. The DCS has conducted a number of surveys which will provide the necessary information to compute the some of the most important SDG indicators for the years 2015 and 2016: Quarterly Labour Force Surveys-2015 and 2016; Income and Expenditure Survey-2016; Child Activity Survey-2016; and Demographic and Health Survey-2016. It is also important to provide disaggregated data, which will ensure that the inequalities that may be hampering the progress of any particular group/groups or regions could be identified, so that necessary corrective action could be taken to minimize or eliminate such inequalities. Main streaming of SDGs is extremely important, as there should be coherence between SDGs and national development strategies. The National Planning Department (NPD) will have to take a leading role in this regard.

³⁰ Discussion with stakeholders.

4. National- Level Institutional Arrangements for Health Related SDGs: Health System and Sustainable Development - National Scenario

4.1 Healthcare Systems

Sri Lanka’s health system consists of organisations, institutions, resources and people to improve the country’s health. The health system is based on five major components which encompass: health outcomes, behavior of individuals and households, performance of health system, external environment and the health care system.³¹ The objectives of the health system are to enhance fairness and financial risk protection on health care and enhance management and quality in delivery of services and interventions.



Source: WHO Health Systems Framework.³²

4.1.2 Health Policy in Sri Lanka

The new Health Policy 2016, is prepared after more than two decades. This strategic framework is to develop health services, incorporate a new policy into the health master plan. It takes into consideration emerging health issues including measures to reduce inequity and improve quality and strategies to achieve the SDGs. It should be further stated that the present health system comprises of Health Administration, Preventive Services, Curative services, Rehabilitation Services and Health Financing.³³

³¹ World Health Organisation (WHO), “ Health System Development”, WHO Sri Lanka http://www.whosrilanka.org/EN/Section31_87.html

³² http://www.wpro.who.int/health_services/health_systems_framework/en/

³³ Ministry of Health (2016), “National Strategic Framework for Development of Health Services (2016-2025)”, Ministry of Health, Sri Lanka. http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/HMP2016-2025/National%20Strategic%20Framework%20.pdf

4.2 Alignment of Health Policy with Health Related SDGs, Incorporation of health related SDGs in Other Policies and the Gaps

4.2.1 Alignment of Health Policy with Health SDGs

The MoH unlike its counterparts has made concerted efforts to align current health policies with SDG targets and indicators. Through several consultations with the WHO and key stakeholders SDG core health indicators were identified and aligned according to national health priorities. Criteria for target setting and baseline data sources were identified and potential pitfalls were highlighted. A monitoring framework is thereafter expected to be developed. Furthermore, 42 of the 46 core health indicators most relevant to the country to monitor and track the future progress of SDG 3 was also selected.³⁴ Workshops were held with stakeholders (Table 4.1) to assess SDG 3 health indicators. Stakeholders were then classified under four groups: non-communicable Diseases; reproductive maternal and new born health; Infectious Disease Group; and service capacity and access. The main purpose of this workshop was to formulate health indicators for these broad health categories.

Table 4.1: Stakeholders Involved in the Four Categories

Non Communicable Diseases Group	National Anti- Tobacco Agency(NATA), Lab services, WHO, Dental services, Health Education Bureau, National Cancer Control Programme, Mental health, nutrition division, nutrition Coordination unit, national cancer control unit, health education Bureau, primary care, Customs Department, Excise Department
Reproductive, Maternal, New Born and Child Health Group	Ministry of National Building and Estate Sector Development, National Science Foundation, Faculty of Medicine- University of Colombo, UNFPA, World Bank, UNICEF, Maternal and Child Health, Research department-MoH, Training-MoH.
Infectious Disease Group	Primary health care services- MoH, Faculty of Medicine- University of Colombo, Sexual Transmitted Disease Unit, Anti –Filarisis Campaign, Malaria Control Programme, Medical Research unit, National Dengue Control unit, Public Health Veterinary services.
Service Capacity and Access Group	MSDW, Ministry of Provincial Councils and Local Governments, DCS, Finance Commission, Department of National Planning, Registrar General, Planning unit-MoH, Medical services, Policy Analysis and Development-MoH, medical services- MoH.

Source: Ministry of Health- Discussion notes.

Subsequent to this workshop, several other seminars were organized with the abovementioned stakeholders to analyze the compatibility of SDG 3 core health indicators and to align these with the

³⁴ World Health Organisation (WHO), “Health and the SDGs in Sri Lanka”, WHO Sri Lanka <http://www.searo.who.int/srilanka/areas/health-sdgs-sr/en/>

nationally available relevant indicators; discuss the compatibility of SDG 3 health Indicators in Sri Lanka and measures to address data gaps; plan a monitoring framework on SDG 3 in Sri Lanka; deliberate on data availability to meet the requirements of equity analysis of SDG core health indicators and measures to address data gaps.³⁵

Table 4.2 depicts the summary outcomes of these consultations.

Table 4. 2 Core Health Indicators- Summary

International Core Health Indicators	Non-communicable Diseases	Communicable Diseases	Reproductive Maternal Health	Service Capacity and Access
46	11	12	10	13

International Core Health Indicators	Removed for non-relevance to Sri Lanka	Adopted with changes to be nationally relevant	Adopted without changes
46	4	8	34

Source : Ministry of Health- National workshop on Sustainable Development Goal 3 Core Health Indicators Sri Lanka.³⁶

Once the draft framework for the SDG 3 implementation was finalized steering committees were formed under the chairmanship of the Director General Health Services and these committees included officials from the Ministry of Health, Nutrition and Indigenous Medicine, Ministry of Disaster Management, DCS, MSDW, NPD responsible for monitoring the achievement of SDGs. The objectives of these steering committees were to formulate the SDG 3 monitoring framework which includes plans for equity stratification according to age, sex, sector, education, marital status, income, social status, district/province; facilitate policies and regulations to ensure the data flow to monitor SDG 3; ensure regular monitoring of SDG 3 indicators (overall and disaggregated based on equity stratifiers mentioned above); advocate for policies and programme implementation; facilitate inter-sectoral coordination for national level implementation of health SDGs to ensure equity ; and provide guidance to technical working groups appointed to address different areas of work on SDGs.³⁷ Throughout this process the WHO provided technical and logistical support to carry out these activities. The assistance rendered by the WHO enabled the MoH to narrow the international SDG health indicators to 46 with locally adapted definitions. Baselines were also developed.

Subsequent to the steering committee meetings, Technical Working Groups(TWGs) were formed with objectives for SDG data collection, monitoring and dissemination of SDGs and Policy and Legal Framework related to SDGs.

³⁵ Interview discussions with the MOH officials.

³⁶ Presentation materials provided at the stakeholder discussion.

³⁷ Stakeholder discussion- minutes of the meetings.

The main responsibilities of the TWG on data for SDGs are to share the SDG framework with the non-health stakeholders such as the NPD and DCS in order to establish mechanisms to obtain data; strengthen the generation of health related SDG data by coordinating with the agencies through designing and implementing the surveys to ensure adaptation to survey questions to accommodate data gaps; improve the timeliness of data and involve private sector participation/partnerships. This TWG is responsible to liaise with the South-East Asia Regional Office for WHO (SEARO) on indicators that are yet to be defined and work on local adaptations.³⁸

The TWG on Monitoring and Dissemination of SDGs are responsible for setting the national targets for SDG 3 indicators; align these with the existing planned targets for Sri Lanka where available; design data flow to the SDG framework; setting the frequency of reporting activities; installing mechanisms to perform equity stratified analyses; planning processes and systems to disseminate data and promote use and feedback.³⁹

In addition to the above, the TWG on Policy and Legal Framework related to SDG is primarily responsible for assessing the need for policies and regulations to generate and share data; design and draft the required policies/regulations; plan and implement SDG communication activities such as awareness and comprehension of SDG 3 among general public and key stakeholders (schools, media, and the private sector).⁴⁰

Although the MoH has made notable progress in planning for the health SDGs by establishing several committees and workshops, the extent to which activities are implemented remains to be seen.

4.3 National Level Institutional Arrangements for Health Related SDGs

4.3.1 Prioritizing Health Related SDGs by Sector

The MoH in particular is one of the lead ministries to take proactive measures to plan for the health SDGs. Although the Ministry is at the early stages of SDG planning and implementation, assistance from the WHO has enabled the Ministry to take proactive measures to plan and coordinate for SDG implementation and monitoring.

4.3.2 Typology of Institutions

Ministry of Health and other supporting health Divisions (Public- 24 agencies) ⁴¹	Provincial/Sub-national Level agencies-(Public-several)
Private Sector (no data)	Policy and Academic Institutions – (6-8 institutions)

³⁸ Discussion material provided by the MoH at the meeting.

³⁹ Discussion material provided by the MoH at the meeting.

⁴⁰ Discussion material provided by the MoH at the meeting.

⁴¹ Estimated – exact numbers are unknown.

International Non-governmental Organisations – (5 -6 agencies) ⁴²	Non-Governmental Organisations /Civil Society organisations (8 agencies) ⁴³

Ministry of Health and other supporting health divisions: The MoH has several supporting health divisions under its purview responsible for planning, coordinating and implementing health SDGs. Due to limited information, a rough estimation of 24 institutions was ascertained through stakeholder meetings. These medical units range from the Epidemiology unit, Family Health Bureau, Family Education Bureau, Nutrition Division including the Medical Research Unit. Although the Ministry has a designated Research unit within the Ministry, the extent of research output is questionable. Despite this, an annual publication titled ‘The Annual Health Bulletin’ is released with the support of the health units within the MoH., The Medical Research Institute (MRI) also conducts extensive health related research such as the nutrition status among children and mothers.

Sub national level institutions: These Provincial/sub national level agencies range from provincial hospitals, district general hospitals, base hospitals including primary medical care units involved in health implementation. These sub national level health agencies are responsible for implementing health related activities, identifying gaps in implementation and communicate it to the central authority to enable effective planning and implementation.

INGOs: These organisations provide technical assistance and capacity enhancement to the line ministries where necessary. The UN agencies in particular the WHO has made concerted efforts to assist in planning for health SDGs. Moreover, awareness campaigns on health related SDGs have been initiated by several UN agencies such as the UNICEF and UNDP .

NGOs/CSOs: NGOs and CSOs play a crucial role to generate knowledge on the progress of health SDGs among the public. It is known that several CSOs, and NGOs actively work in the field to address a range of health issues such as child nutrition and early childhood development, prevention of alcohol and tobacco consumption through the implementation of several specific awareness campaigns on the harmful effects of alcohol consumption and other drugs, training of preschool teachers on the importance of a nutritious diet, improving access to clean water and sanitation and creating awareness on HIV by working in close coordination with government control and prevention units. These organisations have taken initiatives to align their objectives and priorities in accordance with the SDG targets and goals. There has been considerable involvement of the NGOs, and CSO with Government agencies. However, it is optimistically predicted that engagement with the CSOs/NGOs will strengthen further in the future.

Policy and academic institutions: PRIs and academic institutions have a central role to play although their direct involvement with the line ministries could be further improved. Nonetheless, PRIs and academic institutions should make concerted efforts to engage further with the Ministry to conduct more robust SDG health related research. A detailed analysis of PRIs role in SDG activities are delineated in Chapter 5.

⁴² Estimated – exact numbers are unknown.

⁴³ Estimated – exact numbers are unknown.

The private sector: Private sector is a vital player in terms of rendering assistance for implementation and a source of funding. Engagement with the private sector is still weak despite the country's commitment and sustained progress to align policies and practices to achieve SDG targets.

4.4 Multi Sectoral Approach towards Health Related SDGs with Examples

There is a degree of multi sectoral collaboration in various aspects of health SDGs such as in nutrition where this has been mainstreamed into agriculture, livestock, NCDs policies, early childcare development and school canteen guidelines. Consultations with ministry officials highlight that there is a degree of collaboration among several units within the MoH and with divisions in other ministries. . For example, a Memorandum of Understanding (MoU) signed between the MoH and the Ministry of Youth Affairs has enabled NCD unit to effectively carry out activities and reach beneficiaries at the grassroots. In addition, the NCD unit within the MoH has developed a multi sectoral action plan involving CSO, NGOs, UN agencies and some ministries such as the Ministry of Education in committees at the central and sub national levels to assist in NCD implementation. Despite this, the extent of private sector and academic institutional involvement is relatively low.

4.5 Gaps in Health Related SDGs and Incorporation of health related SDGs in Other Policies

4.5.1 Planning Stages of SDGs

Given that the health SDGs are inter-related to other SDGs such as SDG 1.3, 2.2, 4.2, 5.2, 6.1 among others, the extent of health in all policies is less visible especially in health related SDGs. As mentioned in section 3.4, most ministries including the MoH are at the infant stage of planning for SDGs.. Thus and thus the extent of inter-ministerial collaboration is weak. Given the scale and complexity of SDGs, most ministries are compelled to change their institutional arrangements in order to meet the health related SDG targets. Therefore until such transformation takes place, these ministries may continue to work in silos.⁴⁴

However, the Ministry of Health has established close ties with the Ministry of Education for several decades especially with implementing programmes to enhance the nutritional status of children. Some of these programmes include the school medical inspection, food, hygiene, school canteen policy, water and sanitation and health education. The Ministry of Education through the School Health and Nutrition Division further aims to ensure active participation in education and minimize the existing high rate of malnutrition among school children, and promote good practices for both in food consumption and good health.⁴⁵

4.5.2 Absence of Awareness

Most ministries lack an overall understanding of SDGs. The absence of knowledge and know-how of SDGs and the inter connectedness is apparent more at the sub national level than at the national level. This unfortunately, hampers efforts to enhance coordination and collaboration among ministries, government agencies, CSOs and NGOs. The role of media is therefore crucial at this juncture since International NGOs capacity to raise awareness is constrained to a certain extent.

⁴⁴ Interviews with stakeholders.

⁴⁵ Interviews with stakeholders..

Therefore, the media could play an active role to enhance knowledge at the grass root level and encourage collaboration among stakeholders.

4.5.3 Timeliness of Data

The timeliness of data needed to monitor the progress is important. According to the DCS, at present 11 of the 27 indicators are compiled in the current DCS surveys. However a further 16 indicators have been identified, which should be collected by other institutions. Absence of reliable private sector health data is also a huge impediment for health related SDG planning, monitoring and research. This will require working with several health related institutions and designing comprehensive surveys and make use of 'big data' to collect the additional health related data.

4.5.4 Designated Unit for Monitoring and Reporting of Health SDGs

At present health related SDG planning and coordination among the NGOs, CSOs, academia, INGOs are undertaken by the Planning unit within the MoH. Given the scale and responsibilities of the SDGs a designated unit should be set up within the MoH, to be responsible for planning, monitoring, implementing, evaluation and reporting of SDG 3. This coordinating unit should work in close collaboration with other health units such as the Research, NCD and planning units within the MoH, other health related ministries and other stakeholders with a clear direction and transparent lines of communication, holding the relevant stakeholders accountable for their actions. This unit could be in regular contact with the MSDW and report on their progress. This will ensure effective planning, monitoring and evaluation of health related activities and fast track the implementation of health SDGs. In addition, this will enable the unit to address practical bottlenecks and openly communicate them with relevant stakeholders.

5. Potential Role of Policy Research Institutes (PRIs) for Achieving Health Related SDGs

5.1 Relevance of PRIs in the Context of health related SDGs

At the outset, the proportion of ‘think-tanks’ and academic institutions involved in health/related SDGs could be further strengthened. A web search (annexure 4) highlights several health related research institutions which conduct research. Of these institutions, the extent to which they conduct health related SDG research is limited. Certain institutions have a direct research interest on health SDGs, while others have an indirect interest. Others may conduct health related research on SDGs, as a part of a large project which they have undertaken. Despite varying research interests, all think tanks and academic institutions interviewed in this study are comprised of academic personnel with several years of experience. These institutions are independent in terms of research interests and financial dependence. Most of these organisations are governed by a Board of Directors responsible to advise on the general progression of the organization and remuneration of salaries of staff members; the Executive Director is responsible for the daily operations and performance of the organization. In this context, research is conducted free from any political interference and is evidence based.

5.2 Role PRIs, Should Play to Work, Fill Gaps and Accelerate Implementation of the SDGs

As aforementioned the role of think-tanks in health related SDG research is limited as discussed in Section 3.4. Given that Sri Lanka is in the preliminary stages of SDG planning and implementation, this could be a reason for the limited involvement with the research community. However PRIs could play a central role in generating evidence based policy oriented research and analysis. If opportunities presents itself, PRIs could produce progress reports on SDGs and advice on health related SDGs, so that the policy makers are positioned to make informed decisions on public health issues. PRIs have the capacity to involve civil society, international organisations, government agencies and inter-governmental organisations could help PRIs to conduct evidence based research which could help in achieving the SDGs.⁴⁶

Similarly Think tanks are positioned to play a key role in the ongoing health SDG discourse by providing analysis and advice on the effects of SDGs and the means of implementing them. They provide a vital link between the civil society, the governments, and the intergovernmental organizations in SDG implementation. For example, the Institute of Policy Studies of Sri Lanka (IPS) was one of the core contributors to the ‘National Strategic Review of Food Security and Nutrition Towards Zero Hunger’ to study the food security and nutrition status in Sri Lanka , identify challenges and policy gaps to achieve zero hunger and propose national responses across the economic, social and environment sectors. The IPS worked in coordination with the Medical Research Institute, UN organisations other local and international Agrarian Research institutes, CSOs and government agencies to produce this national review. It is known that research organisations similar to the IPS work with a multitude of stakeholders ranging from academic institutions, CSOs, international donor organisations, with an aim of sharing and disseminating evidence based knowledge. Although there is a degree of government interest to involve PRIs in the SDG discourse,

⁴⁶ Razaq, S., (2017), “The Role of South Asian Health Policy Institutions in Accelerating the Implementation of Sustainable Development Goals”, *Global Health Governance Journal*, Vol XI, no.2

their current involvement could be further improved to formalize, implement, monitor and review policies, to achieve targets in a timely manner.⁴⁷

Universities could play a role in conducting research on new technologies, identifying strategic priorities and best practices to monitor the agenda through the collection, analysis and interpretation of data. Their current involvement could however be further enhanced

Given that research institutions including academia have different research strengths and expertise, collaborative research would provide mechanisms for strengthening and promoting evidence base research. Since health SDGs are interlinked to other health related SDGs such as poverty, gender, education, water and sanitation, health research should thus focus on the interlinks of SDG 3 with other SDGs. Collaborative research and engagement with several stakeholders such as academic institutions, research organisations and think tanks will help to better analyse common issues from different perspectives and enable periodic research through diverse thematic areas. Amalgamating the expertise of research institutions, academia and think tanks, would project a common voice to advocate for change in policy analysis on health related SDGs. Although collaborative research yields multiple benefits, this also requires government support, additional funding, changes in research interests, team work, attitudinal changes and a high level commitment from all the PRIs, academic institutions and think –tanks.

While there are several constraints in forging partnerships among the academic sphere in the short run, building partnerships regionally and globally would enable PRIs to learn from their regional and global counterparts on best practices in order to enhance advocacy and policy research. For example, regional networks such as ‘Southern Voice, post MDG Agenda’ is a platform where think tanks across the South Asian region could partner with each other to learn from experiences of respective countries and positively contribute towards the successful research, monitoring and evaluation of health SDG performance in South Asia.

5.3 Challenges faced by PRIs

5.3.1 Funding

One of the primary bottlenecks for PRIs in accelerating implementation is funding constraints. This is a significant challenge in the daily operations of think- tanks and academic institutions. Although collaborative research would provide mechanisms for funding opportunities due to expanded network of donors, it may be in the donor’s interest to fund research within a specific domain rather than for all the health related issues. It is thus essential to develop sustainable mechanisms for funding to ensure continuity of health related SDG research.

5.3.2 Institutional Constraints

While collaborative research yields greater impact, institutional constraints prevail. At the outset, only a handful of PRIs work on health research, in part due to the absence of qualified researchers to undertake health research. More importantly it is the complexity of collaborative research on SDGs which necessitates changes in research interests and practices, team work, attitudinal changes enhanced human and financial resources within the organization. Due to these institutional

⁴⁷ Jha A, Kickbusch I, Taylor P, Abbasi K. SDGs Working Group. Accelerating achievement of the sustainable development goals. *BMJ*2016;352:i409. [doi:10.1136/bmj.i409](https://doi.org/10.1136/bmj.i409) [pmid:26825535](https://pubmed.ncbi.nlm.nih.gov/26825535/).

constraints, collaborative research may only be possible in the long term. However, informal partnerships may be through co-authoring publications, will provide a platform to exchange ideas and thoughts in the short run.

5.3.3 Other Constraints

A research culture among government institutions is not encouraged and the perceived benefits of research are less known. This is compounded by the absence of coordination and communication among ministries. Therefore, collaborative research is ineffective without sustained involvement of central government agencies. In addition, inadequate access to timely and reliable data also acts as impediments for collaborative research, monitoring and evaluation of health related SDGs.

6. Conclusion and Key Findings

6.1 Key Findings- Role of different stakeholders

- **Focal agencies:** Responsible for planning, coordinating, monitoring and evaluating SDG implementation. These are also responsible for raising awareness among stakeholders.
- **Line ministries and implementation agencies:** Responsible for achieving SDG targets for their respective goals and responsible for monitoring and evaluating their performance.
- **Private Sector:** Assist in implementation
- **International Non-Government Organisations:** Provides technical and logistical support to implementing agencies in order to facilitate coordination, monitoring and evaluation.
- **NGOs/CSOs:** Responsible for community engagement and raise awareness on SDGs. Communicate to Government agencies on the bottlenecks associated with implementation.
- **Research Organisations/Think-tanks/Academia:-** Conduct research for monitoring and evaluation policies on health SDGs.
- **Media:-** Raise awareness on the wide stakeholder base

6.2 Key Findings - Role of PRIs in Accelerating Progress on Health Related SDGs

- As mentioned in Section 5.2, the current role of health PRIs in health SDGs is limited although their main role lies in knowledge generation, translation and dissemination.
- PRIs should be responsible for analyzing and assessing the progress of the SDGs and act as an enabler for policy dialogue among the general public, decision makers and the stakeholders.
- In addition, continuous monitoring and evaluation of SDG policies is vital by addressing on policy gaps and proposing strategies to mitigate them.
- Partnerships should be developed nationally among the research community, private sector among other stakeholders and, regionally and globally with think –tanks and academia to advocate and learn from other countries' experiences.

6.3 Challenges faced by PRIs in Fulfilling their Role in Implementation and Monitoring of Health Related SDGs

- As detailed in section 5.4 the absence of funding is a major constraint in terms of implementing and monitoring of health SDGs..

- Institutional constraints such as varying mandates and objectives of think tanks and policy research institutions among others results in difficulties associated with building partnerships and accelerating the implementation of health SDGs..
- Other external factors such as the extent to which policy propositions are implemented and the degree of importance placed by Government entities on think –tanks and academic institutions determine the extent to which PRIs and the academic community could effectively play a role in policy on SDGs.

6.4 Limitations and Challenges of the Study

- Persons selected for the in- person interviews and the stakeholder consultation are based on the developed inclusion and exclusion criteria which restricts the scope of the study.
- Obtaining appointments with senior Government officials was extremely difficult due to the time constraints of the study.
- As Sri Lanka is still at preliminary stages of planning for SDGs, published Government documents with detailed plans on implementing SDGs, were scarce. Thus, the author relied heavily on unpublished documents, such as minutes of meetings, working papers, presentations, etc.

7. Recommendations

7.1 Involvement at National Level

- Inter- ministerial coordination and communication should be enhanced. This also includes several Government Departments, Provincial Governments, NGOs, Private Sector and the International Organisations. In order to increase inter-ministerial coordination, there should be a high level special task force responsible for coordination, monitoring and evaluating SDG activities. Although a parliamentary select committee, Sustainable Development Council, various committees have been appointed the coordination, monitoring and progress evaluation is still not strong enough and therefore need to be made more effective, especially because there are so many stakeholders are involved.
- The relevant Ministries/Departments/Other Government agencies should be made responsible and accountable for planning, implementing, monitoring and progress evaluation of activities related to the SDGs under their charge and they should report the progress to the overall coordinating body regularly.
- Clear transparent guidelines, plans for implementation, monitoring and formalized mechanisms for reporting the progress of SDGs/health SDGs at Provincial Councils, should be in place. The Provincial Councils should be responsible and accountable for all activities related to implementation of SDGs at subnational levels. Appropriate targets need to be set for different administrative levels: Province, Districts and Local Government areas.
- Short courses should be introduced to enhance the knowledge and expertise on obtaining additional data for tracking, evaluating and monitoring of SDGs. For example, the methodology on use of big data to monitor the progress need to be developed and necessary training should be given to relevant officials who are responsible for monitoring and evaluation of SDGs at all levels.
- The Government should make concerted efforts through the use of media, NGOs and CSOs to improve awareness at the national/provincial/local levels to encourage community participation and to empower the local communities. National campaigns should be initiated through mass media to build awareness at all levels (ie School children, university students, general public, parliamentarians, ministries/departments/other stakeholders etc.)
- Media should play a central role in creating awareness on SDGs. They should be used as a vehicle to disseminate knowledge and awareness on SDGs at all levels. These disseminating channels should include both mass and social media to create positive impacts reaching for a wider audience.
- It is known that the Government will not be positioned to sustainably finance SDGs throughout the next thirteen years. Thus, it is pivotal to strengthen relations with the private sector to secure sustainable mechanisms for SDG financing through private public partnerships and other strategies.

7.2 Private Sector Involvement

- Private sector involvement is essential for capacity enhancement. There is a significant potential for further private sector engagement and involvement in SDGs. The respective chambers should be involved in advocating and educating the private sector on health SDGs and all other SDGs.
- Therefore, the private sector should be adequately incentivized in order to assist in SDG implementation and monitoring.

7.3 Involvement from PRIs, Universities, INGOs, NGOs and CSOs

- Academic institutions, centres of excellence and PRIs should enhance their involvement by sharing their knowledge and expertise, to monitor and evaluate performance and to create awareness. Government agencies responsible for SDGs should periodically carryout research in collaboration with academic institutions, PRIs, etc., so that there will be continuous monitoring and evaluation of SDGs and health related SDGs at the national and divisional levels. A curriculum on SDGs/health SDGs should also be introduced in order to raise awareness and create knowledge on SDGs among university graduates.
- Research collaborations could be further strengthened through formal agreements via MoU to encourage cross research collaboration and exchange of research findings. More informally internships among PRIs and universities should be encouraged where research papers and publications on SDG related issues are made available to policy makers, so that they could make appropriate decisions related to SDG related issues.
- CSOs should take a vital role in advocacy, creating awareness, lobbying and creating change. In fact, they should be actively engaged at the grass root level to monitor the performance and effectiveness of the policies and ensure effective implementation. Good relationships should be fostered at both the national, sub national level and with the other stakeholders to ensure a top down and bottom up approach to ensure exchange of information and data.
- International Organisations such as UNICEF, UNDP, WHO, etc., should scale up efforts to provide necessary expertise and assistance for capacity building, as well as financial assistance, for planning, implementation and monitoring of SDGs.

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Annexure 1 - Questionnaire: Institutional and Stakeholder Mapping of Sustainable Development Goals and Health SDGs in Sri Lanka

Questions in General :

1. What are the national level institutions involved in SDG planning, monitoring and implementation?
2. What level of priority has the government placed on SDGs?
3. Which types of organizations are involved in SDG planning, implementation and monitoring?
4. How are the Government ministries and departments inter-connected for SDG implementation?
5. Is there a governing body responsible for planning and delivery of SDGs? - What is the set up?

6. How has the finances been allocated for SDG planning?
7. Are the regional governments well equipped to handle SDG monitoring and implementation? If not, what are the strategies in place to improve skills and capacities?
8. What are the monitoring mechanisms in place for effective planning?
9. What are the challenges in SDG planning, monitoring and implementation?
10. What is the coordination mechanism between the authorities and the statistical agencies?
11. Do they have the technical capacity to undertake these tasks? What are their limitations?
12. Is there anyone else you suggest I meet to obtain a further understanding of the institutional and stakeholder arrangements?
13. Reference to any documents/presentations/reports which would be useful for the study?- Please advise

Health Related SDG Questions:

1. What are the mechanisms involved in planning ,monitoring and evaluating health SDGs?
2. How alienated are the MOH policies with SDG targets?
3. How have health SDGs been integrated with other sectors and policies to create a multi-sectoral approach?
4. What are the institutional arrangements in place for implementing and monitoring health SDGs? How are they involved?
5. Categorize by types , nature of work and geographical location?
6. What are the issues at the regional level (provincial) with respect to implementing health related SDGs?
7. What is the budgetary allocation for implementing health related SDGs?
8. What role does your institution play with regard to SDG (health) implementation and monitoring?
9. What role can your institution play in the future wrt. Health SDG implementation and monitoring?
10. What are the bottlenecks involved in implementing health related SDGs?
11. What are the propositions to mitigate them?

Policy Research Institutions/CSO/NGOs/INGOs:

12. What is the role of policy & academic institutions, CSO ,INGOs/NGOs in health SDG planning and monitoring?

13. How can PRI work together to fast track the implementation of health SDGs?
14. What more could your institutions do to enhance your involvement in health SDG planning, implementation, monitoring and evaluation?
15. What are the current bottlenecks in planning, implementation and monitoring of health SDGs?
16. How can the community participate in SDG delivery?
17. What mechanisms are in place to allow for community participation?
18. Any recommendations going forward wrt. planning, monitoring and evaluating health SDGs?

Annexure 2: Stakeholder Consultation Questions

1. What role does your organisation play in health related SDG planning, implementation and monitoring?
2. Is your organization's line of work aligned with health related SDGs? If so, please provide examples (including any multi-sectoral approaches, communication, coordination, M&E and reporting mechanisms and strategies in place)? If not, what are the challenges?
3. How could all the stakeholders work together to fill gaps, build partnerships and accelerate progress in achieving health related SDGs - possibilities of national, regional and global partnerships (locally/nationally)? What are the challenges?
4. What are your recommendations to overcome the challenges and accelerate the implementation of health related SDGs in Sri Lanka?

Annexure 3: List of Stakeholders for the KIIs and Stakeholder Consultation

Key Informant Interviews	Ministry/Department/ Institution
Government Agencies/Regulatory Bodies	Ministry of Planning and Economic Affairs
	Ministry of National Policies and Economic Affairs
	Department of Census and Statistics
	Ministry of City Planning and Sanitation
	Ministry of Sustainable Development and Wild Life
Government Agencies- Ministry of Health	Family Health Bureau
	Non-communicable Disease Unit
	Ministry of Health
Academia	University of Colombo- Department of Demography
	University of Sri Jayawardenapura - Department of Forestry and Environmental Studies
	University of Colombo - Community Medicine
Research Organisations	Centre for Poverty Analysis
	Institute for Health Policy
	Marga Institute
Non-Governmental Organisations	World Vision
	Sarvodaya
	Alcohol and Drug Information Centre (ADIC)
International Non-Governmental Organisations	World Health Organisation
	UNICEF
	UNDP
	World Bank

Stakeholder Meeting - Colombo, Sri Lanka
Centre for Poverty Analysis
Institute for Health Policy
Sarvodaya Shramadana
Ministry of Health- Non Communicable Disease Unit
Alcohol and Drug Information Centre (ADIC)
University of Colombo- Department of Demography
World Vision
University of Colombo
Medical Research Institute
Sri Lanka Medical Council

Annexure 4: List of Health Related Research Organisations in Sri Lanka

Center for Women’s Research (CENWOR)	http://cenwor.lk/
Coconut Research Institute (CRI)	http://www.cri.gov.lk/
Council for Agricultural Research Policy (CARP)	http://www.slcarp.lk/
Foundation for Environment, Climate and Technology (FECT)	http://www.climate.lk/
Family Health Bureau (FHB)	http://fhb.health.gov.lk/web/index.php?lang=en
Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI)	http://www.harti.gov.lk/index.php/en/
Institute of Policy Studies of Sri Lanka (IPS)	http://www.ips.lk/
Marga Institute	http://margasrilanka.org/
Centre for Poverty Analysis (CEPA)	http://www.cepa.lk/
Institute for Health Policy (IHP)	http://www.ihp.lk/
National Institute of Health Sciences	http://nihs.gov.lk/
National Institute of Occupational Safety and Health (NIOSH)	http://www.niosh.gov.lk/
Sir John Kotelawala Defense University (KDU)	http://www.kdu.ac.lk/
Social and Economic Development Centre (SEDEC)	http://www.caritaslk.org/
Women’s Education and Research Centre (WERC)	http://www.wercsl.org/
National Science Foundation	http://www.nsf.ac.lk/
Verite’ Research	http://www.veriteresearch.org/

Source: Directory of Research Centres in Sri Lanka⁴⁸

⁴⁸ <http://www.aisls.org/resources/directory-of-research-centers-in-sri-lanka/>