# SRI LANKA MISSION REPORT

## CAPACITY STRENGTHENING ON HEALTH PRIORITY SETTING AND INSTITUTIONALISING HEALTH TECHNOLOGY ASSESSMENT (HTA)

**Health Intervention and Technology Assessment Program Foundation (HITAP)**
**Thailand**

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## MISSION REPORT – Sri Lanka

July 2026

International Unit
Health Intervention and Technology Assessment
Program Foundation (HITAP), Thailand

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**For more information**
Please contact: International Unit, Health Intervention and Technology Assessment Program Foundation (HITAP), 6th Building, 6th Floor, Department of Health, Ministry of Public Health, Tiwanon Road, Taladkwan Subdistrict, Muang Nonthaburi District, Nonthaburi 11000, Thailand

Email: hitap@hitap.net (for e-document letter@hitap.net)
https://www.hitap.net/en/home/

# LIST OF ABBREVIATIONS

| | |
|---|---|
| ADB | Asian Development Bank |
| AI | Artificial Intelligence |
| AIDS | Acquired Immunodeficiency Syndrome |
| CEA | Cost-effectiveness analysis |
| CKD | Chronic Kidney Disease |
| COPD | Chronic Obstructive Pulmonary Disease |
| COVID-19 | Coronavirus Disease 2019 |
| CT | Computed Tomography |
| HbA1c | Glycated Haemoglobin |
| HITAP | Health Intervention and Technology Assessment Program (Foundation) |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System(s) |
| HR | Human Resources |
| HTA | Health Technology Assessment |
| HTAIn | Health Technology Assessment in India |
| iDSI | International Decision Support Initiative |
| IHP | Institute for Health Policy |
| IHPP | International Health Policy Program (Foundation) |
| NCD | Non-communicable Disease(s) |
| NICE | National Institute for Health and Care Excellence |
| NMRA | National Medicines Regulatory Authority |
| NUS | National University of Singapore |
| NXPO | Office of National Higher Education Science, Research and Innovation Policy Council |
| OOP | Out-Of-Pocket |
| PHC | Primary Health Care |
| PMU-B | Program Management Unit for Human Resources & Institutional Development, Research and Innovation |
| PSAB | Patient Safety & Accreditation Bureau |
| QALY | Quality-Adjusted Life Year(s) |
| QoL | Quality of Life |
| SLESP | Sri Lanka's Essential Health Services Package |
| SWOT | Strengths, Weaknesses, Opportunities, Threats |
| TSRI | Thailand Science Research and Innovation |
| UHC | Universal Health Coverage |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USD / US$ | United States Dollar |
| WHO | World Health Organisation |

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The findings, interpretations, and conclusions expressed in this report do not necessarily reflect the views of the funding or participating agencies.

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# EXECUTIVE SUMMARY

The Health Intervention and Technology Assessment Program Foundation (HITAP), Thailand, undertook a mission to Colombo, Sri Lanka, supported by the World Bank Group. The mission aimed to support national efforts to strengthen capacity on health priority setting and institutionalise health technology assessment (HTA).

HITAP contributed as a technical partner to the *Health Economic Analysis for Evidence-Driven Health Policies* workshop (3–4 March 2026). This workshop was co-hosted by the Ministry of Health & Mass Media, the University of Sri Jayewardenepura, and the World Bank Group. It combined a two-day technical workshop — covering the principles of health economic evaluation, cost-effectiveness analysis, and the application of HTA to priority setting, procurement, and benefit-package design. Country experiences from Japan, China, Thailand, and India were also shared and discussed during the workshop. In addition to that, to understand current landscape of HTA in Sri Lanka, HITAP received a kind opportunity to conduct a situational analysis, through the launch of an online survey, to assess stakeholder perspectives on the need, demand, and supply for HTA in the country. This report has been developed to provide a summary of the mission, as well as an overview of the survey's aggregated results.

The survey was completed by 22 respondents (16 completed; 72.7% completion rate), predominantly from government institutions (68%). Respondents expressed near-universal support for HTA and a clear recognition that the health system is operating under tightening resource constraints. Efficient allocation of resources was perceived to be the most highly valued attribute of HTA (90% rating it "very important"), followed by transparency, financial protection, and quality of care. Budget impact and cost-effectiveness were also consistently prioritised as decision criteria. Clinical guideline development, service delivery, and benefit-package design emerged as the leading policy applications of HTA, while medicines, medical devices, and vaccines were the highest-priority technologies. The Ministry of Health was identified as the principal future user and generator of HTA evidence.

At the same time, respondents identified substantial systemic constraints. Existing evidence-informed mechanisms — such as essential medicines lists and immunisation programmes — remain fragmented and are not yet institutionalised within a comprehensive HTA framework. Local data are relatively limited, with hospital utilisation, pharmaceutical pricing, and health-outcome data frequently available only with limitations, and linked patient-level information systems largely absent. Capacity gaps are pronounced across both evidence users and generators, spanning introductory HTA, health economics, decision-making criteria, systematic review, and economic modelling. A Strengths, Weaknesses,

Opportunities and Threats (SWOT) analysis points to current strengths within Sri Lankan context. For example, these included having a skilled workforce, strong public health and epidemiological infrastructure, and growing academic expertise. These set against weaknesses in HTA expertise, data systems, and formal governance pathways, and threats from fiscal constraints and limited policymaker awareness. Nevertheless, opportunities are also presented, including growing international engagement with partners, as well as awareness and interests from decision-makers and other relevant stakeholders.

Taken together, the findings suggest that Sri Lanka is at an important stage in the development of HTA. Stakeholder awareness and interest are growing, and several institutional foundations already exist. However, further progress will require a phased and context-sensitive approach that establishes governance arrangements for HTA, builds sustainable technical capacity, strengthens health information systems and local data, enhances policymaker engagement, and leverages continued regional and international collaboration. With sustained political commitment, long-term investment, and cross-sector collaboration, HTA has the potential to become an important mechanism for improving the efficiency, equity, transparency, and sustainability of healthcare decision-making in Sri Lanka.

# 1. INTRODUCTION

## 1.1. OVERVIEW: Sri Lanka in Brief

Sri Lanka is a lower-middle-income country in South Asia with a population of approximately 20–21 million[1], with a land area of about 65,600 square kilometers. It features a diverse landscape of coastal plains, rolling hills, and a central mountainous region, with a tropical climate and rich biodiversity. The country is ethnically plural, with major groups including the Sinhalese, Tamils, and Muslims, and its official languages are Sinhala, Tamil, and English.

In global terms, the country spends relatively modestly on health.[2] Sri Lanka's current health expenditure was approximately 4.4% of GDP in 2022, below the global average of about 6.7%.[3] Out-of-pocket (OOP) payments accounted for approximately 40% of current health expenditure in 2022, down from 43.0% in 2021.[4] Sri Lanka is one of the best health performers in the South Asian region, and has long been recognised for achieving strong health outcomes relative to its level of economic development, including high life expectancy (approximately 77.67 years in 2024 and higher than the world average of 73.48 in the same year)[1] and near-universal access to publicly funded health services.[5,6]

This performance has been underpinned by a tax-funded health system with a strong emphasis on primary care, high levels of educational attainment, and sustained public investment in health and social services.[2,7] As a result, Sri Lanka is often cited as a regional example of effective progress toward universal health coverage (UHC).[6,7]

However, the country is currently undergoing a period of significant transition. The recent economic crisis has placed substantial pressure on public finances, exposing structural vulnerabilities in health financing and service delivery.[2,8] At the same time, demographic ageing and a growing burden of non-communicable diseases are increasing demand for more complex and costly care.[2,6]

## 1.2. CONTEXT: Why Sri Lanka, Why Now

Sri Lanka currently sits within a critical "policy-ready" window for strengthening health sector priority setting and institutionalising health technology assessment (HTA). This opportunity is driven by the confluence of post-crisis fiscal pressures, ongoing structural health system reforms, and the emergence of new national policy frameworks that emphasise efficiency, quality, and evidence-informed decision-making.[6,9-11]

In the aftermath of the recent economic crisis, Sri Lanka faces constrained fiscal space for health, increasing the urgency for value-for-money in public spending.[2,6,8] These macro-fiscal pressures are occurring alongside an epidemiological transition toward non-communicable diseases and an ageing population,[12] both of which are expected to increase demand for long-term, resource-intensive care.[13] Together, these dynamics are intensifying the need for systematic, transparent approaches to prioritising health interventions and technologies.[11]

At the system level, Sri Lanka has launched a suite of reforms re-centering primary health care (PHC) and UHC.[6] The Primary Healthcare Reforms (2024) and the *Policy on Rational Health-Care Delivery for UHC* aim to reorganise PHC institutions and strengthen referral pathways.[6,14] These reforms are being operationalised through large-scale investments, including the World Bank–financed Primary Healthcare System Enhancing Project (US$150 million, approved in 2024), which is expanding PHC infrastructure and service delivery nationwide.[10] This creates a concrete implementation platform for defining and standardising service packages, an entry point where HTA-informed approaches can be embedded.

Sri Lanka's Essential Health Services Package (SLESP) is being positioned as the core entitlement and planning instrument for UHC, with ongoing efforts to cost and operationalise the package.[6] At the same time, new strategic frameworks—including the National Policy on Health and Wellbeing (2026–2035)[15] and the National Strategic Plan on Healthcare Quality and Safety (2026–2030)[9]—explicitly emphasise governance reform, quality assurance, and evidence-informed decision-making. These developments create a timely policy window to integrate HTA principles into benefit-package design, clinical guideline development, and resource allocation processes.

Institutionally, Sri Lanka does not yet have a dedicated institution with an explicit mandate for HTA, while HTA-related priority setting functions remain distributed across existing Ministry of Health processes such as procurement, guideline development, and other resource-allocation decisions.[16] However, recent policy directions are creating a more enabling environment. For example, the National Policy on Health and Wellbeing calls for strengthened legal and regulatory frameworks for high-cost and complex health technologies,[15] while the Patient Safety & Accreditation Bureau (PSAB) is advancing national standards on quality, infection prevention, and medication safety.[9,14] These initiatives provide practical entry points to link technology appraisal, quality standards, and funding decisions through more explicit and transparent criteria.

There is also growing momentum from development partners and regional collaboration. Multilateral financing from the World Bank Group and the Asian Development Bank is directly tied to improvements in service delivery, system efficiency, and quality of care, reinforcing the demand for evidence-based prioritisation tools.[10] At the same time, regional initiatives—such as collaboration with India's HTAIn and the uptake of international frameworks (e.g., International Decision Support Initiative or iDSI guidance)[17]—are supporting early-stage capacity building and creating pathways for institutionalising HTA within Sri Lanka's policy architecture.[18,19]

From a stakeholder perspective, there is increasing alignment across government agencies, technical institutions, and development partners around the need for more systematic priority setting, although coordination mechanisms and technical capacity remain uneven. Existing academic and technical institutions provide a foundation for HTA development, but require further strengthening in methods, data systems, and policy translation.

Taken together, Sri Lanka's current reform trajectory presents a unique convergence of demand, policy opportunity, and implementation platforms. The combination of fiscal constraint, active health system restructuring, evolving benefit-package design, and strong donor engagement creates multiple entry points to pilot and institutionalise HTA. This makes the present moment particularly opportune to support the development of context-specific HTA systems or priority-setting mechanisms that can inform resource allocation, improve efficiency, and strengthen the overall governance of the health sector.

## 1.3. MISSION: Building and strengthening priority-setting capacity

Across many countries, the question is no longer whether health policy should be evidence-informed, but how to operationalise such approaches in ways that improve efficiency, transparency, and accountability in health systems. In this context, the mission to Sri Lanka aimed to support ongoing efforts to strengthen priority-setting mechanisms, with a particular focus on the role of health economic analysis and HTA.

The visit to Colombo, Sri Lanka, was undertaken as part of broader efforts to support capacity building and policy dialogue on evidence-informed decision-making. Specifically, following the invitation from the World Bank Group, HITAP participated in the *Health Economic Analysis for Evidence-Driven Health Policies* workshop (3–4 March 2026), co-hosted by the Ministry of Health & Mass Media (Sri Lanka), the University of Sri Jayewardenepura, and the World Bank Group.

The workshop provided a platform to engage policymakers, academics, and technical stakeholders on the practical application of health economic tools to inform policy and resource allocation decisions.

### HITAP's Role

During the workshop, HITAP contributed as a technical partner, drawing on its experience in institutionalising HTA, establishing national HTA capacity in Thailand, and supporting priority-setting systems in Thailand and across the region. Its role included:

- Delivering technical inputs on the principles and application of health economic evaluation and HTA in policy decision-making
- Sharing country experiences and lessons learned from Thailand and other settings on integrating evidence into health policy and financing decisions, including building HTA capacity and its supportive ecosystem
- Facilitating discussions on how Sri Lanka can adapt and operationalise similar approaches within its own institutional and policy context
- Engaging with key stakeholders to explore opportunities for sustained collaboration in capacity building and system development

# 2. SUMMARY OF ACTIVITIES

During the visit to Colombo, Sri Lanka, activities were conducted to support capacity building and stakeholder engagement on health economic analysis and priority setting. These included participation in a two-day technical workshop and the launch of an online survey on HTA situational landscape to gather stakeholder perspectives and inform future capacity development.

## 2.1. Workshop delivered

The Health Economic Analysis for Evidence-Driven Health Policies workshop (3–4 March 2026) served as the central platform for technical exchange and capacity strengthening. The workshop was designed to enhance participants' understanding of health economics and HTA, with a focus on their practical application in policy and resource allocation decisions.

Indeed, health economics plays an important role in supporting countries to respond to rising healthcare costs, fiscal constraints, demographic change, and increasing demand for health services. In this context, HTA has emerged as a key tool for informing priority setting by assessing the value for money, affordability, and population health impact of health interventions. Building on regional and global experience, the workshop combined conceptual lectures with applied case studies and hands-on exercises.

***Day 1:*** *Conceptual Foundations and Global Experience*

The first day focused on introducing core concepts and international experiences in health economics and HTA. This day provided participants with a broad understanding of how economic

evidence is used across different health system functions, including benefit package design, pricing, and strategic planning. In particular, key topics covered on this day are as follows.

- Principles and applications of health economic analysis and HTA in policy decision-making
- Use of global burden of disease data to inform health priorities
- Methods for cost-effectiveness analysis (CEA)
- Health financing and system efficiency considerations
- Application of HTA in priority setting, procurement, and pricing decisions
- Country case studies from Japan, China, Thailand, and India on institutionalising HTA and using evidence in policy.

***Day 2:*** *Applied Methods and Practical Exercises*

The second day focused on strengthening practical skills through hands-on learning and country-relevant applications. These sessions below aimed to bridge the gap between theory and practice, demonstrating applying economic concepts and priority-setting to realistic policy scenarios.

- Training exercise on conducting cost-effectiveness analysis
- Case study on the use of economic evaluation in Sri Lanka
- Introduction to the multi-criteria nature of priority setting
- Group-based exercises simulating real-world priority-setting decisions

## 2.2. Key Stakeholders Engaged

The mission engaged a diverse group of stakeholders across academia, government, and international organisations, reflecting strong multi-sectoral interest in strengthening evidence-informed decision-making in Sri Lanka. Key contributors and international experts included Prof. Eric Finkelstein (Duke-NUS Medical School, Singapore), as well as Prof. Ole Norheim (Harvard University), Prof. Ataru Igarashi (University of Tokyo, Japan), and Prof. Chen Yingyao (Fudan University, China), who joined online. Lead organisers and contributors were experts from the World Bank Group (Dr Aparna Somanathan, Dr Ajay Tandon, Dr Somil Nagpal, Dr Di Dong, Dr Hideki Higashi, and among others), as well as faculty members of the University of Sri Jayewardenepura (Senior Prof. Sampath Amaratunga, Prof. Dushan Jayawickrama, Prof. Ananda Rathnayake, Prof. Janaka Fernando), and officers from the Ministry of Health & Mass Media.

These stakeholders contributed technical expertise across key domains, including health economics, public health policy, health financing, global burden of disease, and institutionalisation of HTA. Engagement with these actors provided opportunities to exchange international experiences and best practices; assess Sri Lanka's current capacity and readiness for HTA; and explore potential areas for collaboration in training, research, and policy development.

## 2.3. Survey: Perspectives on HTA (What Was Observed and Why It Matters)

As part of the mission, an online survey was launched by HITAP to capture participant perspectives on the current status, demand, and institutional readiness for HTA in Sri Lanka. Please note that there has been previous work on SWOT of HTA implementation in Sri Lanka.[19] However, the current survey was designed to complement workshop discussions by systematically gathering insights from participants and relevant stakeholders across government, academia, and partner organisations. The survey adopted a comprehensive framework covering five key domains: (i) perceived need for HTA, (ii) demand for HTA in policy processes, (iii) existing technical and institutional capacity (supply), (iv) the role of different organisations in HTA, and (v) additional perspectives on opportunities and challenges. The questionnaire was adapted from the established HTA situational analysis tool developed by HITAP and (formerly) NICE International, ensuring alignment with internationally recognised approaches.[20,21]

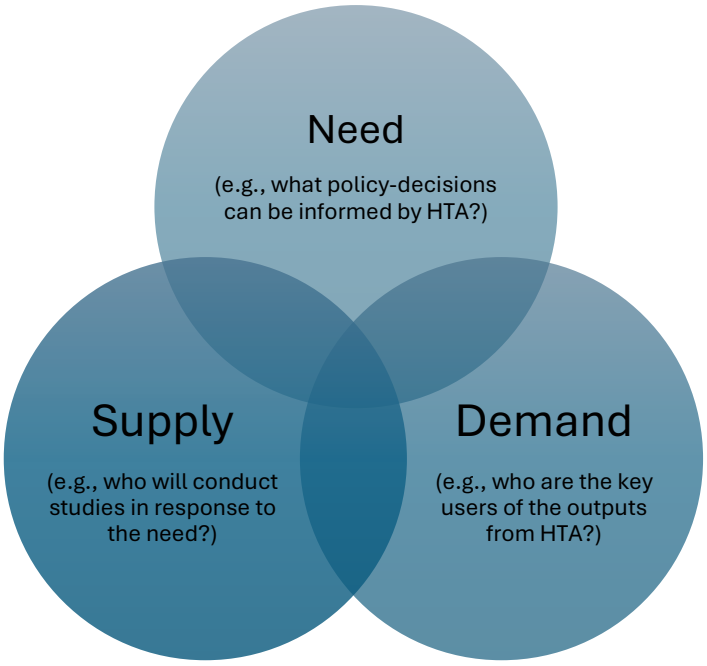



***Figure 1*** *Conceptual framework which informed the design of questionnaires and analysis*

The survey was expected to generate important baseline evidence on stakeholder awareness, demand, and capacity gaps. These findings were later analysed and shared in aggregated, anonymised form with participants and key partners. Importantly, the results could be used to inform the development of targeted strategies for HTA capacity strengthening in Sri Lanka, including potential areas for technical support, institutional development, and policy integration (Figure2).

# 3. KEY INSIGHTS

Following the dissemination, the survey received 22 responses, with 16 completed submissions (72.7% completion rate). Respondents were primarily from government institutions (68%), including the Ministry of Health, provincial health offices, hospitals, and regulatory agencies, with additional participation from academic institutions (Table 1).

***Table 1*** *Respondent organisations by type (n = 22)*

| Organisation type | Count | Share |
|---|---|---|
| Government (ministry, autonomous institution, other) | 15 | 68% |
| Academic institute | 2 | 9% |
| Not stated | 5 | 23% |
| Total | 22 | 100% |

It is noteworthy that organisations of respondents regarded as HTA users and generators (Table 2) cluster tightly around the state apparatus: the Ministry of Health (most frequently), the Medical Supplies Division, the NMRA, provincial and regional health departments, biomedical engineering services, and the Institute for Health Policy.

***Table 2*** *Respondents' self-described role in relation to HTA evidence (n = 22)*

| Do you see your organisation as a generator or user of HTA evidence? | Count |
|---|---|
| Both generator and user | 9 |
| Generator of HTA evidence | 7 |
| Not currently sure | 1 |
| Not stated | 5 |

Insights shared by the respondents revealed both strong interest in institutionalising HTA and significant systemic challenges that continue to constrain evidence-informed priority setting. Overall, respondents demonstrated a clear recognition that Sri Lanka's health system is operating in an increasingly resource-constrained environment, where more structured and transparent approaches to decision-making are needed. In more detail, the findings can be categorised as follows:

## 3.1. Existing Evidence-Informed Decision-Making Mechanisms

Although formal HTA systems remain limited in Sri Lanka, respondents identified several existing mechanisms that already incorporate elements of evidence-informed decision-making. These included the development of essential medicines lists, NCD care packages, immunisation programmes, hospital equipment lists, and public investment planning processes. However, it was unclear how and which stage or process of such mechanisms that evidence would be required.

> *"National essential NCD care package. Essential NCD drugs. Recommended list of medical equipment based on hospital care level. Essential primary care package. Reproductive healthcare package. Extended programme of immunization. Public investment plans"*

Some respondents also referred to the use of systematic reviews and meta-analyses to inform updates to existing clinical modalities and interventions.

> *"Regular updates with existing modalities with evidence of systematic review and meta-analysis"*

However, several comments suggested that such practices remain fragmented and are not yet institutionalised within a comprehensive HTA framework. For example, some mentioned that this was only in private sector. Nevertheless, there remain substantial opportunities to establish more formalised and standardised HTA processes.

## 3.2. Need, Demand, and Supply for HTA

### Perceived Need for HTA

Many participants perceived that current healthcare resource allocation is heavily influenced by advocacy, expert opinion, and ad hoc considerations rather than systematic evidence-informed prioritisation (Table 3). While this perception reflects a growing awareness among stakeholders of the need for more explicit priority-setting mechanisms, it also mirrors broader concerns regarding efficiency, transparency, and sustainability within the context of increasing fiscal pressure on the health sector.

***Table 3*** *Perceptions of how have resources for healthcare been allocated by the government in the context of Sri Lanka*

| Perceived driver/basis for resource allocation | Percentage of Response in agreement (n=22) |
|---|---|
| Impacts on health outcomes/benefits | 22.7 |
| Advocacy groups | 36.4 |
| Expert opinion | 22.7 |
| Donor priorities | 9.1 |
| Not sure | 9.1 |
| | 100 |

Against this backdrop, respondents consistently viewed HTA as a potentially important policy tool for strengthening health sector governance. Efficient allocation of resources emerged as the strongest perceived value of HTA (90% rated "very important"), followed closely by improving transparency in decision-making (85%), strengthening financial protection (85%), improving quality of care (85%), and managing government budget impact (80%). Stakeholders also associated HTA to broader system/governance objectives such as minimising wastage of resources, ensuring value for money, promoting sustainability and feasibility, and supporting decisions that are better adapted to the local Sri Lankan context. They also considered that HTA might contribute to broader economic

growth as well (Figure 2). Indeed, with this it may suggest that stakeholders increasingly perceive HTA not only as a technical analytical tool, but also as a mechanism to strengthen accountability, fairness, and strategic priority setting within the Sri Lankan health system.

***Figure 2*** *Word cloud from the survey of other areas which respondents think HTA could help address*

## Priority Policy Areas for HTA Application

Survey respondents identified several policy areas where HTA could play a particularly important role. Clinical guideline development and disease management pathways emerged as the highest priority application areas (the highest average weight among all other particulars). This was followed by service delivery for Health and design of basic package of health benefits, respectively. Please see also Table 4. Similarly, if ranking these particulars based on their shared proportion of response as "very important", clinical guidelines or disease management pathways development was still identified as the top priority application area (79%), followed by service delivery planning (63.2%) and the design of health benefit packages (57.9%).

***Table 4*** *Potential policy areas of HTA applications*

| Particular | Frequency of Response in agreement for each perception (n=19) | | | | | Average weight[t] |
|---|---|---|---|---|---|---|
| | Very important | Important | Moderately important | Slightly important | N/A | |
| **Registration of individual health technologies** | 9 (47.4%) | 9 (47.4%) | 1 (5.7%) | - | - | **16.9** |
| **Reimbursement of individual health technologies in decision making** | 6 (31.6%) | 8 (42.1%) | 4 (21.1%) | - | 1 (5.7%) | **14.5** |
| **Clinical guidelines or disease management** | 15 (79.0%) | 3 (15.8%) | 1 (5.7%) | - | - | **18.4** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **pathways development** | | | | | | |
| **Design of basic package of health benefits** | 11 (57.9%) | 6 (31.6%) | 2 (10.5%) | - | - | **17.1** |
| **Service delivery for Health** | 12 (63.2%) | 7 (36.8%) | - | - | - | **17.8** |
| **Reform of provider payment systems** | 9 (47.4%) | 7 (36.8%) | - | 2 (10.5%) | 1 (5.7%) | **15.3** |
| | | | | | | **100** |

*Note: N/A = Not Applicable; respondents could provide multiple answers which were applicable in their understanding; the average weight was calculated by multiplying the frequency of responses by the corresponding weight score (Very important = 4, Important = 3, Moderately important = 2, Slightly important = 1, and N/A = 0). Each weighted value was then divided by the sum of all weighted values to generate the final percentage.*

The responses also indicate that stakeholders viewed HTA as relevant across multiple levels of health system decision-making, ranging from clinical care to broader health financing and service organisation. Additional comments highlighted the importance of HTA in improving integrated care pathways, strengthening patient accountability, and enhancing overall health system efficiency and productivity.

## Priority Health Technologies and Interventions

In addition to potential policy areas, respondents demonstrated broad support for applying HTA across diverse health technologies and interventions. While each average weight was comparable, medicines and medical devices were relatively perceived as the highest priorities for HTA-informed decision-making, followed closely by vaccines, screening programmes, and clinical procedures such as surgeries. Public health programmes and service delivery initiatives received comparatively lower—but still substantial—support, see also Table 5.

Several respondents also suggested expanding HTA to cover additional areas of health interventions and technologies. These, for example, include health-span extension programmes, digital health technologies, population-level interventions, and service delivery innovations as emerging areas requiring structured assessment.

> *"Health decision making should not merely be based on the finance aspect; there are other important aspects to deal with."*

This may suggest an evolving understanding of HTA as a multidisciplinary approach capable of evaluating broader system-level interventions and models of care (e.g., programmes and organisational innovations) that may improve the system's performance.

***Table 5*** *Different health technologies and interventions which HTA could be applicable to*

| **Health technology and intervention** | **Frequency of Response in agreement for each perception (n=18)** | | | | | **Average weight[t]** |
|---|---|---|---|---|---|---|
| | Very important | Important | Moderately important | Slightly important | Not important | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medicines** | 15 (83.3%) | 2 (11.1%) | 1 (5.6%) | - | - | **13.1** |
| **Vaccines** | 14 (77.8%) | 3 (16.7%) | 1 (5.6%) | - | - | **13.0** |
| **Medical devices** | 15 (83.3%) | 2 (11.1%) | 1 (5.6%) | - | - | **13.1** |
| **Screening programs** | 14 (77.8%) | 3 (16.7%) | 1 (5.6%) | - | - | **13.0** |
| **Referral programmes** | 9 (50.0%) | 7 (38.9%) | 2 (11.1%) | - | - | **11.8** |
| **Procedures by health professionals (e.g.surgeries)** | 14 (77.8%) | 3 (16.7%) | - | - | 1 (5.6%) | **12.6** |
| **Public health programs or initiatives** | 11 (61.1%) | 4 (22.2%) | 3 (16.7%) | - | - | **12.0** |
| **Service delivery initiatives or incentives** | 10 (55.6%) | 4 (22.2%) | 3 (16.7%) | 1 (5.6%) | - | **11.4** |
| | | | | | | **100** |

*Note: N/A = Not Applicable; respondents could provide multiple answers which were applicable in their understanding; the average weight was calculated by multiplying the frequency of responses by the corresponding weight score (Very important = 4, Important = 3, Moderately important = 2, Slightly important = 1, and Not important = 0). Each weighted value was then divided by the sum of all weighted values to generate the final percentage.*

## Demand for HTA

The survey findings conveyed substantial demand for HTA across the public health sector. The Ministry of Health was overwhelmingly identified as the principal future user of HTA evidence, alongside provincial health authorities, hospitals, biomedical engineering services, the National Medicines Regulatory Authority (NMRA), and academic institutions.

Respondents considered multiple dimensions important in HTA-informed decision-making. From the demand side, safety, feasibility, efficacy, budget impact, and cost-effectiveness were consistently prioritised as key decision criteria (Table 6). At the same time, respondents also recognised the importance of equity, ethical considerations, and broader social impacts or cultural context, indicating openness toward deliberative and multi-criteria approaches to HTA.

*"Public perception. Socioeconomic landscape. Other WHO health system building blocks"*

Considering the relatively comparable average weight of each decision dimension, these may suggest that stakeholders increasingly recognise the need for structured frameworks capable of balancing technical, financial, ethical, and social considerations within healthcare decision-making. Elements of equity and environment were also mentioned.

***Table 6*** *Decision criteria and their perceived importance (from the demand side)*

| **Decision criteria** | **Frequency of Response in agreement for each perception (n=17)** | | | **Average weight[t]** |
|---|---|---|---|---|
| | Very important | Important | Moderately important | |
| **Safety** | 15 (88.2%) | 1 (5.9%) | 1 (5.9%) | 13.4% |
| **Efficacy** | 12 (70.6%) | 3 (17.7%) | 1 (5.9%) | 11.7% |

| | | | | |
|---|---|---|---|---|
| **Cost-effectiveness** | 13 (76.5%) | 4 (23.5%) | - | 13.0% |
| **Budget impact** | 14 (82.4%) | 3 (17.7%) | - | 13.4% |
| **Feasibility** | 14 (82.4%) | 3 (17.7%) | - | 13.4% |
| **Equity** | 11 (64.7%) | 5 (29.4%) | - | 11.7% |
| **Other social and ethical considerations** | 11 (64.7%) | 5 (29.4%) | - | 11.7% |
| **Environmental considerations** | 12 (70.6%) | 3 (17.7%) | 1 (5.9%) | 11.7% |
| | | | | **100** |

*Note: N/A = Not Applicable; respondents could provide multiple answers which were applicable in their understanding; the average weight was calculated by multiplying the frequency of responses by the corresponding weight score (Very important = 2, Important = 1, Moderately important = 0). Each weighted value was then divided by the sum of all weighted values to generate the final percentage.*

## Supply: Evidence Generation

Respondents identified several institutions involved in evidence generation for health policy, including the Ministry of Health, universities, hospitals, public health programmes, the Institute for Health Policy (IHP), and NMRA (Figure 4).

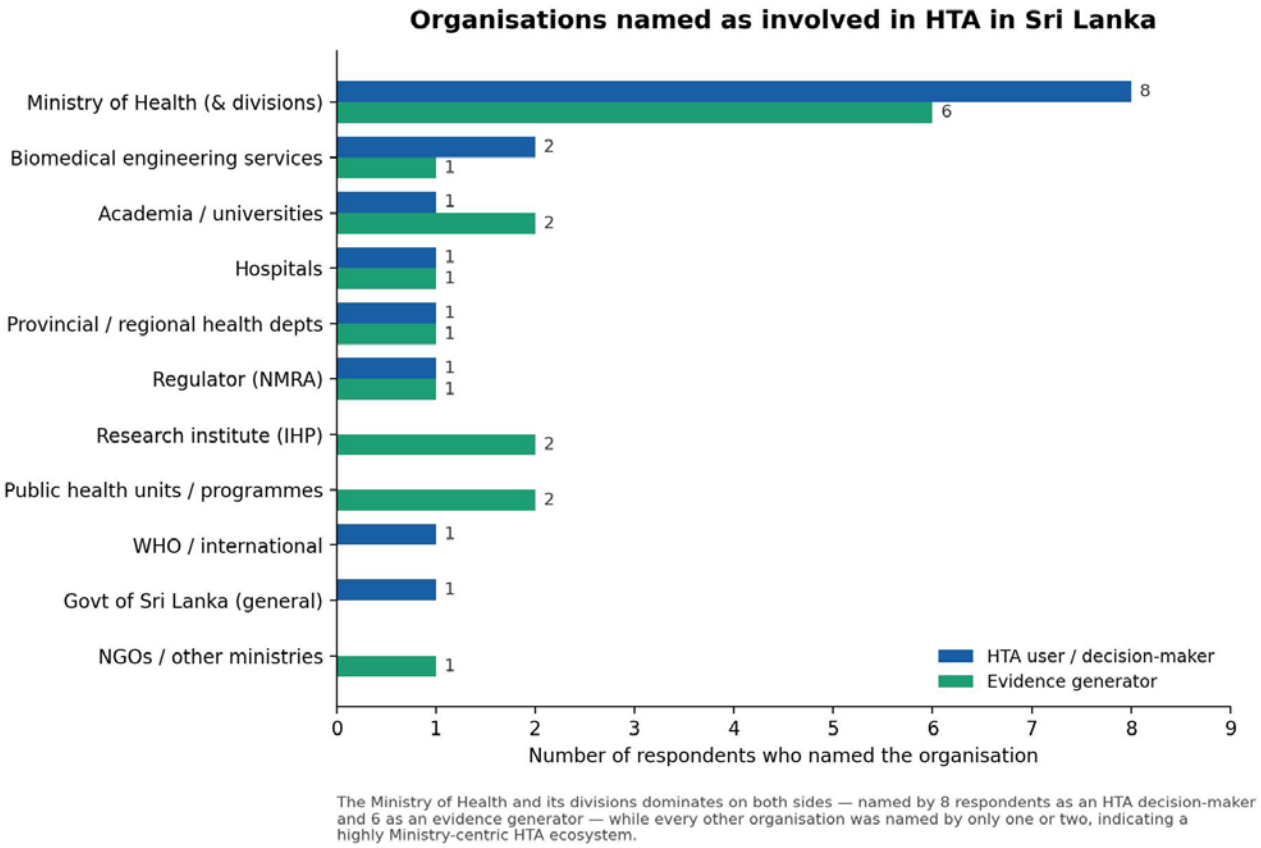



***Figure 3*** *Organisations named as involved in HTA in Sri Lanka, by perceived role (HTA user/decision-maker vs. evidence generator)*

From the supply side, multiple dimensions were perceived to be of relatively equal importance for HTA-informed decision-making. As compared to the demand side where safety, feasibility, budget impact, and cost-effectiveness were perceived as the top priorities, the supply side, however, suggested slightly higher weights on equity and feasibility as key decision criteria (Table 7).

***Table 7*** *Decision criteria and their perceived importance (from the supply side)*

| Decision criteria | Frequency of Response in agreement for each perception (n=17) | | | Average weight[t] |
|---|---|---|---|---|
| | Very important | Important | Moderately important | |
| **Safety** | 13 (76.5%) | 2 (11.8%) | 2 (11.8%) | 12.6% |
| **Efficacy** | 12 (70.6%) | 4 (23.5%) | 1 (5.9%) | 12.6% |
| **Cost-effectiveness** | 10 (58.2%) | 7 (41.2%) | - | 12.1% |
| **Budget impact** | 11 (64.7%) | 5 (29.4%) | 1 (5.9%) | 12.1% |
| **Feasibility** | 12 (70.6%) | 5 (29.4%) | - | 13.0% |
| **Equity** | 13 (76.5%) | 3 (17.7%) | 1 (5.9%) | 13.0% |
| **Other social and ethical considerations** | 12 (70.6%) | 4 (23.5%) | - | 12.6% |
| **Environmental considerations** | 12 (70.6%) | 3 (17.7%) | 2 (11.8%) | 12.0% |
| | | | | **100** |

*Note: N/A = Not Applicable; respondents could provide multiple answers which were applicable in their understanding; the average weight was calculated by multiplying the frequency of responses by the corresponding weight score (Very important = 2, Important = 1, Moderately important = 0). Each weighted value was then divided by the sum of all weighted values to generate the final percentage.*

## Existing HTA Infrastructure

The survey findings suggest that Sri Lanka possesses several foundational elements that could support future HTA institutionalisation. Respondents identified the existence of health management information systems (HMIS), emerging methodological guidelines, institutional processes, HTA databases, and some use of health outcomes data (Table 8).

While considering the observed response, it should also be noted that there is not yet a formal, nationally adopted, HTA guidelines in Sri Lanka, including database for HTA studies. Publicly available guideline collections from the Ministry of Health currently focus on clinical and service delivery topics.[22] These, for example, cover antimicrobial stewardship and telemedicine, rather than elements on economic evaluation or HTA for coverage decisions.[22]

***Table 8*** *Existing or emerging infrastructure which could potentially support future HTA institutionalisation in Sri Lanka*

| Existing HTA infrastructure | Percentage of Response in agreement (n=15) |
|---|---|
| Methodological guidelines for HTA | 14 |
| Institutional process for use of HTA | 14 |
| Database of HTA studies | 14 |
| Cost-effectiveness threshold (Decision Rule) | 12 |

| | |
|---|---|
| Health management information systems (HMIS) | 26 |
| Health outcomes (e.g., QALYs) | 16 |
| Other | 4 |
| | 100 |

*Note: respondents could provide multiple answers*

Respondents also acknowledged that these systems remain underdeveloped and fragmented. Several comments described HTA implementation as being at an early or "nascent" stage. The findings therefore indicate that while certain enabling structures already exist, considerable work remains necessary to establish a fully functional and institutionalised HTA system.

## Data Availability

Despite these existing agencies and infrastructure, respondents consistently highlighted important limitations in local data availability and accessibility. Epidemiological data were generally perceived as relatively available, while hospital utilisation data, pharmaceutical pricing information, and health outcome data were often described as incomplete or available only with substantial limitations (Table 9).

***Table 9*** *Availability of local data to inform country-specific decisions*

| Type of data | Frequency of Response in agreement for each perception (n=17) | | | Average weight[t] |
|---|---|---|---|---|
| | Available | Available with limitation | Not available | |
| **Pharmaceutical usage and pricing** | 6 (35.3%) | 8 (47.1%) | 3 (17.7%) | 19.2% |
| **Hospital level data (e.g., utilisation rates)** | 1 (5.9%) | 15 (88.2%) | 1 (5.9%) | 16.3% |
| **Health outcomes (e.g., mortality, QALYs)** | 4 (23.5%) | 9 (52.9%) | 4 (23.5%) | 16.3% |
| **Costs of service delivery (e.g., salaries of health professionals)** | 8 (47.1%) | 8 (47.1%) | 1 (5.9%) | 23.1% |
| **Epidemiological data (e.g., disease prevalence/ incidence)** | 9 (52.9%) | 8 (47.1%) | - | 25.1% |
| | | | | **100** |

*Note: N/A = Not Applicable; respondents could provide multiple answers which were applicable in their understanding; the average weight was calculated by multiplying the frequency of responses by the corresponding weight score (Available = 2, Available with limitation = 1, Not available = 0). Each weighted value was then divided by the sum of all weighted values to generate the final percentage.*

Specifically, several respondents further noted critical gaps in quality-of-life data (QoL/QALY), patient-level information systems, and integrated health information infrastructure. The absence of linked patient identifiers and limited analytical infrastructure were identified as major barriers to conducting HTA studies. These findings suggest that strengthening health information systems and improving data integration will be essential to support future HTA implementation.

## Capacity Development Needs

A major theme emerging from the survey was the widespread recognition of limited local HTA capacity and the need for substantial capacity strengthening. Respondents identified extensive training needs among both evidence users and evidence generators.

For evidence users, the highest priority areas included decision-making criteria, institutional HTA processes, introduction to HTA concepts, stakeholder engagement, and health economics (see also Table 10). Meanwhile, evidence generators highlighted the need for methodological training in systematic reviews, meta-analysis, health outcome measurement, healthcare costing, economic evaluation, and modelling techniques.

***Table 10*** *HTA capacity training needs and their respective priority among users and generators of HTA evidence*

| Target group | Training needs to improve HTA capacity | Percentage of Response in agreement (n=17) |
|---|---|---|
| Users of HTA evidence (n=17) | Introduction and application of HTA | 14.9 |
| | Overview of health economics | 13.9 |
| | Stakeholder engagement | 13.9 |
| | Topic selection process for HTA | 10.9 |
| | Decision-making criteria | 16.8 |
| | Conflict of interest management | 12.9 |
| | Institutional processes for HTA | 15.8 |
| | Other | 0.9 |
| | | 100% |
| Generators of HTA evidence (n=16) | Introduction and application of HTA | 15.4 |
| | Topic selection process for HTA | 12.0 |
| | Systematic Reviews | 14.3 |
| | Meta-analysis | 15.4 |
| | Measuring Health Outcomes | 14.3 |
| | Costing Healthcare | 14.3 |
| | Health Economic Evaluation & Economic Modelling | 13.2 |
| | Other | 1.1 |
| | | 100% |

*Note: respondents could provide multiple answers*

These findings suggest that, although interest in HTA is growing, familiarity with HTA concepts and methods remains limited. With this, training on the introduction and application of HTA was identified as a top priority among evidence generators. Respondents also emphasised the need for continuous professional development, practical training opportunities, and access to learning materials and analytical tools.

## 3.3. Emerging Priority HTA Topics

Respondents proposed a diverse range of future HTA topics that closely reflect current health system priorities and service delivery challenges in Sri Lanka. Suggested topics spanned noncommunicable disease (NCD) management, chronic care models, digital health innovations, diagnostic investments, hospital service expansion, and community-based care approaches.

Across the responses, several cross-cutting themes emerged. Many proposed topics focused on improving the efficiency and sustainability of healthcare delivery in the context of increasing demand for chronic disease services. Examples included renal replacement therapy modalities, HbA1c monitoring for diabetes management, routine mammography screening, and investments in diagnostic capacity at base hospitals (Table 11).

Respondents demonstrated growing interest in evaluating innovative and technology-enabled interventions, including AI-driven digital therapeutics for chronic obstructive pulmonary disease (COPD) management and mobile applications supporting family caregivers of stroke survivors. These suggestions indicate increasing awareness of the potential role of digital health technologies in improving continuity of care, patient self-management, and service accessibility.

Some highlighted the importance of HTA in informing health service planning and resource allocation decisions. Proposed studies included the development of assessment models for hospital service expansion and evaluations related to national essential medicines revision processes. This reflects emerging recognition of HTA as a tool not only for evaluating clinical interventions, but also for supporting broader system-level priority setting and investment decisions.

***Table 11*** *Topics and potential research questions for HTA proposed by survey respondents*

| Topic scope | Example of potential guiding questions or research questions |
|---|---|
| Investing in diagnostic procedures in Base hospitals and the cost benefits | Is CT scan availability at the base hospital necessary? |
| Use of a stroke care mobile app for family caregivers of stroke survivors in the community in Sri Lanka | How does the stroke care mobile app impact family caregivers' knowledge, attitudes, and skills in providing daily living care to stroke survivors in the community in Sri Lanka? |
| Cross country analysis | How different countries use or benefit in HTA |
| Implications of HTA in healthcare service delivery | What are the possible implications of HTA in Healthcare service delivery? |
| Kidney transplant | Outcome: how is health span of transplant patients? |
| Renal replacement therapy | Haemodialysis vs peritoneal dialysis |
| Implementation of Homebased palliative care | Is Home based palliative care is cost-effective? |
| AI-driven digital therapeutics for COPD management | What is the cost-effectiveness of AI-driven digital therapeutics compared to standard care in reducing |

| Topic scope | Example of potential guiding questions or research questions |
|---|---|
| | exacerbations and hospitalizations for COPD patients in diverse healthcare settings? |
| Providing HbA1C testing to monitor glycemic control would be cost-effective than managing complications | What is the level of glycemic control among diabetes patients attending government medical clinics? |
| Factors and assessment model for assisting decision making on deciding the level of service expansion and level of care for hospitals during development proposal submission | What are the major domains and subdomains to be included in the decision making HTA model for a hospital development service expansion project? |
| National List of Essential Medicine revision | N/A |
| Effectiveness of routine screening mammograms to detect early breast cancer | Is making mammograms a routine screening programme a cost-effective public health intervention? |

Note: N=13; N/A = not available

Respondents also described several anticipated policies and system-level implications that could arise from conducting these HTA studies. These anticipated impacts largely aligned with broader national priorities related to reducing NCD burden, strengthening healthcare efficiency, expanding equitable access to services, and improving evidence-informed decision-making.

> *"Strengthen community health systems, reduce hospital strain, empower families, and expand digital health equity nationwide."*

> *"Reducing NCD MORBIDITY AND MORTALITY"*

> *"The burden of CKD is high"*

Several respondents emphasised the potential contribution of HTA to reducing morbidity and mortality associated with chronic diseases, particularly chronic kidney disease, diabetes, COPD, and breast cancer. Others highlighted the role of HTA in strengthening community-based and preventive care approaches, including home-based palliative care and digital support tools for caregivers.

> *"Informs reimbursement and guidelines for AI-driven COPD digital therapeutics, optimising resource use and reducing hospitalisations"*

A recurring theme across responses was the expectation that HTA could improve the efficiency, transparency, and consistency of resource allocation decisions at institutional, provincial, and national levels. Respondents also noted that HTA-informed approaches could support more rational service expansion planning, optimise utilisation of limited resources, and strengthen monitoring and evaluation processes within the health sector.

*"Effective and efficient utilisation of HTA in Healthcare"*

*"Institutional level: The hospital management obtain details understanding on the service expansion domains and landscape. Provincial and regional district level: Possess and develop capacities to develop a policy and method to analyse and evaluate the effective and sustainable projects to reach health targets and maximize utilization National level: Develop a robust and equitable model to decide prioritise projects of national interest completing the justified use of funds and monitoring and evaluation framework"*

Importantly, several respondents viewed HTA as a mechanism for modernising healthcare delivery and promoting innovation, particularly through the integration of digital health technologies and data-driven decision-making approaches.

*"It could lead a pathway to develop new service delivery mechanism"*

Collectively, these findings indicate growing stakeholder demand for institutionalised HTA processes that can support evidence-informed prioritisation and sustainable health system development in Sri Lanka.

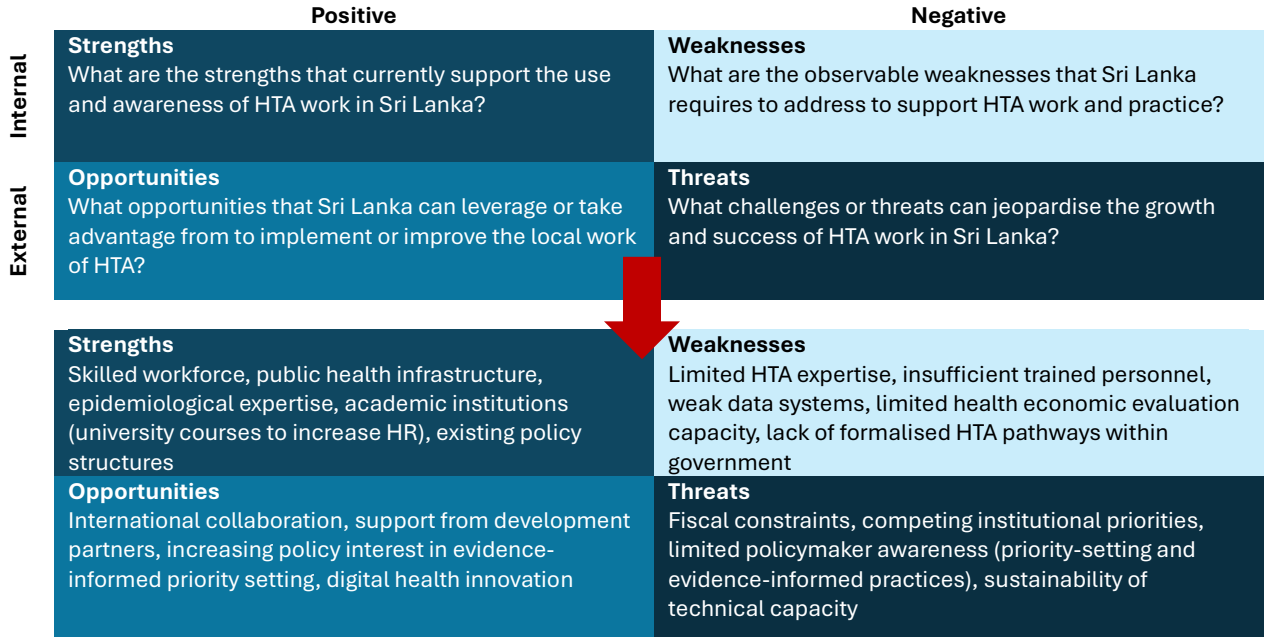
## 3.4. SWOT: Organisational Strengths and Constraints

The survey findings suggest that Sri Lanka possesses several important institutional foundations that could support the gradual development and institutionalisation of HTA. Respondents highlighted the country's skilled health workforce, well-established public health infrastructure, epidemiological surveillance systems, academic expertise, and existing policy analysis functions as important enabling factors. Existing collaborations with international and regional partners were also viewed as valuable opportunities for technical exchange and capacity strengthening.

At the same time, respondents consistently identified significant organisational and systemic constraints that may limit the implementation and sustainability of HTA activities. Commonly reported challenges included limited technical expertise in HTA and health economic evaluation, shortages of trained personnel, insufficient financial and logistical resources, fragmented data systems, and competing workloads among existing staff. Within the broader context of the economic situation with acute budgetary pressure, the need to allocate scarce health resources efficiently strengthens, rather than weakens, the case for institutionalising HTA or prioritity-setting mechanisms to safeguard value-for-money during fiscal recovery. Several respondents also noted limited awareness and understanding of HTA among policymakers, as well as the absence of formalised governance arrangements and institutional pathways for integrating HTA into decision-making processes.

Taken together, the findings indicate that while Sri Lanka has a promising institutional foundation for HTA development, substantial investment in governance systems, technical capacity, human resources, and data infrastructure will be required to support long-term institutionalisation.

***Figure 4*** *Translation of the SWOT Analysis framework into landscape understanding of HTA prospect in Sri Lanka*




*Source: Authors' analysis of raw data from the survey responses*

# 4. FORWARD-LOOKING CONSIDERATIONS

## 4.1. Lessons learned for takeaway

The survey findings suggest growing recognition among stakeholders that more transparent, systematic, and evidence-informed approaches to healthcare decision-making will be increasingly important in Sri Lanka. This is particularly vital in the context of fiscal pressures, rising healthcare expenditure, demographic transitions, and increasing demand for health services. The data clearly shows that respondents value HTA as a tool for stretching scarce resources: efficient allocation is the highest-rated attribute, and budget impact, financial protection and cost-effectiveness all cluster near the top. This is consistent with a system that went through the 2022 economic crisis and now frames HTA as a way to get value from a constrained budget.

Yet, at the same time, the findings also highlighted that HTA institutionalisation in Sri Lanka remains at an early (developmental) stage. While awareness and interest appear to be increasing across institutions, significant technical, organisational, and governance-related barriers continue to limit routine application of HTA in policy and resource allocation processes.

Several interrelated challenges were consistently identified, including limited technical expertise, fragmented health information systems, insufficient local cost and outcome data, and the absence of formalised governance arrangements for HTA. These findings suggest that strengthening HTA in Sri Lanka will require not only technical training, but also broader institutional development efforts that support coordination, data governance, and sustainable integration into policymaking structures.

Nevertheless, the survey results also demonstrated that Sri Lanka possesses several enabling conditions that could support future HTA institutionalisation. Existing public health infrastructure, epidemiological expertise, academic capacity, and emerging international collaborations provide an important foundation upon which more structured HTA systems could gradually be developed.

As HTA capacity develops, there may also be value in expanding attention beyond the assessment of cost-effectiveness alone to consider the financial implications and affordability of adopting new technologies and services. Economic evaluation can help determine whether an intervention represents good value for resources invested, while financial and budget impact analyses can provide decision-makers with a clearer understanding of the resources required to implement and sustain such interventions within available budget. In this regard, strengthening the capacity to assess both value and affordability could be particularly relevant to Sri Lanka's context.

In parallel, consideration could be given to monitoring and evaluating the impact of HTA itself. Beyond assessing individual technologies, documenting how HTA influences health outcomes, resource allocation, expenditure, and policy decisions could help demonstrate the value of investing in HTA as a health system function.

Essentially, future efforts to strengthen HTA in Sri Lanka may therefore benefit from a phased and context-sensitive approach focused on:

- establishing institutional governance arrangements for HTA;
- strengthening sustainable technical capacity development;
- improving health information systems and local data availability;
- enhancing policymaker awareness and stakeholder engagement; and
- leveraging continued regional and international collaboration.

Overall, the findings convey that Sri Lanka is well positioned to progressively establish and strengthen a more structured HTA system by building upon its existing institutional strengths and growing stakeholder interest. However, achieving this will require sustained leadership (political commitment), long-term investment, and cross-sector collaboration.

## 4.2. HITAP Reflections

It was a privilege to share Thailand's experience in establishing and strengthening HTA systems, as well as lessons learned from collaborations with other countries in the region. Throughout the workshop discussions, participants showed strong interest in understanding how health economics and HTA can support more transparent, accountable, and evidence-informed decision-making processes within the health sector.

As aforementioned, these discussions were particularly relevant in the context of increasing healthcare expenditure, fiscal constraints, rapid technological advancement, and ageing populations, all of which are creating additional pressures on health systems globally and within Sri

Lanka. Participants demonstrated considerable engagement in exploring how HTA could support priority-setting, resource allocation, and long-term sustainability of the health system.

The workshop also highlighted the value of regional learning and international collaboration. Participants had the opportunity to exchange perspectives and reflect on experiences shared by speakers from Japan, Singapore, and China, which provided useful comparative insights into different pathways for HTA development and institutionalisation.

Importantly, the discussions reinforced that moving toward evidence-informed priority-setting is not solely a technical exercise centred on economic evaluation methodologies. Rather, it is a broader institutional process that requires building trust, governance structures, technical capacity, and collaborative learning mechanisms across the health system. Strengthening HTA therefore requires not only analytical capability, but also sustained stakeholder engagement, policy ownership, and long-term institutional commitment.

From HITAP's perspective, the workshop demonstrated encouraging momentum and growing stakeholder readiness to further advance HTA discussions in Sri Lanka. Continued technical collaboration, regional learning, and institutional exchange may provide valuable opportunities to support the country's gradual transition toward more structured, transparent, and evidence-informed healthcare decision-making processes.

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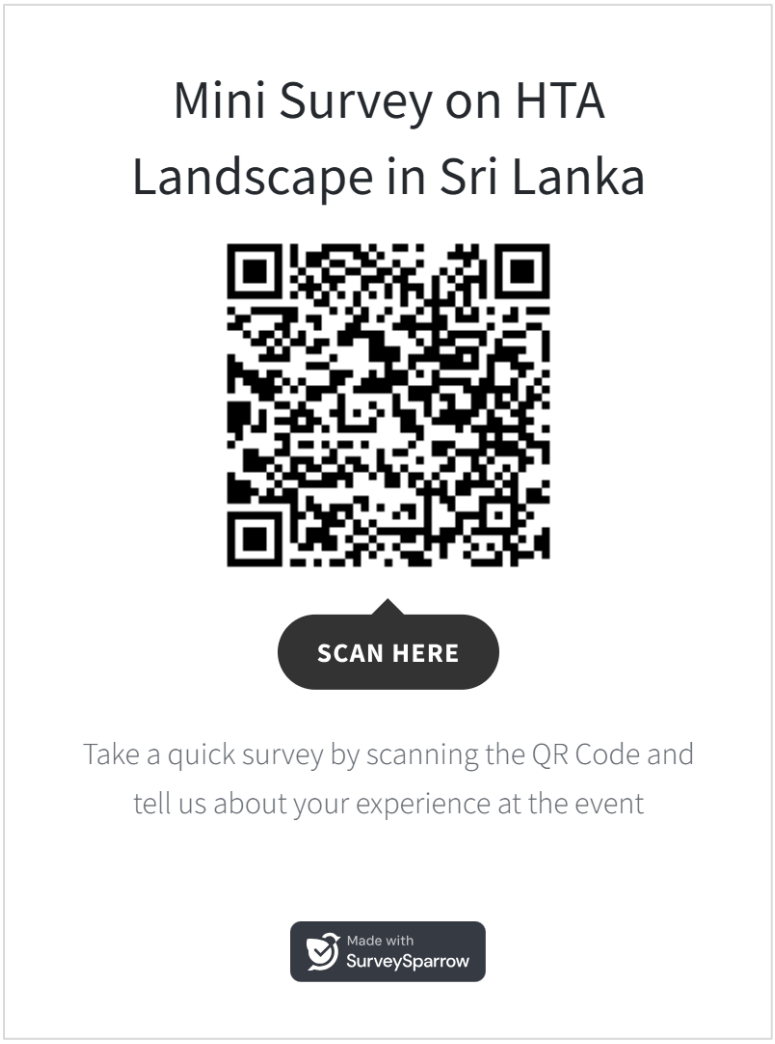
# ANNEXES

## Annex 1: Survey

The survey can be accessed through the QR code below.



# Annex 2: Photos

Photo courtesy of Ayudhaya Sumanarathne, Jpuraflames

Photo courtesy of Ayudhaya Sumanarathne

Photo courtesy of Prof. Janaka Fernando

## Annex 3: Relevant development partners in Sri Lanka

Several multilateral, bilateral, and international development partners continue to play an important role in supporting the health sector in Sri Lanka. Major development partners include the Asian Development Bank (ADB), World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, and United Nations agencies such as the World Health Organization (WHO), United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF). Bilateral support is also provided by development partners including Japan, Republic of Korea, People's Republic of China, Netherlands, Germany, and Malaysia.

Development partner financing in the health sector largely consists of concessional loans, supplemented by technical assistance and grant-based support. In recent years, much of this support has focused on strengthening health system resilience, primary healthcare, digital health infrastructure, and pandemic preparedness and response.

WHO has continued to provide strategic and policy advice to the Government of Sri Lanka, while also supporting coordination efforts related to the implementation of the national COVID-19 Strategic Preparedness and Response Plan and the National Deployment and Vaccination Plan. UNICEF supported mass media risk communication activities for the National COVID-19 Vaccination Programme and assisted procurement of essential supplies financed through the World Bank and ADB. UNICEF additionally provided technical support related to social protection measures and cold-chain readiness assessments to ensure adequate vaccine storage and distribution capacity nationwide.

The Global Fund to Fight AIDS, Tuberculosis and Malaria continues to support Sri Lanka’s efforts in tuberculosis control, sustaining malaria elimination status, and HIV prevention programmes. During the COVID-19 pandemic, the Global Fund reallocated approximately USD 350,000 to strengthen national testing capacity and has also supported initiatives related to digital health system development, including integration of the COVID-19 immunisation tracker into broader digital health architecture.

The World Bank remains one of the leading multilateral financing institutions in Sri Lanka’s health sector and has provided significant support for strengthening primary healthcare, COVID-19 response activities, and vaccination programme implementation. Meanwhile, the Government of the People’s Republic of China has emerged as a major bilateral health sector partner, including through donation of Sinopharm COVID-19 vaccines and support for infrastructure development, such as construction of a large outpatient department complex at the National Hospital of Sri Lanka.

In addition to traditional development partners, several regional academic and policy institutions have increasingly contributed to health systems strengthening and HTA-related collaboration in Sri Lanka. These include Duke-NUS Medical School in Singapore, the International Health Policy Program Foundation (IHPP Foundation) in Thailand, and collaborations with institutions in India (HTAIn) focusing on Health Technology Assessment (HTA) and evidence-informed priority setting.

Collectively, these development partners continue to contribute to strengthening Sri Lanka's healthcare system through financial support, technical cooperation, institutional capacity development, infrastructure investment, digital health initiatives, and policy dialogue.

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