# HEALTH SECURITY CHALLENGES IN SRI LANKA AND BANGLADESH

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Emerging Health Challenges for Sri Lanka in the New Millennium

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EXECUTIVE SUMMARY

This essay examines the most significant health security challenges that will likely emerge in Sri Lanka in the next few decades.

MAIN FINDINGS

• Sri Lanka has achieved a number of noteworthy successes in the area of health security. Infant mortality and fertility rates have dramatically declined, and life expectancy has increased considerably in the twentieth century.

• A demographic transition is underway in Sri Lanka as the relative proportion of the population over 60 years old is rapidly increasing. This trend presents new health security challenges because the elderly require specific medical treatment and care facilities.

• Non-communicable diseases have surpassed communicable diseases as the leading cause of death in Sri Lanka. Changes in consumption and lifestyle have increased the incidence of cardiovascular disease, diabetes, kidney disease, and cancer.

• Communicable diseases like dengue fever, HIV/AIDS, and tuberculosis, as well as the possibility of a flu epidemic, still pose significant health security challenges for Sri Lanka. Even though the actual number of deaths by communicable diseases is relatively small, the infectious nature of these diseases is cause for public concern.

POLICY IMPLICATIONS

• Sri Lanka’s rapidly changing demographics will present major health security challenges. The government must assume a greater role in healthcare because the traditional familial support system is no longer capable of adequately providing for the needs of the fast-growing elderly population.

• In order to combat the rising incidence of non-communicable diseases, Sri Lanka will need to enhance existing health infrastructure and effectively implement prevention programs.

• Unlike with non-communicable diseases, the Sri Lankan government comes under direct public criticism whenever there is an eruption of a communicable disease. Therefore, the government must be constantly prepared for potential outbreaks.

• Finding a peaceful political solution to the country’s still-unresolved ethnic conflict will create the possibility of diverting a portion of defense expenditures to health and education.
Despite its low level of economic development, Sri Lanka has achieved a number of noteworthy successes in the area of health security, particularly in reducing mortality and fertility rates and increasing life expectancy. The country experienced a sharp decline in mortality during the second half of the twentieth century that was largely due to the eradication of malaria, highly subsidized health services, better sanitary conditions, and immunization campaigns. The crude death rate (CDR) declined from 19.8 per 1,000 people in 1946 to 6.0 in 2001. The infant mortality rate (IMR), which stood at 140.0 per 1,000 live births in 1946, dropped to 11.2 in 2003. In fact, Sri Lanka is often cited internationally as a success story for its achievements in the areas of maternal and child health.

The country’s total fertility rate (TFR) likewise declined from 4.1 live births per woman in the early 1970s to 2.1 by the mid-1990s, which was considered the replacement-level fertility rate for the country. Sri Lanka was the only country in the South Asian region to achieve such a low TFR before the dawn of the new century. The current trend in declining fertility is expected to continue in the future, dropping to below replacement level. The life expectancy at birth has also considerably increased, and in 2006 stood at 68.4 years for males and 77.1 years for females (see Table 1). Among the countries in South Asia, Sri Lanka has the highest life expectancy, both at birth and at age 60.

These achievements can be traced back to several key political initiatives and development programs. Universal franchise was introduced in 1931, and perhaps due to electoral considerations, politicians in Sri Lanka demonstrated a strong commitment to the expansion of health facilities throughout the country. Since 1950, the government has upheld a policy of providing universal health services free of charge at all government health institutions. With the introduction of universal free education in 1946, all segments of the population gained access to educational facilities. The literacy rate increased from 57.8% in 1946 to 87.2% in 1981; by the year 2001, the literacy rate for ages 15–24 had reached 95.6% (95.0% for males and 96.0% for females).

The expansion of free education and an overall high literacy rate helped officials communicate health-related information, even to rural areas.

During the twentieth century, the Sri Lankan government thus largely succeeded in the priority areas of the provision of maternal and child healthcare and the control of communicable diseases such as malaria. However, a new set of health security challenges have emerged, largely due to the demographic transition and changes in lifestyle. This essay examines three of the most significant health security challenges that Sri Lanka will face in coming decades: healthcare problems associated with an aging population, the increase of non-communicable diseases, and outbreaks of new communicable diseases.

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Health Threats as Nontraditional Security Challenges for Bangladesh

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EXECUTIVE SUMMARY

This essay discusses health problems that have the potential to emerge as nontraditional security challenges for Bangladesh in the coming decades.

MAIN FINDINGS

- The health scenario of Bangladesh has improved in terms of increased life expectancy, immunization success, fertility rate reduction, and a reduced proportion of severe undernutrition among children.
- Maternal health is a notable health security concern because Bangladesh has one of the highest maternal mortality rates in Asia.
- There have been significant advancements in the prevention and treatment of communicable diseases in Bangladesh. However, influenza outbreaks and the increased prevalence of HIV/AIDS and tuberculosis have the potential to become health security challenges in the future.
- It is estimated that two-thirds of Bangladesh's groundwater is contaminated by arsenic. This poses a major health security challenge since many people still consume arsenic-contaminated water.
- Increased life expectancy is causing a demographic change as a larger percentage of the population is aging. Due to this trend, non-communicable diseases such as hypertension and diabetes will likely continue to rise.

POLICY IMPLICATIONS

- Bangladesh needs effective programs to improve access to healthcare facilities and skilled delivery care.
- Awareness should be raised within communities, especially among the marginalized and the poor, about health challenges and effective measures for the prevention and management of emerging health threats.
- Policymakers in Bangladesh should mitigate the conditions favoring the emergence and spread of new infectious diseases by enacting measures to curb opportunities for transmission.
- The population's vulnerability to emerging health threats can be diminished through renewed public health efforts that involve social movements and collaborations on global health promotion.
In the coming decades, Bangladesh will face serious health security challenges due to the persistence and emergence of communicable and non-communicable diseases. Bangladesh is particularly vulnerable to nontraditional security threats to its health sector because of rapid population growth, pervasive poverty, poor environmental conditions, and climate change.

Bangladesh is a geographically small country with a huge population. The population density is 979 people per square kilometer. With a current annual growth rate of 1.39%, the population is expected to increase to 172 million by 2020 and stabilize at 210 million by the year 2060, if replacement-level fertility is achieved, which has not yet been the case. There is growing awareness of the demographic and epidemiological transitions that come with a higher life expectancy, as the adverse effects of increased population density threaten both social cohesion and environmental sustainability. Increased population pressure also leads to intense competition for limited resources, resulting in shortages of food and safe water supplies, soil exhaustion, deforestation, air and water pollution, and environmental instability, and affects other prerequisites for human well-being and survival.

This essay discusses the major health security challenges that Bangladesh will face in the coming decades. The first section examines the progress that has been made in Bangladesh’s health scenario. In the second section, three communicable diseases are discussed with reference to emerging health security challenges. The third section examines current non-communicable disease (NCD) concerns in Bangladesh.

Progress in Bangladesh’s Health Scenario

Bangladesh has made significant progress in raising life expectancy over the past few decades, particularly among females and the poor. A child born in Bangladesh today can expect to live 64 years on average, nearly double the age of those born 55–60 years ago. Apart from advancements in medicine, the gain in life expectancy, which has been increasing steadily since the mid-1980s, is an outcome of successful, large-scale public health and development programs such as immunization and the management of diarrheal diseases—a major cause of childhood mortality—with a simple oral rehydration therapy. Poverty alleviation and social development programs such as microfinance and female education have also contributed to increased life expectancy in Bangladesh.

2 These projections are based on population estimates by the Government of Bangladesh and the UN Development Programme (UNDP) in Bangladesh.
5 UN Department of Economic and Social Affairs, UN World Population Prospects: The 1996 Revision, October 1996.