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Nationally Determined Contributions (NDCs): Global Framework and Sri Lanka's Implementation - I

This is the first article of two in a series on "Nationally Determined Contributions (NDCs): Global Framework and Sri Lanka's Implementation"

Introduction

Nationally Determined Contributions (NDCs) serve as the foundation of the Paris Agreement, established in 2015 to coordinate international efforts against climate change. This target is to limit global warming to well below 2°C above pre-industrial levels, ideally to 1.5°C. Each NDC outlines a nation's approach to reducing emissions and adapting to climate effects, customized to its unique circumstances, resources, and developmental needs.

This mechanism enhances universal participation, enabling both developed and developing countries to contribute meaningfully. It promotes gradual, ongoing improvements in a country's climate goals and efforts, incorporating straightforward and open systems to ensure that improvements can be clearly verified, monitored, and tracked over time.

Understanding NDCs

These contributions include national blueprints for emission control and protection against environmental threats like extreme weather. Regular updates push countries to step up their efforts, recognizing their current situations, allowing poorer nations to align climate goals with critical needs like economic growth and basic services. Key components include strategies to cut emissions, plans to adapt to climate impacts, and needs for outside support in funding, technology, and skills.

Global NDC Framework

Countries submit updated NDCs every five years, building on earlier plans with guidance from IPCC reports (Intergovernmental Panel on Climate Change). This step-by-step increase in effort helps drive major changes toward cleaner, low-carbon economies.

The Paris Agreement's Global Stocktake checks overall progress every five years. The 2023 review highlighted that current plans aren't enough to meet the 1.5°C target, pushing for faster shifts away from fossil fuels, more renewable energy, and greater support for developing nations. By late 2025, many countries, including Sri Lanka, will have submitted updated NDCs that respond to these urgent needs.

Health and Climate Action

Climate change affects human health through direct risks like heatwaves and indirect issues such as disease spread, food insecurity, and pollution-related illnesses. Rising temperatures cause heat exhaustion and heart problems, impacting outdoor workers and the elderly the most. Altered rainfall promotes mosquito-borne diseases like dengue and malaria, expanding their reach. Droughts and floods disrupt crops, leading to malnutrition and stunted growth in children. Poor air quality from wildfires and urban pollution increases asthma, COPD, and lung cancer risks.

Reducing emissions in polluting sectors delivers health benefits. Cleaner energy reduces harmful air particles, preventing deaths. Improved transportation cuts smog, and sustainable farming lowers chemical exposure. The World Health Organization predicts 250,000 annual climate-related deaths from 2030–2050, with economic losses in trillions. Integrating health into NDCs—through resilient hospitals, improved disease surveillance, and equitable access-makes a huge impact. Mental health concerns, like PTSD and eco-anxiety from disasters, require support linked to disaster risk reduction. Economic studies show health savings often exceed costs, justifying stronger climate action in NDCs to protect both people and the planet.

Financing and Technology Support

Implementing Nationally Determined Contributions (NDCs) requires significant funding, technology sharing, and capacity building. Under the Paris Agreement, wealthier countries must support developing nations by providing resources through organizations like the Green Climate Fund. This fund finances projects such as solar and wind energy to reduce emissions and infrastructure to adapt to climate impacts like floods.

In Sri Lanka, achieving NDC goals depends on combining government budgets with private investment. This involves integrating climate priorities into national financial plans and offering incentives such as tax benefits to encourage businesses to invest in sustainable projects, such as renewable energy or climate-resilient agriculture.

Monitoring and Reporting

Starting in 2024, countries must submit reports every two years under the Paris Agreement's transparency framework. These reports cover greenhouse gas inventories, progress on NDC goals, and areas needing improvement. Using IPCC-standardized methods, they ensure consistent data, helping nations refine strategies and enabling global review to strengthen climate efforts.

Sri Lanka's NDCs

Sri Lanka contributes less than 0.05% to global greenhouse gas emissions but faces severe climate risks, including floods, droughts, coastal erosion, and disease outbreaks. Its economy, dependent on agriculture, fisheries, and tourism, prioritizes adaptation to these threats.

After ratifying the Paris Agreement in 2016, Sri Lanka submitted NDCs in 2015 and 2021, followed by an updated NDC 3.0 in 2025 for 2026–2035. This commits to a 20.09% emission reduction compared to a standard emission projection, with 8.11% achievable without external support, aligning with Sustainable Development Goals and national policies. The Climate Change Secretariat oversees implementation.

Mitigation targets electricity, transportation, industry, waste, forestry, and agriculture. Adaptation covers nine areas, including health, with a focus on gender equity. A national steering committee and sector-specific groups guide efforts using established policies like the National Environment Policy and National Energy Policy.

Compiled by:

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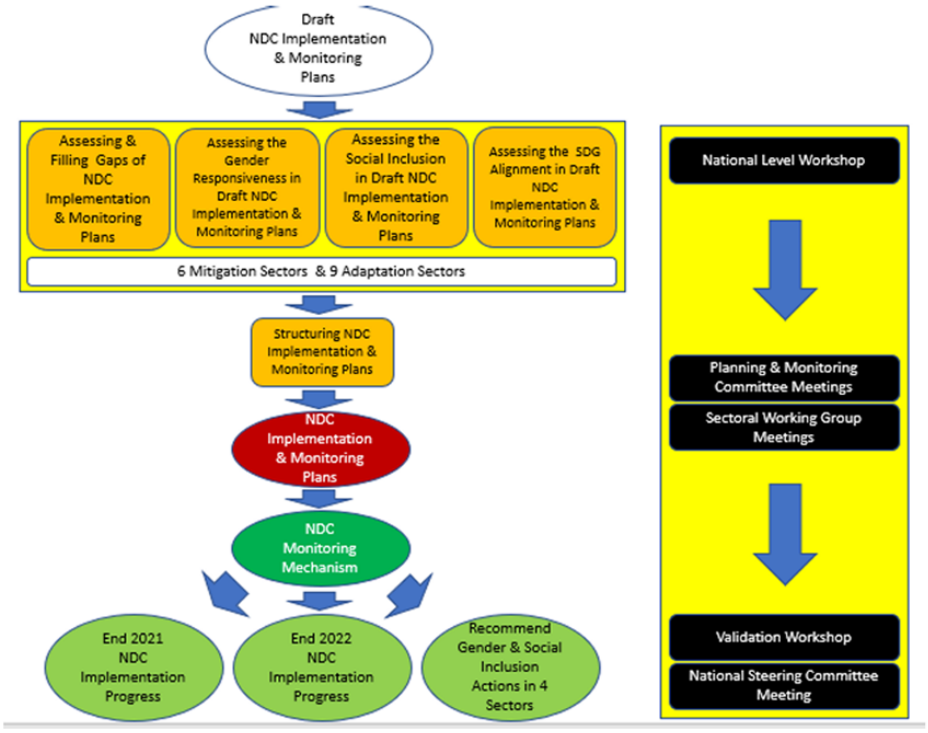

Figure 2-1: Schematic diagram of the methodology

Photo Credits: *Nationally Determined Contributions (NDC) Implementation Plan of Sri Lanka (2021–2030).*

To be Continued....

Table 1: Selected notifiable diseases reported by Medical Officers of Health 04th – 10th Oct 2025 (41st Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	130	9258	1	28	3	16	1	14	1	36	13	366	0	5	1	31	0	0	5	472	2	62	0	4	39	1645	100	100
Gampaha	82	6032	1	45	0	30	0	4	1	149	10	662	0	11	1	17	0	0	8	721	2	145	1	40	15	948	100	100
Kalutara	35	2037	2	35	0	6	0	19	0	83	10	534	0	3	0	6	0	0	9	723	2	43	0	2	10	470	97	94
Kandy	44	3666	0	44	0	3	0	8	3	55	4	251	0	47	0	9	0	0	14	508	0	22	0	63	11	514	87	100
Matale	9	1063	0	25	0	3	0	1	1	83	5	215	0	6	0	9	0	0	1	120	1	9	19	276	3	126	100	100
Nuwara Eliya	10	297	1	73	0	6	1	7	7	70	6	158	2	53	0	8	0	0	10	266	2	35	0	0	10	233	100	100
Galle	34	1761	0	48	0	6	0	7	3	92	10	702	0	74	0	11	0	1	9	660	0	136	0	3	6	424	100	100
Hambantota	10	770	0	37	1	6	0	2	1	9	3	319	0	30	1	14	0	0	2	266	1	25	7	296	3	121	100	100
Matara	20	1326	0	14	1	3	0	1	0	20	5	393	0	15	2	19	0	0	16	367	0	40	2	92	5	148	100	100
Jaffna	19	1008	1	81	0	2	0	18	1	45	0	134	5	425	0	3	0	2	1	278	2	25	0	0	2	174	86	93
Kilinochchi	4	83	0	14	0	1	0	4	0	7	0	64	0	12	0	1	0	0	1	7	1	1	0	2	0	41	100	100
Mannar	1	140	0	6	0	0	0	1	0	3	0	29	0	16	0	2	0	0	1	19	0	14	1	8	0	41	100	100
Vavuniya	4	77	0	9	0	0	0	1	0	38	0	77	0	10	0	0	0	0	0	47	1	21	0	17	0	53	100	100
Mullaitivu	0	54	0	5	0	0	0	1	0	25	0	53	0	10	0	1	0	0	1	32	2	8	0	4	1	29	100	100
Batticaloa	16	1604	7	129	0	15	1	4	0	199	1	106	0	2	0	25	0	0	3	168	0	30	0	1	1	118	100	100
Ampara	3	216	4	52	0	11	0	3	1	38	5	198	0	3	0	12	0	1	3	190	0	45	0	22	0	50	100	100
Trincomalee	1	924	1	40	0	4	0	2	0	77	2	124	0	9	0	5	0	1	1	114	0	12	0	8	5	101	100	100
Kurunegala	15	1376	0	42	0	17	0	2	0	53	16	607	0	24	0	7	0	1	10	757	3	140	12	507	5	297	97	100
Puttalam	5	540	0	30	0	3	0	0	0	14	6	244	1	35	1	4	0	1	2	137	0	88	0	28	6	168	100	100
Anuradhapura	7	470	2	32	0	6	0	3	2	40	4	323	0	24	0	12	0	2	6	299	1	58	25	638	5	263	83	100
Polonnaruwa	6	306	0	16	0	6	0	1	0	76	5	245	0	1	0	25	0	0	7	177	0	23	10	390	0	75	100	90
Badulla	4	691	0	32	0	11	0	3	0	10	9	257	4	32	2	69	0	0	7	348	3	74	2	61	2	240	100	100
Monaragala	4	716	1	27	0	4	0	1	0	19	3	463	0	38	1	53	0	0	3	178	4	49	2	196	0	124	100	100
Ratnapura	41	4169	0	98	1	10	0	4	2	58	19	1302	0	30	2	18	0	1	7	390	0	96	1	201	4	323	100	100
Kegalle	18	1262	1	53	0	13	1	10	0	34	17	656	1	15	0	20	0	0	11	759	3	114	3	28	5	247	100	100
Kalmunai	6	344	1	39	0	6	0	0	0	21	2	100	0	2	0	5	0	1	6	197	1	51	1	1	3	119	100	100
SRILANKA	**528**	**40190**	**23**	**1054**	**6**	**188**	**4**	**121**	**23**	**1354**	**155**	**8582**	**13**	**932**	**11**	**386**	**0**	**11**	**144**	**8200**	**31**	**1366**	**86**	**2888**	**141**	**7092**	**98**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 10th Oct, 2025 Total number of reporting units 360 Number of reporting units data provided for the current week: 359. C**-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

04th - 10th Oct 2025 (41st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2025	Number of cases during same week in 2024	Total number of cases to date in 2025	Total number of cases to date in 2024	Difference between the number of cases to date in 2025 & 2024
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	01	00	00	00	01	03	49	60	-18.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	00	02	00	00	00	00	00	03	04	201	230	-12.6 %
Measles	00	00	00	00	00	00	00	00	00	00	00	01	285	-99.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	04	02	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	09	05	80 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	04	09	-55.5 %
Whooping Cough	00	00	00	00	00	00	00	00	01	01	02	21	56	-62.5 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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