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WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health & Mass Media

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

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

Sectoral Actions

Sri Lanka's electricity sector aims to achieve 70% renewable energy (e.g., solar, wind) by 2035, improve energy efficiency, and phase out coal use. Transportation focuses on expanding electric vehicles, public transit systems, and fuel-saving practices. Industry adopts cleaner production methods to reduce environmental impact. Waste management prioritizes sorting, composting organic waste, and generating biogas for energy. Forestry efforts focus on increasing tree cover and enhancing carbon storage. Agriculture promotes climate-resilient crops and practices to reduce emissions like methane and nitrous oxide.

Adaptation strengthens water resources, ecosystems, coastal defenses, urban infrastructure, and tourism sites, ensuring equitable benefits for all communities, including women and marginalized groups.

Implementation of NDCs in the Sri Lankan Health Sector

Climate change significantly impacts Sri Lanka's health sector, straining universal healthcare. Projections estimate a 3.5°C temperature rise by 2100, with extreme rainfall and -level rise increasing risks. Heatwaves raise dehydration and organ damage risks, especially for outdoor workers and the elderly. Changing rainfall patterns drive dengue (over 50,000 annual cases) and leptospirosis, linked to floods. Droughts and floods cause crop failures, con-

tributing to malnutrition in 17% of underweight children. Non-communicable diseases, accounting for 83% of deaths, worsen due to pollution and stress. Mental health issues, including farmer suicides during droughts, rise with displacement from disasters like the 2024 floods, affecting 500,000 people and increasing injuries and infections.

Sri Lanka's 2025 NDC 3.0 outlines five health adaptation targets, building on 2021 plans with a focus on mental health. Policies include Heat-Health Action Plans, environmental-health strategies, and green hospital standards for 10 facilities by 2035 to enhance resilience. Non-communicable disease management improves with guidelines for vulnerable groups, developed based on research. Nutrition surveillance strengthens district-level monitoring and supports public health staff to address stunting.

Vector and zoonotic disease surveillance incorporates meteorological data to enhance early detection and improve water, sanitation, and hygiene (WASH) infrastructure in urban slums to reduce disease transmission. Disaster risk reduction employs early warning systems and strengthens healthcare facilities for resilience against extreme weather events.

The Ministry of Health, in collaboration with international organizations such as the World Health Organization, oversees implementation, but sub-national execution is hindered by insufficient funding and intersectoral coordination challenges. Financial resources are predominantly domestic (95%), with external support required for advanced technologies like geographic information systems (GIS). Performance indicators monitor staff training, infrastructure upgrades, and reductions in disease incidence.

1. Climate Change and Mental Health: An Emerging Public Health Challenge
2. Summary of selected notifiable diseases reported (04th – 10th Oct 2025)
3. Surveillance of vaccine preventable diseases & AFP (04th – 10th Oct Oct 2025)

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Table 4-8 NDCs of Health Sector

NDC #	NDC
1	Policy initiatives for enhancing the climate resilience of the health sector promoted and integrated to all related sectors
2	Improved capacity to manage non-communicable diseases (NCD) and health conditions directly attributable to climate change
3	Manage the worsening of under-nutrition and malnutrition due to climate change
4	Strengthen surveillance and management of climate-sensitive vector and rodent borne disease (dengue, malaria, filaria, leishmaniasis and leptospirosis)
5	Reduce morbidity and mortality from extreme weather/climate events (floods, droughts, landslides, and other climate-related emergencies)

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

Challenges

Sri Lanka faces obstacles in implementing NDCs, including insufficient funding, limited access to advanced technology, poor coordination between agencies, incomplete emissions data, and financial constraints due to economic challenges. Tools like the Green Finance Taxonomy and SDG Investor Map help address these by directing investments toward sustainable projects, such as renewable energy and climate-resilient infrastructure.

Way Forward

To strengthen NDC implementation, Sri Lanka needs dedicated climate units in ministries, integration of climate goals into national budgets, and digital tools for monitoring progress. Building skills in data analysis and securing funding are essential, as is public engagement to gain community support. Highlighting health benefits, such as reduced pollution-related illnesses, can drive commitment to achieving carbon neutrality by 2050.

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References:

1. *Nationally Determined Contributions (NDC) Implementation Plan of Sri Lanka (2021–2030)*. Colombo: Climate Change Secretariat, Ministry of Environment.
2. *Enhancing Nationally Determined Contributions (NDCs) through Urban Climate Action*. Nairobi: UN-Habitat (2020).
3. *Review of health in Nationally Determined Contributions and long-term strategies: Health at the heart of the Paris Agreement*. Geneva: World Health Organization (2023).

Table 1 : Water Quality Surveillance
Number of microbiological water samples September 2025

District	MOH areas	No: Expected *	No: Received
Colombo	18	108	131
Gampaha	15	90	20
Kalutara	13	78	80
Kalutara NIHS	2	12	33
Kandy	23	138	40
Matale	13	78	35
Nuwara Eliya	13	78	0
Galle	20	120	136
Matara	17	102	72
Hambantota	12	72	74
Jaffna	14	84	59
Kilinochchi	4	24	21
Mannar	5	30	0
Vavuniya	4	24	43
Mullativu	6	36	7
Batticaloa	14	84	24
Amara	7	42	25
Trincomalee	12	72	0
Kurunegala	29	174	42
Puttalam	13	78	20
Anuradhapura	23	138	22
Polonnaruwa	9	54	28
Badulla	16	96	131
Moneragala	11	66	NR
Rathnapura	20	120	24
Kegalle	11	66	0
Kalmunai	13	78	6

* No of samples expected (6 / MOH area / Month)

NR = Return not received

Table 1: Selected notifiable diseases reported by Medical Officers of Health 11th - 17th Oct 2025 (42nd Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabies		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	C**	
Colombo	157	9415	1	29	0	16	0	14	0	36	7	373	0	5	1	32	0	0	11	483	3	65	0	4	47	1692	100	100
Gampaha	83	6115	1	46	1	31	0	4	0	149	18	680	0	11	0	17	0	0	12	733	1	146	0	40	24	972	87	100
Kalutara	24	2061	0	35	0	6	0	19	9	92	6	540	0	3	1	7	0	0	22	745	1	44	0	2	19	489	80	96
Kandy	44	3710	0	44	0	3	0	8	0	55	5	256	1	48	0	9	0	0	14	522	0	22	2	65	15	529	48	100
Matale	15	1078	0	25	0	3	1	2	3	86	5	220	0	6	0	9	0	0	2	122	0	9	9	285	2	128	100	100
Nuwara Eliya	5	302	3	76	0	6	0	7	4	74	9	167	1	54	1	9	0	0	14	280	0	35	0	0	3	236	85	100
Galle	40	1801	3	51	2	8	0	7	0	92	26	728	2	76	0	11	0	1	15	675	12	148	0	3	11	435	55	100
Hambantota	10	780	1	38	1	7	0	2	0	9	7	326	0	30	0	14	0	0	2	268	0	25	4	300	4	125	100	100
Matara	22	1348	2	16	0	3	0	1	0	20	7	400	0	15	0	19	1	1	10	377	3	43	4	96	3	151	94	100
Jaffna	26	1034	2	83	0	2	0	18	1	46	1	135	11	436	0	3	0	2	5	283	1	26	0	0	6	180	93	93
Kilinochchi	2	85	0	14	0	1	0	4	0	7	0	64	0	12	0	1	0	0	2	9	0	1	0	2	1	42	100	100
Mannar	3	143	0	6	0	0	0	1	0	3	1	30	1	17	0	2	0	0	0	19	1	15	0	8	0	41	100	100
Vavuniya	2	79	1	10	0	0	0	1	0	38	3	80	0	10	0	0	0	0	0	47	0	21	0	17	1	54	100	100
Mullaithivu	0	54	1	6	0	0	0	1	1	26	0	53	0	10	0	1	0	0	0	32	0	8	0	4	0	29	100	100
Batticaloa	17	1621	1	130	0	15	0	4	1	200	2	108	0	2	0	25	0	0	2	170	0	30	0	1	2	120	93	100
Ampara	3	219	2	54	0	11	0	3	3	41	0	198	0	3	0	12	0	1	7	197	0	45	0	22	0	50	86	100
Trincomalee	5	929	0	40	0	4	0	2	1	78	1	125	0	9	0	5	0	1	2	116	0	12	1	9	15	116	100	100
Kurunegala	24	1400	0	42	0	17	0	2	4	57	13	620	1	25	0	7	0	1	14	771	5	145	18	525	13	310	90	100
Puttalam	12	552	1	31	0	3	0	0	0	14	9	253	0	35	0	4	0	1	5	142	1	89	1	29	4	172	69	100
Anuradhapura	9	479	0	32	0	6	0	3	1	41	2	325	0	24	0	12	0	2	4	303	1	59	13	651	6	269	45	100
Polonnaruwa	4	310	0	16	0	6	0	1	66	142	1	246	0	1	0	25	0	0	3	180	0	23	4	394	5	80	75	90
Badulla	8	699	0	32	1	12	0	3	1	11	9	266	2	34	2	71	0	0	3	351	0	74	2	63	1	241	88	100
Monaragala	11	727	1	28	0	4	0	1	0	19	7	470	0	38	1	54	0	0	9	187	0	49	5	201	0	124	91	100
Ratnapura	42	4211	0	98	0	10	0	4	11	69	35	1337	0	30	0	18	0	1	11	401	2	98	0	201	10	333	95	100
Kegalle	11	1273	2	55	0	13	0	10	2	36	16	672	0	15	0	20	0	0	26	785	3	117	0	28	5	252	82	100
Kalmunai	11	355	5	44	0	6	0	0	2	23	3	103	0	2	0	5	0	1	10	207	2	53	0	1	3	122	85	100
SRILANKA	590	40780	27	1081	5	193	1	122	110	1464	193	8775	19	951	6	392	1	12	205	8405	36	1402	63	2951	200	7292	86	99

Source: Weekly Returns of Communicable Diseases (esurveillance.epid.gov.lk). T=Timeliness refers to returns received on or before 17th 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

11th – 17th Oct 2025 (42nd 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	00	00	00	00	00	03	49	63	-22.2%	
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %	
Mumps	01	00	00	00	02	01	00	00	00	04	06	205	236	-13.13 %	
Measles	00	00	00	00	00	00	00	00	00	00	01	01	286	-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 Encephalitis	00	00	00	00	00	00	00	00	00	00	00	04	09	-55.5 %	
Whooping Cough	00	00	00	00	00	00	00	01	00	01	00	22	56	-60.7 %	

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: Kalpitiya, 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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