Editorial

A Journey Through Time: The history of public health and wellbeing in Sri Lanka

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Abstract

The history of public health in Sri Lanka is one of extraordinary continuity, journey spanning more than two millennia, woven through with human endeavour, political commitment, scientific innovation and, above all, an enduring dedication to the health and wellbeing of its people.

This manuscript traces that journey from the ancient kingdoms of Anuradhapura and Polonnaruwa, where hospital complexes, sanitation systems and irrigation networks embodied a remarkably holistic understanding of health – one that embraced the physical, mental, social, spiritual and environmental dimensions of human flourishing- to the complex, multi-layered public health landscape of our own times. Along the way, it pauses at the contributions of Ayurveda, indigenous healing traditions and community-based care; at the colonial periods contested but consequential legacy of health legislation, epidemiological surveillance and vaccination and at the landmark establishment of Asia's first Health Unit at Kalutara in 1936, which gave birth to the preventive health infrastructure that sustains us today.

The post-independence deceased brought bold commitments – free healthcare, free education a tax-funded public health system that transformed population health outcomes at a fraction of the cost achieved elsewhere. Sri Lanka eliminated disease, educed maternal and infant mortality, sustained immunization coverage and built primary care networks that reached the furthest corners of a geographically diverse island. These were not accidents of geography or fortune, they were the fruits of sustained political will, a dedicated health workforce, and communities that trusted and engaged with their health system. Yet, no honest reading of this history can avoid the challenges gathering at the horizon, non-communicable diseases, an ageing population mental health, antimicrobial resistance, climate change and emerging infections demand the same qualities that served us in the past – scientific rigour, equity of access, multisectoral collaboration and the courage to innovate.

At the centenary celebrations of community health in Sri Lanka, this refection on two thousand years of public health history is offered not merely as a record of the past, but as a compass for the future – a reminder of who we are, what we have built and what we owe to those who will come after us.

Introduction

The history of public health in Sri Lanka spans over two millennia, from the sophisticated health systems of the ancient kingdoms to the contemporary era of Universal Health Coverage, disease elimination, and the broader concept of health and wellbeing. This journey reflects a unique synthesis of ancient wisdom, indigenous knowledge, colonial influences and modern advancements in medicine and science.

This manuscript traces the evolution of health and healthcare in Sri Lanka through different historical eras, highlighting key milestones that shaped the present public health system. The story is one of commitment, resilience, continuity, innovation and improvisation, interspersed with achievements and challenges, yet consistently characterized by dedication towards improving the health and wellbeing of the people.

The achievements of Sri Lanka's health system reflect not only advances in allopathic medical care but also the development of a robust public health infrastructure, free healthcare, free education, multisectoral engagement, dynamic public health professional education, and sustained political and cultural commitment.

Reflections of the past legacy

Ancient healthcare systems

Sri Lanka's healthcare heritage extending over 2000 years is documented through historical chronicles such as the *Mahawamsa, Dipawamsa* and C*ulawamsa* together with archaeological discoveries, inscriptions, and scholarly research. Among the most remarkable achievements of ancient Sri Lanka were the establishment of hospital complexes, which reflect the Buddhist philosophy, socio-cultural values, health behaviours and technical expertise of the period.

Historical records describe the establishment of Ayurveda hospitals and lying-in homes during the reign of *King Pandukabhaya* in the 4th century BCE, along with organized sanitation practices and systems in ancient cities. *King Upatissa II* is recorded to have established shelters for the sick, disabled, pregnant women and the vulnerable.

The ancient Mihintale hospital complex, believed to have been constructed during the reign of *King Sena II* (853–887 CE), represents one of the oldest archaeological examples of a hospital complex in the world. The structure demonstrates evidence of inpatient care, outpatient facilities, maternity services, medicine preparation areas, bathing facilities and therapeutic treatment spaces. Similar healthcare complexes were identified in Anuradhapura, Polonnaruwa and Medirigiriya, including the renowned *Alahana Pirivena*.

King Buddhadasa (340–368 CE), himself a physician of great repute, represents the integration of healthcare stewardship and governance at the highest level. He was believed to be skilled in medicine, surgery, midwifery, dermatology, psychiatry and veterinary medicine. The *Sarartha Sangraha,* attributed to him, reflects extensive knowledge of anatomy, diagnosis, treatment, surgery, paediatrics, toxicology, geriatrics, diet, lifestyle and mental wellbeing.

These achievements demonstrate that ancient Sri Lankan rulers recognized health as a holistic concept encompassing physical, mental, social, spiritual and environmental wellbeing. The principles underlying these approaches resonate strongly with contemporary concepts such as One Health.

Ayurveda and indigenous medicine knowledge

Ancient medical practice was strongly influenced by *Ayurveda*, which aligned closely with Buddhist philosophy through its understanding of physical and mental wellbeing. Health was viewed as a balance

between the body, mind and environment, extending beyond the physical dimensions of disease.

Healthcare relied heavily on indigenous knowledge, biodiversity and the accumulated experience of practitioners. Surgical techniques, medicinal preparations, therapeutic bathing, dietary practices and lifestyle recommendations formed part of this system. The *Sarartha Sangraha* represents an important contribution that combined classical Ayurvedic principles with Sri Lanka's own indigenous healing traditions, medicinal plants, climatic influences and sociocultural context.

Public health beyond medicine

Healthcare in ancient Sri Lanka extended beyond treatment of illness. The development of sophisticated irrigation systems, water management practices, agriculture, sanitation systems and environmental protection reflected an understanding of the relationship between environment and health. Ancient cities such as Anuradhapura and Polonnaruwa incorporated advanced water supply, drainage and waste disposal systems. Monasteries served as centres of education, healthcare and environmental cleanliness. These practices demonstrate that the rulers of ancient Sri Lanka understood health as being shaped by the totality of living conditions.

From a contemporary perspective, it is striking how these systems anticipated modern public health concepts, recognizing that wellbeing extends beyond physical health to include mental, spiritual, social and environmental dimensions.

Folk and indigenous traditions

Alongside institutional healthcare, Sri Lanka maintained a rich tradition of folk and indigenous medicine. Indigenous practitioners, known as *vedamaththayas,* were highly respected and trusted members of communities. Their practice was altruistic, ethical, holistic and often based on locally available medicinal resources, with remuneration frequently provided in kind. They provided care for fevers, injuries, snakebites, chronic illnesses and childbirth-related conditions. Traditional healing methods were often combined with astrology, religious rituals and practices such as *shanthi-karma*, reflecting a comprehensive approach addressing psychological, emotional and spiritual wellbeing.

Ayurveda, Siddha, Unani and Deshiya Chikitsa coexisted within a pluralistic healthcare system. Although the Department of Ayurveda established in 1961 contributed to formalizing and regulating Ayurveda, the challenge remains to preserve the person-centred values of traditional systems while integrating them appropriately into modern healthcare.

The development of Indigenous Medicine education, beginning with the College of Ayurveda in 1929 and progressing to the Faculty of Indigenous Medicine of the University of Colombo in 2023, represents an important milestone in strengthening and regulating this field.

Public health in the colonial era (1505–1948)

European influence on healthcare began with the arrival of the Portuguese in 1505, although services were largely restricted to rulers and military personnel. During the Dutch period, healthcare became modestly institutionalized through hospitals in maritime regions and military settlements. The establishment of the Lepers' Asylum at Hendala in 1707 represented an early example of institutional isolation for infectious disease.

The British period marked a major transformation with the establishment of a structured health system. The Civil Medical Department was established in 1858, leading to the expansion of hospitals, professionalization of healthcare services and wider provision of medical care beyond military needs.

The British emphasis on recording, reporting and statistics laid the foundation for modern demographic and epidemiological systems. The first organized census in 1871 and the Census Ordinance No. 9 of 1880 enabled systematic population studies, an essential component and basic science of public health.

Communicable disease control

Major communicable diseases during this period included smallpox, cholera, malaria and hookworm disease. The introduction of compulsory smallpox vaccination through the Vaccination Ordinance No. 20 of 1886 was a landmark event in public health.

Tuberculosis control demonstrated the development of comprehensive disease control strategies, including notification, case detection, isolation, treatment facilities and establishment of specialized programmes. The creation of the Anti-Tuberculosis Campaign in 1945 represented a centrally administered public health initiative incorporating multiple principles of disease control.

The malaria epidemic of 1934–1935 remains one of the most significant public health events in Sri Lankan history. Following drought conditions and environmental changes, malaria spread extensively, resulting in millions of cases and tens of thousands of deaths. The response demonstrated exemplary public health practice through entomological surveillance, vector control, epidemiological monitoring, accurate data presentation, temporary treatment facilities and coordinated action through the Anti-Malaria Campaign. The experience highlighted the importance of scientific planning, preparedness and organized public health response.

Establishment of the first Health Unit in Asia – 1926

The establishment of the first Health Unit in Kalutara-Totamune on 1st July 1926 was a landmark achievement in Sri Lankan and Asian public health history. Developed through collaboration between the Rockefeller Commission, the colonial government, and local health authorities, it represented a shift towards community-based preventive health. The Health Unit functioned as a "field laboratory," allowing public health interventions to be tested, evaluated, and expanded. It emphasized disease prevention, health education, community participation and teamwork among Medical Officers of Health, Public Health Nurses, Sanitary Inspectors, and Public Health Midwives. The principles established through the Health Unit model continue to influence Sri Lanka's preventive healthcare system. The Medical Officer of Health system remains the backbone of community-based public health delivery.

The National Institute of Health Sciences, Kalutara, continues this legacy as the premier public health training institution of the Ministry of Health.

Post-independence era (1948–2026)

The post-independence period reflects remarkable progress and achievements in health and wellbeing. Sri Lanka continued to strengthen foundations established during the colonial era while introducing transformative policies.

Key milestones included free education, introduced in 1947, and free healthcare policy established in 1951, creating a publicly financed healthcare system accessible to all citizens through tax-based funding. Universal franchise, including voting rights for women introduced in 1931, further strengthened and paved the way to social development.

The achievements of Sri Lanka's health system represent the combined contribution of historical wisdom, indigenous traditions, scientific medicine, public health infrastructure, social policies and sustained commitment towards improving population health.

The journey demonstrates that public health is not merely the prevention of disease but the continuous pursuit of wellbeing through collective responsibility, innovation and understanding of the complex relationship between people, society and the environment.

Conclusion

Today, Sri Lanka stands at a different point in its public health journey. The country has achieved many health indicators comparable to those of high-income nations despite limited resources, lower spending on health, reflecting the cumulative contribution of successive generations of healthcare workers, policymakers, academics, administrators, and communities. The World Health Organization disease elimination certification of poliomyelitis, lymphatic filariasis as a public health problem, malaria, mother-to-child transmission of HIV and syphilis, maternal and neonatal tetanus; measles-free and rubella-free certification, and hepatitis B control status; sustained high immunization coverage; low maternal and infant mortality; a strong preventive health system; and Universal Health Coverage through free healthcare are astounding and admirable achievements that have earned worldwide recognition.

Yet, the health challenges confronting the nation have changed considerably. Non-communicable diseases now account for the overwhelming majority of morbidity and mortality including premature mortality, antimicrobial resistance while population ageing, mental health conditions, injuries, environmental degradation, climate change, emerging and re-emerging infectious diseases, nutritional challenges in all their forms, urbanization, and changing lifestyles present increasingly complex public health problems. These challenges demand approaches that extend beyond the traditional health sector and require strengthened multisectoral collaboration, community participation, digital transformation, evidence-informed policy and renewed commitment to the principles of primary healthcare and One Health.

Looking back across more than two millennia, one is struck not only by the remarkable achievement of successive generations but also by the continuity of many fundamental public health principles and the dedicated services of health professionals. Disease prevention, sanitation, surveillance, legislation, health education, environmental stewardship, community participation, equitable access to healthcare, dynamic public health professions education and strong political commitment have remained the cornerstones of health improvement throughout Sri Lanka's history, although expressed differently in different eras.

As we commemorate the do centenary of the College of Community Physicians of Sri Lanka, we do not merely by celebrating the past, but by drawing inspiration from it. The legacy of our ancient rulers, indigenous practitioners, colonial public health pioneers and post-independence leaders remind us that progress in public health has always depended upon vision, courage, innovation, scientific inquiry and unwavering commitment to the wellbeing of the people.

The journey of public health in Sri Lanka is therefore far from complete. As new challenges emerge, the responsibility now rests with the present generation of public health professionals to preserve the strengths of the past, embrace innovation, generate evidence, influence policy and continue building a healthier, more equitable, and more resilient Sri Lanka for generations to come.

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