

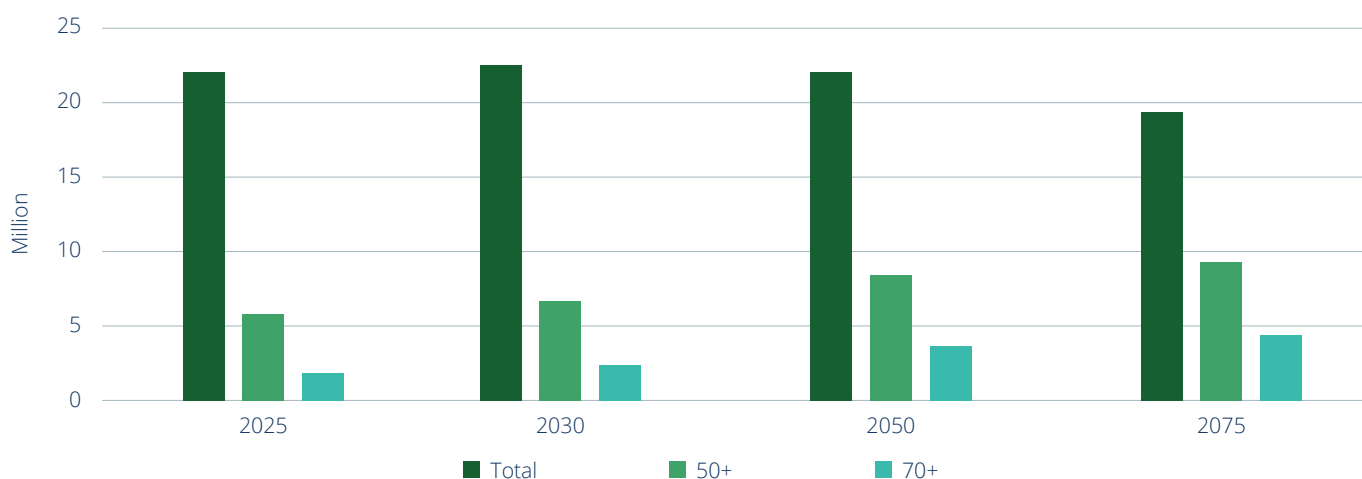
## DEMOGRAPHIC TRENDS

Sri Lanka's population is projected to grow marginally from 22.1 million in 2025 to 22.3 million in 2030, an increase of less than 1% before entering a period of significant decline. This downward trend is expected to accelerate in the second half of the century, with the population falling by 12% relative to 2025 levels, reaching 19.4 million by 2075 (*Figure 1*). Sri Lankans currently have an average life expectancy of 76.9 years, which is expected to rise to 87.0 years by 2075, an increase of 13%.

The proportion of Sri Lankans aged 50 years and over is projected to rise significantly in the coming decades. In 2025, this age group comprises 6.5 million people, accounting for almost 30% of the total population. By 2075, despite a declining overall population, the number of people aged 50 years or older is expected to grow to 9.1 million, representing 59% of the population (*Figure 1*).

The most dramatic demographic shift in Sri Lanka will be among those aged 70 years or older, whose numbers are projected to increase from 1.8 million in 2025 to more than 3.5 million in 2075, a 110% increase in absolute terms. Equally striking is their growing share of the total population. In 2025, those aged 70+ accounted for 8% of Sri Lanka's 22.3 million people. By 2075, they will make up almost 23% of a smaller 19.4 million population, reflecting a 177% relative increase in their proportion of the total population.

**Figure 1. Population projections for Sri Lanka from 2025 to 2075 <sup>[1]</sup>**



## CENTRALISED DATABASES FOR FRACTURES AND EPIDEMIOLOGY

There is no centralised database for fractures in Sri Lanka.

## PATIENT SUPPORT ORGANISATIONS

There are no patient support organisations that focus on osteoporosis in Sri Lanka.

## HEALTHCARE COSTS ASSOCIATED WITH FRAGILITY FRACTURES

Average direct hospital costs for treating osteoporotic hip fractures (USD)	Average indirect hospital costs for treating osteoporotic hip fractures (USD)	Average bed days for hip fractures
No data	No data	14*

\*Best available estimates as reported by country experts in the absence of published data


## CLINICAL SPECIALTY RESPONSIBLE FOR MANAGEMENT OF OSTEOPOROSIS

Osteoporosis is not primarily managed by primary care physicians. Instead, it is under the care of rheumatologists, orthopaedic surgeons, endocrinologists and internal medicine doctors. Osteoporosis is recognised as a standalone medical specialty and is currently a formal component of specialty medical training, particularly for endocrinologists and internal medicine doctors.

## OSTEOPOROSIS AS A DOCUMENTED NATIONAL HEALTH PRIORITY (NHP)

Osteoporosis is not documented as a National Health Priority (NHP) in Sri Lanka.

## FRACTURE LIAISON SERVICES (FLS) REIMBURSEMENT AND AVAILABILITY

% of hospitals with an FLS		Other fracture types identified by or referred to an FLS
1 - 9%		0%
Hip fractures identified by or referred to an FLS		Reimbursement mechanism to support FLS activities
1 - 9		Private funding
Vertebral fractures identified by or referred to an FLS		% of patients recommended for treatment who actually receive treatment
0		20 - 49%

## WAITING TIME FOR HIP SURGERY

Average waiting time for hip surgery after hip fracture	> 3 days
% of hip fractures surgically managed	51 - 75%

## AVAILABILITY AND REIMBURSEMENT OF MEDICATION

As shown in *Table 1*, a range of osteoporosis treatments are available and reimbursed in Sri Lanka. Bisphosphonates are designated as first-line treatments in the country.

Treatment is reimbursed in full by private insurance and there are no conditions associated with reimbursement. Consequently, reimbursement policy does not interfere with what physicians would normally recommend to patients.

**Table 1. Availability and reimbursement of osteoporosis treatments in Sri Lanka**

Treatment	Available	Reimbursed	% Reimbursed
Risedronate			
Alendronate	X	X	100%
Ibandronate	X	X	100%
Zoledronic acid	X	X	100%
Clodronate			
Pamidronate	X	X	100%
Raloxifene	X		
Bazedoxifene			
Denosumab			
Strontium Ranelate			
Teriparatide			
PTH (1-84)			
Abaloparatide			
Romosozumab			
Vitamin D/Calcium supplements	X	X	100%
Calcitonin			
Hormone Replacement Therapy	X	X	100%
Testosterone	X	X	100%
Alfacalcidol	X	X	100%
Calcidiol			
Calcitriol	X	X	100%
Tibolone			

## GUIDELINES FOR OSTEOPOROSIS MANAGEMENT

There are no guidelines for osteoporosis management in Sri Lanka.

## FRACTURE RISK ASSESSMENT TOOLS




Sri Lanka uses FRAX®, but it is unknown if it is widely used within the country.

## QUALITY INDICATORS

There are no quality indicators for hip and other fractures in Sri Lanka.

## ACCESS TO DXA AND/OR ULTRASOUND AND REIMBURSEMENT

DXA is available in Sri Lanka.

	Waiting time (d)	0 - 2
	Cost (USD)	25
	Is it reimbursed?	Yes
	Is reimbursement a barrier to accessing treatment?	No

No data was provided on access to ultrasound in Sri Lanka.

## OVERVIEW OF OSTEOPOROSIS IN SRI LANKA

Osteoporosis is not currently recognised as a national health priority in Sri Lanka. Access to diagnostic services is limited, with DXA scanners available only in a small number of urban centres. As a result, the majority of individuals at high risk of fragility fractures remain undiagnosed and untreated. Therapeutic options are also constrained with key medications such as denosumab and parathyroid hormone analogues not available. The current economic crisis in the country has made the situation worse.

## REFERENCES

1. US Census Bureau International Database (IDB) Website. 2025.  
[https://www.census.gov/data-tools/demo/idb/#/dashboard?dashboard\\_page=country&COUNTRY\\_YR\\_ANIM=2025](https://www.census.gov/data-tools/demo/idb/#/dashboard?dashboard_page=country&COUNTRY_YR_ANIM=2025). Accessed 22 May 2025.

*This document highlights the key findings for Sri Lanka, published in "The Asia Pacific Regional Audit: Epidemiology, costs and burden of osteoporosis in 2025". View the complete report at: <https://www.osteoporosis.foundation/asia-pacific-audit-2025>*

## ACKNOWLEDGMENTS

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