

Sri Lanka

Research conducted in

Sri Lanka offers free public healthcare and anchors dementia diagnosis and follow-up within teaching hospital psychiatry and neurology services, with care largely concentrated in major urban and academic centers. This clinical pathway is partially complemented by civil society support, most notably the Lanka Alzheimer's Foundation, which provides day services, caregiver education, and navigation assistance. However, the absence of a national dementia strategy, persistent imaging and specialist bottlenecks in the public system, and limited reach of geriatric expertise outside Colombo and other large cities mean that many families adopt hybrid care pathways, turning to private, out-of-pocket consultations and imaging to shorten diagnostic delays. These dynamics highlight a growing structural gap between universal entitlement and timely access, underscoring the importance of explicitly embedding dementia-specific pathways, caregiver support, and neuro-palliative care within forthcoming elderly health and palliative policy updates, rather than continuing to address dementia only implicitly through broader aging frameworks.

Highlights

Health system **Universal, Mixed funding (Mixed provisions)**

ADI member association(s): **Lanka Alzheimer's Foundation**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **687**

Dementia incidence rate: **116**

Population: **23288643**

Median age: **33**

Health expenditure (% of GDP): **4**

Diagnosis

Dementia diagnosis in Sri Lanka is predominantly symptom-led and begins within the free public healthcare system, typically through primary care or hospital outpatient departments. Suspected cases are referred by general medical officers to neurology or psychiatry services, although specialist capacity is concentrated in urban teaching hospitals, contributing to delays. Public services remain affordable, but families with sufficient resources may use private consultations and imaging to avoid long waits, creating inequalities in diagnostic speed. No population-wide screening programme or national cognitive-testing protocol is established, and tools such as MMSE and MoCA are used inconsistently. CT and MRI are available but constrained by limited capacity, while PET is not routinely accessible. Genetic testing, CSF biomarkers, and blood-based biomarkers are likewise not integrated into national pathways. The Lanka Alzheimer's Foundation provides complementary caregiver education, cognitive engagement, and referral guidance.

Diagnosis pathway

Sri Lanka has a predominantly public, referral-based pathway for dementia diagnosis, beginning in government outpatient departments or local clinics and progressing to hospital neurology or psychiatry services when cognitive impairment is suspected. Although public healthcare is free at the point of use, specialist services are concentrated in urban and teaching hospitals, particularly in Colombo, creating delays and access barriers elsewhere. Families may supplement public care with private consultations, imaging, or second opinions when faster assessment is needed. Delayed recognition may also occur when symptoms are considered normal ageing or attributed to other conditions. The Lanka Alzheimer's Foundation provides caregiver education, cognitive engagement, and referral support, but its geographically limited services do not replace a national dementia pathway.

The dominant dementia diagnostic pathway in Sri Lanka begins in the public primary care system, which is free at the point of use and widely accessible across the country. Older adults typically present to a government outpatient department (OPD) or local clinic with memory complaints, behavioral changes, or functional decline, often raised by family members rather than through proactive screening. General medical officers provide initial assessment and, where cognitive impairment is suspected, refer patients onward to hospital-based neurology or psychiatry clinics. Specialist services are concentrated in major urban and teaching centers, most notably in the Colombo district, including the National Hospital Colombo, Colombo North Teaching Hospital, Ragama and Colombo South Teaching Hospital/Kalubowila. This referral-based pathway reflects Sri Lanka's long-standing commitment to universal public healthcare and specialist-led diagnosis, but it also embeds structural delays due to capacity constraints at tertiary level.

In practice, many families pursue a hybrid public-private strategy. While diagnosis and follow-up may formally occur within the public system, private hospitals and clinics are frequently used to fast-track specialist consultations, neuroimaging, or second opinions, particularly when waiting lists become prohibitive or when diagnostic uncertainty persists. This dual-track behavior is widely documented in Sri Lanka's health system and reflects rational household decision-making rather than system failure: the public sector provides legitimacy, continuity, and affordability, while the private sector offers speed and perceived responsiveness for those who can afford out-of-pocket payments.

International observers, including the World Bank, routinely cite Sri Lanka as an example of high-impact universal health coverage (UHC), but also note increasing reliance on private care to manage non-communicable diseases with complex diagnostic needs such as dementia.

Outside major cities, where neurologists and old-age psychiatrists are scarce, patients may remain under prolonged management in primary care or general medical clinics, with limited access to specialist confirmation. In these settings, diagnosis may be informal or delayed, particularly when symptoms are attributed to “normal aging” or co-morbid chronic disease. Civil society organizations play a limited but important navigation role, especially in Colombo. The Lanka Alzheimer's Foundation (LAF) operates a Day Centre that provides caregiver education, basic cognitive engagement, and referral guidance, helping families interpret symptoms and identify appropriate clinical entry points. However, NGO support is geographically concentrated and does not substitute for a nationally structured dementia referral pathway.

References

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- <https://medical.sjp.ac.lk/psychiatry-overview>
- <https://www.slagm.lk/wp-content/uploads/2019/04/Dementia-Final.pdf>
- <https://www.rstmh.org/news-blog/blogs/burden-of-a-universal-healthcare-system-the-story-of-a-common-man-from-sri-lanka>
- <https://nursing.jhu.edu/wp-content/uploads/2025/07/Demand-for-private-healthcare-in-a-universal-public-healthcare-system-empirical-evidence-from-Sri-Lanka.pdf>
- <https://www.alzint.org/member/lanka-alzheimers-foundation>

Wait times

Status: Long wait time

Diagnostic delays in Sri Lanka are largely linked to limited specialist and imaging capacity, with public-sector CT and MRI access potentially taking weeks or months. Private services are generally quicker, creating inequalities in the speed of dementia assessment despite universal public healthcare.

Sri Lanka does not publish dementia-specific wait-time audits, but broader health system studies consistently identify diagnostic bottlenecks at the level of specialist appointments and imaging. In tertiary public hospitals, waiting times for CT and MRI commonly extend from several weeks to several months, driven by low machine density, high patient volumes, and competing acute care priorities. These delays directly affect dementia diagnosis, where neuroimaging is often required to exclude secondary causes or support differential diagnosis. By contrast, private-sector imaging and consultations are typically available within days, reinforcing socio-economic disparities in diagnostic timeliness even within an otherwise universal system.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10550747/>
- https://www.researchgate.net/publication/374173543_The_Growing_Problem_of_Radiologist_Shortage_in_Sri_Lanka

Diagnosis cost

Status: Partially covered

Under Sri Lanka's universal healthcare model, government consultations, basic tests, and available imaging are free at the point of use. However, limited specialist and imaging capacity leads some families to pay privately for faster diagnosis. This creates socioeconomic differences in diagnostic timeliness while illustrating both the strengths and pressures facing the country's UHC system.

Consultations, basic laboratory tests, and available imaging provided within government facilities are free at the point of use, consistent with Sri Lanka's UHC model. However, capacity constraints mean that a significant share of diagnostic activity, particularly specialist consultations and neuroimaging, occurs in the private sector, financed entirely through out-of-pocket payments. This pattern does not reflect, exclusion from care, but rather time sensitivity: families with sufficient resources pay to reduce uncertainty and delay, while lower-income households remain dependent on slower public pathways. Despite these pressures, Sri Lanka continues to be internationally recognized for delivering comparatively strong health outcomes at low public cost, with dementia care illustrating both the strengths and emerging limits of that model in an aging society.

References

- <https://documents1.worldbank.org/curated/en/138941516179080537/pdf/Sri-Lanka-Achieving-pro-poor-universal-health-coverage-without-health-financing-reforms.pdf>
- <https://www.climatecentre.org/wp-content/uploads/RCCC-UHC-in-Social-ProtectionV4.pdf>
- <https://nursing.jhu.edu/wp-content/uploads/2025/07/Demand-for-private-healthcare-in-a-universal-public-healthcare-system-empirical-evidence-from-Sri-Lanka.pdf>

Cognitive tests

Status: Available

Sri Lanka does not operate population-wide dementia screening programs. Case identification is opportunistic and symptom-driven, occurring in primary care, hospital clinics, or via NGO contact. Standard cognitive screening tools (e.g., MMSE, MoCA) are used inconsistently and are not embedded in a national protocol for older adults.

References

- <https://www.slagm.lk/wp-content/uploads/2019/04/Dementia-Final.pdf>

Imaging tests

Status: Commonly used

CT and MRI are available in major public and private hospitals, but overall capacity remains limited. Estimates from earlier system assessments (~1.7 CT scanners and ~0.4 MRI scanners per million population) illustrate structural under-supply, and long queues in the public sector persist into the 2020s. As a result, families frequently self-refer to urban private imaging centers to expedite diagnosis. Advanced functional imaging (e.g., PET for dementia) is not part of routine clinical practice and is effectively unavailable within standard public pathways.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10550747>

Genetic tests

There is no national guidance recommending APOE genotyping or monogenic dementia testing. Where genetic testing is pursued, it occurs on a case-by-case basis through private or overseas laboratories, typically for early-onset or atypical presentations. Published Sri Lankan clinical reviews do not describe routine use of genetic testing within public dementia care.

References

- <https://scholars.direct/Articles/neurodegenerative-disorders/jnd-3-015.php?jid=neurodegenerative-disorder>

Biomarker tests

Status: Rarely used

Cerebrospinal fluid (CSF) biomarkers (A β , tau) and emerging blood-based biomarkers are not integrated into national diagnostic protocols. Their use, if present at all, is confined to isolated tertiary cases or research collaborations. Local academic literature consistently highlights gaps in dementia research infrastructure, laboratory capacity, and standardized diagnostic algorithms.

References

- <https://keele-repository.worktribe.com/output/418956/dementia-research-activity-in-sri-lanka-a-review>

Treatment & care

Sri Lanka lacks a national dementia service network, with diagnosis and ongoing management largely incorporated into neurology and psychiatry services at major teaching hospitals. Specialist access becomes less consistent outside urban centres, while LAF provides additional caregiver education, cognitive stimulation, limited respite, and navigation through its Colombo Day Centre. Although public dementia consultations and stocked medicines are free, supply shortages and procurement delays can push families towards private purchases, creating cumulative out-of-pocket costs for long-term treatment. Caregiving is similarly reliant on households, as Sri Lanka has no dementia-specific allowance, financial compensation, or comprehensive respite provision. Spouses and adult children provide most support, often without formal training, leaving families exposed to increasing financial strain and burnout as dementia progresses. Community-based alternatives remain limited.

Specialized facilities and services

Specialist dementia care in Sri Lanka is concentrated within teaching-hospital neurology and psychiatry departments rather than a dedicated national memory-clinic system. Major centres in Colombo, Kandy, and Galle provide specialist assessment and follow-up, but services outside these areas are uneven, with limited access to old-age psychiatry, neuropsychology, and structured cognitive clinics. Families therefore often coordinate ongoing care through repeated consultant visits or informal referrals. The Lanka Alzheimer's Foundation supplements clinical services through its Colombo Day Centre, offering cognitive stimulation, caregiver education, respite, and navigation. Although national palliative-care policies promote symptom control and dignity, dementia-specific end-of-life services remain limited and largely dependent on general medical, home, or hospice care.

Sri Lanka does not operate a formal national memory-clinic network, and there is no dedicated dementia service tier comparable to those found in some European or East Asian health systems. Instead, dementia assessment, diagnosis, and longitudinal follow-up are embedded within teaching hospital neurology and psychiatry departments, particularly in large tertiary and academic centers. Key service nodes include the psycho-geriatric and general psychiatry services at the National Institute of Mental Health, as well as neurology and psychiatry units at Colombo South Teaching Hospital (Kalubowila), Colombo North Teaching Hospital (Ragama), and other university-affiliated hospitals in Kandy and Galle. These centers function as de facto specialist dementia hubs, combining outpatient clinics, inpatient consults, and trainee-led follow-up, but without standardized referral criteria, staffing ratios, or protected clinic time specifically for cognitive disorders.

Outside these teaching environments, access to specialist dementia expertise is uneven. District hospitals and peripheral facilities typically lack old age psychiatry subspecialists, neuropsychology services, or structured cognitive assessment clinics. As a result, continuity of dementia care often depends on informal referral relationships, repeat outpatient visits to the same consultant, or family-initiated re-presentations when symptoms worsen. This model places a high burden on caregivers and reinforces geographic inequities between Colombo and the rest of the country.

Non-governmental organizations partially fill support gaps rather than clinical ones. LAF operates a Day Centre in Colombo that provides cognitive stimulation activities, caregiver education, respite support, and basic navigation

advice. While LAF does not deliver medical diagnosis or treatment, its role is significant in improving caregiver literacy, reducing stigma, and encouraging earlier help-seeking. However, NGO services remain urban-concentrated, donor-dependent, and small-scale, limiting their systemic impact.

Palliative and end-of-life care in Sri Lanka is governed by Ministry of Health frameworks, including a national palliative care strategy first articulated in 2018 and subsequently updated. These policies establish principles for symptom control, psychosocial support, and dignity at end of life, but dementia-specific palliative pathways are still underdeveloped. In practice, advanced dementia care often defaults to general medical wards, family caregiving at home, or ad hoc hospice support where available, rather than structured neuro-palliative services. This gap is increasingly salient as population aging accelerates and prolonged late-stage dementia becomes more common.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycopremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Although dementia care is theoretically free within Sri Lanka's public health system, medicine shortages can result in significant household expenditure. Government hospitals provide specialist consultations and stocked medicines without charge, but families may need to purchase unavailable drugs from private pharmacies, where costs are

entirely out of pocket. Over time, these expenses can accumulate because dementia requires prolonged treatment and adherence. The resulting system combines universal public coverage with practical reliance on private purchasing, driven by supply gaps, waiting times, and the need for dependable access to medication.

In principle, public sector dementia care is free at the point of use, including specialist consultations and medications that are stocked and dispensed through government hospitals. This reflects Sri Lanka's universal health coverage model and its long-standing emphasis on equitable access to essential medicines. In practice, however, supply constraints and stock variability play a decisive role. When cognitive enhancers or adjunctive medications are unavailable in hospital pharmacies, families are required to purchase them privately, shifting costs directly onto households.

Private prescriptions, whether issued by private consultants or public sector specialists directing patients to private pharmacies, are paid entirely out of pocket. The cumulative financial burden can become substantial over time, particularly given the chronic, progressive nature of dementia and the need for long-term medication adherence. While Sri Lanka periodically revises its essential and priority medicines lists, procurement delays and budgetary pressures mean that continuity of free medication cannot always be guaranteed.

As a result, dementia treatment financing in Sri Lanka operates through a mixed public-private reality: universal entitlement in theory, but partial privatization in practice driven by shortages, waiting times, and the desire for faster or more predictable access. This dynamic mirrors patterns seen elsewhere in the Sri Lankan health system, but its impact is amplified in dementia care due to duration, caregiver dependence, and the absence of alternative community-based supports.

References

- https://cdn.who.int/media/docs/default-source/searo/hsd/edm/csa-sri-lanka-2015.pdf?sfvrsn=6c9335b8_2
- [https://www.who.int/publications/m/item/sri-lanka--essential-list-2022-\(english\)](https://www.who.int/publications/m/item/sri-lanka--essential-list-2022-(english))
- <https://www.nmra.gov.lk/announcements/bringing-personal-medicines-into-sri-lanka>
- https://cdn.who.int/media/docs/default-source/searo/hsd/edm/nmp-srl-2006-who-ok.pdf?sfvrsn=40350683_2

Caregiver support

Dementia caregiving in Sri Lanka remains overwhelmingly family-based, with no dedicated caregiver allowance, financial compensation, or scalable respite provision. Spouses and adult children generally provide long-term support without formal training, while broader social protection for older people does not specifically address dementia-related care demands. The Lanka Alzheimer's Foundation provides the most consistent specialist support through caregiver groups, education, a helpline, and limited respite at its Colombo Day Centre. Hospital-based programmes exist but remain localised, leaving families vulnerable to burnout and financial strain.

Sri Lanka does not provide a dementia-specific cash allowance or formal caregiver benefit, and care is overwhelmingly family-led, shaped by strong intergenerational norms and expectations of home-based support. Most people living with dementia are cared for by spouses or adult children without formal training, respite, or financial compensation. While national policies exist for older persons, covering pensions, social assistance, and elder rights, these frameworks are age-based rather than condition-specific and do not explicitly recognize dementia caregiving as a distinct, high-intensity and long-duration form of unpaid labor.

Practical caregiver support is therefore fragmented and largely non-state. The most consistent dementia-focused assistance is provided by LAF, which runs caregiver support groups, a Colombo-based Day Centre offering limited respite, educational programs, and a helpline. Some hospital-based initiatives also exist, such as Cognitive Stimulation Therapy (CST) groups linked to psychiatry services at Colombo South Teaching Hospital (Kalubowila), but these remain site-specific and non-standardized. In the absence of scalable respite services or caregiver allowances, families frequently experience burnout and financial strain as dementia progresses, reinforcing reliance on informal care rather than a structured community support system.

References

- https://medicine.kln.ac.lk/depts/publichealth/Fixed_Learning/HEB/Media%20Seminar%20Presentation/Promoting%20Health%20in%20Elderly/nati
- <https://www.unconditionalcompassion.org/stories/raising-awareness-and-building-understanding-with-the-lanka-alzheimers-foundation>
- <https://www.ucl.ac.uk/international-cognitive-stimulation-therapy/international-cst-training/sri-lanka>

Policy

Sri Lanka has yet to establish a dedicated national dementia strategy, with dementia largely embedded within broader ageing, health, mental health, and NCD frameworks. Palliative-care initiatives and proposed reforms to elderly policy for 2025–2035 could provide entry points for integrating dementia more explicitly, but no national plan is publicly available. Existing legal protections for older persons, including the 2000 Elders Act, offer limited guidance on capacity, guardianship, advance directives, or driving. Meanwhile, low dementia awareness, stigma, and normalisation of cognitive decline can delay diagnosis and increase reliance on family care. Gaps in epidemiological, economic, and caregiver data further constrain evidence-based policy and service development, leaving dementia under-prioritised as population ageing accelerates.

National dementia plan

Dementia has not been established as a distinct national policy priority in Sri Lanka. Instead, it is considered within broader frameworks addressing older people, ageing, non-communicable diseases, mental health, and geriatric care, notably the National Elderly Health Policy (2017). These policies do not provide an integrated dementia pathway covering prevention, diagnosis, long-term care, and caregiver support. Despite advocacy from Alzheimer's Disease International, civil society, and academic stakeholders, Sri Lanka lacks dedicated dementia financing, implementation structures, targets, and accountability mechanisms.

Sri Lanka does not have a stand-alone, published national dementia strategy or action plan. Dementia is addressed indirectly within broader policy frameworks focused on population ageing and older persons' welfare, most notably the National Elderly Health Policy (2017) and the National Policy for Senior Citizens / Elders. Within these documents, cognitive decline is typically referenced as part of non-communicable diseases, mental health, or geriatric care, rather than as a condition requiring a dedicated, end-to-end pathway encompassing prevention, diagnosis, long-term care, caregiver support, and end-of-life planning. As a result, dementia policy in Sri Lanka remains diffuse and non-operational, lacking defined targets, timelines, or accountability mechanisms.

International partners and civil-society actors, ADI, have continued to advocate for the development of a national dementia plan aligned with global norms promoted by the WHO's Global Action Plan on the Public Health Response to Dementia. Academic stakeholders, including geriatric and psychiatry faculties, have similarly emphasized that Sri Lanka's rapidly aging demographic profile will make dementia an increasingly significant health system and social care challenge. Despite this recognition, dementia remains embedded within elder policy at a strategic acknowledgment level, rather than elevated to a policy priority with dedicated financing and implementation architecture.

References

- https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/sri_lanka/sri_natioanl_elderly_health_policy.pdf
- https://medicine.kln.ac.lk/depts/publichealth/Fixed_Learning/HEB/Media%20Seminar%20Presentation/Promoting%20Health%20in%20Elderly/nati
- <https://www.alzint.org/what-we-do/policy/dementia-plans>

Upcoming plans

Sri Lanka's emerging health and ageing policies could provide opportunities to incorporate dementia more explicitly, although no dedicated strategy has been announced. Palliative-care frameworks support symptom control, dignity, and psychosocial needs across serious illnesses but do not define dementia-specific services. A planned refresh of elderly policy for 2025–2035, together with continued UHC development, could strengthen early diagnosis, caregiver support, and long-term care planning. Nevertheless, dementia remains implicit, and no draft national dementia plan has been published.

While a dementia-specific strategy has not been publicly announced, several adjacent policy developments are relevant. The government has advanced national palliative care frameworks, beginning with the 2018 policy and followed by subsequent drafts and implementation guidance under the Ministry of Health. These initiatives strengthen principles of symptom control, dignity, and psychosocial support across serious illnesses, including advanced dementia, but stop short of defining dementia-specific palliative pathways or neuro-palliative services.

In parallel, the government has signaled a refresh of elderly and aging-related policy for the 2025–2035 period, referenced in parliamentary discussions and health-sector planning documents, alongside broader efforts to consolidate universal health coverage (UHC). This creates a potential policy window for integrating dementia more explicitly, particularly in areas such as early diagnosis, caregiver support, and long-term care planning. However, at present, dementia remains implicit rather than explicit within these forward-looking agendas, and no draft national dementia plan has been placed in the public domain.

References

- https://www.nccp.health.gov.lk/storage/post/pdfs/1_National_Strategic_Framework_for_Palliative_Care_Development_English_05_11_2018.pdf
- <https://www.health.gov.lk/wp-content/uploads/2022/10/NCD-English.pdf>
- <https://www.parliament.lk/en/home/parliament-news/view/4823>

Policy gaps

Legal barriers

Sri Lanka's legal framework protects older persons but does not adequately address dementia-specific needs. The Protection of the Rights of Elders Act (2000) offers broader safeguards, while capacity assessment, guardianship, advance directives, and driving remain areas of limited statutory clarity, often requiring informal solutions.

Sri Lanka has a foundation of legal protections for older persons, including the Protection of the Rights of Elders Act (2000) and related senior-citizen policy instruments. However, these frameworks are not dementia-specific and provide limited guidance on key issues such as mental capacity assessment, substitute decision-making or guardianship, advance directives, and fitness to drive. In practice, families and clinicians navigate these issues informally, with minimal statutory clarity, an increasingly significant gap as dementia prevalence rises and disputes over consent, finances, or safety become more common.

References

https://www.hrcsl.lk/wp-content/uploads/2020/01/Growing_Old_Gracefully-Elders_Rights_ReportEnglish.pdf

Cultural barriers

Dementia awareness remains limited in Sri Lanka, with stigma and perceptions of cognitive decline as normal ageing delaying help-seeking. Weak research and data infrastructure further impede effective planning.

Academic reviews and local studies consistently highlight low public awareness of dementia, strong stigma around cognitive decline, and heavy reliance on family caregiving. Dementia symptoms are frequently normalized as part of aging, delaying help-seeking and formal diagnosis. These cultural dynamics are compounded by limited local research and data infrastructure, constraining evidence-based planning and service design. Without systematic epidemiological data, cost-of-illness studies, or caregiver burden assessments, dementia policy remains reactive and under-prioritized within Sri Lanka's otherwise robust public health tradition.

Research

Sri Lanka's dementia research largely addresses epidemiology, cognitive assessment, caregiving, quality of life, and service delivery, with limited participation in international interventional drug trials due to infrastructure, biomarker, regulatory, and financing constraints. However, innovation is emerging through non-pharmacological care, particularly Cognitive Stimulation Therapy (CST). Implemented through psychiatry services at Colombo South Teaching Hospital and supported by international collaboration, CST offers a low-cost, scalable, and culturally adaptable approach. Its development illustrates how locally led psychosocial innovation can strengthen dementia care despite the absence of a national dementia strategy.

Selected academic institutions

[University of Colombo](#) [Colombo North Teaching Hospital \(Ragama\)](#) [Colombo South Teaching Hospital \(Kalubowila\)](#)
[National Institute of Mental Health](#)

Clinical trials and registries

As of December 2025, Sri Lanka does not host large interventional Alzheimer's disease drug trials, and no major global AD trials list Sri Lankan clinical sites. Instead, local research activity has concentrated on epidemiology, cognitive screening and validation of assessment tools, caregiving burden, quality of life, and service-delivery models. These topics align closely with immediate public-health needs and feasibility constraints, but also reflect limited infrastructure for advanced trial conduct, including biomarker access, regulatory readiness, and trial-financing mechanisms.

Participation in multinational dementia trials therefore occurs primarily through academic collaboration, literature contribution, or training exchange, rather than site-level recruitment. While this limits Sri Lanka's exposure to cutting-edge therapeutics, it has allowed local researchers to generate contextually relevant evidence on dementia in low- and middle-income settings, particularly around family caregiving, stigma, and health system navigation.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9469587>
- <https://scholars.direct/Articles/neurodegenerative-disorders/jnd-3-015.php?jid=neurodegenerative-disorders>

Selected innovative methods

Innovation in Sri Lanka's dementia care is particularly evident in Cognitive Stimulation Therapy (CST), which has been locally implemented through psychiatry services at Colombo South Teaching Hospital. Supported by international collaboration and the global CST network, this low-cost, scalable, culturally adaptable intervention offers a practical model for expanding psychosocial dementia care in resource-constrained settings.

The most notable area of innovation in Sri Lanka's dementia landscape is non-pharmacological intervention, particularly the adoption and local adaptation of Cognitive Stimulation Therapy (CST). CST groups have been implemented and evaluated through psychiatry services at Colombo South Teaching Hospital (Kalubowila), with training and dissemination supported through international collaboration. Sri Lanka is explicitly referenced within the global CST network coordinated by University College London, highlighting local clinical leadership in rolling out structured psychosocial interventions in a resource-constrained setting. This focus on CST reflects both pragmatic constraints and strategic choice: CST is low-cost, scalable, culturally adaptable, and caregiver-inclusive, making it well suited to Sri Lanka's health system. Its adoption represents a rare example of bottom-up service innovation gaining international visibility, even in the absence of a national dementia strategy.

References

- <https://www.ucl.ac.uk/international-cognitive-stimulation-therapy/international-cst-training/sri-lanka>

Support

Information and awareness around dementia in Sri Lanka are centred on the Lanka Alzheimer's Foundation (LAF), supported by organisations such as HelpAge Sri Lanka. LAF provides online resources, caregiver guidance, public education, and awareness campaigns, particularly during World Alzheimer's Month, while HelpAge addresses broader ageing and older-person issues. Sri Lanka has no dedicated dementia media outlet, leaving information distributed across NGO platforms, hospital and university websites, and occasional health campaigns. This fragmented communication environment, combined with limited mainstream coverage, may contribute to low dementia awareness, stigma, and delayed help-seeking.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

[Lanka Alzheimer's Foundation \(LAF\)](#)

Selected initiatives

Sri Lanka's dementia response relies heavily on local, project-based initiatives, particularly those delivered by the Lanka Alzheimer's Foundation (LAF). Its Colombo Day Centre provides cognitive and social activities, physical engagement, and limited respite, complemented by caregiver groups, counselling, training, and a helpline. LAF also drives dementia awareness through World Alzheimer's Month, public education, outreach, Memory Walks, and Run to Remember events. These initiatives provide sustained support and advocacy but remain urban-centred and do not constitute a nationwide dementia programme.

Key initiatives in the dementia space are localized and project-based rather than systemic. LAF stands out as the primary dementia-focused civil-society actor in Sri Lanka, delivering targeted support where no national dementia program exists. Its flagship initiative is the LAF Day Centre in Colombo, which provides structured cognitive, social, and physical activities for people living with dementia while offering daytime respite and practical relief for family caregivers. Complementing this, LAF runs caregiver support groups, counselling and training sessions, and a helpline that helps families recognize symptoms, manage behavioral challenges, and navigate available health services.

In parallel, LAF leads a range of awareness and advocacy initiatives, particularly around World Alzheimer's Month and World Alzheimer's Day, using public lectures, community outreach, and media engagement to improve dementia literacy and reduce stigma. The Foundation also organizes periodic public campaigns and memory awareness events such as "Memory Walk" and "Run to Remember". While these initiatives are project-based and largely urban-centered, they represent the most sustained and visible dementia-related actions in the country, effectively filling gaps left by the absence of a comprehensive, state-led dementia strategy.

References

<https://alzlanka.org/about>

- <https://island.lk/join-the-walk-and-run-for-world-alzheimers-month-to-prevent-dementia>
- <https://www.themorning.lk/articles/Kkpfj2VuVulcPLHAV0AG>

Dedicated media outlets

Sri Lanka does not have a dedicated dementia or Alzheimer's media outlet. Public information and awareness are disseminated primarily through LAF's website and social media channels, hospital and university webpages, and occasional coverage linked to awareness days or health campaigns. As a result, dementia remains underrepresented in mainstream health communication, contributing to low public awareness and delayed help-seeking.