WHA Side Event79: A Global Pursuit of Suicide Prevention: Turning Evidence into Action
18 May 2026 18:00 hrs to 19:30 hrs

Organized by: Nepal, Sri Lanka, Kenya, South Africa, Henry Ford Health, and University of Edinburgh.

Co-sponsors: Guyana, Nigeria, Portugal, Republic of Korea, Thailand, Pakistan, IASP

Opening Remarks – Hon. Minister of Health, Sri Lanka

Honourable Ministers, Distinguished delegates, Colleagues from WHO and partner organizations, Ladies and Gentlemen,

It is a privilege for Sri Lanka to participate in this important World Health Assembly side event on suicide prevention, a subject that remains both deeply human and profoundly urgent.

Suicide continues to claim more than 700,000 lives globally each year. These are not distant numbers. Each death represents a lost future and an enduring impact on families, communities, and societies. That is why suicide prevention must be recognised not only as a mental health concern, but as a core public health responsibility.

For Sri Lanka, this conversation is grounded in experience.

In the mid-1990s, our country faced one of the highest suicide rates in the world. In 1994 alone, over 7,700 people died by suicide, with extremely high mortality driven largely by pesticide self-poisoning. This was a national crisis that demanded decisive action.

Sri Lanka chose to respond with evidence-based policy, even when those decisions were complex. Beginning in 1995 and again in 1998, we introduced regulations to restrict access to highly hazardous pesticides, while strengthening emergency medical care and improving access to hospitals. These measures were not symbolic—they were practical, and they were effective.

Over the following decades, Sri Lanka saw a sustained and remarkable decline in suicide deaths, falling from more than 8,500 deaths per year in the mid-1990s to just over 3,100 by 2019. Suicide rates declined from almost 48 per 100,000 population to around 14.6. This experience reinforced a simple but powerful truth: when policy follows evidence, lives are saved.

However, progress does not mean the task is complete.

In 2022, Sri Lanka still lost nearly 3406 lives to suicide. This is unacceptable—and it underscores the need to maintain both urgency and political commitment. We are also observing increasing numbers of suicide attempts, reminding us that prevention must address risk early, comprehensively, and compassionately.

Sri Lanka has therefore reaffirmed suicide prevention as a priority within our national health agenda and as part of our commitment to the Sustainable Development Goals, with a clear target to further reduce suicide mortality by 2030.

Guided by the WHO LIVE LIFE framework, Sri Lanka launched its National Suicide Prevention Strategy and Action Plan. This strategy recognizes that effective prevention rests on four pillars: restricting access to lethal means, responsible media reporting, strengthening life skills, and improving access to care and crisis support.

One example is the expansion of telephone-based mental health support, particularly during the COVID-19 pandemic, when the national hotline was scaled up to reach all districts and thousands of individuals experiencing distress. These services demonstrated the value of timely, accessible support, especially during periods of social and economic uncertainty.

We are equally conscious of the role of the media. How suicide is reported can either contribute to harm or help protect lives. Sri Lanka has therefore committed to strengthening collaboration with journalists and media institutions to promote ethical, responsible reporting, aligned with WHO guidance.

At the same time, we recognise that suicide prevention cannot be delivered by the health sector alone. It requires coordinated action across agriculture, education, social services, labour, and justice—and meaningful engagement with families, educators, community leaders, and civil society.

This is why today's discussion is so important.

This side event brings together country leadership, global expertise, and proven approaches, including system-wide initiatives such as Zero Suicide, which align closely with WHO's LIVE LIFE framework. It also highlights the continued importance of means restriction, particularly pesticide regulation, as one of the most cost-effective and impactful suicide prevention strategies available.

Sri Lanka's experience shows that policy coherence across sectors can change national trajectories. At the same time, we continue to learn—from other countries, from communities, and from people with lived experience.

In closing, let us be clear: suicide is preventable. The evidence exists. The tools are available. What is required is sustained leadership, strong health systems, and the courage to act across sectors.

Sri Lanka remains committed to working with WHO and all partners to ensure that evidence is translated into action—and action into lives saved.

Thank you.