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HE Anura Kumara Disaanayake,
President of The Democratic Socialist Republic of Sri Lanka,
Presidential Secretariat,
Galle Face, Colombo 01.

Your Excellency,

I write to you as a former Minister of Health and a medical professional, with respect and concern, regarding the recent endorsement of a project by Sri Lanka Tourism to promote LGBTIQ tourism in Sri Lanka.
At the outset, I wish to make clear that I respect the dignity and personal orientation of all individuals. My concern is not directed at persons, but at the public health and national implications of this initiative, which I believe have not been considered adequately.

Cultural and National Concerns

Sri Lanka is a nation whose identity has been nurtured over more than two millennia by the timeless values of Buddhism—discipline, compassion, simplicity, and moral restraint. These principles and Sinhala Buddhist values have also been enriched by the noble traditions of Hinduism, Christianity, and Islam, which together form the spiritual and ethical foundation of our society. It is this unique cultural harmony, rooted in respect for family, community, and spiritual life, that has earned Sri Lanka its moral standing among nations.

State policies, particularly in the sphere of tourism, must therefore be consistent with these long-standing cultural values. Tourism is not merely an economic activity—it is also a reflection of our nation's image and identity in the eyes of the world. If we project an image that is inconsistent with our moral and religious foundations, we risk sending a message that Sri Lanka is prepared to compromise its dignity for short-term economic gain.

Furthermore, the social fabric of our nation is deeply interwoven with religious institutions, families, and communities that place high importance on moral conduct and discipline. A policy that appears to disregard these sensitivities could foster division within our own society, weaken trust in national leadership, and create unnecessary tension between state policy and cultural tradition.

It is essential, therefore, that Sri Lanka's path in tourism development not only ensures inclusivity and respect for all individuals, but also safeguards the nation's cultural integrity, moral standing, and international reputation as a country known for spiritual depth and disciplined values.

Health Concerns

Sri Lanka's health system, though commendable in many respects, is already under severe strain. Any initiative that introduces additional risk factors must therefore be reviewed with great caution.

HIV and Sexually Transmitted Infections (STIs): Out of all the South Asian countries, Sri Lanka is considered to have a very low prevalence of HIV. As of the end of 2023, an estimated 4,700 people in Sri Lanka were living with HIV, with an uncertainty range between 4,400 and 4,900. Cumulatively, since 1987, a total of 5,705 people has been diagnosed with HIV, of whom 1,553 have died, leaving 4,151 known to be alive. The data reported to the National STD/HIV control programme of Sri Lanka reveal a distinct and concerning upward trajectory in HIV incidence among individuals aged 15 to 24. Reported cases in that age group surged from just 13 in 2010 to 105 and 111 in 2023 and 2024, respectively. These trends highlight the fragility of our control mechanisms. Expanding tourism linked with sexuality without safeguards could accelerate transmission and undo years of progress.

Already, 83% of annual deaths in Sri Lanka are due to NCDs as diabetes, hypertension, and cancer. Hypertension affects around 35% of adults over 60, with nearly 60,000 stroke cases annually—of which about 4,000 result in death or disability. Diabetes affects roughly 40% of adults, and 41% of those diagnosed do not seek treatment. With our system already overwhelmed, diverting resources to manage new public health risks from expanded tourism vectors would be unsustainable.

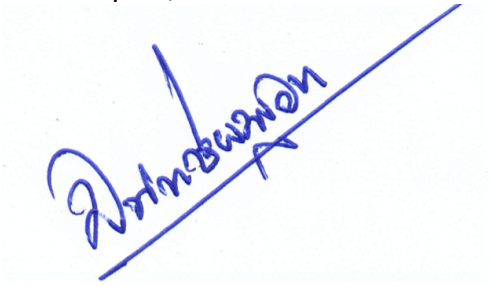
Mental Health and Substance Use: Globally, marginalized communities, including LGBTIQ populations, face higher risks of depression, anxiety, and substance use disorders. Introducing a new tourism niche that often overlaps with these risks may increase pressures on mental health and substance regulation, areas where Sri Lanka's services remain under-resourced.

Health Security and National Image: Sri Lanka has been internationally recognized for eliminating mother-to-child transmission of HIV and syphilis, and for better controlling the recent pandemic and dengue. If new outbreaks arise due to poorly regulated tourism branding, our hard-earned international reputation as a safe and responsible destination could be compromised.

Your Excellency, I urgently call upon you to Suspend the implementation of this project immediately and redirect Sri Lanka's tourism promotion towards wellness, traditional medicinal practices, eco-tourism, heritage, and spirituality—sectors that align with both global demand and our cultural values, without imposing new health or social risks. I wonder whether this move is a result of well-coordinated project of promotion of adolescent sex by certain Cabinet ministers.

Tourism should enrich Sri Lanka and strengthen its identity, not compromise its health security, cultural integrity, or global image. I therefore urge Your Excellency to act swiftly and decisively in reversing this initiative.

With respect,



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