COVID -19
IN SRI LANKA

Professional and Scientific Contribution of
GMOA to Control the Pandemic

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Government Medical Officers' Association

EDITORIAL BOARD & CONTRIBUTORS

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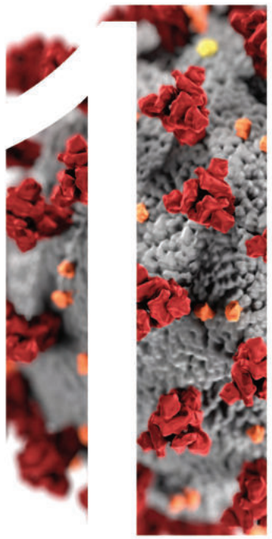

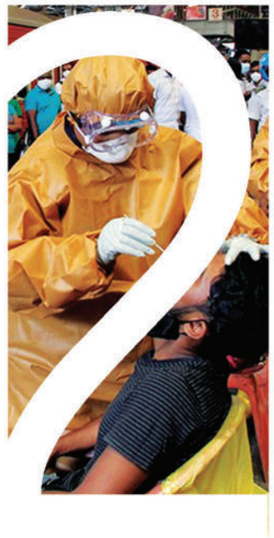

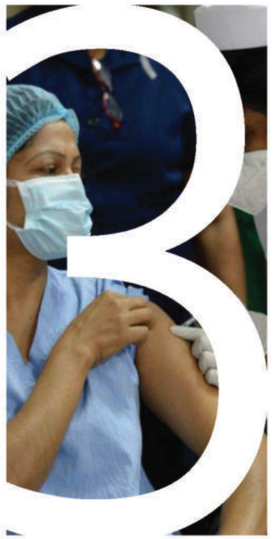

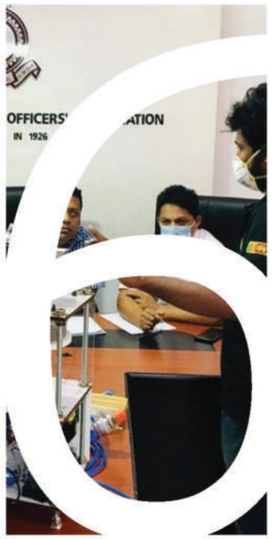

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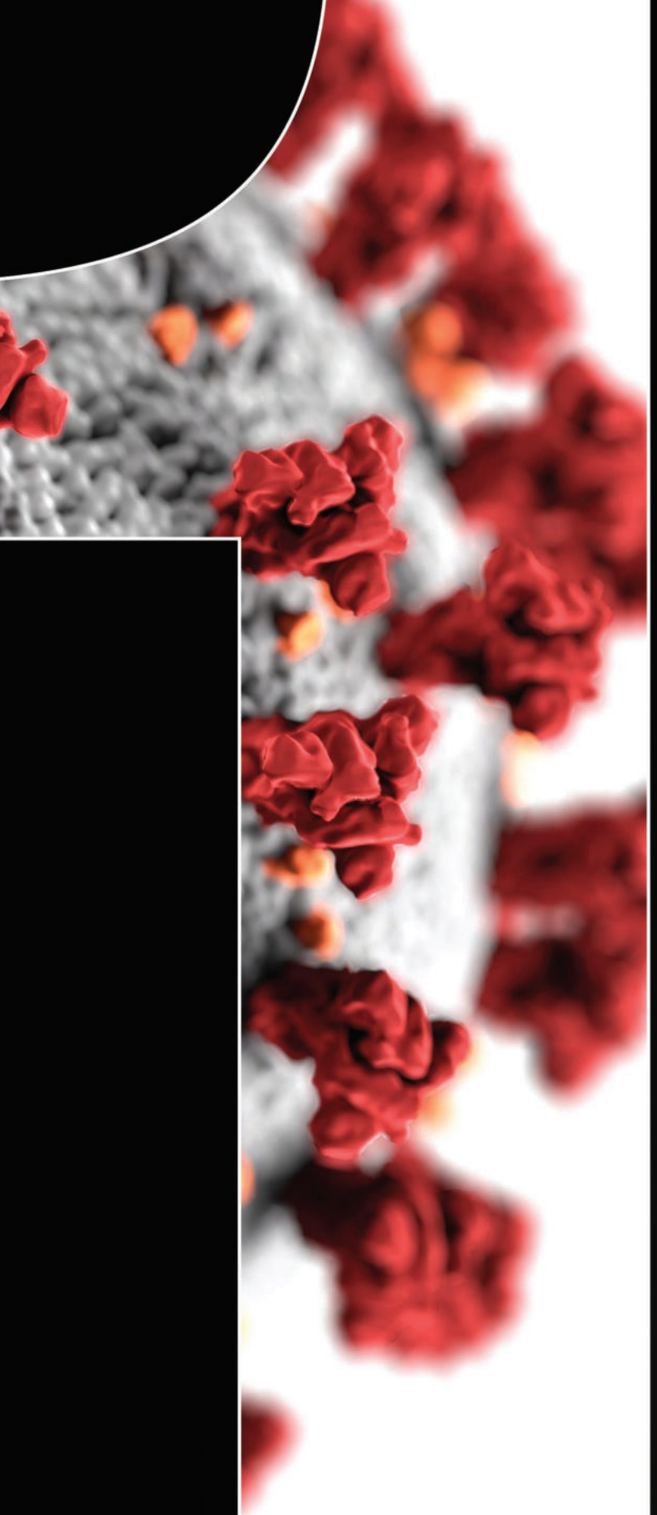

BACKGROUND

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COVID - 19 in Sri Lanka

Professional and Scientific Contribution of GMOA to Control the Pandamic

COVID-19 caused by the SARS-CoV-2 virus was first detected in Wuhan Province, China in December, 2019. The disease carried symptoms similar to Influenza-like illness and spread at a rapid pace suggesting high transmissibility. Those infected were reported to have concerning levels of disease-related morbidity and mortality. Many countries began to report COVID-19 cases as a result of international travel and tourism.

The Government Medical Officers' Association (GMOA) is a trade union and a professional organization with the primary objective of ensuring the welfare of the membership. GMOA has a responsibility for the health and wellbeing of the public beyond this primary objective, especially during periods of national crisis. The GMOA provided national leadership and ensured uninterrupted care during the three-decade war and after the Tsunami which struck the Indian Ocean in 2004. A similar need arose in early 2020 with the emergence of the novel coronavirus pandemic.

1.1 The Emergence of COVID-19

An emerging disease is a disease of infectious origin which has increased the incidence in humans within the recent past or threatens to do so in the near future. Such emerging diseases are usually concentrated in developing countries. They become a public health concern with social and economic repercussions.

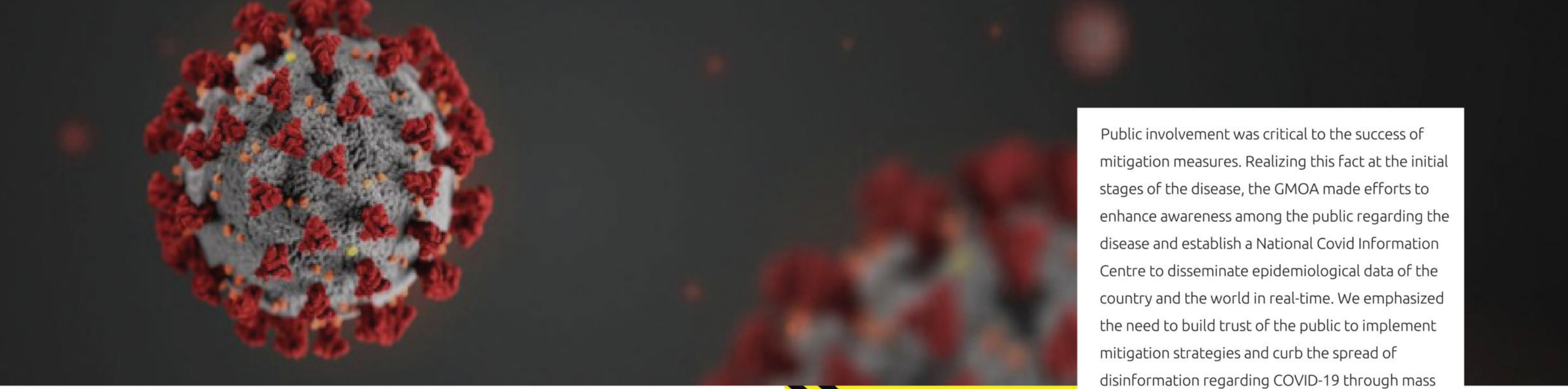
The World Health Organization (WHO) has defined such emerging diseases according to pandemic phases and developed “Preparedness and Response” plans for each phase. There was limited knowledge regarding COVID-19 at the inception of the pandemic as with any other emerging disease. The lack of knowledge, limited resources, deficiencies of leadership and poor communication from health authorities led to uncertainty and confusion among the public during the emergence of the pandemic.

Virological, epidemiological, and clinical research data became available as the pandemic progressed. However, the GMOA recognized a lack of clarity and leadership among health authorities to face the pandemic. Therefore, leadership was provided to identify credible sources of information, plan strategically and implement measures to combat COVID-19, while effectively communicating these strategies to health authorities, the media and public.

1.2 Initial Preparation

In January 2020, the WHO declared COVID-19 as a 'Public Health Emergency of International Concern' (PHEIC)and as a pandamic in March same year. Countries with reported cases, as well as those without, were advised on further action plans under the directions of the WHO and International Health Regulations (IHR). Thereafter, countries took measures to safeguard their populations by closing ports of entry, enforcing lockdowns in high-risk areas, adopting preventive public health measures such as respiratory etiquette and physical distancing, and establishing quarantine measures.

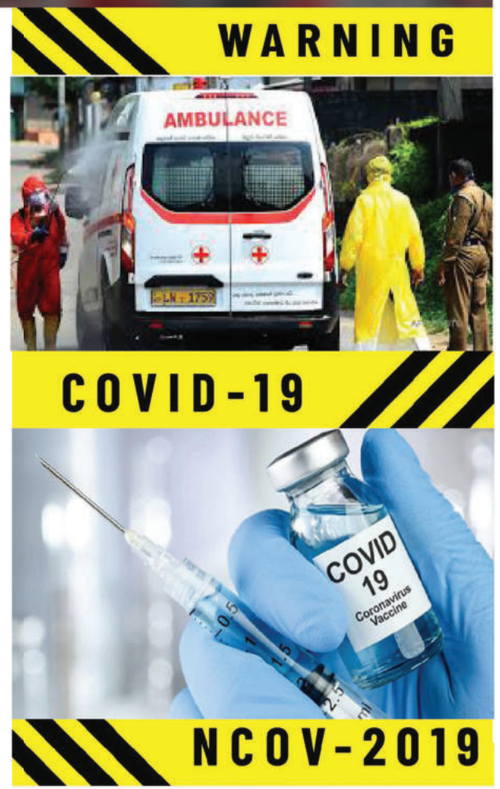
The GMOA focused on strengthening the three pillars of pandemic response implementation: political will, health capacity, and social capital, following the WHO declaration of COVID-19 as a public health emergency of international concern (PHEIC).



1.3 GMOA Efforts at a Glance

The GMOA advocated for scientific and evidence-based measures to face the COVID-19 pandemic and achieve the best outcomes for the public. Recommendations were made to the government, the opposition, and the public to promote consistency and collaboration.

The primary responsibility of the GMOA, in response to the COVID-19 pandemic was to strengthen the health sector. This included identifying available human and physical resources, prioritizing health care needs among vulnerable populations, mobilizing human and physical resources to maximize care delivery, advocating the establishment of new care facilities, human resource development to face the pandemic and improve preparedness, developing and implementing a strategy for vaccination and ensuring welfare of all healthcare workers during the pandemic. Upon identifying the need for innovative ideas and technologies to face the pandemic, the GMOA spearheaded the process of recognizing worthy innovations that would facilitate the management of COVID-19.



Public involvement was critical to the success of mitigation measures. Realizing this fact at the initial stages of the disease, the GMOA made efforts to enhance awareness among the public regarding the disease and establish a National Covid Information Centre to disseminate epidemiological data of the country and the world in real-time. We emphasized the need to build trust of the public to implement mitigation strategies and curb the spread of disinformation regarding COVID-19 through mass and social media. These efforts were assisted by the sensible media management of many mass media faculties.

From the time the first SARS-CoV-2 virus-infected patient was detected in January 2020, Sri Lanka has gone through many peaks and troughs. During certain times the country seemed to be in a downward spiral with regard to achieving disease control, while at other times the control of COVID -19 was praiseworthy. Throughout this journey, many stakeholders have contributed and collaborated. Re-evaluation, constructive criticism, and rectification of our strategies were critical elements of the pandemic response.

PREPAREDNESS

2. Preparedness

The World Health Organization (WHO) first developed pandemic phases in 1999. Since then, the phases were revised in 2005 in accordance with International Health Regulations (IHR). The preparedness and response plans were developed with the experiences gained from previous avian influenza diseases and epidemics. Further, past experiences with pandemics have led to the understanding that the management of a pandemic requires not only the health sector but also intersectoral collaboration.

2.1 Emerging Diseases

"Emerging infectious diseases are diseases of infectious origin whose incidence in humans has increased within the recent past or threatens to increase in the near future. These also include those infections that appear in the new geographic areas or increase abruptly. The new infectious diseases and those which are re-emerging after a period of quiescence are also grouped under emerging infectious diseases."

Combating Emerging Infectious Diseases in the South-East Asia Region, WHO(2005)

Emerging infectious diseases (EID) are generally a serious public health concern that leads to significant social and economic repercussions. According to the World Health Organization (WHO), the emergence and spread of such diseases are highest in developing countries with the epicenter often being the Asian Region.

COVID-19 is the most recent example of such emerging infectious diseases, which originated in Wuhan, China in the latter part of 2019 and was 1st detected in Sri Lanka in early 2020, with the detection of the first foreign patient on the 27th of January, 2020 and the first local patient on the 11th of March, 2020.

2.2 Inadequate Knowledge

In conjunction with rapid changes in social structure, economy and environment, the spectrum of infectious diseases is also rapidly evolving . Knowledge on disease presentation and pathogen characteristics would not be readily available in the initial phases of an emerging infection despite the advancements made by public health systems. As a consequence, the disease can spread exponentially leaving little time for mitigation measures unless necessary steps are already in place to gather information and establish action plans on available data.

2.3 Limited Resources

In response to the emergence and spread of COVID-19 outside of China, the country of origin, the International Health Regulations Emergency Committee (2005) declared the disease to be a Public Health Emergency of International Concern (PHEIC) on 30th January 2020 . The committee then proceeded to issue advice to the WHO and countries both affected and non-affected to date, emphasizing the expected leading role of the WHO in containing the global outbreak and the provision of support for preparation in vulnerable countries and regions, especially where the resources are limited.

2.4 Lack of Evidence and Uncertainty

Most emerging infectious diseases are zoonotic in origin, that have originated in animals and crossed the species barrier to infect humans. The factors that could have caused these diseases to spread can be attributed to rapidly changing habitats, ecosystems, microbial genetics, population of hosts and vectors. Hence, the disease characteristics are difficult to predict .This is more pronounced by the lack of scientific evidence at the initial stages that would invariably lead to uncertainty regarding further actions.

2.5 Three Pillars of Implementation and Voluntary Contributions

Lack of evidence and uncertainty leads to the adaptation of precautionary principles of public health. This allows for actions to be taken to lessen the impact of a disease without waiting for disclosure of complete scientific information and evidence of possible risks.

With the emergence of COVID-19 and declaration of the disease as a public health emergency of international concern (PHEIC), Sri Lanka developed strategies and implemented them in line with the WHO guidelines prepared to face different phases of a pandemic. The limited available data were utilized for 'preparedness and response' with the objective of strengthening the three pillars of implementation: political will, health capacity and social capital.

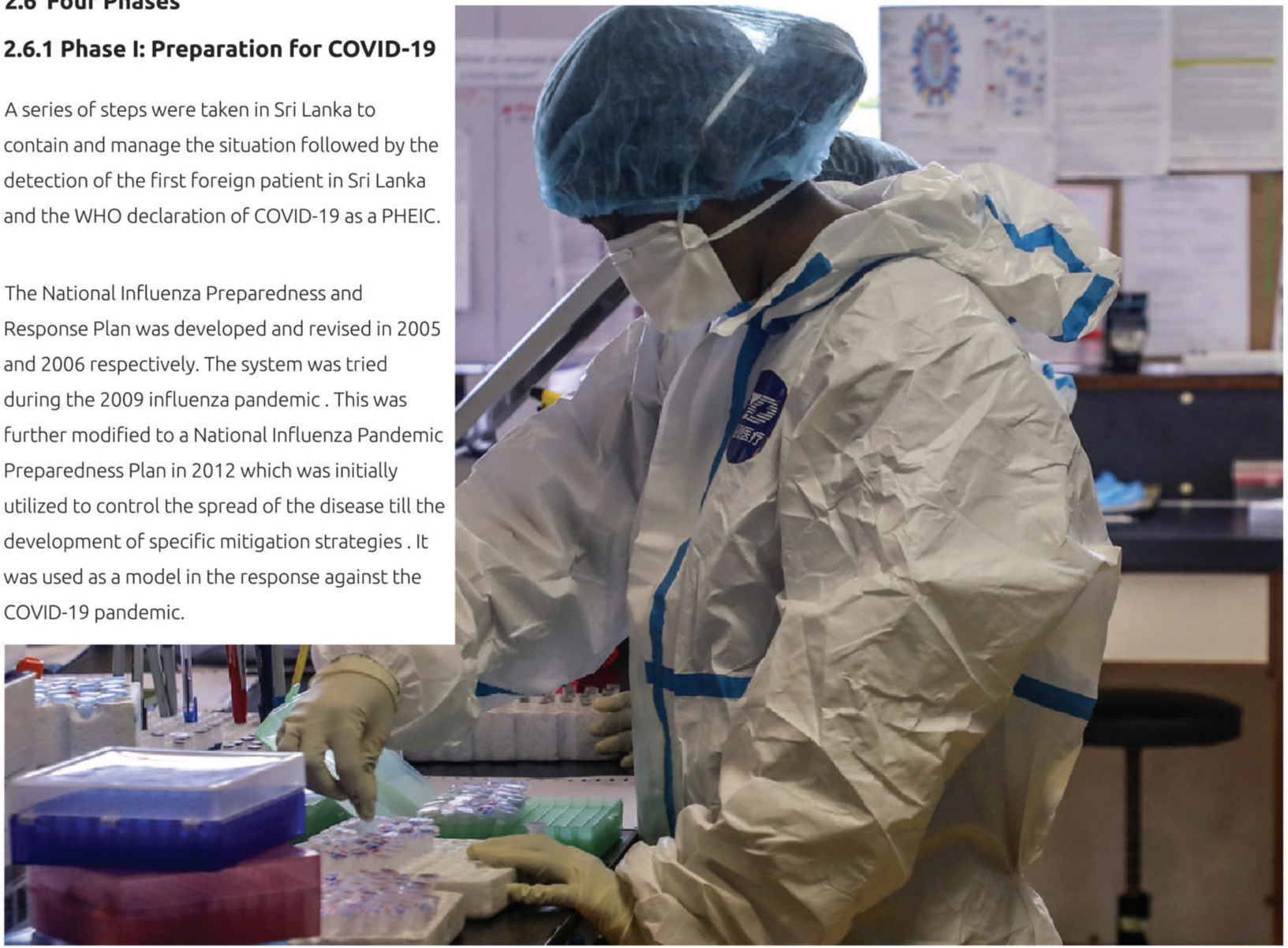
Resource allocation and utilization were strengthened with voluntary contributions in the forms of financial, material and innovative capacities.

2.6 Four Phases

2.6.1 Phase I: Preparation for COVID-19

A series of steps were taken in Sri Lanka to contain and manage the situation followed by the detection of the first foreign patient in Sri Lanka and the WHO declaration of COVID-19 as a PHEIC.

The National Influenza Preparedness and Response Plan was developed and revised in 2005 and 2006 respectively. The system was tried during the 2009 influenza pandemic . This was further modified to a National Influenza Pandemic Preparedness Plan in 2012 which was initially utilized to control the spread of the disease till the development of specific mitigation strategies . It was used as a model in the response against the COVID-19 pandemic.



His Excellency the President convened a national action committee on 26th January, 2020 well before the first local patient was detected, reflecting commitment and political will.

In line with the responsibilities of the Epidemiology Unit, the Chief Epidemiologist issued a press release on 26th January, 2020 announcing the steps taken to prevent the entry of COVID-19 into the country. The strategies mentioned in this regard were: installation of thermal scanners in the airport to identify travelers having high temperature, availability of medical support at ports of entry for those who have respiratory symptoms and to advice the general public, promoting adherence to "standard health measures" needed for the prevention and control of respiratory infections.

The GMOA took the lead in launching a public awareness campaign through press releases, leaflets and posters displaying the information on novel coronavirus in preparation for a possible outbreak within the country.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(COVID-19)
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Poster on Respiratory

Etiquette in Sinhala Language

2.6.2 Phase II: Controlling the Spread of COVID-19

The GMOA communicated in writing with the political leadership on 11th March, 2020, emphasizing the necessity of aggressive interventions, with the identification of the first local patient. The GMOA actively participated in crucial meetings held with other relevant stakeholders to establish a comprehensive approach to curtail the spread of the disease.

A curfew-style lockdown was enforced from the 20th of March with the expectation of restricting movements beyond 70%.

The following steps were adopted by Sri Lanka to prevent further spread of the disease during the first wave of the pandemic as per advocacy by the WHO to combat COVID -19.

1. Social distancing, respiratory etiquette, wearing a mask and hygienic practices

2. Closure of all schools

3. Steps to detain those who travelled from abroad in quarantine centers for a period of 14 days

3.Closure of all ports of entry (airports and harbour)

4.Initiating the concept of working from home followed by curfew

5. Basic hygienic care to prevent transmission :

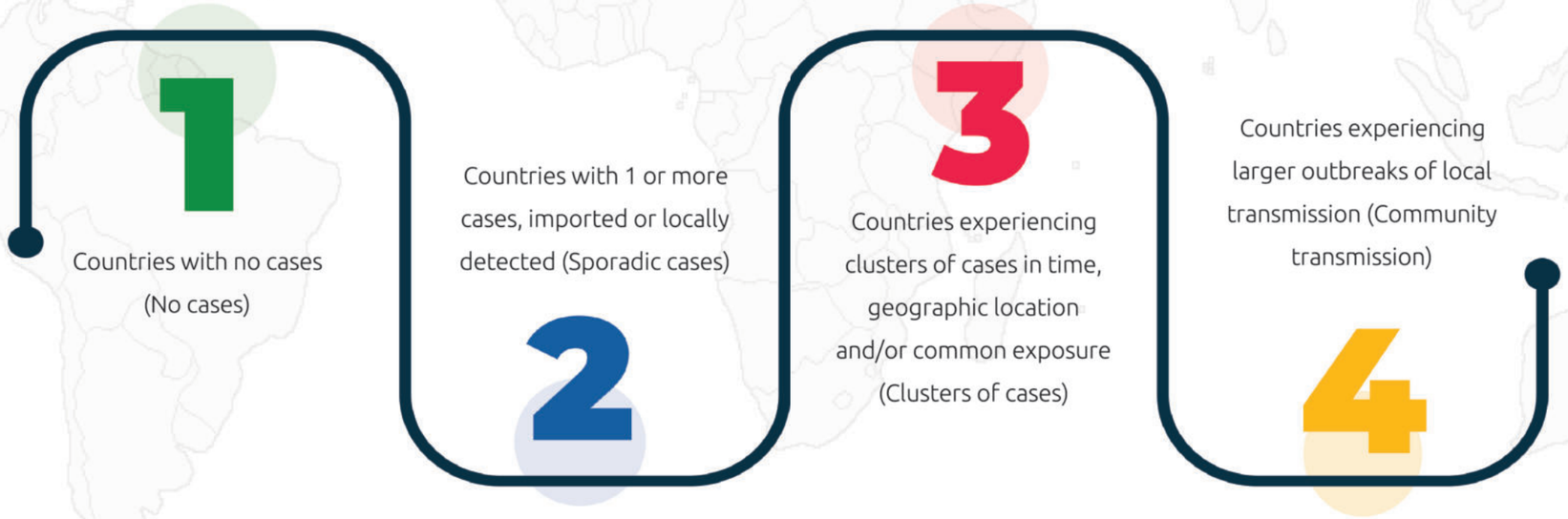
- **Hand washing/ hand sanitizing**
- **Maintenance of personal hygiene especially after venturing outside the house**

2.6.3 Phase III: Development of Exit Strategies to Combat COVID-19

Developing an exit strategy became imperative to assume normalcy in lifestyle whilst containing the disease after achieving disease control based on the above two phases.

Long-term lockdown was a feasible option in developed countries with readily available supply chains of food and other essentials. Conversely, developing countries such as Sri Lanka had to avoid prolonged lockdowns and develop exit strategies due to financial and social constraints. An exit strategy had to prioritize maintaining strategic practices utilized in achieving COVID-19 disease control with adherence to available international guidelines.

Further, these exit strategies were drafted considering the 4 stages of spread of infectious diseases as declared by the WHO:



Hence, compared to many other countries, the pillars of implementation of strategic plans for COVID-19 took early initiation in Sri Lanka with the development of exit strategies.

Even though the decision to have an exit strategy may be based on economic status, it must be based on scientific and other relevant data according to the local context . The trajectory of disease outbreaks of a country will not only be determined by the characteristics of the disease, capacity of the health care system and implemented public health measures, but also by the demographics and associated other conditions: non-communicable diseases of the population, economy and upcoming social, cultural and religious gatherings .

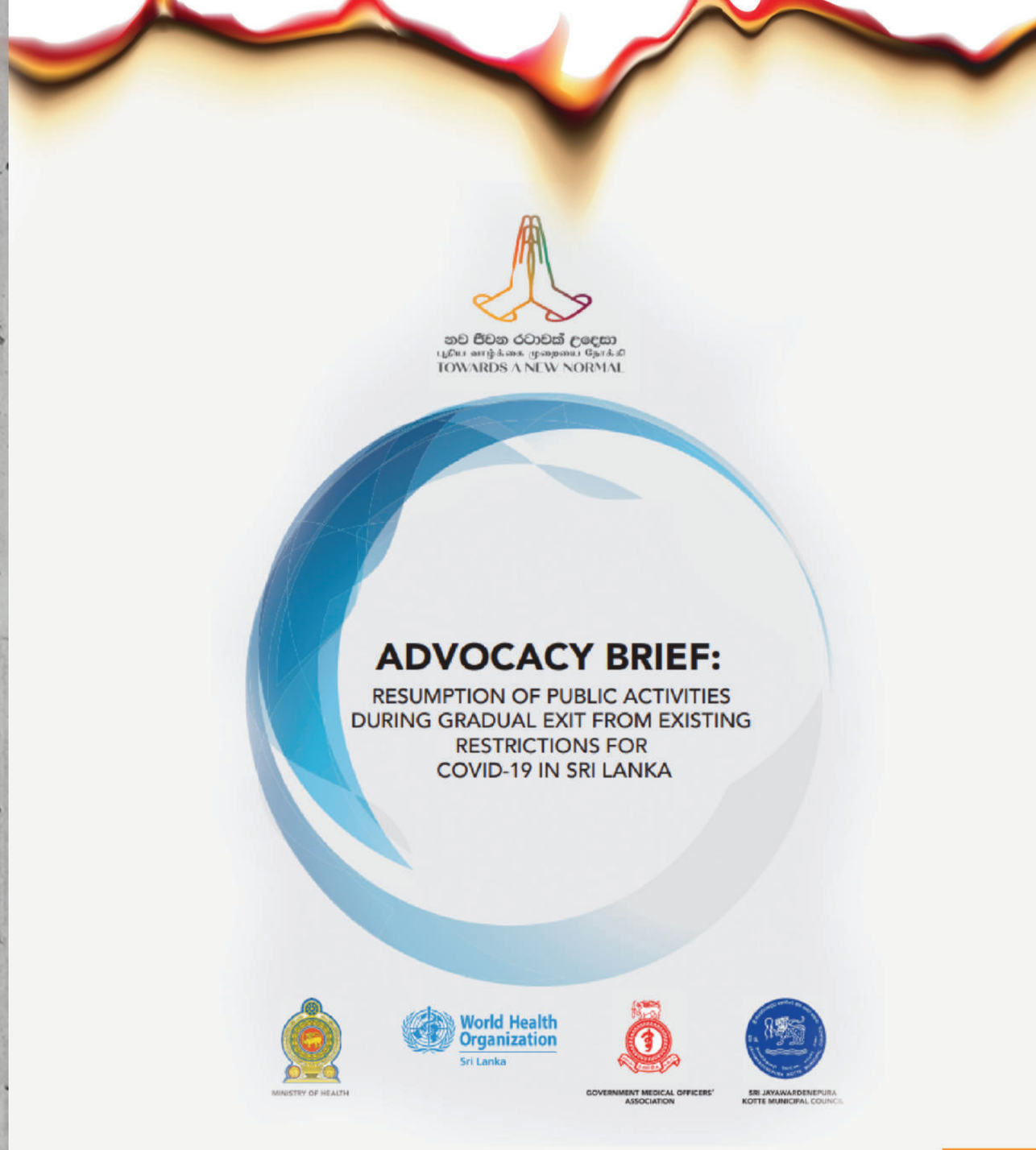
Therefore, a strategic "calibrated, step-wise approach" has been stated to be the safest and most effective way to ease these limitations.

2.6.4 Phase IV: New Normalcy

The WHO has defined a post-pandemic phase following the pandemic phases, where the case numbers would have reduced below the previously observed levels, whilst having continuous surveillance . Though the disease activity appears to be reduced in this phase, the possibility of developing another wave is an ever-present threat. Thus, this threat signifies the need for continued adherence to public health measures including maintenance of distance, observing proper respiratory etiquette, taking aseptic measures and wearing masks.

These preventive measures were incorporated into the project under the acronym of Distancing, Respiratory etiquette, Aseptic techniques and Mask (DReAM) within the "Towards a New Normal" campaign, a joint endeavor of the Ministry of Health, the WHO Sri Lanka, the Sri Jayawardenapura Kotte Municipal Council and the GMOA .

The public was expected to abide by the DReAM concept, while avoiding the 3 C's – Crowded places, Close-contact settings, and Confined and enclosed spaces. This was further strengthened by introducing two main arms of the campaign; 'Wagakiyamu' (Let's be Responsible) and '*Meetaren Jeewithe*' (always maintain 1-meter distance).



OUR APPROACH

3.1 Scientific Evidence

The GMOA is a professional organization that represents medical officers who practice evidence-based medicine. Our approach to the novel coronavirus was based on scientific data.

From the time of origin of the SARS-CoV-2 virus and through the progression of the pandemic, we have been meticulously involved in promoting public awareness, taking the lead in strategic planning and implementation, and providing support and guidance whenever it was warranted. We aimed to minimize the burden of disease, disease related morbidity and mortality, and maintain the quality of the citizens' lives through a scientific approach.

3.2 Public Awareness

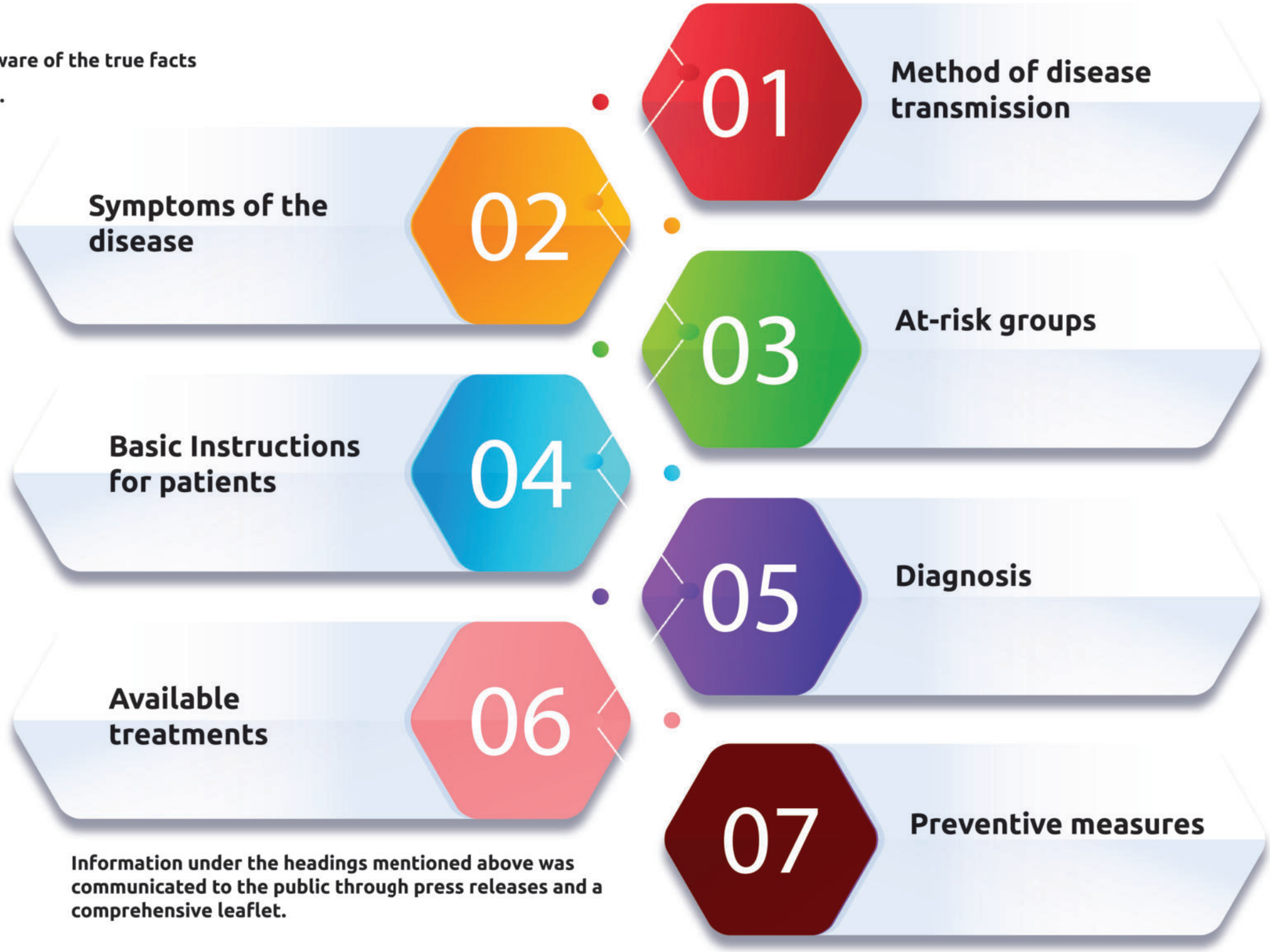
In risk communication the public is expected to be aware of the true facts and possible outcomes of diseases such as COVID-19.

An overwhelming amount of inaccurate information circulates among the public through social media and even mass media during epidemics of emerging diseases . This leads to confusion among the public, harms public health response and outcomes.

The GMOA as a reliable professional body bore the responsibility of communicating information based on credible scientific sources to the public in a concise and clear manner.

The GMOA launched a poster and leaflet campaign in both the Sinhalese and Tamil languages to reach a majority of the general public during the period of preparation for the pandemic, prior to identification of patients in Sri Lanka.

We identified seven main areas that needed to be addressed when educating the public regarding the novel coronavirus.



Information under the headings mentioned above was communicated to the public through press releases and a comprehensive leaflet.

3.3 Giving Leadership for Strategic Planning

COVID-19 was declared a public health emergency of international concern (PHEIC) in January 2020, and was declared a pandemic in March. The government and the Minister of Health identified the potential of the disease to grow into pandemic proportions and took many commendable steps. The Presidential Task Force to combat COVID-19 was established on 27th January, 2020 and the GMOA represented medical professionals of Sri Lanka.

The GMOA stepped forward as a stakeholder at the technical committee meeting at the Ministry of Health which undertook strategic planning to achieve COVID -19 control. The strategies developed by the GMOA and other contributions will be discussed in detail in the undermentioned sections.

3.4 Filling the Gaps of Accountable Authorities Including the Epidemiology Unit

The Epidemiology Unit of Sri Lanka is responsible for six main tasks including:

However, during the trying period of the COVID-19 spread, the unit was found to be lacking in carrying out some of the responsibilities. Disease surveillance takes precedence above all else on the pathway to curtail the spread of disease. Yet the credibility of the data provided by the Epidemiology Unit at one point became questionable, which prompted the GMOA to request the establishment of subcommittees within the Epidemiology Unit in August 2021. Each subcommittee was chaired by a different Consultant Community Physician to ensure efficiency within the unit, optimize the human resource utilization, and re-structure the Epidemiology Unit.

Members of the GMOA island wide, shouldered the accountability at a national level. Acting upon the best interest of the country and its citizens, the GMOA had to intervene in timely national lockdowns and zonal lockdowns, subsequently developing exit strategies to assume the new normal lifestyle. The new normal guideline was launched as a result of collective efforts from the WHO, Ministry of Health, GMOA, and the Municipal Council of Sri Jayawardenapura, Kotte.

The contribution of Public Health Inspectors (PHI) at a grass-root level was crucial during the mitigation measures of COVID-19. However, by mid-2020 they made demands to gain certain powers that were entailed to the person of authority with regard to quarantine measures. The issue was escalating towards the boycotting of COVID-19 mitigation measures by the Public Health Inspectors when the GMOA intervened to solve this issue and prevent any disruption to COVID -19 control. Through successful discussions held with the representatives of the Public Health Inspectors' Union in July 2020, the GMOA was able to contribute towards strengthening the Quarantine Act by preventing such arbitrary amendments and their future consequences.

3.5 Path from Early 2020 to Today

3.5.1 When COVID-19 was a Distant Disease

January 2020

The first imported case of COVID-19 was detected in January 2020. Even though no local patients had been detected at that time, having identified the risk of a pandemic, the GMOA actively participated in the campaign to strengthen the country's preparedness for a possible outbreak. Initially, there was no credible knowledge regarding the disease and at that time, the GMOA focused on strengthening the health sector and societal preparedness.

End of January 2020

By the end of January 2020, the GMOA launched a public awareness campaign through which the available information regarding the novel Coronavirus was disseminated among the public along with a strong message to avoid Non- Steroidal Anti-Inflammatory Drugs (NSAIDs).

The GMOA made suggestions to the authorities regarding increasing surveillance and health facilities at ports of entry, facilitating easy access to quarantine officers during emergency situations, when updating laboratory and isolation facilities at the Infectious Disease Hospital according to international standards and when establishing institutional quarantine centers for returnees from high-risk areas of foreign countries - following the detection of the first patient infected with SARS-CoV-2 virus on 27th January, 2020. Suggestions were also made to provide the frontline health care workers including Medical Officers of Health and Public Health Inspectors with personal protective equipment (PPE).

In early February 2020

In early February 2020, the government took measures to repatriate Sri Lankan students stranded in Wuhan and quarantined them in institutions for two weeks. Throughout this endeavour, the GMOA offered suggestions to ensure the safety of all parties involved and the general public. Establishing Institutional Quarantine centers, expanding hospital capacity, expanding investigative capacity and strengthening the surveillance at ports of entry were suggested.

Anticipating the need to quarantine more people the GMOA proposed to establish a Quarantine center in Mantivu.

In mid-Febuary 2020

In mid-February 2020 suggestions were made to improve laboratory testing and at the end of the month, a lecture was conducted targeting the professionals aiming to enhance their knowledge on COVID-19 as it was anticipated that future mitigation work would also warrant the expertise of individuals in many sectors other than the health sector.

The GMOA constantly evaluated the progress of the mitigation measures and immediately addressed deficiencies in the pandemic response, without any hesitation. One such observation was on the subpar surveillance carried out at the Bandaranaike International Airport. The GMOA publicly declared this allegation aiming to enhance public awareness and to urge the relevant authorities to take prompt actions.

3.5.2 COVID-19 a Local Problem

Advocacy and mediation:

Although the political will was identified as one of the main pillars in achieving control of the disease, unnecessary and misguided political interferences led to a degree of public confusion and perhaps created difficulties in carrying out the necessary actions. Despite the willingness to work in conjunction with political authority, the GMOA raised concerns over unnecessary political interferences without hesitation.

The GMOA made observations and recommendations towards successful mitigation measures. Some recommendations were: closing the borders of high-risk areas, imposing curfew to restrict movement within the society, providing the daily essentials via mobile vendors, frequently reminding the public regarding their responsibilities in curtailing the spread of the disease, safeguarding the hospital staff to maintain optimal functioning of hospitals including the emergency treatment units, suggesting methods to protect the elderly and patients with chronic diseases and complications from COVID-19 and establishing long term strategies to face future pandemics.

Enabling and promoting a healthy lifestyle:
Throughout the pandemic including the periods of lockdown and home quarantine, the importance of maintaining physical and mental health has been emphasized by international health experts. According to Centers for Disease Control and Prevention (CDC), this period was identified as challenging for both adults and children. It was identified that it could cause strong emotions accompanied by fear of the disease and loneliness following the public health measures such as social distancing.

The GMOA promoted healthy lifestyles accompanied by coping mechanisms for the pandemic period as a measure to ensure both physical and mental wellbeing. The main components of a healthy lifestyle included nutritious and balanced meals, exercise and physical activities, and meditating and spiritual activities to improve mental health within the acceptable limits of social restrictions. The aim was to enhance immunity through improved nutrition, to reduce the risk of developing non-communicable diseases or such complications and to maintain mental health.

Home gardening was promoted as a method that would provide healthy food for the family whilst allowing all family members to engage in collective physical activity within the imposed restrictions.

Activities promoted by GMOA to cope with lockdown;

1. Home Gardening
2. Training children in cooking, gardening and household activities
3. Recreational activities / Sports
4. Meditation and Music Therapy
5. Spending more time with family

The general public was continuously advised on the practical measures that could be taken to avoid contracting the disease. This included protocols to adhere to when using banking facilities and advice on smoking cessation. From the inception of the disease spread, there had been speculations along with some scientific data on probable high risks associated with smoking. This was solidified by several meta-analyses that were subsequently conducted. The GMOA took the initiative to communicate the scientific findings mentioned above, to the general public.

Protection and safety of high-risk groups;

The GMOA was highly concerned about protecting high-risk groups such as the elderly patients already suffering from chronic illnesses, pregnant mothers and people involved in jobs that exposed them to the risk of contracting COVID-19. The GMOA promoted the wearing of face masks, and limiting their movement within the society, soon after the first local patient with COVID-19 was detected in mid-March 2020. In addition, we suggested that a constant supply of Personal Protective Equipment (PPE) for the hospital staff must be maintained.

Protection and safety of Health Care Workers:

Branch Unions of the GMOA supported measures to mitigate the spread of COVID-19 throughout the pandemic. Information regarding the status of the disease, availability of human and material resources at the level of hospitals/health institutions were gathered and updated frequently by Branch Unions. The GMOA recommended timely interventions for optimal patient care, smooth functioning of hospitals and safeguarding the hospital workforce based on information gathered by Branch Unions.

Recommendations made in March, 2020 included increasing isolation capacities at hospitals, providing PPE to staff members and postponing non-emergency services to prioritize Covid patients.

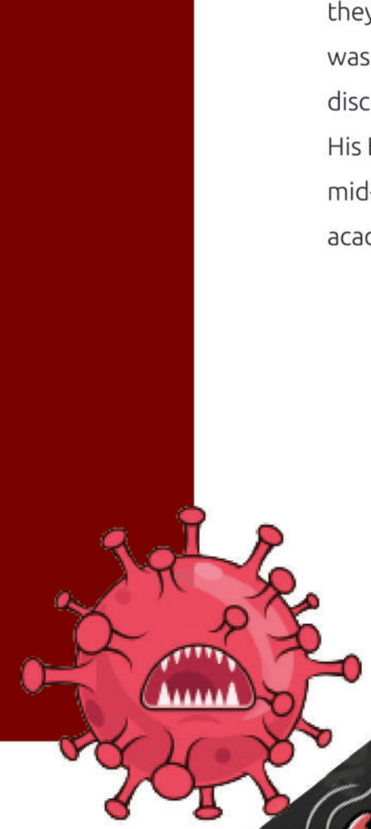
The GMOA recommended the establishment of COVID-19 Management Committees at an institutional level from Base Hospital upwards to Regional Directorate of Health Services (RDHS) level with all relevant stakeholders optimizing the allocation of limited resources. These committees were responsible for efficient monitoring and the evaluation of the disease status, resource management and communicating institutional updates with the central management.

3.5.3 Increasing Caseload and Threat of Overwhelming Limited Resources of the Health Sector

Medical Officers of Health (MOH) did a commendable task in contact tracing and implementing quarantine measures from the time the first patient was detected. Nevertheless, it soon became apparent that the spread of the disease could not be curtailed within the usual levels of community mobilization.

The contact tracing system was overwhelmed with a rapid rise in disease transmission. As such the GMOA suggested to shut down all ports of entry and lock down high-risk areas to contain the disease.

The suggestion to lock down high-risk areas with possible extension to a national level lockdown was made due to concerns over returnees from Italy, where the COVID-19 morbidity and mortality rates had been found to be very high at the time. Data suggested that they were aggregated in Chilaw but a significant number was untraceable. The secretary of the GMOA at the time, discussed these facts at a meeting presided by His Excellency the President Gotabhaya Rajapaksa, in mid-March 2020 emphasising on the stance of world academics on “over-reaction is better than non-reaction”



LOCKDOWN

3.5.4 The Lockdown

The government announced an island-wide lockdown on 20th March, 2020 following the above discussion. The spread of the disease was to be countered using the "Hammer and Dance Theory" of Tomas Pueyo, to achieve the most effective results in the shortest possible time.

The GMOA constantly monitored epidemiological patterns and intervened to achieve the expected results of the lockdown.

The government made recommendations consistent with suggestions made by the GMOA to maintain social distancing, close off district borders, ports of entry and markets, promote research, and work towards the acquisition of a vaccine against COVID-19.

The lockdown, though necessary at the time, led to many difficulties for the general public as well as Health Care Workers. Several organizations requested to maintain their professional and personal commitments without violating quarantine rules and regulations.

LOCKDOWN

1 Representations were made requesting the GMOA to mediate a debt moratorium for professionals.

2 Optimal utilization of limited resources and maintaining the supply chain of medicines

The GMOA was vigilant in maintaining the optimal functioning at hospitals even with limited human and material resources. During the pandemic where the threat of unexpected outbreaks was constant, reserving the limited resources for emergencies was identified as the most practical step.

Representations were made by the GMOA to the Director-General of Health Services highlighting the necessity of attending to all emergencies while restricting other routine non-emergency work at the health care setting.

This included conducting essential monthly clinics with necessary alterations and establishing a mechanism to provide medicine to patients. The objective was to improve Intensive Care Units (ICU) and ward capacities to face possible outbreaks.

The GMOA recommended the establishment of contactless clinics and the supply of monthly medications using information technology in collaboration with telecommunication companies.

3

Proper use of face masks

Representations were made by the Branch Unions of the GMOA regarding different practices of wearing face masks by the public at a time when international technical committees had not declared a clear stance on the proper usage of face masks. The GMOA requested the Director-General of Health Services to convene a technical committee consisting of content experts to decide on the way to proceed regarding the matter.

4

Supply of food and daily essentials

Lockdown and rules for working from home were imposed to restrict mobility within the society. However, essential food items were distributed by mobile vendors during certain hours of the day, under strict guidelines of conduct. Healthcare workers who had been working tirelessly throughout the day had difficulties in purchasing essentials at the appointed times. Following their representations, the GMOA made requests to allow them to make direct purchases at a limited number of outlets under specific guidelines.

Groups who met with difficulties in acquiring food supplies such as the elders' homes and children's homes were helped by the GMOA through the establishment of a dedicated hotline during the lockdown.

3.5.5 The Exit Strategy

Sri Lanka achieved considerable control of COVID-19 following the lockdown. It was acknowledged internationally by the Global Response for Infectious Diseases (GRID) who placed Sri Lanka 10th in the world for effective control of COVID-19 as of April 2020 .

Following the "Hammer" phase, the GMOA identified the need for an exit strategy that would allow the re-establishment of routine health care, food safety and stabilization of the financial status of the country. An exit strategy to gradually lift restrictions on human mobility was essential to achieve sustainable development whilst safeguarding the strategic practices to contain the spread of COVID-19. Therefore, the GMOA proposed a policy document titled "GMOA COVID-19 Exit Strategy" to achieve the above.

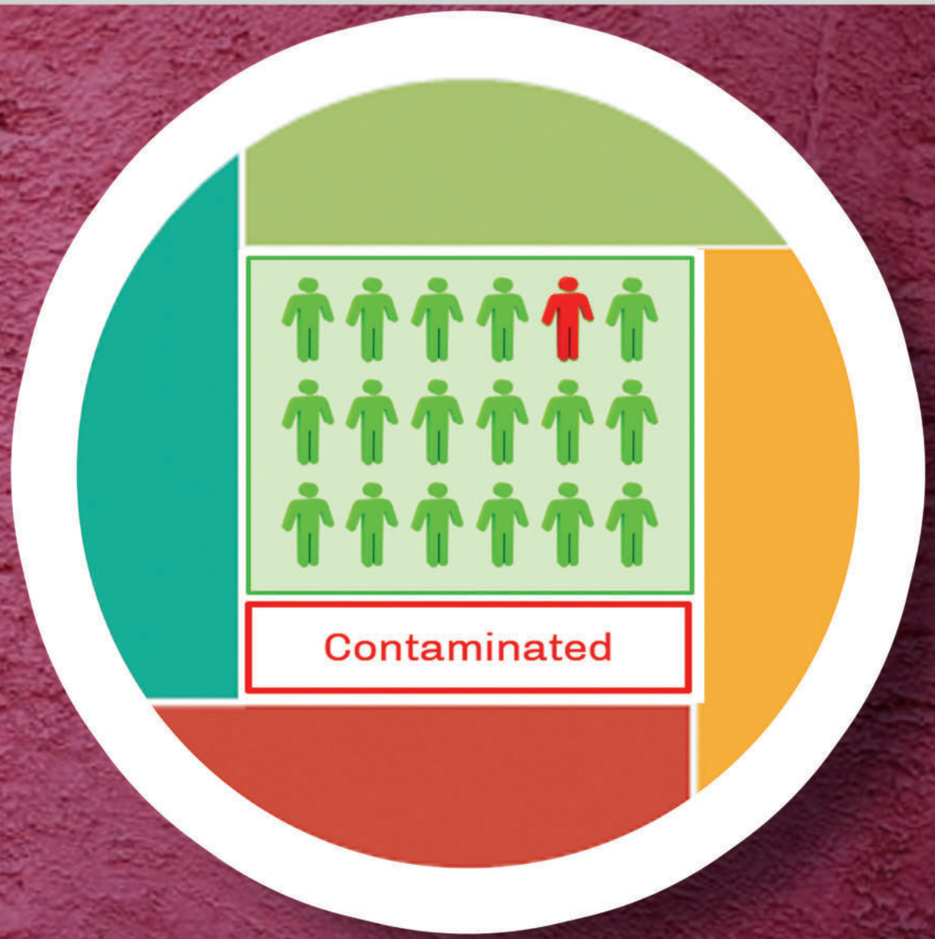
"GMOA COVID-19 Exit Strategy" was prepared and presented to His Excellency the President Gotabaya Rajapakse and other stakeholders involved in the control of the COVID-19 disease, in April 2020. Before developing the strategy, many factors related to COVID-19 such as disease characteristics (20% being asymptomatic) and testing profile (70% sensitivity requiring repeated testing) were also considered.

The report contained details on the phases of disease-spread, measures to be taken to curtail the disease-spread and the methods of testing to identify the patients with COVID-19.

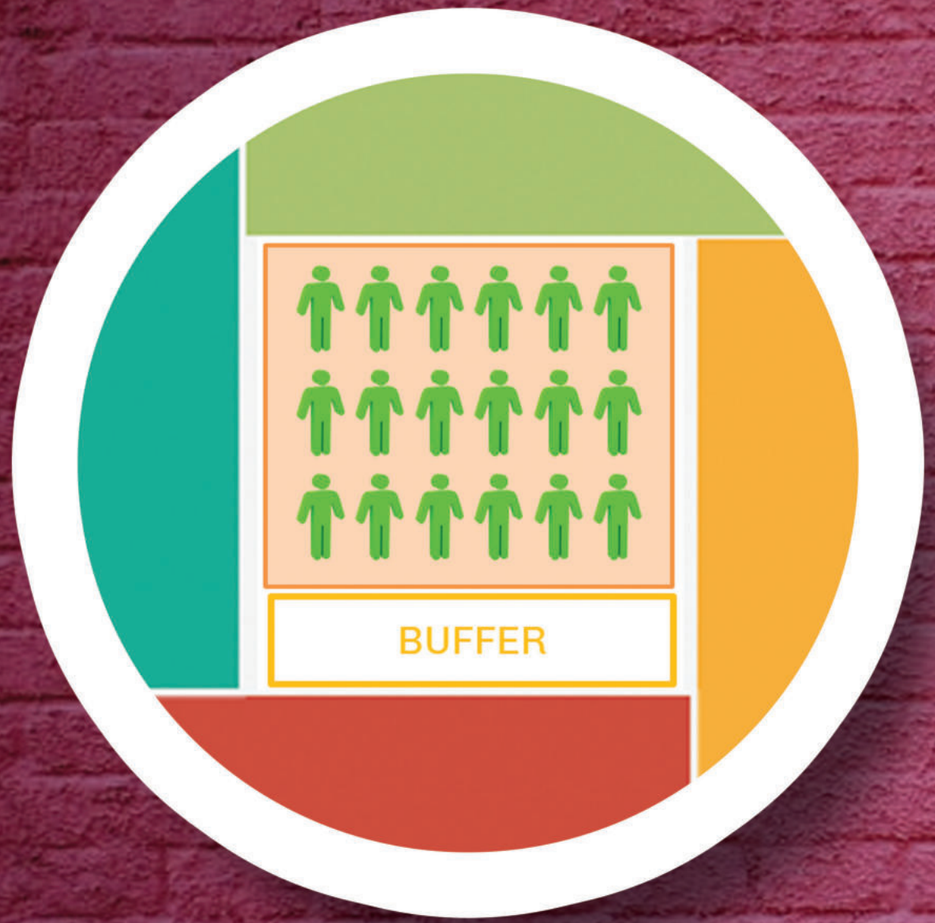
The exit strategy that was introduced by the GMOA was based on the common structure of a surgical theatre in hospitals, in which areas of sterility and contamination are defined. Accordingly, the country was to be categorized under three main zones:

Sterile Zone – where no patients had been identified for 28 days

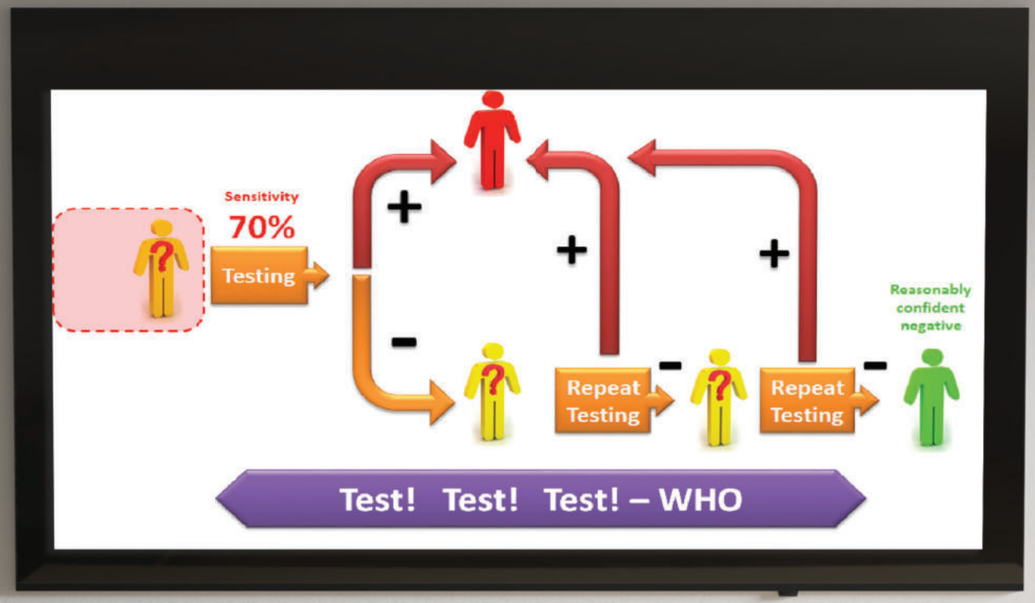
Contaminated Zone – where an infected patient or a contact of a COVID-19 infected patient was identified within the past 28 days



Buffer Zone – the area between the two zones mentioned above, without any patients or contacts



This proposal identified criteria to determine the three zones, a structure for governance within each zone and border control measures between zones. We suggested to declare zones based on existing Grama Niladhari divisions. Upon further discussions with other stakeholders, it was decided to identify these areas according to the Police Divisions for practicality and law enforcement purposes.

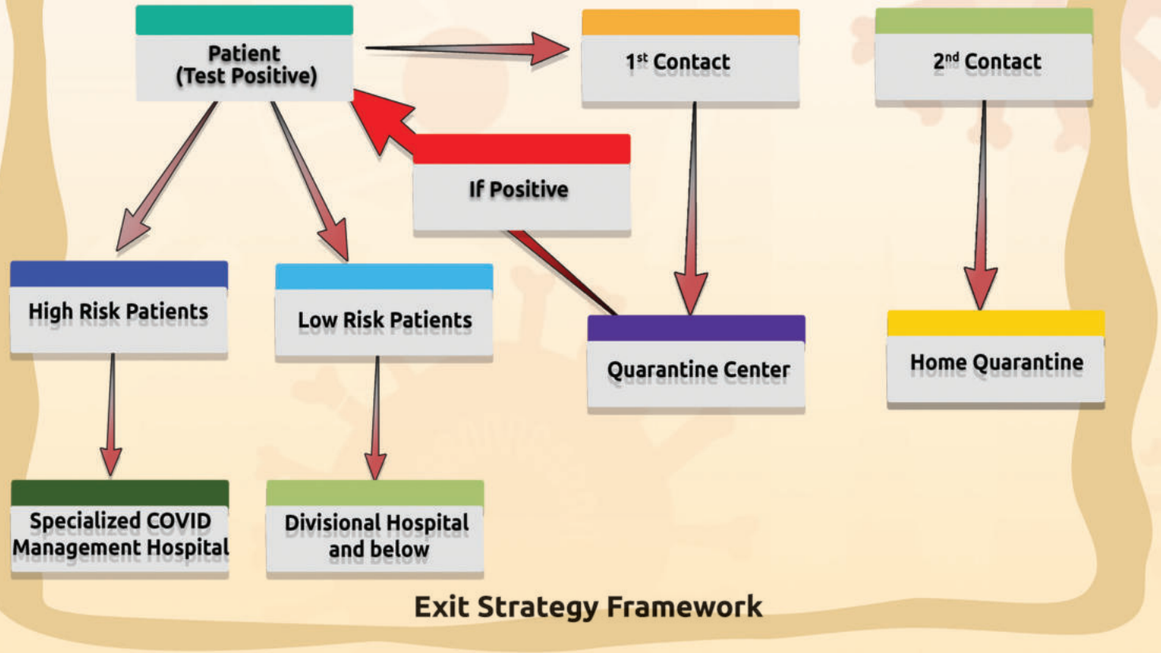


Preventing community spread of COVID-19 and maintaining the caseload at a minimum during the **“dance phase”** required further measures, in addition to lockdowns and travel restrictions. The GMOA proposed the Test-Test-Test strategy, which was introduced by the WHO for the “dance phase”. We advocated for the strategy through press releases and educational videos.

Vaccination was believed to be the most promising method to counter the virus, though vaccines against COVID-19 were yet to be developed and approved at that time. The GMOA advocated for the DReAM Concept to be introduced by the Ministry of Health through New Normalcy Guidelines until herd immunity was achieved .

Following the success of managing the first wave, several small case clusters such as the Navy camp and Kandakadu clusters appeared without evidence of community spread. They were managed according to the GMOA Exit Strategy depicted in the framework below.

However, necessity of new strategies became apparent with subsequent spread of the disease and increasing virulence of the virus.



Exit Strategy Framework

3.5.6 The Second Wave

COVID-19 virus was mitigated through zonal lockdowns and constant testing as suggested by "GMOA COVID-19 EXIT STRATEGY SRI LANKA" till October 2020. Near normalcy was assumed in the areas of education, economy, and social life. However, a large cluster of infected contacts were identified in October 2020. Subsequently, cases continued to rise exponentially leading to the near exhaustion of hospital resources and quarantine centers.

The GMOA identified certain barriers in implementing the previously practiced management framework. The most significant drawbacks were depleting health resources and staff, an increasing number of first and second contacts at quarantine centers which led to cross-infection, and negative effects on the livelihoods of individuals and industries.

By this time, the WHO had gone beyond their earlier stance on 'Lock downs' as the method to curtail disease-spread and was promoting the need to consider other health, social and economic aspects in the local context . Following these recommendations, the GMOA took the lead to formulate a more balanced strategy to contain disease-spread while reducing morbidity and mortality related to COVID-19 with minimal disruption to normal life.

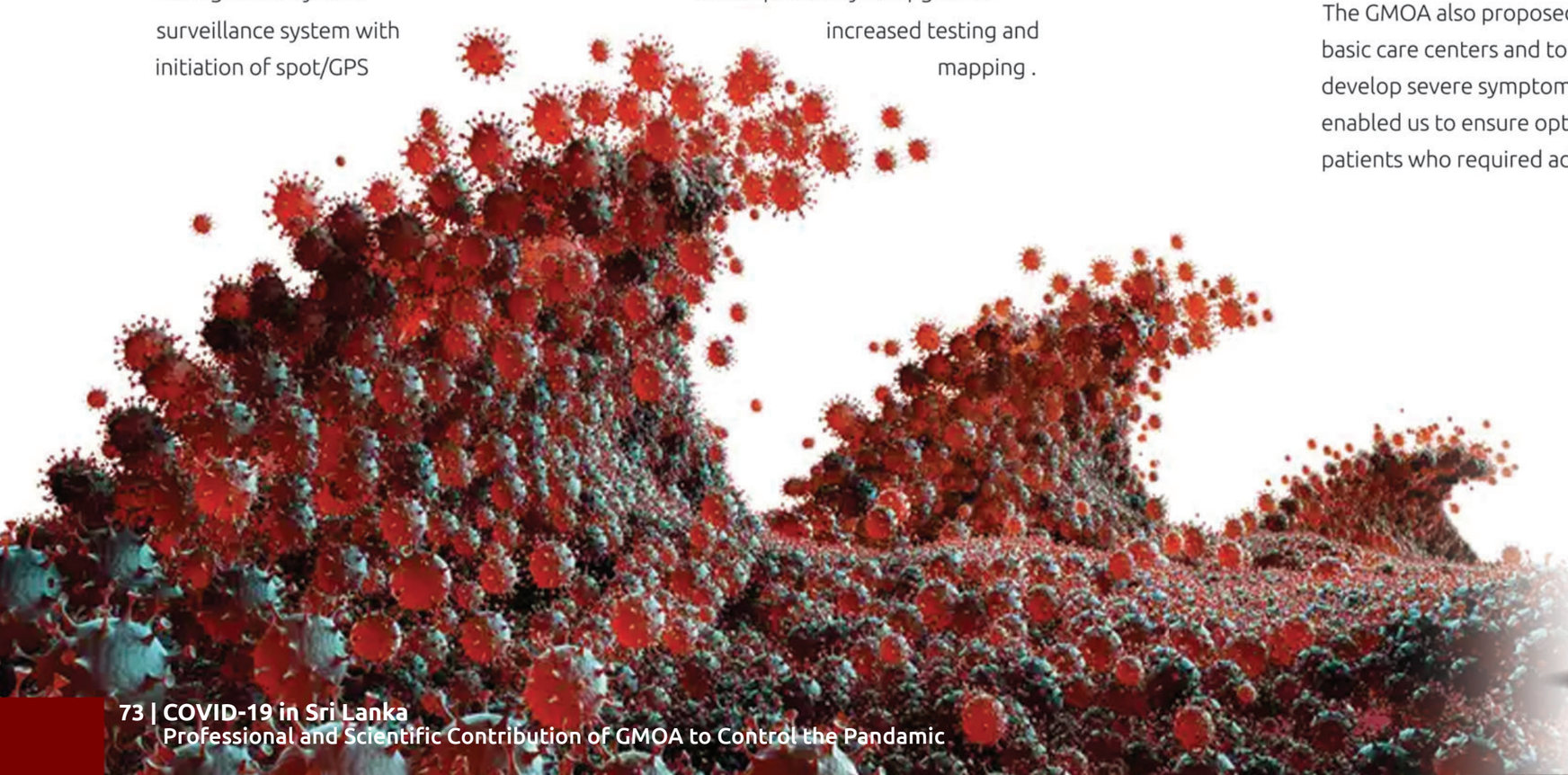
An updated management framework was introduced by the GMOA titled "GMOA COVID-19 EXIT STRATEGY SRI LANKA - REINFORCEMENT OCTOBER 2020", in which a substantial place was given for home quarantine as opposed to the quarantine centers. The home quarantine was suggested to be monitored by the Medical Officers of Health (MOH) of the area aided by the Public Health Inspector (PHI), Grama Niladhari and Development Officers when needed.

3.5.7 Third Wave

The second wave which began in October 2020, was contained by April, 2021 with continuous surveillance, repeated testing, imposition of quarantine and zonal lockdowns. A vaccination programme was initiated for frontline workers but not for the general public due to limited stocks of vaccines.

Another rise in cases was seen following the Sinhala and Tamil New Year festive season in April 2021. By early May 2021, the health system and resources including the intermediate quarantine centers were on the verge of exhaustion despite the implementation of previous strategies.

In this situation, the GMOA formulated the "GMOA COVID-19 EXIT STRATEGY SRI LANKA - REINFORCEMENT May 2021" in which the focus was on establishing an effective home management system accompanied by an upgraded surveillance system with increased testing and initiation of spot/GPS mapping .



Quarantined contacts were already placed in a home management plan under the previous strategy. At this juncture, the GMOA recommended to establish a home care system for Covid-19 positive patients in Sri Lanka. We proposed to place two categories of Covid positive patients under home management: Asymptomatic patients previously managed at intermediate centers and patients who were initially hospitalized but later became asymptomatic or mildly symptomatic with manageable symptoms fit to be discharged with the consent of the attending physician and were managed at home under the guidance of the MOH/PHI and the public healthcare team.

The GMOA also proposed to upgrade intermediate care centers to basic care centers and to reserve hospitals for the patients who develop severe symptoms and complications of COVID-19. This enabled us to ensure optimal resource allocation and utilization for patients who required admission and close monitoring.

3.5.8 Suggestions to Establish a Proper Vaccination Strategy for Sri Lanka

The emergence of COVID-19 led the global experts to develop a vaccine against SARS-CoV-2 virus. By December 2020, the global vaccination programme against COVID-19 was initiated. Many countries took measures to receive and distribute vaccines among their citizens. A Presidential Task Force for National Deployment and Vaccination against COVID-19 was established on 31st December, 2020. Dr. Anuruddha Padeniya was appointed as a member of this task force and contributed towards vaccination strategy development and implementation.

The vaccination against COVID-19 commenced on the 29th of January, 2021 in Sri Lanka with the objective of reducing the transmission of disease. The first batches of vaccines were administered to identified high-risk groups including health care workers, other front-line staff such as personnel in the Armed Forces, Police and staff of seaports and airports.

The goal was to inoculate more than 70% of the population. However, for many months Sri Lanka did not receive a continuous supply of vaccines. This led to a revision of the vaccination strategy with the new priority of reducing mortality among high-risk groups.

However, unscientific vaccination protocols in the face of the limited availability of vaccine stocks and political interference led to delays in achieving the expected goal in reducing the spread of the disease, morbidity and mortality.

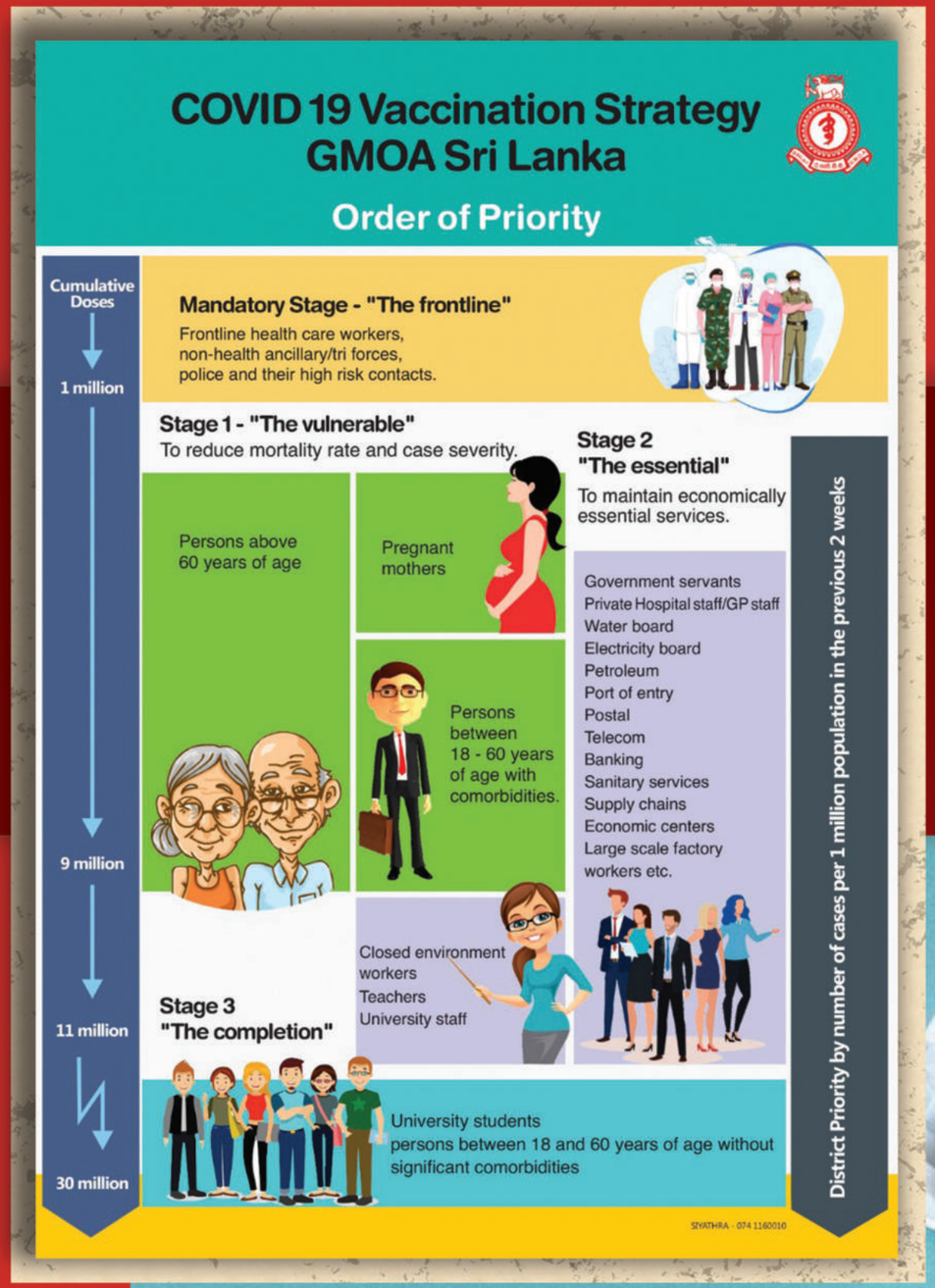
The GMOA highlighted the need to prioritize vaccination among people above 60-years of age and those with chronic diseases to reduce morbidity and mortality due to Covid. Unfortunately, authorities disregarded this scientific strategy and commenced vaccination of all individuals above the age of 30 years in selected Grama Niladhari divisions. This led to a rise in mortality and morbidity among the elderly population and those with chronic diseases as there was a shortage of vaccines for high-risk groups. Statistics showed that around 75% of the cases had occurred among those in the age group of over 60 years while 82% of deaths among those in the age group from 30 – 59 years were of those who had underlying diseases.

Having observed this inopportune development, the GMOA prepared a proposal to re-strategize the vaccination protocol according to the guidelines of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) Values Framework, vaccination prioritization road map and the recommendations of the Advisory Committee for Communicable Diseases (ACCD) Sri Lanka. Guidelines of both professional bodies were considered as the development of a vaccination protocol required both international and local expertise.

This report recommended the allocation of vaccines for priority groups to reduce mortality and severe disease while maintaining the new normalcy. Vaccination according to the priority of service was expected to ensure smooth functioning of essential services and economic stability.

The main focus of the new protocol was to reduce deaths, severe disease, hospitalization, transmission among vulnerable populations and transmission in high transmission settings with limited vaccine supplies. The importance of achieving population coverage once adequate stocks of vaccines became available was also acknowledged.

The proposal was presented to His Excellency the President Gotabaya Rajapaksa. The GMOA also highlighted the disruptions caused to the vaccination protocol by three officials of the Epidemiology Unit.



The GMOA also proposed a vaccination programme for the family members of health staff. It aimed to;

1

BUILD PUBLIC TRUST ON THE VACCINATION PROGRAMME

2

REDUCE CLUSTER GENERATION WITHIN HEALTH CARE WORKERS

3

ENSURE MENTAL STABILITY AND OPTIMAL SERVICE PROVISION OF HEALTH CARE WORKERS

Emergence of SARS-CoV-2 Delta variant

Several subvariants of the SARS-CoV-2 virus were detected during the pandemic. The Delta variant - with high disease transmissibility, morbidity and mortality - which was first detected in India in late 2020, was declared a variant of concern (VOC) by the WHO .

The Delta variant was detected in some individuals in Sri Lanka in June 2021, alongside many of those infected with the Alpha variant . Continuous rising caseloads and an apparent community spread led to the formulation of new strategies by the GMOA to combat the Delta variant in addition to vaccination and home management.

The GMOA proposed four mitigation measures to flatten the curve of the caseload through "EXTENSION TO EXIT STRATEGY TO MITIGATE SITUATIONAL LEVEL 4 - AUGUST 2021".

01 **Strict travel restrictions and stepwise exit**

02 **Vaccination for 70% of the population**

03 **Implementation of the 3rd dose of vaccine**

04 **Improving testing capacity**

At the same time, international approval was granted for the Pfizer-BioNTech vaccine to be administered to children above the age of 12 years by the WHO, Food and Drug Authority (FDA) and Centers for Disease Control (CDC) of the United States of America. Therefore, the GMOA requested to start vaccination among children belonging to the age group from 12-18 years, in September 2021 with the approved Pfizer-BioNTech vaccine. Special requests were made by the GMOA to reserve this particular type of vaccine for children as it was the only one with an approval for the vaccination of children.

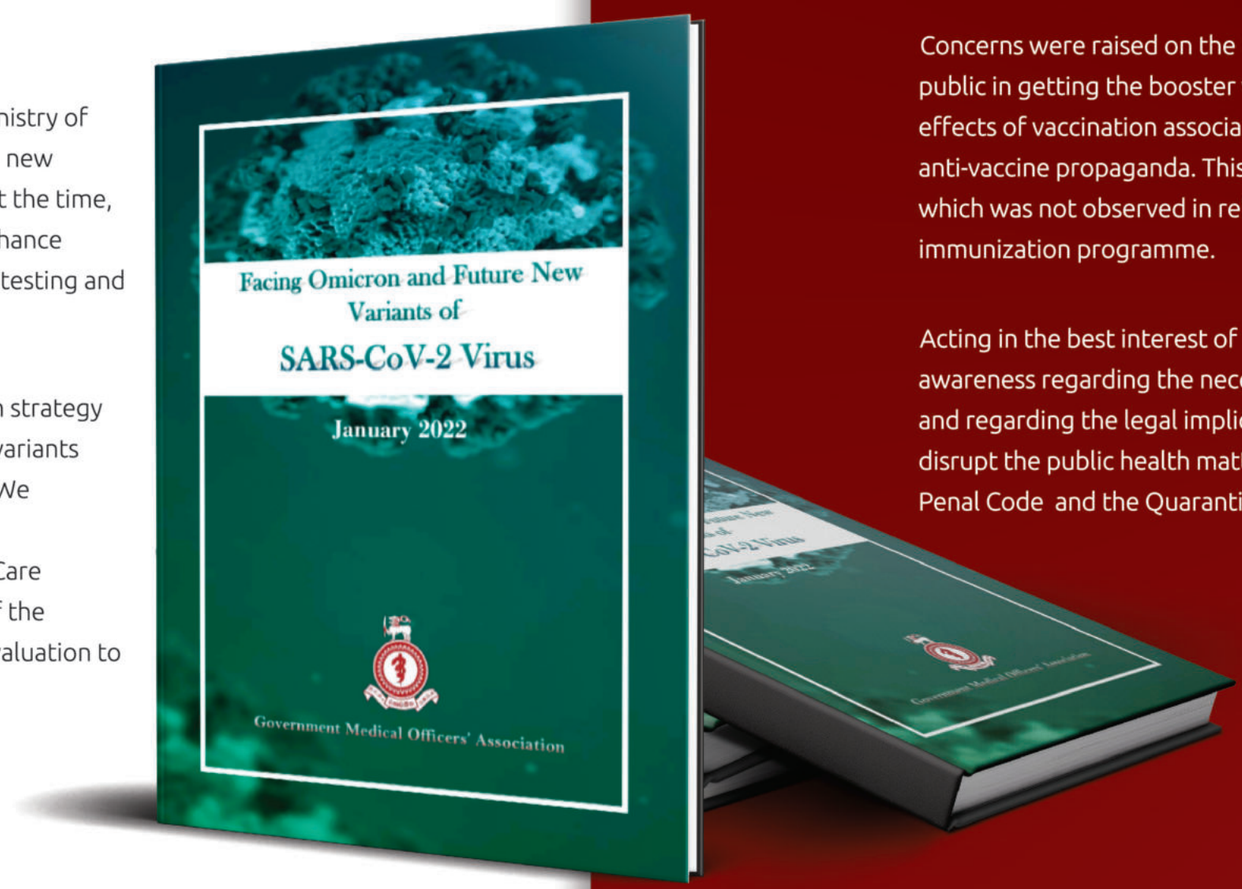
We aimed to reduce disease-related morbidity among children and re-start school education which had been disrupted for over one and a half years.

3.5.10 Emergence of SARS-CoV-2 Omicron Variant and Challenges in Facing New Variants

The Omicron variant of SARS-CoV-2 virus was first reported from South Africa in November 2021. Subsequently, the new strain was declared a variant of concern due to high transmissibility even though the morbidity and mortality rates were believed to be less than that of the previous Delta variant.

The GMOA warned the Government and the Ministry of Health about the possibility in the spread of the new variant with increased levels of social mobility at the time, and urged them to take necessary actions to enhance surveillance measures accompanied by random testing and gene sequencing.

The GMOA highlighted the need for a long-term strategy to detect and control frequently appearing subvariants due to new mutations of the SARS-CoV-2 virus. We proposed promoting testing facilities including self-testing, strengthening of the Home-Based Care Management System, the continuing practice of the DReAM concept and promoting research and evaluation to achieve this.



Concerns were raised on the lack of interest shown by the public in getting the booster vaccine and the detrimental effects of vaccination associated myths, rumors and anti-vaccine propaganda. This was a new development which was not observed in relation to the national immunization programme.

Acting in the best interest of all citizens, the GMOA spread awareness regarding the necessity of the booster dose and regarding the legal implications of actions that would disrupt the public health matters as mentioned in the Penal Code and the Quarantine Ordinance .

GOVERNMENT ADVOCACY

The National Operation Center for Prevention of the COVID-19 Outbreak (NOCPCO) was initiated by His Excellency the President with Army Commander Shavendra Silva as the head of this center.

4.1 Initial Mitigation Measures

Political will is one of the three main pillars of implementing the mitigation work during a pandemic. Before the detection of the first local patient infected with COVID-19, His Excellency the President Gotabaya Rajapakse initiated steps towards preparedness and planning by establishing the Presidential Task Force for combating COVID-19.

QUARANTINED

The initial suggestions made by the GMOA to the government included: the management of returnees from high-risk countries at the airport and establishment of institutional quarantine centers for them. However, the establishment of institutional quarantine centers was delayed till the 9th of March, 2020, due to regional, political and public resistance. The initial Quarantine centers were established at the Diyathalawa Military Hospital, in Poonani and Kandakadu by the Ministry of Health and the Ministry of Defence as a joint effort .

The delay in establishing quarantine centers led to grave consequences. With diligent surveillance, the first patient was detected on the 11th of March, 2020 - a travel guide who had been exposed to a group of tourists from Italy and then the number of cases increased along with contact tracing efforts.

The initial mitigation measures involved public health measures aiming at personal hygiene and maintaining physical distance and restrictions imposed on public gatherings including weddings which if disregarded could be prosecuted under Quarantine law No 1897 No.3 and clauses 262,263 and 264, Chapter XIV of the Penal Code. These measures were also disseminated to the general public through mass media.

After detecting the first infected local,further mitigation measures were taken by the government. From 12th March, 2020.The Minister of Education and the government took actions to close down schools, universities and higher education centers.

Following the GMOA advocacy, the airport was closed off by the government on 19th March, 2020.

However, soon it became apparent that such mitigation measures will not be effective in containing the disease. Following the Hammer and Dance theory, an island-wide lockdown was imposed on 20th March, 2020.

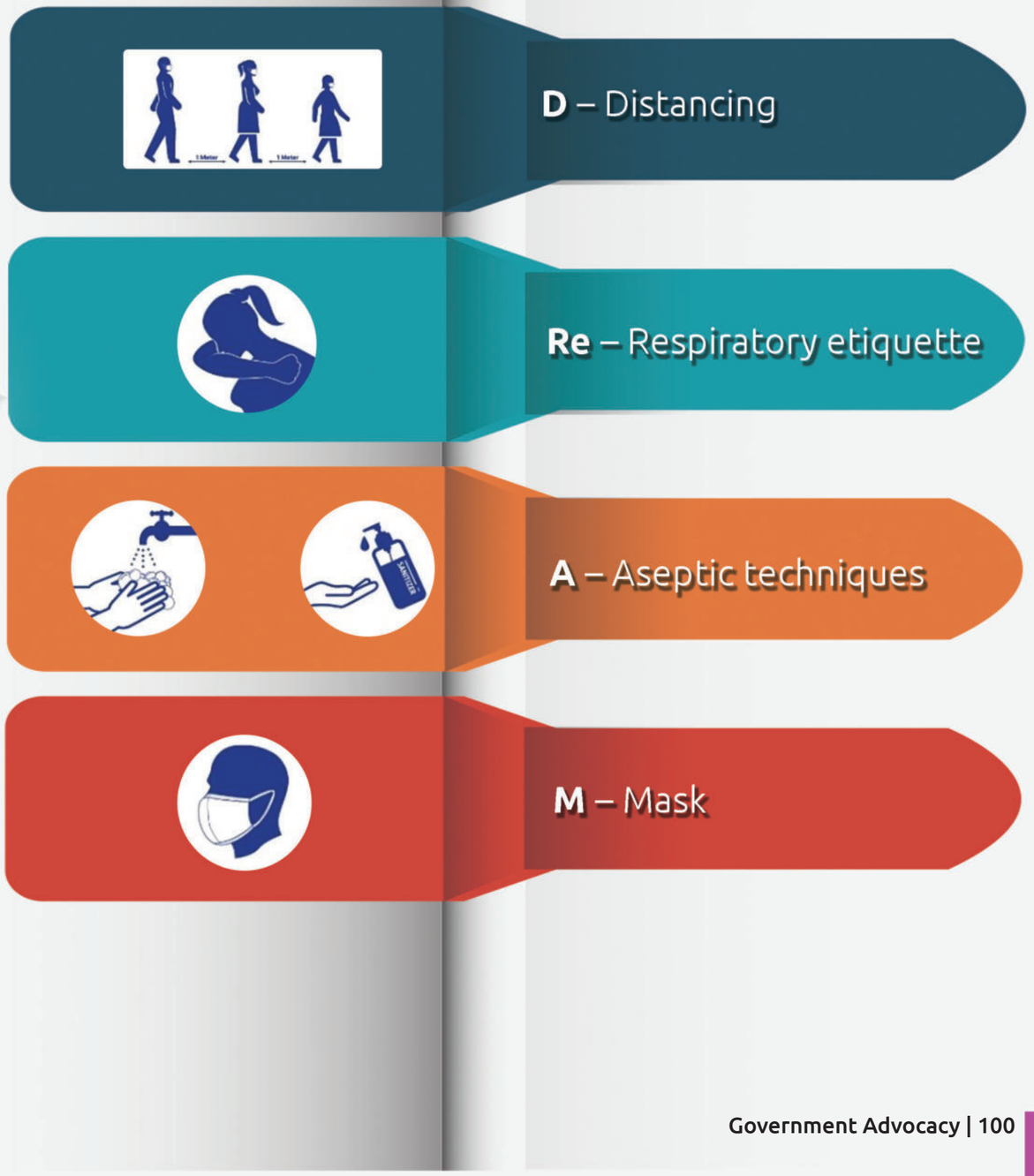
During this initial lockdown, social mobility was kept at a minimum with strict adherence to quarantine laws enabling the achievement of the anticipated success. The initial decisions of the government in relaxing the lock down restrictions and allowing liquor stalls to open by 22nd March, 2020 were reverted through the GMOA advocacy, thus achieving the success mentioned above.

4.2 Challenges Faced with the Mitigation and Mediation Measures

Success, however, was not achieved without repercussions. In order to maintain the caseload at a low level, the relaxation of restrictions needed to be approached in a scientific and stepwise manner. In this regard, many stakeholders including the GMOA contributed their expertise to the government in formulating exit strategies.

Then the challenges in the re-establishment of administration, social and economic status was identified. It was apparent that the norm before the emergence of COVID-19 could not be achieved without eradicating the disease which would only be remotely possible with the development and administration of an effective vaccine.

Hence, the 'New Normalcy' guidelines were introduced by the Ministry of Health with the blessings of the WHO and contributions from the GMOA and the Municipal Council of Sri Jayawardenapura.



The Sri Lankan Government had taken immense efforts in managing the disease with concurrences of other stakeholders including the GMOA. The practice of involving all stakeholders in decision making is commendable. As a professional organization, the GMOA appreciates the opportunity given to be involved in development plans, such as, initiating the Home-Based Care Plan, re-strategizing vaccination and strategically re-opening schools.

4.3 Political Advocacy

In May 2021, the GMOA met with the leader of the opposition, Hon. Sajith Premadasa regarding the COVID-19 status of Sri Lanka. Responsibilities of the opposition party in combating the disease were discussed extensively.

However, following global trends, Sri Lanka also experienced several peaks of the disease which brought on many more zonal lockdowns and travel restrictions, debilitating the economy. Even though the expenditure for the disease itself came as an extra burden to the country, receiving part of the required vaccines through the COVAX facility and receiving financial support through international and regional funds enabled the authorities in carrying out the vaccination process.

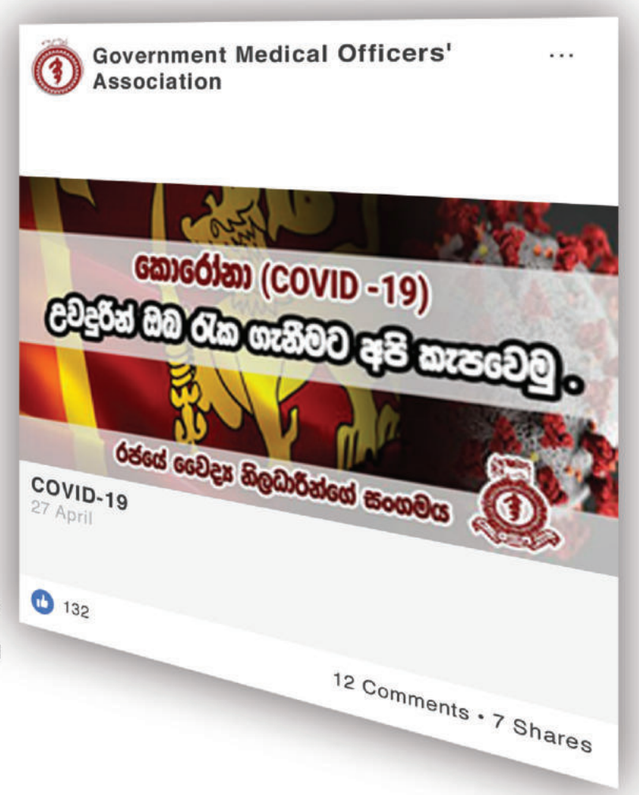
PUBLIC ADVOCACY AND EMPOWERMENT

Public Advocacy and Empowerment

Public advocacy is molded by political and social culture and the general framework of a country. For maximum effects in building public attitudes and influencing public policies, this should reach people from the grass-root level to the so-called professional elites .

The GMOA continuously emphasized the necessity of divulging credible information to the public along with risk communication. In this regard, efforts towards public awareness were made by both the Government and other professional bodies through a range of communication methods through mass media and social media to the distribution of leaflets and displaying posters at a grass-root level.

The GMOA took the lead in educating the public regarding COVID-19, utilizing available and credible information that was continuously updated, through leaflets and posters which were developed from time to time. These leaflets were distributed among the public and were displayed in public places including government institutes and schools.



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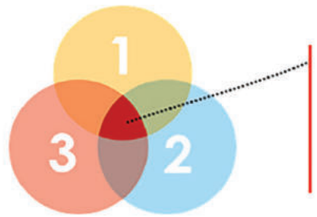

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ඔබ කළ යුත්තේ කුමක්ද?

D
Distancing
පුද්ගල දුරස්ථභාවය පවත්වා ගැනීම

RE
Respiratory Etiquette
ස්වසන ස්වස්ථතාවය

A
Aseptic Technique
විෂබීජහරණය හා නිතර අත් සෝදීම

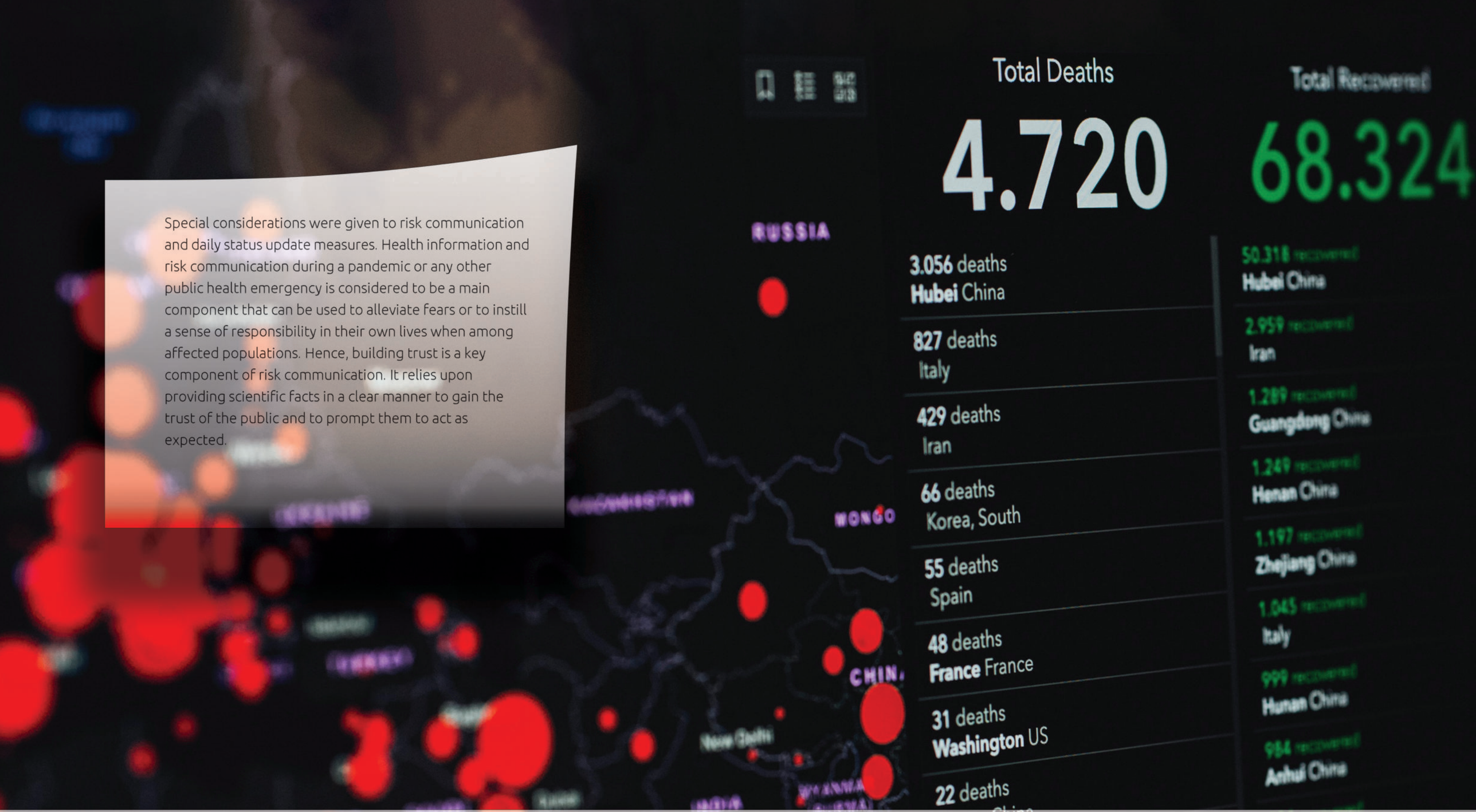
M
Mask
මුව ආවරණ පැළඳීම

රජයේ වෛද්‍ය නිලධාරීන්ගේ සංගමය

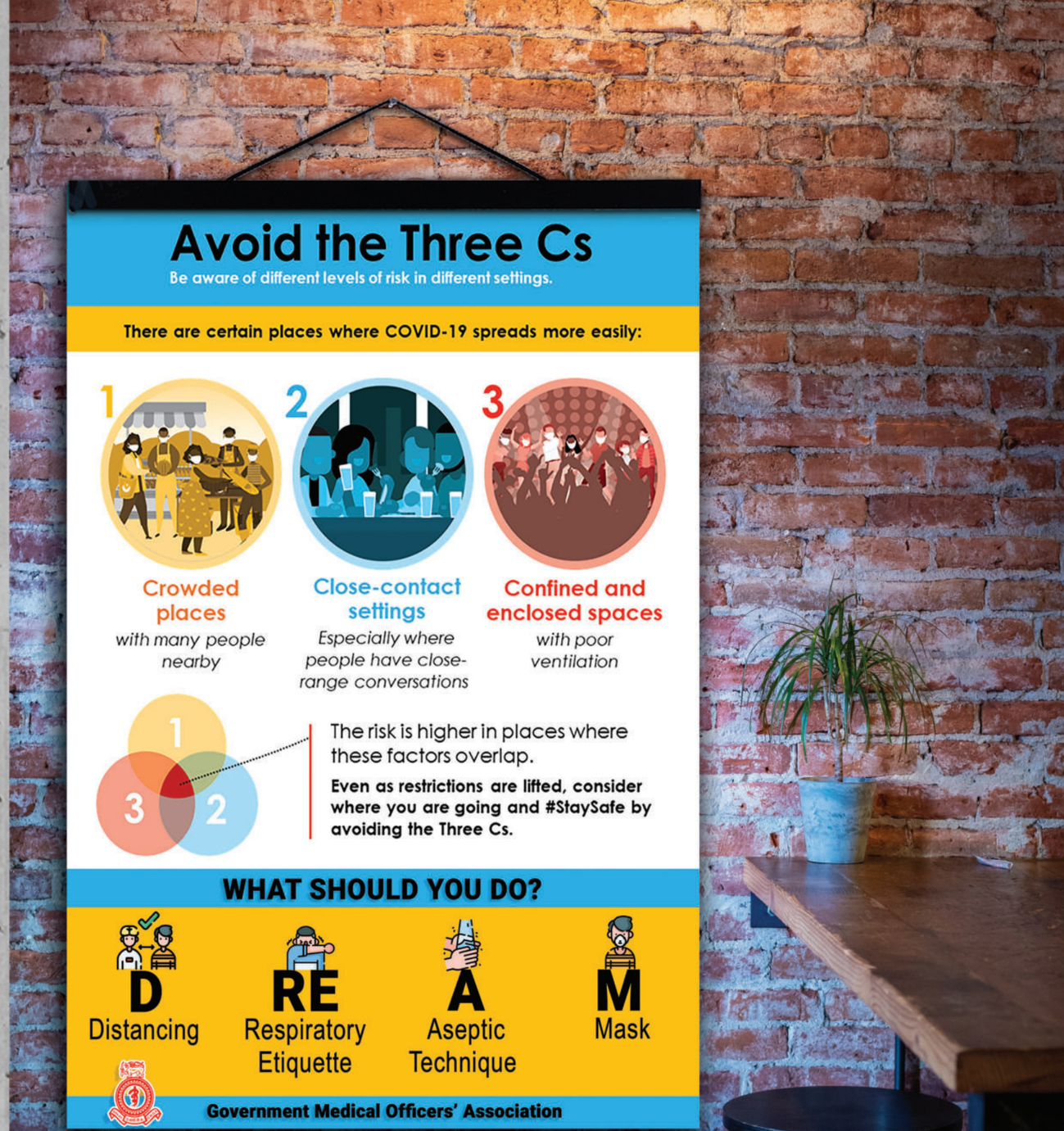
At a time when any sort of information could be found on the web and circulated via social media without knowing the source of origin or credibility, the GMOA made a significant effort by utilizing more than 2000 hours air time for media briefings to promote public awareness of true and scientific facts, throughout the pandemic.

The GMOA collaborated with many media institutions to enhance public awareness on the disease symptoms, new developments and the status of the disease-spread along with preventive measures the public were expected to follow. The press conferences were conducted in both Sinhala and Tamil languages for better dissemination of information.

Special considerations were given to risk communication and daily status update measures. Health information and risk communication during a pandemic or any other public health emergency is considered to be a main component that can be used to alleviate fears or to instill a sense of responsibility in their own lives when among affected populations. Hence, building trust is a key component of risk communication. It relies upon providing scientific facts in a clear manner to gain the trust of the public and to prompt them to act as expected.



The GMOA along with the Deputy Director-General of Public Health Services - I, promoted the general public health measures of maintaining 1-meter distance, respiratory etiquette, aseptic measures and wearing a mask. For the purpose of familiarizing the components, this concept was promoted using the acronym "**DReAM**".



The GMOA also took measures to dispel myths and fake news associated with vaccination, in an attempt to educate the public and to increase the rate of compliance to vaccines against of COVID-19, going to the extremes of explaining the legal implications associated with spreading rumors that would disrupt the mitigation measures.

COLLABORATIONS

6.1 Personal Protective Equipment (PPE) Production and Ventilator Repair

During the first wave of the disease, daily increase in the number of patients threatened to exhaust both hospital staff and the hospital facilities with the added risk of infection among staff members due to constant exposure to patients. Health staff required adequate PPE to face the pandemic. However, a shortage of PPE developed due to the high demand, and the ban on exportation placed on PPEs by foreign countries. The need for locally manufactured PPEs was identified. Fortunately, this task was realized when Consultant Paediatrician, Dr. Udaya De Silva from the Teaching Hospital Anuradhapura, invented a low-cost biodegradable PPE. The GMOA, in collaboration with the Sri Lanka Navy initiated the manufacturing of these biodegradable PPEs locally, at a low cost.

With the surge in the number of infected patients, the number requiring oxygen ventilation also increased. Taking into account the number of used ventilators that were in poor condition, the GMOA collaborated with experts from the Sri Lanka Navy to repair and restore many ventilators and to bring them to working conditions.

6.2 New Normalcy Guideline: Advocacy Brief

The Ministry of Health initiated a project to develop new normalcy guidelines and strategic re-opening of in-country activities with the collaboration of the WHO, GMOA and the Municipal Council of Sri Jayawardenapura, Kotte in mid-May 2020.

The DReAM concept was at the core of this project which aimed to gradually introduce public activities, step-by-step, with clear guidelines. The concept and guidelines were to be provided to the general public through media, government authorities and health professionals.

This concept with a separate set of guidelines for each situation was to be introduced and adhered to, even after the current pandemic had ceased, as a preparation to a future pandemic.

6.3 National Operation Center for Prevention of COVID-19 Outbreak

The National Operation Center for Prevention of COVID-19 Outbreak (NOCPCO) was established in March 2020, by His Excellency the President, Gotabaya Rajapaksa as a 24-hour operating center in Rajagiriya. The center was headed by Lieutenant General Shavendra Silva, Chief of Defense Staff and the Commander of the Army.

This center aimed at "centralizing, implementing and expediting necessary preventive and containing measures against the COVID-19 pandemic". As the head of NOCPCO, Lieutenant General Shavendra Silva contributed tremendously in mitigation work, while collaborating with various stakeholders involved in controlling the COVID-19 disease-spread. The GMOA provided technical support for many of the subcommittees established under NOCPCO.

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6.4 COVID-19 Integrated Home-Based Care Solution

An integrated Home-Based Care system was launched by the Ministry of Health in June 2021, in collaboration with the GMOA, Dialog Axiata PLC, the Bank of Ceylon and Wavenet International to support the near exhausted health institutions in managing COVID-19 patients. The project was proposed and established by the GMOA with an initial pilot project carried out in the Kalutara District before its inauguration in June 2021 covering the Western Province. By November of the same year, 100,000 patients had been successfully managed through the system without exhausting hospital resources.

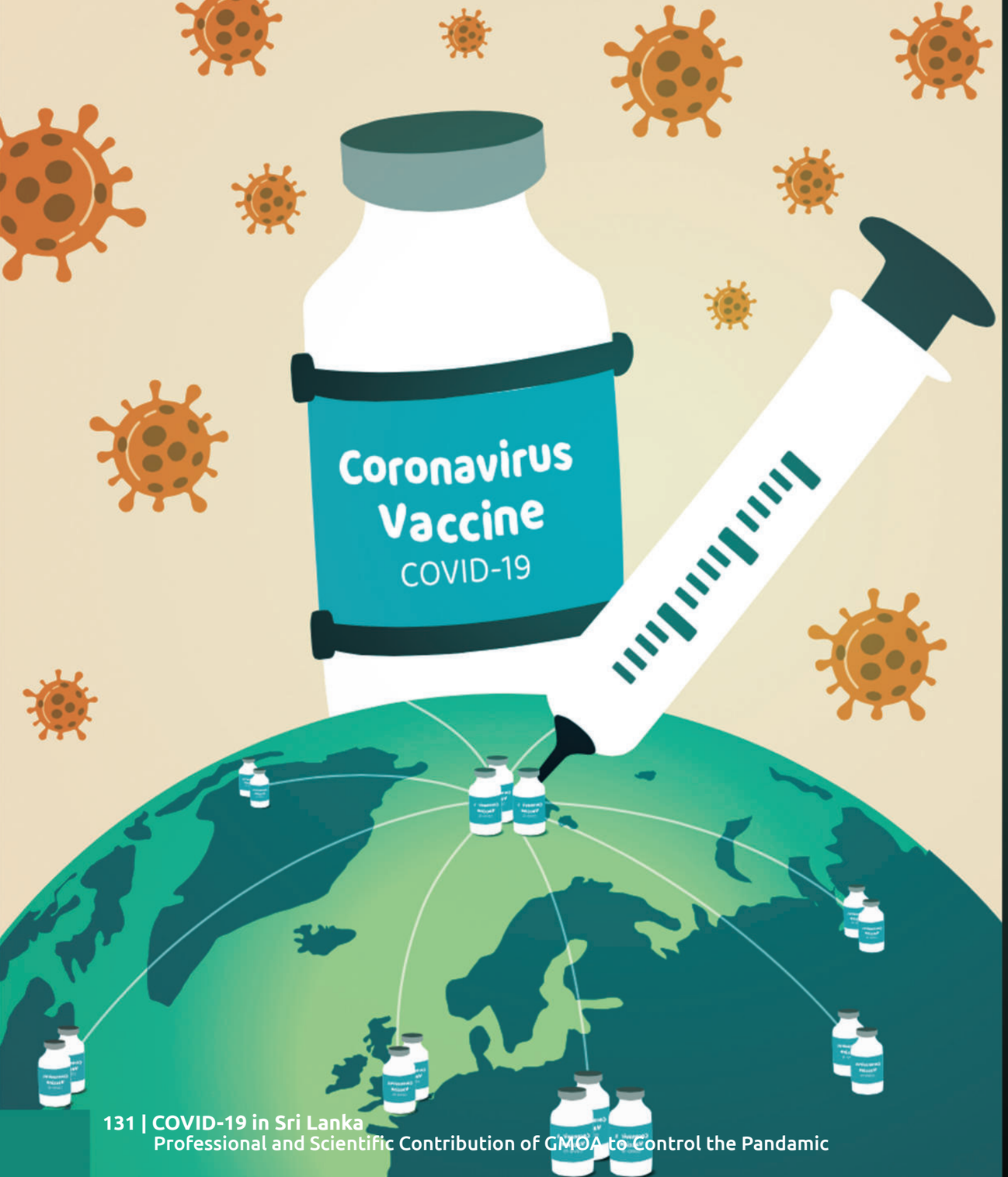
The tri-lingual, toll-free hotline - 1390 and the patient management platform was sponsored by Dialog Axiata and Wavenet International respectively. The 24-hour call center was sponsored by the Bank of Ceylon.
Patient management was led by many consultants and medical officers and their deployment was coordinated by the GMOA, allowing the smooth functioning of the system.

6.5 Innovations

Research and development play a major role in mitigation measures and in the process of curtailing the spread of disease during a pandemic. The GMOA as a stakeholder of the Presidential Taskforce to combat COVID-19 convened a technical committee on innovations and contributed to evaluate innovations that could facilitate COVID-19 patient management and control disease-spread. The ventilator innovated by the VEGA Team was also evaluated in order to prepare a technical report.

6.6 Donations of Medical Equipment for COVID -19 Relief Efforts

In May 2020, the GMOA received medical equipment from the COVID-19 Relief Fund through Sri Lankans living in Calgary, Canada. The equipment consisted of digital thermometers and pulse oximeters, which were then distributed among 13 hospitals.



6.7 Vaccination Strategy

The vaccination programme against COVID-19 lacked focus and a clear scientific strategy at its commencement despite the availability of scientific evidence on benefits of vaccinating against COVID-19, including the reduced morbidity and mortality. All individuals above 30 years of age were vaccinated in selected Grama Niladhari areas that were said to be high-risk areas at the beginning of the vaccination programme. This was contrary to the scientific approach of prioritizing vaccination of the population above 60 years of age, together with high risk groups such as those suffering from chronic diseases and their complications.

The continuous rise in morbidity and mortality despite vaccination efforts proved the need for re-strategizing of the vaccination protocol. The GMOA, along with the Deputy Director-General of Public Health Services - I, at that time, developed a more scientific and practical vaccination strategy with the objective of achieving a reduction in disease-related morbidity and mortality.

6.8 Development of an Exit Strategy

The GMOA identified the need to develop a strategy to re-open the country within days of imposing the initial lockdown. Hence, we initiated the formulation of an exit strategy that was tailor-made according to the situation in Sri Lanka. The Information and Communication Technology Agency of Sri Lanka (ICTA) also participated in the initial efforts. Even though the ICTA withdrew from the project later, the GMOA successfully formulated and presented the first of many proposals to relevant authorities in April 2020.

6.9 School Re-opening and Vaccination of Children

By September 2021, schools had been closed for almost one and a half years, and virtual education systems had been implemented. However, practical issues such as limited resources and connectivity led to the disruption of formal education among children, particularly those from underprivileged and remote communities around the country.

When the WHO, FDA and CDC of the United States of America approved the vaccination of children above 12 years of age with the Pfizer-BioNTech vaccine, the GMOA made suggestions to the Ministry of Health and the Director-General of Health Services to reserve the Pfizer-BioNTech vaccine for school-aged children instead of administering it to the group above 18 years of age who could be inoculated with other brands of vaccines.

The GMOA also emphasized the possibility and necessity of re-opening schools followed by the vaccination of the children against the SARS-CoV-2 virus and representations were made to the Ministry of Education and the College of Pediatricians on the same issue.

6.10 WHO Collaboration in Training Interns

The Society of Health Research and Innovation (SHRI) affiliated to the GMOA has been organizing a training programme for the prospective medical interns; called "Good Intern Programme" (GIP) from the year 2013. It is conducted in 3 phases in collaboration with the World Health Organization, the Ministry of Health, and the Bank of Ceylon. It aims to prepare interns to the rapidly evolving and expanding role of doctors in healthcare and society. It fills gaps of medical education with hands on training of clinical skills, second language training, development of soft skills, and familiarizing interns with practical aspects of internship such as professionalism, legal procedures, and documentation.

The second phase of GIP-2021 was dedicated to COVID-19. A special Covid therapeutic training workshop was successfully held in collaboration with the WHO on 10th October, 2021, as the second phase of the Good Intern Programme for the year 2021. Frequently changing management updates were disseminated among prospective interns during the programme. The Good Intern Programme was highly appreciated by the WHO representative for Sri Lanka, Dr. Alaka Singh.

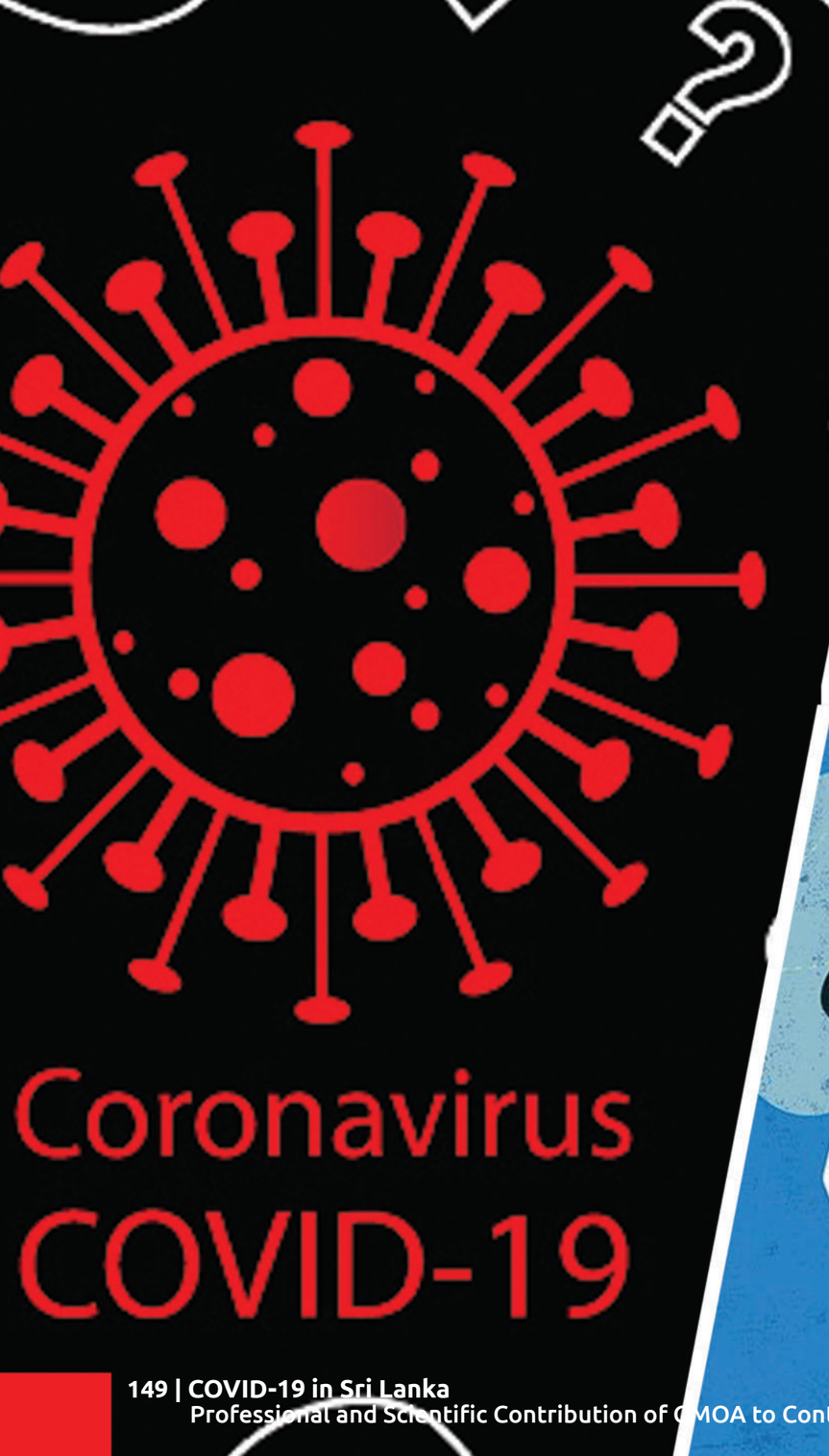
RESISTANCE TO COVID-19 RESPONSE

At the initial stages of COVID-19 transmission, the WHO denied the need for wearing face masks to prevent disease-spread. However, the GMOA, with past international and local experiences, decided to promote the wearing of face masks, especially among those who were having respiratory symptoms even without apparent contact history.

The GMOA had to clear up false allegations made through the mass media regarding mitigation measures by individuals appearing as representatives of medical officers' forums. These false allegations led to confusion among the public and hindered mitigation measures carried out by the government and the GMOA.

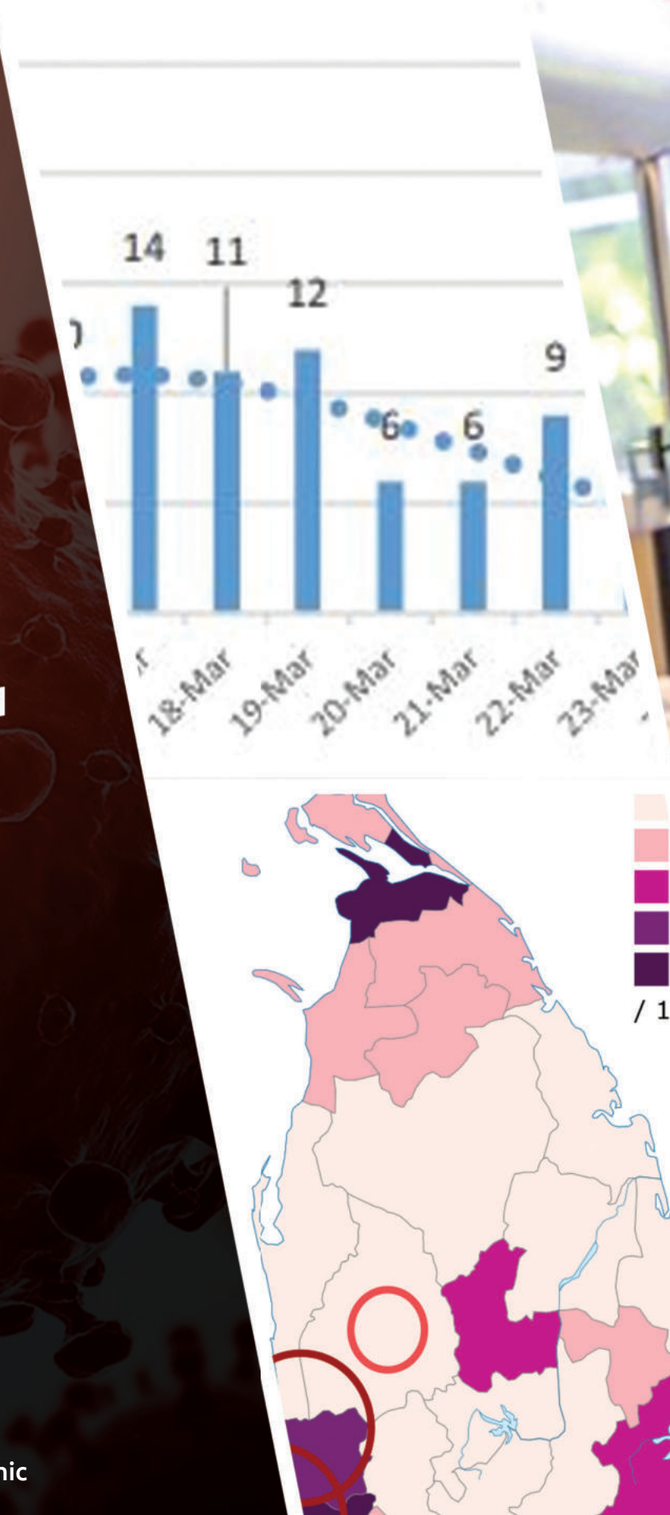
Many irregularities within the Epidemiology Unit with regards to the COVID-19 surveillance and vaccination protocols led the GMOA to request an inquiry and restructuring of personnel within the unit.

The growing anti-vaccine propaganda and the fake news circulating within the society regarding the booster dose against COVID-19 led to the need for enhancing public awareness. Legal implications associated with spreading fake news that disrupt measures taken to curtail disease transmission were also highlighted.



Periodic appearances of local concoctions with claims of complete cure or prevention from contracting COVID-19 needed to be monitored and addressed with care as they may have led to a false sense of safety and relaxation of the level of vigilance among the general public.

Professional bodies including Sri Lanka Medical Association were skeptical of certain recommendations made by the GMOA during the initial stages of COVID-19. Subsequently, they acknowledged the scientific basis behind the strategies and recommendations of the GMOA and supported our measures.



Members of the GMOA contributed to the smooth functioning of hospitals during the response to the pandemic by assuming many roles in the ward setup whenever necessary. PCR and Rapid Antigen tests to detect COVID-19 were performed solely by the Medical Officers during trade union actions by other groups of health care workers.

Lessons to Learn

Avoid politicizing

In April 2020, the WHO Chief, Tedros Adhanom Ghebreyesus, urged all nations not to politicize COVID-19 and its response. The GMOA vocalized the same sentiments following the efforts to gain political mileage by both the government and the opposition, based on the effects of the COVID-19 pandemic and aspects of its response. We emphasized the need to prioritize safety of all citizens and maintain integrity of the health system in the face of a global pandemic.

Scientific approach

Evidence-based medicine is the currently accepted standard of medical practice. Overlooking scientific evidence in favour of quick and easy methods have been shown to be detrimental for individual patients, health care systems and to the public at large. Confusion caused by myths and fake news deviate people away from scientific facts and obstruct disease prevention strategies. Similarly, risk communication to the public in a scientific, clear, and concise manner yields positive outcomes.

Twin epidemics of NCDs and COVID

Sri Lanka has been facing a rapid increase of non-communicable diseases over the past few decades. This includes a rapid rise in metabolic syndrome, diabetes mellitus, hypertension, and malignancies. The elderly population is disproportionately affected by non-communicable diseases. The onset of COVID-19 caused a double burden or a twin pandemic with an increased risk of morbidity and mortality among elderly with non-communicable diseases. This showed the urgent need to curb non-communicable diseases and establish preventive measures including health promotion and screening.

Spiritual wellbeing

The pandemic itself and the social distancing restrictions imposed, including periodic lockdowns proved to be challenging for all: adults and children. During the pandemic, maintaining physical and mental well-being was found to be challenging. In this regard, engaging in spiritual activities to alleviate fears and frustrations was found to be an effective method to keep up with the unfamiliar situation.

Acknowledgements

The Government Medical Officers' Association would like to express its appreciation to all the health care workers for their unwavering commitment towards combating the COVID-19 pandemic at great peril to their own lives.

We are grateful for the assistance provided by the Armed Forces and the Sri Lanka Police in containing the spread of the disease. Their contribution to ensure the safety of all citizens including the front-line health care workers is greatly appreciated.

We would like to extend our thanks to the Director General of Health Services, Deputy Director Generals of Public Health Services I and II, for their great commitment towards controlling the spread of COVID-19 in Sri Lanka.

Special thanks to the World Health Organization for their contribution in the special training programme held on COVID-19 for pre-intern doctors in 2021, and their continuous guidance for the successful control of COVID-19.

Public awareness campaigns and risk communication played a major role during the pandemic to alleviate the fear among citizens and to instill their trust towards health authorities. We would like to extend our sincere gratitude towards mass media institutions and all media personnel for their contribution in enhancing public awareness and successful risk communication.

Finally, we wish to thank the Government of Sri Lanka for the great efforts taken to combat COVID-19 despite many external and internal constraints and their willingness to collaborate with various stakeholders of this subject in order to ensure the safety of Sri Lankan citizens.

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COVID – 19 IN SRI LANKA

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