

**2<sup>nd</sup> Independent Expert Group Meeting**  
**on optimizing the health sector response in Sri Lanka**  
**Convened by WHO Sri Lanka, 18 May 2021**

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Following the 1<sup>st</sup> brainstorming meeting among health experts on 08 May 2021, the recommendations have been shared broadly with observed positive alignment of policy measures taken by the government. Thus, the expert group is convened for the 2<sup>nd</sup> time by WHO Sri Lanka to review the situation, offer expert insights and make recommendations on what can be done further to interrupt the chains of transmission of COVID-19 in the country.

The key observations and recommendations indicated below represent the consensus achieved by the national experts at the meeting and do not necessarily reflect those of WHO. Global WHO guidance is available, if needed.

**1. A nationwide restriction of movement or curfew (“lockdown”) for at least two uninterrupted weeks is essential to reducing COVID-19 transmission and deaths. Anything short of this will be ineffective for the following reasons:**

- 1.1. The aim of public health and social measures, like a curfew, is to limit the spread of the virus and reduce deaths. Globally, evidence shows that interventions to limit mobility are most effective, resulting in a drastic and quick reduction in cases (e.g., Bangladesh).
- 1.2. A stabilization of daily reported new cases should not be interpreted as a plateauing of transmission. As is the case around the world, Sri Lanka’s testing capacity is limited. Therefore, in the absence of extremely high test positivity rates, it is improbable that we will ever see daily reported cases above 3,500. Accordingly, the actual case numbers are probably much higher, and a flattening of the curve is misleading. It is unlikely that we can increase testing capacity soon; thus, it is wise to assume an exponential increase in cases is ongoing.
- 1.3. The testing lag period of three to seven days results in a delay in isolating individuals. Therefore, a longer-term restriction is needed to provide authorities with time to identify, isolate, test, and treat people.
- 1.4. Short-term restrictions are ineffective. The average incubation period COVID-19 is 2-14 days and the period of infectivity of an individual is around 5-9 days. Therefore, a three-day or five-day lockdown, even if repeated, will not efficiently and rapidly reduce transmission.
- 1.5. Geographically limited lockdowns have not yielded results. Cases continue to rise across the country, and an increase in deaths will follow.
- 1.6. A nationwide lockdown will grant the healthcare system an opportunity to recover and prepare to efficiently and effectively care for patients. The system is dangerously close to being overburdened, which will undoubtedly result in more deaths.
- 1.7. The testing strategy needs to be revisited and reviewed, issues with regard to human resources and availability of reagents and supplies settled, and regular monitoring of the quality of the laboratories ensured.

- 1.8. A document developed for decision-making by Prof Malik Peiris and Prof Kamini Mendis “A science-based strategy to control the current COVID-19 situation” was discussed.



**In addition to the paramount recommendation above, the following priorities were noted:**

2. Laboratories are running at maximum capacity, and resources should be used in the best possible way, including the efficient deployment of rapid antigen tests and potential engagement of the private sector.
  - 2.1 Anybody who has symptoms should be tested and demographic data on confirmed cases for the last 2 weeks should be collected and analysed.
  - 2.2 Focus on targeted testing and intensifying ILI and SARI Surveillance to get a better yield
3. Mobilize all sectors of society to support social and economic wellbeing. There is a need to balance restrictions with livelihood.
  - 3.1. Uncertainty is disruptive to lives and livelihoods. New policies should be announced ahead of time, clearly with a written statement, a rationale, and details of what people can expect.
  - 3.2. Civil society organizations and grass-root level groups should be leveraged to serve vulnerable communities.
  - 3.3. The WHO and OECD [framework and sustaining lives and livelihoods](#) during COVID-19 may provide insight and suggestions.
4. Case management guidelines need to be urgently reviewed, and consider home isolation with clear guidance and protocols for asymptomatic and mild cases.
  - 4.1. Admissions to treatment centres and hospitals should continue according to a risk assessment and prioritization of people who have tested positive for COVID-19.
  - 4.2. The following groups should be admitted to a centre as soon as possible - people over 60 years, people displaying symptoms, people with co-morbidities regardless of age, and people who cannot isolate themselves at home.
  - 4.3. Consider the use of schools and hostels as isolation centres
  - 4.4. Establish a robust system of monitoring patients in treatment centers for early detection of hypoxia and other symptoms to prevent progression to severe disease
  - 4.5. Ensure quality of health facilities for patients as well as health workers, effective health workforce management, including HW fatigue
5. Accelerate vaccination of priority groups who are high risks nationwide, to reduce deaths. i.e. all health care workers, non- health front line workers and other key essential services, population above 60 years and co-morbid risk categories.

## Annex 1 -List of Experts and Participants – 18 May 2021

| Name                                  | Designation/Organization  |
|---------------------------------------|---|
| 1. Dr. Palitha Abeykoon (Facilitator) | WHO Consultant and WHO Director-General's Special Envoy For COVID-19 Preparedness and Response for SEAR   |
| 2. Prof. Malik Peiris                 | Chair/Professor – School of Public Health, The University of Hong Kong, Faculty of Medicine, Hong Kong  |
| 3. Prof. Neelika Malavige             | Professor and Head, Department of Immunology and Molecular Medicine, Sri Jayewardenepura University   |
| 4. Dr. Vinya Ariyaratne               | Public Health Specialist , President- Sarvodaya (CSO)   |
| 5. Dr. Padma Gunaratne                | Consultant Neuro Physician and President, Sri Lanka Medical Association   |
| 6. Prof. Indika Karunathilake         | Prof. in Medical Education, Department of Medical Education, Faculty of Medicine and Former President – SLMA                                    |
| 7. Prof. Asita de Silva               | Senior Professor of Pharmacology, University of Kelaniya and President, Sri Lanka Association of Clinical Pharmacology & Therapeutics           |
| 8. Prof. Manuj Weerasinghe            | Prof in Community Medicine, Faculty of Medicine, Colombo  |
| 9. Dr. Lakkumar Fernando              | Consultant Pediatrician and President, Association of Medical Specialists   |
| 10. Dr. Nihal Abeysinghe              | Consultant in Community Medicine and Former Chief Epidemiologist in Sri Lanka and President of the College of Community Physicians in Sri Lanka |
| 11. Prof. Saroj Jayasinghe            | Consultant Physician and former Prof. of Medicine, Faculty of Medicine, Colombo   |
| 12. Prof. Kamini Mendis               | Professor Emeritus, University of Colombo; Public Health Expert and former WHO Malaria expert   |
| 13. Dr Risintha Premaratne            | WHO SEARO Technical Officer   |
| 14. Dr Paba Palihawadana              | WHO Indonesia Medical Officer   |

### WHO Sri Lanka

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| 1. Dr Alaka Singh           | WHO Representative, WHO Sri Lanka          |
| 2. Dr Olivia Nieveras       | Public Health Administrator, WHO Sri Lanka |
| 3. Dr Sapumal Dhanapala     | WHO Sri Lanka                              |
| 4. Dr Padmal de Silva       | WHO Sri Lanka                              |
| 5. Prof. Nalika Gunawardena | WHO Sri Lanka                              |
| 6. Dr Virginie Mallawarchi  | WHO Sri Lanka                              |
| 7. Mr T Suveendran          | WHO Sri Lanka                              |
| 8. Dr Manjula Danansuriya   | WHO Sri Lanka                              |
| 9. Dr Preshila Samaraweera  | WHO Sri Lanka                              |
| 10. Ms Sahani Chandraratna  | WHO Sri Lanka                              |
| 11. Dr Mizaya Cader         | WHO Sri Lanka                              |
| 12. Ms Sadhani Rajapakse    | WHO Sri Lanka                              |
| 13. Dr Shreenika de Silva   | WHO Sri Lanka                              |
| 14. Dr Roshan Sampath       | WHO Sri Lanka                              |
| 15. Dr Anjalee de Silva     | WHO Sri Lanka                              |