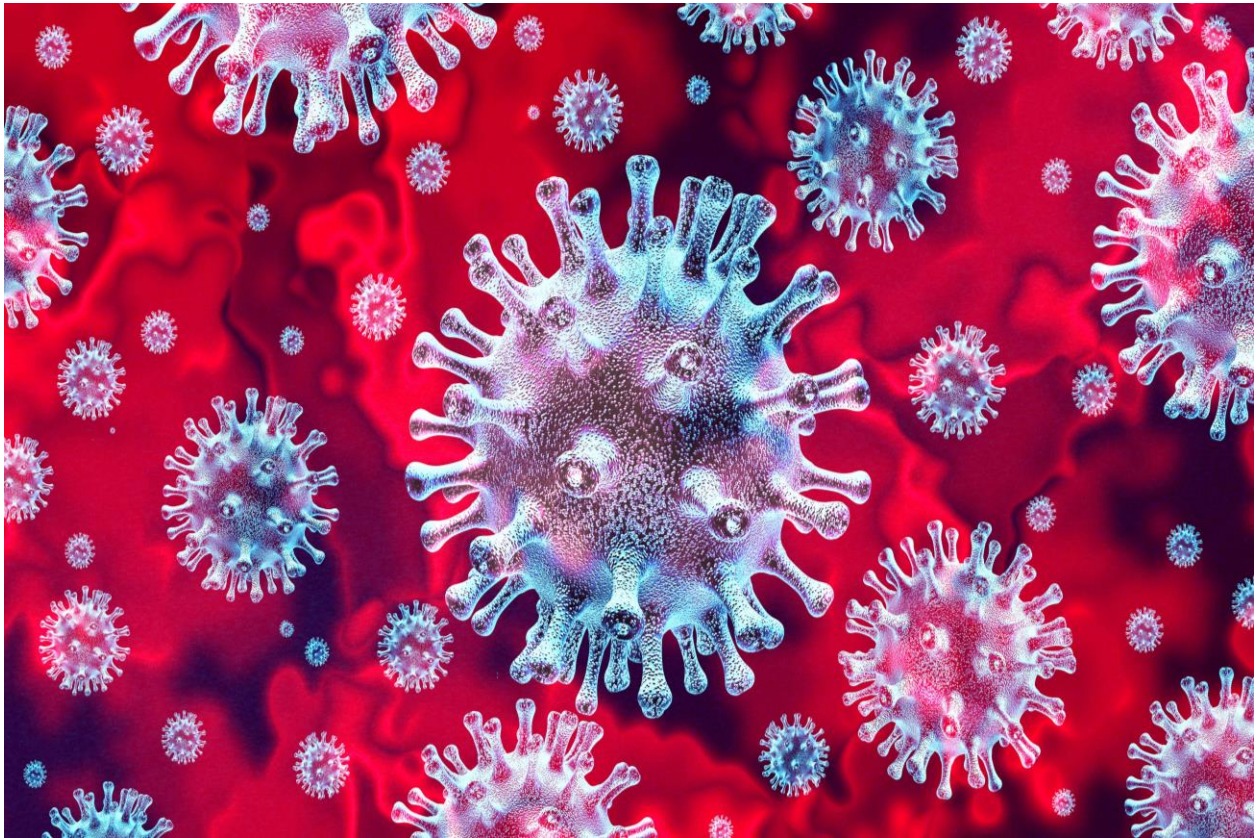




Sri Lanka Preparedness & Response Plan

COVID-19

April 2020



Ministry of Health and Indigenous Medical Services, Sri Lanka

Version 1: 9th April 2020

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List of Abbreviations

ADB	Asian Development Bank
BES	Biomedical Engineering Services
BH	Base Hospitals
DDG	Deputy Director General of Health Services
DGHS	Director General of Health Services
HPB	Health Promotion Bureau
HR	Human Resources
ICN	Infection Control Nurse
IEC	Information, Education and Communication
IF	Isolation Facility
IPC	Infection Prevention and Control
MCH	Maternal and Child Health
MLT	Medical Laboratory Technologist
MO	Medical Officer
MoH	Ministry of Health
MOH	Medical Officer of Health
MRI	Medical Research Institute
MSD	Medical Supplies Division
NHSL	National Hospital of Sri Lanka
NIID	National Institute of Infectious Diseases
NO	Nursing Officer
PCR	Polymerase Chain Reaction
PHI	Public Health Inspector
PHM	Public Health Midwife

PoE	Points of entry
PPE	Personal Protection Equipment
QF	Quarantine Facility
RMNCH	Reproductive, Maternal, Newborn and Child Health
SLA	Sri Lanka Army
SLAF	Sri Lanka Air Force
SLN	Sri Lanka Navy
SOP	Standard Operating Procedures
UNICEF	United Nations Children’s Fund
WASH	Water Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization

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1. BACKGROUND

1.1 CORONAVIRUS DISEASE OUTBREAK

GLOBAL: Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The outbreak spreads by person-to-person contact, and the potential public health threat posed is high. The COVID-19 virus infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people and those with underlying medical conditions. The global spread of COVID-19 was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on 30th January 2020, and was later declared a Pandemic. This is the highest global alert that can be declared by the WHO.

The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei Province, and has since spread globally, resulting in the ongoing 2019–20 Coronavirus pandemic. Common symptoms include fever, cough and shortness of breath. Other symptoms may include muscle pain, diarrhea, sore throat, loss of smell and abdominal pain. While the majority of cases suffer from mild symptoms, some progress to viral pneumonia and multi-organ failure. As of 9th April 2020, more than 1.4 million¹ cases have been reported in 184 countries and territories, resulting in over 89,400 deaths. More than 336,700 people have recovered.

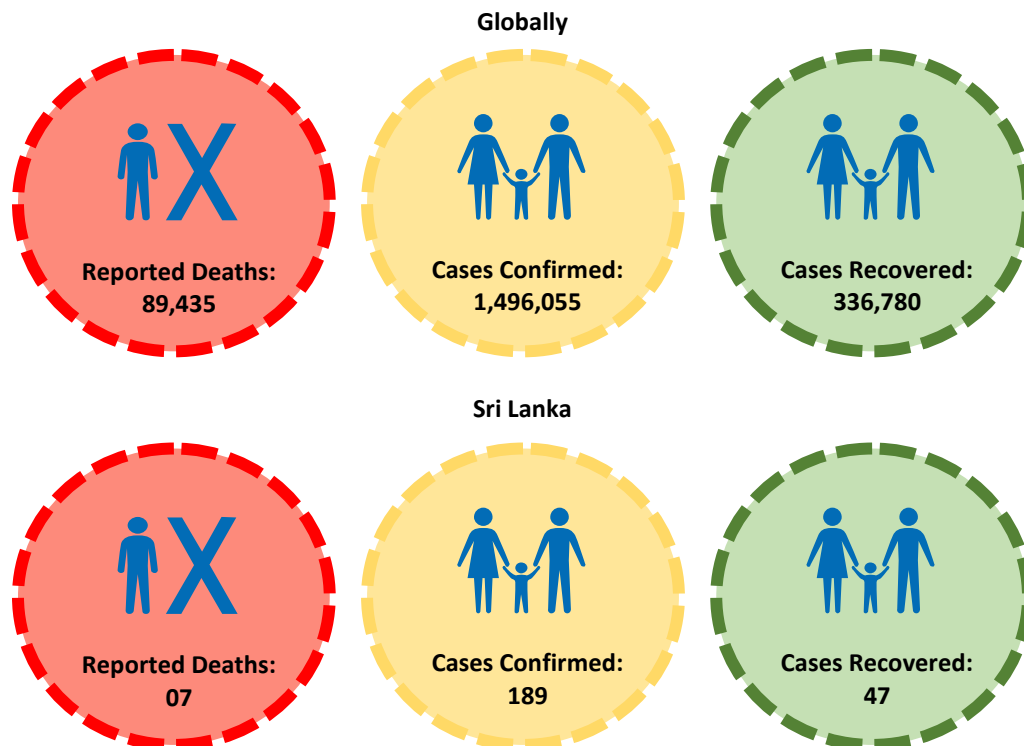


Figure 1: Global and Sri Lanka situation-a comparison

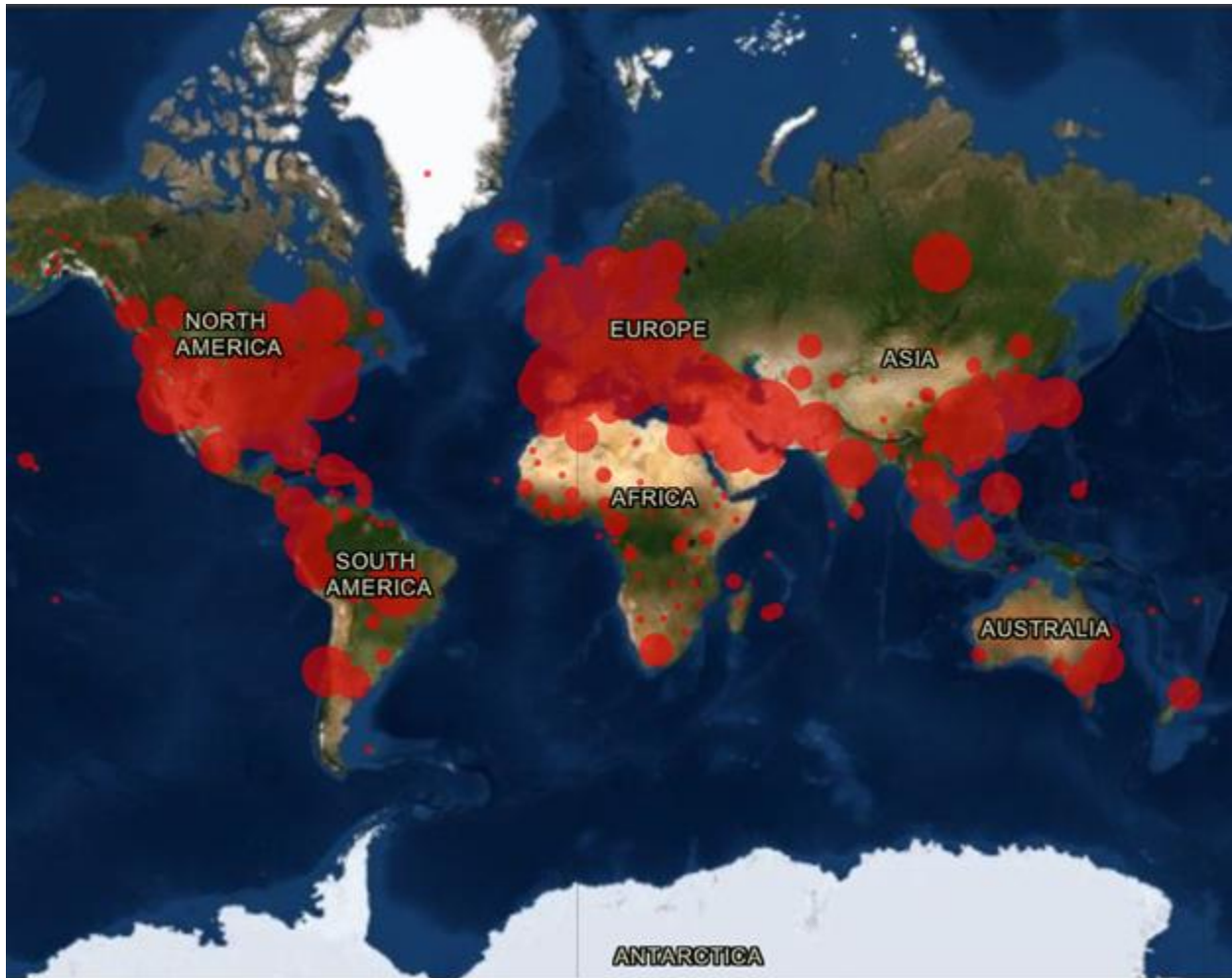


Figure 2: Source: COVID-19 Dashboard updated by The Center for Systems Science and Engineering (CSSE) at JHU, 31/03/2020

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

SRI LANKA: Since the first reported case of a tourist from China infected with the virus in February, Sri Lanka has reported a total of 189 confirmed cases of COVID-19 (as of 9th April), with the first indigenous case reported on 11th March 2020. To stem the spread of the virus, the country has been placed in lockdown mode, with government offices, airports, schools and other educational institutes closed, and the private sector asked to work in a restricted manner/remotely, with public gatherings/events being curtailed.

Sri Lanka has a robust health system and infrastructure that can have the three levels of readiness in place to prevent the disease from spreading within the country and restrict it being transported overseas. However, like many countries, it experiences a shortage of trained health care providers, with the potential for the situation to be further exacerbated by non-compliance of some people on safety measures. In line with the global challenges, there is also a shortage of Personal Protection Equipment (PPE which necessitates an accelerated procurement of hospital equipment and strengthened measures to ensure adequate hospital capacity in the event of a spike in infections.

Sri Lanka, with guidance from the global WHO documents, has sought to implement a Strategic Preparedness and Response Plan in the 8 areas recommended by the WHO. The country has risen to the challenges of preventing, detecting and responding to the COVID-19 threat. Containment of COVID-19 is feasible and remains the top priority.

2. PREPAREDNESS, RESPONSE AND RECOVERY PLAN

According to the four transmission scenarios for COVID-19 laid out by the WHO as mentioned below, Sri Lanka is presently at stage 3, with no large outbreaks of local transmission (community transmission) as yet. According to the framework laid out in the Strategic Preparedness and Response Plan for COVID-19, prioritization of technical areas will depend on one or more of the scenarios listed below:

#	Transmission Scenarios
1	Countries with no cases (no cases)
2	Countries with 1 or more cases, imported or locally detected (sporadic cases)
3	Countries experiencing cases clusters in time, geographic location and/or common exposure (clusters of cases)
4	Countries experiencing larger outbreaks of local transmission (community transmission)

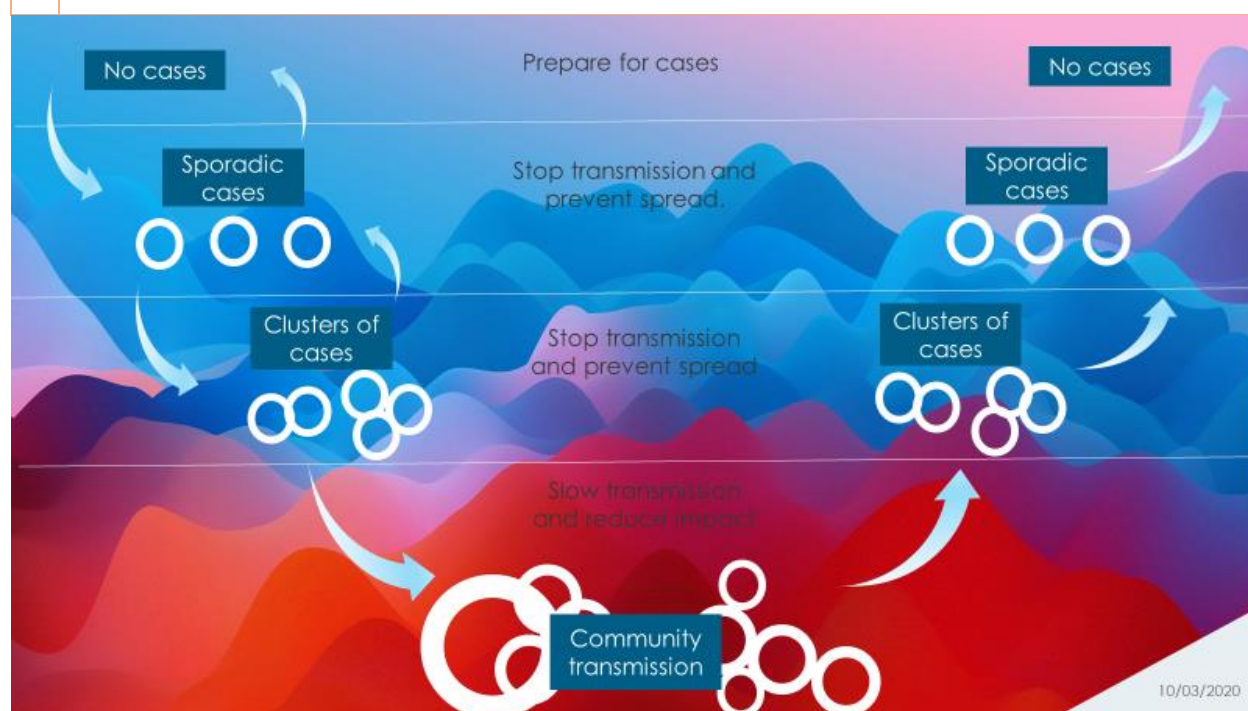


Figure 3: Graphical representation of transmission scenarios of COVID-19

In the interim, the country has implemented a strategic preparedness plan from March to date under scenario 3. The action plan has prepared the country to achieve the key objectives of preparedness and response to sporadic cases of COVID-19 in the country. With the current transmission scenario of having clusters of cases, the interim plan is updated to consider the evolving situation and needs and to plan for combating possible community transmission.

The overall goal of this plan is to stop further transmission of COVID-19 and prevent spread in the country, and to mitigate its impact.

2.1 STRATEGIC OBJECTIVES

- Limit human-to-human transmission, including secondary infections among close contacts and health workers, preventing transmission amplification events and preventing further international spread;
- Identify, isolate and care for patients early, including optimizing care for all patients, especially the seriously ill;
- Communicate critical risks and event information to all communities and counter misinformation; and
- Minimize impacts through multi-sectoral partnerships and whole-of-society approach

This plan is developed by the Ministry of Health based on the guidelines on Strategic Preparedness and Response Plan by the World Health Organization and in consultation with the relevant stakeholders.

2.2 PRIORITY MEASURES

The strategic objectives will be achieved through the following priority measures:

- Scale-up the emergency response mechanism
- Educate and actively communicate with the public through risk communication and community engagement
- Intensify case finding, contact tracing, monitoring, quarantine of contacts and isolation of cases
- Expand the COVID-19 surveillance system
- Implement public health measures such as hand hygiene, respiratory etiquette and physical distancing
- Expand testing per case definition, contacts of confirmed cases and those who are identified through the surveillance system
- Treat patients and ready hospitals for surge, enhance triage procedures, activate surge plans for identified health facilities
- Train staff in IPC and clinical management, including rationale use of PPEs
- Maintain delivery of Essential Health Services during an outbreak

If local epidemiological data indicates that community transmission* is occurring, the aim will be to slow the transmission, reduce case numbers and end the community outbreak. Priorities will be given to measures aimed at intensified surveillance and contact tracing especially in newly-infected areas, monitoring the spread and characteristics of the virus, prioritizing care for severe cases, scaling up of implementation of surge plans for health facilities, informing the public and reducing overall social impact.

** Outbreaks with the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples – Source: WHO/COVID-19/Community_Actions/2020.2*

2.3. CURRENT SITUATION ASSESSMENT

The official figures for COVID-19 as of 9th April are; 189 confirmed cases, 135 patients still under care and observation in hospitals and 07 deaths. Most of the cases were reported from Colombo (44), Kalutara (26), Gampaha (16) and Puttalam districts (34) and from quarantine centres.

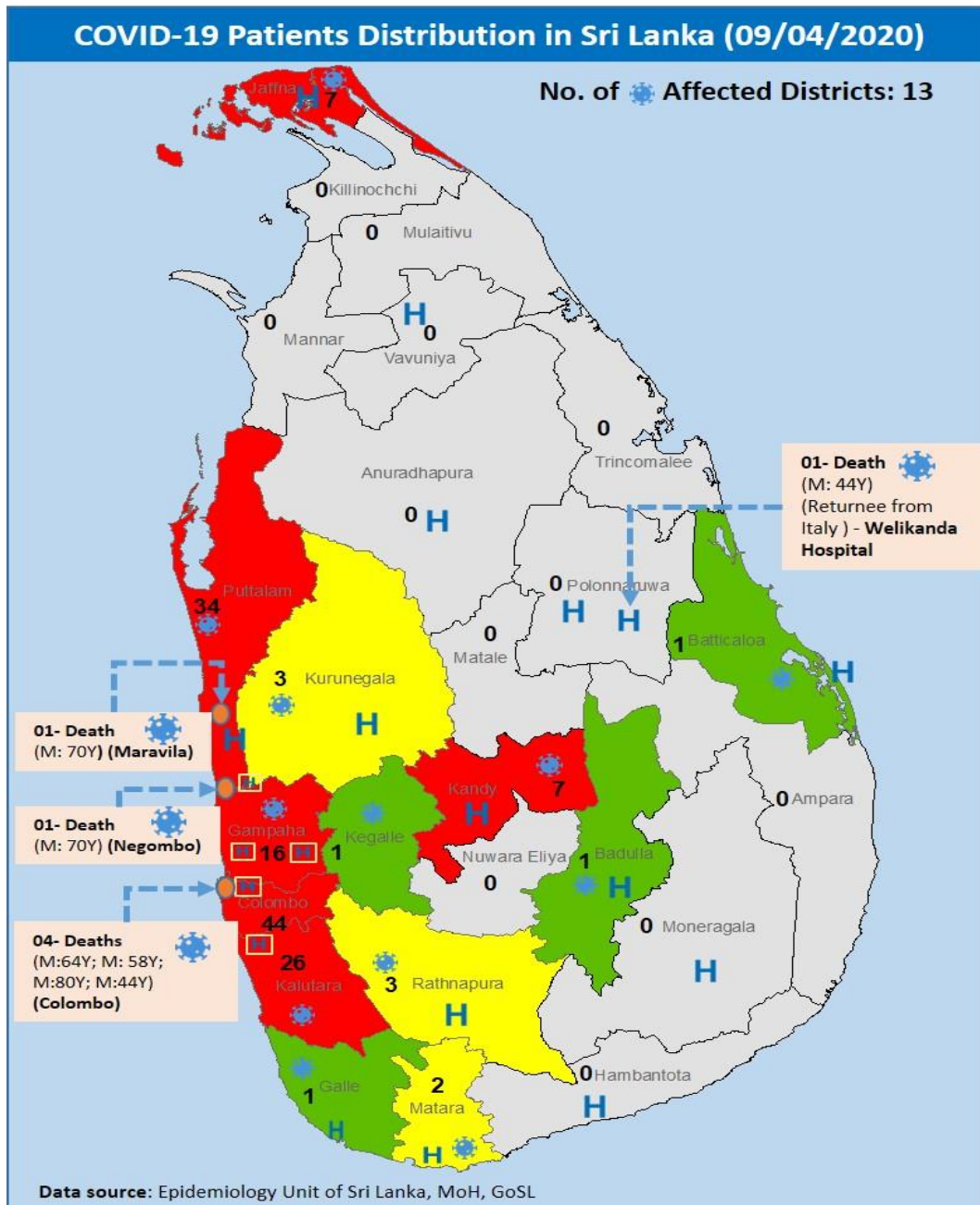


Figure 4: Distribution of COVID 19 cases and deaths, Sri Lanka (by district)

Priority areas of work under the Interim SPRP

Priority area	Priority measures	Some highlights of GoSL response
Emergency response mechanisms	Scale up emergency response mechanism	<p>The national public health emergency mechanism (Emergency Operation Centre/ EOC) is activated and functioning with the highest level of political commitment and leadership and multi-sectoral participation</p> <p>The interim Strategic Preparedness and Response Plan for COVID-19 has been developed by the MoH with the support of WHO and is guiding the response.</p>
Risk communication and public engagement	Educate and actively communicate with the public through risk communication and community engagement.	<p>There is direct communication from the Head of State level</p> <p>The risk communication network is activated under the leadership of the Ministry of Health and Indigenous Medical Services, with support from WHO and UNICEF; key messages and analytics shared across the communication network</p> <p>Active rumor monitoring by MoH and WHO</p> <p>Daily press briefing, situation report, FAQs, website, social media posts, videos and shared resources available</p> <p>Hotlines and important numbers shared widely</p> <p>Dialog and Mobitel, TV stations provide important information to the public</p>
Case finding, contact tracing and management	Intensify case finding, contact tracing, monitoring, quarantine of contacts, and isolation of cases.	<p>Government intensified measures on travelers and contacts, quarantine and isolation of cases; mandatory reporting of travelers; Home quarantine guidelines disseminated</p> <p>The pre-clearance module of the immigration system is to be implemented. It allows the cases to be flagged based on set criteria. Within 20 mins after flight wheels-up and flagged cases can be pushed to the National COVID-19 Surveillance platform (NC19SS)</p> <p>The immigration system integrated to the NC19SS and an online system was developed and made public (by Foreign Ministry) to capture information about Sri Lankans living abroad.</p> <p>The demographic details of the quarantined citizens sent from PoE to quarantine centres can be captured into the NC19SS; can update the daily status and the outcome of the quarantine status.</p>

Priority area	Priority measures	Some highlights of GoSL response
Surveillance	Expand COVID-19 surveillance using existing respiratory disease surveillance systems and hospital based surveillance.	<p>Sri Lanka has had a strong disease surveillance system for a long time. Epidemiology Unit provided updated information through their website. The surveillance network is further strengthened for contact tracing and community-based monitoring of people in home quarantine. Other sectors have been mobilized to further strengthen surveillance including ports of entry. Daily reporting of new cases to the global surveillance network is functional.</p> <p>Strengthened capacity for surveillance, facilities at central and sub-national level, adequate transport facilities for MoH Executive Officers, Provincial Directors of health Services, Regional Directors of Health Services, Regional Epidemiologists, Medical Officers of Health and Public Health Inspectors conducting contact tracing are required.</p>
Public health Measures	Hand hygiene, respiratory etiquette, practice social distancing.	<p>Mass media and social media campaign on personal protection measures</p> <p>Rumor monitoring and busting myths and misconceptions</p> <p>Ban on mass gathering and retraction of public movement</p> <p>Closure of schools and universities</p> <p>Closure of non-essential services</p> <p>Travel restrictions</p> <p>Island -wide curfews with work from home modality</p> <p>Non-contact delivery of food and essential supplies to doorsteps</p>
Laboratory testing	Test suspected cases per latest case definition and testing algorithm, contacts of confirmed cases; test patients identified through surveillance	<p>The Medical Research Institute (MRI) was the only laboratory equipped for testing of COVID-19 at the beginning of the outbreak. Currently, 7 more hospitals and one university laboratory have been upgraded and are conducting PCR testing for COVID-19 diagnosis.</p> <p>MoH has the capacity to do 1200 PCR tests a day.</p> <p>Expanded the surveillance case definition, including systematic testing of asymptomatic 'close contacts' under home quarantine/ in the locked down villages. The plan is to cover the current 12000 'close contacts'. The limiting factor is shortage of test kits, reagents and related supplies.</p>
Case management	Treat patients and ready hospitals for surge; enhance triage procedures; activate surge plans for health facilities	<p>There are 30 hospitals with Isolation Facilities (NIID and a few other hospitals cater only for suspected and confirmed cases). The quarantine centres were erected and have been maintained mainly by the SLA (this is an on-going activity). As of 5th April, 37 by SLA, 2 by SLAF and 1 by the SLN.</p> <p>ICU capacity is identified and mapped, including the Defence University Hospital; MoH will expand the ICU and HDU capacity at secondary and other tertiary care facilities.</p> <p>Guidelines on risk assessment and management of healthcare workers who have been exposed to a suspected or diagnosed case of COVID-19 disseminated.</p> <p>MCH guidelines on Managing COVID positive Pregnant women</p> <p>Triage system and algorithms to identify priority cases; surge plan in place</p> <p>Clinical practice guidelines developed and shared with health care providers, including dead body management</p> <p>Rostering of health workers to minimize the number of staff members getting exposed.</p>

Priority area	Priority measures	Some highlights of GoSL response
Infection Prevention Control	Train staff in IPC and clinical management specifically for COVID-19	<p>National IPC Guidelines updated (in 3 languages) and training for health care providers conducted</p> <p>Personal Protective Equipment being supplied to all facilities</p> <p>There is a need to rationalize and prioritize use of PPEs - the guidelines have been developed</p> <p>MoH has developed guidelines on Health Care Waste Management to be used at the COVID-19 treatment hospitals</p> <p>With Global shortage of PPE, the apparel industry in Sri Lanka is manufacturing PPE locally – this is an innovative initiative and if produced to standards, there is potential for export to other countries also.</p>
Societal response	Implement all-of-society resilience, repurpose government, business continuity, and community services plans	<p>The President has established a 40-member high level Task Force which includes Provincial Governors, several Secretaries to Ministries, Director General of Health Services representing the health sector, Commanders of Tri-Forces, security chiefs including Acting Inspector General of Police, Chairmen of several Departments, Corporations and Authorities and District and Divisional Secretaries, to maintain civilian life without any hindrance amid the COVID-19 pandemic.</p> <p>All of Government and whole of society approach is implemented.</p> <p>A specific task force appointed by the President under Mr. Basil Rajapakse is looking into the social impact and addressing the needs of the poor and the vulnerable, including mechanisms for provision/distribution of drugs for those who need them (NCDs, mentally ill, elderly, etc.)</p> <p>Private sector support to the health sector needs, media and telecom support in communications</p> <p>Development partners and UN agencies under the office of UN Resident Coordinator supporting the response; UN Humanitarian Country Team functioning, Health cluster co-chaired by WHO and Sarvodaya</p> <p>Civil Society networks activated</p>

4 KEY ISSUES AND CONCERNS

- The pandemic response will continue for an unknown period and the country needs to continue with the preparedness and response interventions.
- Protection of health workers and appreciation of their work at the highest level is key to boost morale and address stigma that some health workers face.
- Expanding testing and ensuring health sector preparedness if there is an unexpected increase in the number of cases. Access to testing kits continues to be an issue with the global supply chain disruption.
- Raise health system capacity and readiness - on-going efforts on surge capacity in terms of infrastructure, HR and supplies to manage severe and critical cases
- Need to plan for continuity of delivery of essential services (RMNCH services, Immunization, Communicable Disease control and prevention, Non-communicable disease management including Mental Health, emergency care, cancer treatment, surgeries, etc.)
- Community engagement is critical and should be central to the response from prevention, personal protection, physical distancing, busting myths and misinformation, addressing Gender Based Violence (GBV), stigma and discrimination, and being honest with the history of travel and contact to disrupt the chain of transmission.
- There was an acute shortage of PPE for the health staff island wide, which is being addressed mainly by the Ministry of Health and other agencies. Some individuals and Garment Factories have started to produce components of PPE, which are being donated to health facilities. In some hospitals, the health staff produce shoe and boot covers, facemasks, and face shields using locally available material.
- Clinical Waste Management - Further improvement is required with the waste disposal methodologies. Most of the time, clinical solid waste is taken away from the hospital by a private company. No monitoring of proper disposal is ensured. Their incinerator/s are located at Muthurajawela and brings in clinical waste from far away institutions (Kandy, Karapitiya, NIID). Liquid clinical waste management also needs improvement. Greater attention is required to bringing in remedial measures to prevent contamination, environmental pollution and spread of COVID-19 infection through improper waste management.
- Monitoring of clinical management protocols in the identified hospitals and generation of data for quality improvements
- Inadequate number of ICU/ HDU beds in isolation units is an issue.
- Stigma among the public about the disease will lead to non-presentation for care.

3. MAIN AREAS OF THE PLAN OF ACTION

The preparedness and response plan for COVID-19 in Sri Lanka will focus on 9 priority areas that are interlinked:

1. Country-level coordination, planning and monitoring
2. Risk communication and community engagement
3. Surveillance, rapid response and case investigation
4. Points of entry
5. National laboratories
6. Case management
7. Infection prevention and control
8. Operations support and logistics
9. Maintaining essential and emergency health services during an outbreak

3.1 COUNTRY-LEVEL COORDINATION, PLANNING AND MONITORING

Health emergencies require inter-sectoral and inter-ministry coordination, decision-making and action. As the COVID-19 outbreak could potentially affect the whole of society, various actions will need to protect the people and minimize the impact on health and the economy, and it needs mobilization of relevant Government and non-government agencies. Thus, national public health emergency management mechanisms should be activated to provide coordinated management of COVID-19 preparedness and response.

The Principal internal and external coordination mechanisms are given below:

Chaired by the DGHS, relevant DDGs, Directors, and the Chief Epidemiologist meet to assess the situation of COVID-19 regularly and make essential decisions, and the DGHS gives directions to take necessary actions under different ordinances and laws of Parliament and acts vested under the purview of the DGHS. The same group functions as the coordination body in the Ministry of Health and Indigenous Medical Services.

There is a National Coordination body chaired by the President, and the MoH is represented usually by the DGHS or his representative/s (*Refer to Annexure I for more details*).

Individual broad activity areas are coordinated as follows:

- ✓ Coordination in 'Risk Communication' is done by the Health Promotion Bureau (HPB).
- ✓ Coordination of activities at PoEs, and quarantine is done by Quarantine Services. Coordination with government agencies is also conducted by the Quarantine Health Services. (Refer to Annexure IV)
- ✓ Coordination of Laboratory Services is conducted by the Directorate of Lab Services which is under DDG Laboratory Services.
- ✓ Coordination of activities related to surveillance, response and case-management are made by the Epidemiology Unit.
- ✓ Coordination of medical institutions and services is the responsibility of the DDG Medical Services and officials under the DDG (MS-I) - The 30 Hospitals and institutions to be assessed to improve

facilities including Isolation Units

- ✓ Overall Coordination by the Disaster Preparedness and Response Division (DPRD)

Coordination work of the DPRD:

- ✓ Disaster Preparedness and Response Division (DPRD); the main function is to coordinate all activities for the Ministry of Health; Intra-sectoral coordination with HPB (risk communication), Quarantine Service (IHR 2005), Hospitals (case management), BES and MSD (Supplies), Disaster Management
- ✓ Inter-sectoral coordination: Ministry of External Affairs, Consulates of countries, Civil Aviation Authority, Airports, Airport Aviation Services Limited, Ministry of Defense (Tri-forces, Police and STF), Department of Customs, Department of Immigration and Emigration, Ministry of Finance, Ministry of Defense, Disaster Management Centre, Ministry of Ports and Shipping

National public health emergency management mechanisms were activated to provide coordinated management of 2019-nCoV readiness and response. Plans and structures were developed for a pandemic by Country-level coordination, planning and monitoring.

Other areas

Actions taken:

- ✓ Ensured partner participation in coordination mechanisms.
- ✓ Mobilized development partners and private sector for technical and financial support, including for risk communication and community engagement (faith groups, schools, universities, NGOs, media, private sector, etc.).
- ✓ Provided regular updates to partners through situation reports, briefings and updates.
- ✓ Advocated for business continuity planning across government agencies.

Next steps:

- ✓ Develop a monitoring and evaluation system to assess effectiveness and impact of planned measures; regular situation reports on SPRP
- ✓ Development of an Exit Strategy
- ✓ Conduct after-action review in accordance with IHR as required
- ✓ Documentation of the COVID-19 response and lessons learned to inform future preparedness and response activities

3.2 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

It is critical to communicate to the public *what is known* about COVID-19, *what is unknown*, and *what is being done*, regularly. Changes in the response strategy and the nature of any preparedness and response interventions should be announced and explained beforehand. Responsive, transparent and consistent messaging is essential to establish authority and trust. Preparedness and response activities should be informed and continually optimized according to community feedback. Systems should be established to detect and respond to *rumors and misinformation*.

Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their loved ones.

Community engagement is "a dynamic relational process that facilitates communication, interaction, involvement, and exchange between an organization and a community for a range of social and organizational outcomes".

In Sri Lanka, the authority for Risk communication and Community engagement lies with the Health Promotion Bureau (Formerly, Health Education Bureau) of the Ministry of Health. Health Promotion Bureau (HPB) studied the available risk communication plans for communicable respiratory illnesses globally and locally. The National Risk Communication Plan for avian influenza is already published by the HPB. Based on these plans, HPB proactively developed a risk communication pathway and an activity plan for risk communication for each stage of the spread of the disease.

In case of a COVID-19 like outbreak,

The HPB functions as the focal point for,

- **Internal communication and partner communication**

Internal communication with different Directorates of the Ministry of Health, namely, Deputy Director General (Public Health Services-I), Deputy Director General (Public Health Services-II), Epidemiology Unit, Disaster Preparedness and Response Division (DPRD), Quarantine Unit, and any other related departments. Further, internal communication established with provincial and district level health authorities, preventive health care staff including Consultant Community Physicians at provincial/district level and Health Education Officers to support the risk communication activities at grass root level. Communication with other stakeholders for risk communication; UN agencies, education sector, local government authorities, corporate sector, telecommunication networks, Department of Government Information and media agencies.

- **Risk communication and Community engagement**

System strengthening, internal and partner communication, public communication, communication with affected communities, rumor identification and management are essential components in risk communication. These would be done by the HPB.

The following were activated.

- ✓ Risk communication network with key stakeholders
- ✓ Regular meetings to discuss the issues with the Director General of Health Services and other key stakeholders at the Ministry of Health
- ✓ Strengthen internal communication with provincial/district and field health care staff and ensure availability of communication material and resources
- ✓ Capacity building of Health Education Officers eg. Updates at trainings, training material in all 3 languages
- ✓ Capacity building of representatives of health staff from nominated hospitals on risk communication
- ✓ Public communication through a variety of platforms including mass media, 24/7 call center, social media, IEC materials, telecommunication networks (messages as ringing tones), public addressing systems at community level, innovative techniques, etc.

- ✓ Communication with affected communities: Identify trusted community groups and local networks and engage them in community information and feedback based on evidence and culturally appropriate mechanisms
- ✓ Monitoring of Misinformation and Rumors: identification of such events, verification, reporting and management.
- ✓ A rumor monitoring team is available (monitored through 24/7 call center reports, mass media and social media analysis)
- ✓ Report on public concerns and rumors compiled and disseminated among key stakeholders regularly

Advocacy

- ✓ Advocacy to political hierarchy at different levels, religious hierarchy, private sector, top officials, ayurvedic medical practitioners (*already done*)
- ✓ Special advocacy is done to the Tourist Board on tourists (*done continuously*)

Media activities

- ✓ Media Spokesperson was appointed, and the briefings were conducted at the Ministry of Health
- ✓ Contribute to media conferences and other media related work conducted regularly.
- ✓ Prime time media slots from magazine programmes, talk shows, myth busting sessions in main news, news scroll bars, etc. were obtained to communicate and to educate the general public.
- ✓ Media advertisements on basic preventive measures aired frequently in mass media to incorporate healthy behaviours in to the daily routine. Guidance to media on responsible reporting provided.

IEC and other material

- ✓ Preparation of Information, Education and Communication (IEC) material in all three languages (Sinhala, Tamil and English) and in the case of COVID-19, in Chinese also. Animation clips were prepared to be displayed at immigration counters.
- ✓ Placards, pictograms, posters, leaflets, stickers and other illustrative materials with correct information prepared and displayed at proper locations.
- ✓ Procedures for travelers were prepared and displayed at Emigration and Immigration desks.
- ✓ The primary healthcare staff (MOH and PMCU/DH) conducted presentations to the public in all three languages

Please refer to Annexure II for further information

HPB Hotline

- ✓ A 24X7 hotline is available- initially the number: 0710107107 and later changed the number to 1999 to be user friendly.
- ✓ Call monitoring software and monitoring mechanism available

Social media

- ✓ Blue tick verified official FB page (Over 400, 000 followers), Twitter (over 10000 followers), viber group (around 300,000) and a YouTube channel is available which is reached by 2.3 million at the moment and these shall be maintained in a future similar scenario

Surveys

- ✓ Behavior surveys at different settings conducted
- ✓ Readiness surveys of field health staff at grass root level

3.3 SURVEILLANCE, RISK ASSESSMENT AND RAPID RESPONSE

The aims of Surveillance are rapid and early detection of imported active cases, comprehensive and rapid contact tracing, and containment of disease among contacts, preventing any spill over that may lead to a community transmission, case identification and isolation. In case of detection of sustained community transmission, aims will also include monitoring the geographical spread of the pathogen, transmission intensity, disease trends, characterization of pathological features, and the assessment of impacts on health-care services.

The following measures have been carried out to control the COVID-19 infection:

✓ **PCR Testing of the following categories:**

- All suspected patients that fit into the COVID-19 case definition (Refer Annex III)
- All close contacts of COVID-19 patients
- All second level contacts of COVID-19 patients identified from environments that have higher risk of transmission – [Patients from highly overcrowded areas or patients who had very high mobility with large number of contacts]
- Healthcare staff members self-quarantined following high or moderate risk exposure
- Patients presenting to OPD of the COVID isolation and treatment hospitals (Sentinel sites) with COVID-19 like symptoms, irrespective of contact or travel history
- All Severe Acute Respiratory Infections (SARI) patients admitted to any of the hospitals, irrespective of age
- Random sampling from the communities in high-risk areas (for epidemiological surveillance)
- Any other in-ward patient that the treating clinician decides needs exclusion of COVID-19
- Deaths suspected due to pneumonia (inward, on admission or in the field)

✓ **Overseas returnees:**

- Identify suspected cases (Influenza like Illnesses and Severe Acute Respiratory Illness) at Points of Entry (PoEs) to the country and admit to a hospital with isolation facilities for observation and investigation (PCR testing for COVID-19)
- All other people returning from overseas will be sent to an identified center for quarantine for 14 days. They will be monitored daily to identify any symptoms and if present, will be admitted

to a hospital with isolation facilities for further investigations.

- If remained without symptoms, oropharyngeal and nasopharyngeal samples will be collected 10-14 days after arrival for PCR testing.
- They will be further monitored for two weeks at their residence through the area Public Health Inspectors. (Public Health Inspectors will be reporting to the Medical Officer of Health who will be reporting to the Regional Epidemiologist and Epidemiology Unit)
- ✓ People presenting to any hospital in the island (Public or Private) or in the community suffering with influenza like illness are monitored and investigated appropriately based on an algorithm developed for the purpose.
- ✓ Details of patients admitted to isolation facilities are updated daily to the Epidemiology Unit by the Infection Control Nursing Officer of the hospital.
- ✓ Observation Centres (isolation Centres) are being established for this purpose in all districts for follow-up. If any patient is detected positive, he/she will be transferred to one of the hospitals designated for management of COVID-19 patients.
- ✓ The Epidemiology Unit develops progress reports on a daily basis and shares with the DGHS and other relevant officials at 10 am of the following day.
- ✓ The Epidemiology Unit downloads all the disease specific articles from Journals, WHO, CDC and from any other source. Those are archived in the web for the use of interested personnel as in COVID-19 outbreak.
- ✓ Epidemiology unit sends a concise report to the Secretary/ Health, DGHS and DDG (Public Health Services -I) daily at 3 pm.
- ✓ Communication to the public is conducted by the Chief Epidemiologist or the Deputy Chief Epidemiologist of the Epidemiology Unit.
- ✓ Media spokesperson is the Chief Epidemiologist of the Epidemiology Unit unless another person is given authority in a crisis situation like COVID-19.
- ✓ Disease trends are monitored and reported: on disease trends, impacts, virus evolution, and intensity of treatments (if there are any) to global reporting/epidemiology systems.

Capacity Building, systems strengthening and information sharing

- ✓ Staff are being trained and prepared to conduct systematic risk assessments (including mathematical modelling) that use approaches that enable multiple sources of information.
- ✓ Train and equip the staff with essential equipment and other resources
- ✓ Methods and materials established for surveillance analysis and risk assessments to review control measures and inform response decisions
- ✓ Mechanisms setup for the purposes of surveillance analysis and risk assessments to review control measures and inform response decisions
- ✓ Surveillance systems and control measures enhanced to monitor transmission intensity.
- ✓ An integrated information system (National COVID 19 Surveillance System) has been established by the Ministry of Health for the COVID – 19 designated hospitals to enter data related to the COVID 19 response, including data on daily resource review, equipment requirement, individual case

information and laboratory information. Specified daily timelines for entering of data are also mentioned.

- ✓ Mechanisms for contact tracing established.
- ✓ Assess the existing systems and plans of action for appropriateness in the control measures using suitable measures.
- ✓ Prepare Daily Situation Reports / Weekly Epidemiology Reports (WER) and disseminate to all levels including WHO

Case definitions for a Suspected case and a Confirmed case are given in **Annexure III**

3.4 POINTS OF ENTRY

International Health Regulation 2005 (IHR-2005) requires a Public Health Emergency Contingency Plan (PHECP) to be developed and maintained in designated points of entry (PoE) for responding to events that may constitute a public health emergency of international concern (PHEIC). Sri Lanka has developed such a document; National Action Plan for Health Security of Sri Lanka, 2019-2023. Following the Joint External Evaluation (JEE), the National Plan for Health Security has been developed.

Actions Taken:

- ✓ The National Public Health Contingency Plan for PoEs is implemented at all PoEs
- ✓ Case definition was prepared according to the WHO guidelines and investigation protocols also developed and shared with all health workers and at the PoEs.
- ✓ All incoming passengers are requested to fill in a Health Declaration Form at the Health Office of the PoE. This is scrutinized by the health officers of the particular Health Office.
- ✓ All incoming passengers are directed to pass through the thermal scanner or shall be subjected to a handheld non-contact thermometer for detection of fever.
- ✓ If the passenger is having fever or falls into the case definition category, he / she is further investigated as follows;
- ✓ If the passenger is falling into the 'suspected case' category, he/she shall be escorted to the isolation area and arrangements will be made to transfer to a designated hospital. This will be informed to the Chief Epidemiologist.
- ✓ The required details of the Health Declaration Form will be submitted to the Epidemiology Unit.
- ✓ If passengers are to be quarantined as per the policy decisions taken by the Ministry of Health depending on the COVID 19 global spread, such passengers will be transferred to quarantine centres with the coordination of the tri forces.
- ✓ Capacity building of the health staff including provision of latest updates of disease information, SOPs, and handling of sick passengers, should be conducted.
- ✓ Shall establish assessment and isolation facilities to cater to ill passengers until they are transferred to designated hospitals.
- ✓ Risk communication to all travellers.
- ✓ Regularly monitor and evaluate the effectiveness of readiness and response measures at PoE and adjust plans as appropriate risk communication to all travellers.

3.5 NATIONAL LABORATORIES

Immediate Actions:

- ✓ Prepared and shared the SOPs for collection of specimen, management and safe transportation for diagnosis.
- ✓ Laboratories (Designated) prepared a routine system for molecular testing (PCR). In addition, access to reagent and diagnostic kits is guaranteed.
- ✓ Systems for specimen collection, management and referral, and procedures are functional. Acquired and shared genetic sequence information and virus materials in line with the protocols available.
- ✓ In case of heavy demand for laboratory services, arrange surge plans for laboratory resources and safeguard what is already available.
- ✓ Established links with designated international reference laboratories.
- ✓ The following are ensured; monitoring and evaluation of diagnostics, day quality and performance of the staff, and incorporate any recommendations into the National Laboratory Strategic Plan.
- ✓ Developed quality indicators and quality assurance procedures for care testing.
- ✓ Developed and implemented plans to link laboratory data with key epidemiological data for timely data analysis
- ✓ Reviewed and updated the national COVID-19 testing strategy based on the latest guidance, resource availability and the COVID-19 transmission stage

3.6 CASE MANAGEMENT

Health care facilities shall be prepared for influx of large numbers of suspected and confirmed cases. At the same time, to avoid any stress on staff and shortage of supplies, staff shall be well informed and trained. Other health care services should also be maintained at all levels.

The following activities were undertaken.

- ✓ The number of hospitals declared to house patients is increased (30) in most districts in the island, to ensure readiness to respond to a large number of suspected and confirmed cases.
- ✓ Some hospitals are totally dedicated for this purpose (for COVID-19 suspected and confirmed cases) transferring other patients to nearby hospitals with facilities.
- ✓ Specific hospital/s have been dedicated to managing emergency obstetric cases.
- ✓ For emergency surgical cases, a hospital has been identified.
- ✓ The ICU bed availability has been increased as the number of hospitals is increased.
- ✓ The laboratory facilities to diagnose COVID -19 cases were increased to ease the burden from the MRI, which is the National Reference Laboratory (3 more hospital labs and a University lab).
- ✓ Home quarantine is directed for the close contacts of confirmed cases.
- ✓ If necessary, the close contacts are sent to the Quarantine Centres established in many districts in the Island (these are mainly managed by the tri-forces).

- ✓ The people coming from other countries (locals as well as foreigners) are also subjected to mandatory quarantine at these centres for 14 days.
- ✓ If anybody in a quarantine facility becomes a confirmed COVID-19 case, he/she will be transferred to a treatment facility.
- ✓ If a death occurs, the cremation of the body will be conducted under the supervision of the Health Authority responsible, with the assistance of the Police following all precautionary measures. No burial is allowed and only five family members are allowed to attend the funeral.
- ✓ To avoid stress on health staff and shortage of supplies, the measures taken shall be further strengthened.

Immediate Action

- ✓ Shall conduct mapping of Private and Government health facilities.
- ✓ Shall disseminate standard protocols for case management and IPC
- ✓ Shall identify alternative locations that may be useful for case management
- ✓ Shall ensure guidance for the care of self-isolated persons with mild disease and for guidance for referral to healthcare facilities.
- ✓ Shall disseminate information, train staff in the management of severe acute respiratory infections (SARI) and on COVID-19 protocols (*needs assistance*).
- ✓ Shall establish triage and screening areas in all healthcare facilities (*already existing at some institutions - Mainly large facilities. Small institutions are short of staff and no training*).
- ✓ Shall assess ICU capacity *required for severe cases*.
- ✓ Shall create dedicated teams and patient transportation (including ambulances) for transportation of suspected and confirmed cases to NIID or to some other similar facility. (*Establish referral mechanism, dedicated staff and ambulance from an institution where such people and vehicles are available*)
- ✓ Shall join clinical expert groups to address challenges in clinical care and promote global collaboration
- ✓ Shall organize to assess; diagnostics, therapeutics, and clinical trials *if required*
- ✓ Shall adopt international R & D efforts and WHO protocols for special studies
- ✓ Shall evaluate case management procedures and document outcomes

Mapping of Government Health Facilities provided in **Annex XI**

3.7 INFECTION PREVENTION AND CONTROL

Actions undertaken:

- ✓ Available National IPC guidelines updated and adopted and summarized in 3 languages
- ✓ Capacity of Infection Prevention and Control assessed at all healthcare providing institutions and isolation centres.
- ✓ Properly trained staff with essential equipment, material and PPEs deployed for early detection and IPC.
- ✓ Appraisal of the National IPC guideline conducted.
- ✓ The revised IPC guideline included patient referral pathway, the IPC focal point in relation to case management.
- ✓ A national plan of action shall be developed for supply chain management of PPE (which shall include needs assessment, procurement, stockpiling, transport, distribution) *Need Logistical review to fine tune the system*
- ✓ Shall recognize and record capacity of IPC personnel
- ✓ Triage, identification and source control along with proper IPC measures
- ✓ Environmental and engineering control measures shall be developed and adopted.
- ✓ The monitoring of IPC conducted using Hand Hygiene Self-Assessment Framework and Hand Hygiene Compliance observation tools *(the pictograms are displayed in places where health workers are working. Monitoring is usually done by the Infection Control Nurse. Needs strengthening)*
- ✓ Shall evaluate implementation of IPC procedures *(requires an internal monitoring tool and an external assessment)*
- ✓ Evaluate the implementation of IPC procedures, update the IPC guidance and document

3.8 OPERATIONAL SUPPORT AND LOGISTICS

Logistical support is imperative to manage incidents and operations. Some key areas shall be given priority in this regard e.g. staff deployment, essential supplies, payments. The following actions are recommended.

Actions undertaken:

- ✓ Mapped all possible resources available and supply systems in health, as well as other systems
- ✓ Conducted country inventory review of supplies based on WHO Disease Commodity Package, and COVID 19 kit, and establish a central stock reserve.
- ✓ Reviewed supply chain control and management system for medical and other essential supplies.
- ✓ Shall review procurement processes
- ✓ Assessed the capacity of suppliers to meet the increased demand *(Need global support)*
- ✓ Pre and post deployment package, which shall include briefing, de-briefing, vaccinations, medical travel kits and psychosocial and psychological support.

Next steps:

- ✓ Shall establish staff surge capacity and deployment procedures, Guidelines and SOPs for health advisories.
- ✓ Continue partnership with UN agencies to identify and support critical during a scenario of wide-spread outbreak; WASH, fuel and energy, food, telecommunication, internet, finance, law and order, education and transportation. Obtain necessary resources and essential workforce.

3.9 MAINTAINING ESSENTIAL AND EMERGENCY HEALTH SERVICES DURING AN OUTBREAK

This section highlights the need to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. This section details a set of targeted immediate actions that need to be considered at the national, provincial and local level to reorganize and maintain access to high-quality essential health services for all.

Actions points

- ✓ Assess and monitor ongoing delivery of essential health services to identify gaps and modify the service delivery mechanism for essential health services accordingly.
- ✓ Identify context-relevant priority essential services, and Identify routine and elective services that can be delayed or relocated to non-affected areas.
- ✓ Optimize service delivery mechanisms based on country needs, ensuring medication and supplies are available for identified essential services
- ✓ Establish effective patient flow (screening, triage, and targeted referral) at all levels for non- COVID-19 patients and disseminate information to the public on safe care-seeking behaviour
- ✓ Rapidly re-distribute health workforce capacity, including re-assignment and task sharing
- ✓ Identify mechanisms to maintain availability of essential medications, equipment, and supplies

4. IMMEDIATE & MEDIUM-TERM NEEDS – Please refer to Excel Sheet for details

Main Areas	Immediate Needs	Estimated Budget (USD)	Medium-Term Needs	Estimated Budget (USD)
Country level coordination. Planning and Monitoring	<ul style="list-style-type: none"> ▪ Technical coordination within MoHIM ▪ Intersectoral coordination with other Ministries ▪ Coordination meetings with stakeholders including development partners ▪ Strengthen the country level coordination, planning and monitoring ▪ Establish monitoring system at (DG's office) 	100,000	<ul style="list-style-type: none"> ▪ Review and monitoring of implementation and documentation ▪ Undertake an after-action review in accordance with IHR ▪ Central and regional operational centers 	253,000
Risk Communication and community engagement	<ul style="list-style-type: none"> ▪ Implementation of Risk Communication strategy ▪ Capacity building for new staff as well as staff development on various aspects of risk management (risk communication, strategic information planning and evaluation, IEC material development) ▪ Strengthen inhouse capacity for designing and community engagement ▪ Strengthening of the activities of the rumour monitoring team ▪ Establish webinar facilities for risk communication ▪ Risk Communication and community engagement with other sectors ▪ Strengthening the leadership and meaningful participation of women and girls in all decision-making in addressing the COVID-19 outbreak and mobilizing and engaging community leaders, CSOs in prevention and control of Covid 19 ▪ Innovative and practical approaches for risk communication ▪ Community Assessment on factors affecting sustainable change of behaviour to prevent COVID 19 transmission 	675,000	<ul style="list-style-type: none"> ▪ Implement communication strategy ▪ Technical capacity building local and overseas ▪ Mainstream media monitoring ▪ Provision of community health promotion vehicles and public health address systems for RDHS offices ▪ Training on risk communication and community engagement (for health workers and social welfare workers) 	3,002,000

Surveillance, rapid response and case investigation	<ul style="list-style-type: none"> ▪ Capacity building and strengthening IT and communication facilities for the Epidemiology Unit, and Regional Epidemiologists on surveillance ▪ Strengthening of the community level surveillance through expanding the surveillance system at Epidemiology unit. ▪ Establish webinar facilities for surveillance with Line Ministry, District and Medical Officer of Health units ▪ Strengthen capacity to identify suspected cases through effective surveillance networks and use of mobile technologies ▪ Development of the infrastructure at the Epidemiology Unit 	<p style="text-align: center;">602,000</p>	<ul style="list-style-type: none"> ▪ Strengthen community surveillance with real time data ▪ Capacity building of national and subnational staff on Surveillance ▪ Provision of mobility support for public health staff (Double Cabs for MOOH, Scooters for PHM/SPHM/PHNO, Motorbikes for PHI/SPHI) ▪ Expansion of the nationwide surveillance system to the grass root level health workers in the community (PHI and PHM) ▪ Hardware support for Epid unit information system (server and other hardware) ▪ Surveillance at sentinel hospitals – 30 identified COVID-19 facilities - 30 laptops and 100 tablet computers for the hospitals and wards ▪ Strengthening Hospital based SARI / ILI surveillance system <p>Development / upgrading of surveillance software</p>	<p style="text-align: center;">16,158,720</p>
Points of Entry	<ul style="list-style-type: none"> ▪ Renovation/refurbishment of Port Health Offices – Being processed under HSEP -ADB funding ▪ Capacity building and provision of equipment to Quarantine Unit and all Points of Entry – Being done under HSEP - ADB ▪ Strengthening IT facilities for Points of Entry for digitalizing information – Funding identified under the HSEP -ADB ▪ Training for Medical Officers in Quarantine Unit and Points of Entry 	<p style="text-align: center;">195,000</p>	<ul style="list-style-type: none"> ▪ Establishment of quarantine and testing facilities near points of entry ▪ Strengthened national disease surveillance system at pre-arrival, on arrival and post arrival stages at BIA. 	<p style="text-align: center;">500,000</p>

	<ul style="list-style-type: none"> ▪ Provision of vehicles to Quarantine Unit & Port Health Offices 			
National Laboratories	<ul style="list-style-type: none"> ▪ Development of the National Reference Laboratory (MRI) to Bio safety level 3 ▪ Provision of equipment to upgrade National Influenza Centre ▪ Expanding the laboratories for microbiology surveillance ▪ Strengthening the lab facilities for Virology testing (PCR) - basic requirements Strengthening the lab facilities for Virology testing - PCR reagents Strengthening the lab facilities for Virology testing - consumables for PCR testing Strengthening the lab facilities for Virology testing - sample collection and transport media ▪ Training for the staff on quality assurance laboratory systems establish ISO 15189:2012 quality management ▪ Establish virology testing facilities NIID, Kandy, Karapitiya and A'pura 	13,713,374	<ul style="list-style-type: none"> ▪ Construct of Laboratory Complex at MRI ▪ Construction of PCR lab at Colombo East Base Hospital with a capacity to perform 500 tests for 12 hours including equipment, reagents and consumables to perform 15000 tests with training. ▪ Construction of Laboratory Complex (Biosafety level 3 at National Institutes of Infectious Diseases) ▪ Strengthen laboratory accreditation ▪ Training of laboratory staff at WHO collaborating centre India ▪ Establishment of a Public Health Reference Laboratory and a Research Centre ▪ Strengthening laboratory and surveillance information systems 	45,878,900
Case Management	<ul style="list-style-type: none"> ▪ Management protocols/guidelines uploaded on mobile application ▪ Hospital mock drills in preparedness for COVID community cluster ▪ Assess the infrastructure, equipment and other requirements in the 17 hospitals identified for isolation and support establishment ▪ Provision of necessary infrastructure facilities to hospitals ▪ Provision of necessary biomedical equipment for hospitals ▪ Staff capacity building; for PPE use/infection prevention/care ▪ Creation of dedicated trained staff and ambulances for transport COVID-19 suspected persons ▪ Collaborative Research and Development on COVID -19 	17,012,000	<ul style="list-style-type: none"> ▪ Isolation facilities increased through construction of new ward complex at NIID ▪ Isolation wards established in key TH/PGH and selected DGH ▪ Provision of ambulances for transport ▪ Establish/ strengthen 01 ICU facility in each RDHS area ▪ Establish/ strengthen 01 HDU facility in each RDHS area ▪ Collaborative Research and Development/ promoting Innovation on COVID -19 	75,897,200

Infection prevention and control	<ul style="list-style-type: none"> ▪ Capacity building of the staff in the sense of training on IPC measures, waste (clinical) management, training on PPE use; how to put on (donning) and remove (doffing) (specifically removal of PPE after work, shall provide training on logistics to improve supply chain management. Waste disposal (clinical) shall be strengthened with training. Preparation of disinfection and decontamination solutions ▪ Infection control measures assessed in each of the 17 hospitals identified for isolation and supported. ▪ Develop IPC monitoring tool and an external assessment system as part of quality assurance 	<p style="text-align: center;">515,000</p>	<ul style="list-style-type: none"> ▪ Strengthen Infection prevention based on detailed assessment in each 107 secondary and tertiary care ▪ Provide incinerators for selected hospitals ▪ Strengthen solid waste management, separation, storage and transport in secondary /tertiary hospitals ▪ Behaviour change and community support for personnel measures: building of hand washing facilities in field clinics ▪ Upgradation of sewerage systems in 45-line ministry and 42 provincial hospitals 	<p style="text-align: center;">131,440,000</p>
Operations support and logistics	<ul style="list-style-type: none"> ▪ Capacity building in the form of training for personal involved in supply chain management ▪ Provision of PPE for health staff to meet the preparedness for COVID cluster outbreak ▪ Provision of consumables for curative care services by MSD ▪ Review and strengthen supply chain management 	<p style="text-align: center;">80,407,700</p>	<ul style="list-style-type: none"> ▪ Implement the logistic strategy at MSD ▪ Promote the manufacture of PP items for local and export market ▪ Provision of transport facilities for MSD and all RMSDs ▪ Provision of mobility support for, RDHS, RE, PDHS, hospitals, MoH Head office, Epid Unit, HPB, DPRD, FHB, E&OH and MRI ▪ Assessment of Logistic Management System at MSD and RMSD 	<p style="text-align: center;">10,118,600</p>
Maintaining essential health services	<ul style="list-style-type: none"> ▪ Continue the mapping of emerging community issues and vulnerabilities, including developing or adapting of assessment tools ▪ Establish a public-facing website with content to promote mental health and psychosocial wellbeing in the COVID-19 context ▪ Develop and disseminate information targeted to specific vulnerable groups on maintaining psychosocial well-being 	<p style="text-align: center;">105,277,400</p>	<ul style="list-style-type: none"> ▪ Strengthening IPC at field and hospital level including logistics ▪ Facilitating physical distancing when provision of clinic care ▪ Development of Telemedicine Platform for PHC level with mobile based interface for the community for life course, communicable diseases, NCDs and platform such as OPD and 	<p style="text-align: center;">30,830,000</p>

	<ul style="list-style-type: none"> ▪ Develop self-care and MHPSS promotion content for vulnerable groups ▪ Ensuring availability of essential psychotropic medications to ensure continuity of care during COVID19 response ▪ Expansion of the MH hotline 1926 with more lines (including 9 provinces) ▪ Payment of Extra duty, Overtime and other allowance to Public Health staff ▪ Payment of Extra duty, Overtime and other allowance to Curative sector staff 		<p>clinics</p> <ul style="list-style-type: none"> ▪ Development IT systems, modules and materials for NIHS, Regional Training Centres (9) and develop system for online learning ▪ Development of mobile application for communicating with community for reproductive, maternal and child care services ▪ Strengthen country capacity for local production of essential medicines ▪ Ensuring continuous and sustainable supply of electricity (reusable energy - Solar) 	
TOTAL (USD)		218,497,474		314,078,420
GRAND TOTAL				532,575,894

Country level Coordination, Planning and Monitoring

Disaster Preparedness and Response Division (DPRD) of the MoH and Presidential Task Force (PTF)

- PTF Meetings are attended by the Secretary Health and the Director General of Health Services
- DPRD is administratively under the Secretary Health and Technically under the DGHS.
- Whenever assistance is needed from any of the superiors, the DPRD provides inputs.

The Director General of Health Services has appointed three committees, namely, National committee, Technical committee, and an Action committee. All three are working to prepare and to respond to the threat of COVID-19.

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Quarantine services

Coordinates with the following external agencies,

Department of Animal Production & Health, Central Environmental Authority (CEA), Ministry of Agriculture, Civil Aviation Authority, Sri Lanka Atomic Energy Regulatory Council, Department of Immigration & Emigration, Legal Draftsman Department, Ministry of Foreign Affairs, Sri Lanka Ports Authority, Sri Lanka Customs, Airport & Aviation Services Ltd, Ministry of Fisheries and Aquatic Resources Development, Ministry of Disaster Management, Ministry of Defence

Contact Details:

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Quarantine Unit of Ministry of Health

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External coordination of DPRD

Ministry of External Affairs, Consulates of countries, Civil Aviation Authority, Airports, Airport Aviation Services Limited, Ministry of Defence (Tri-forces, Police and STF), Department of Customs, Department of Immigration and Emigration, Ministry of Finance, Ministry of Disaster Management, Disaster Management Centre, Ministry of Ports and Shipping

Contact Details:

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Other Contactable Officials at the DPRD:

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Dr. Novil Wijesekara

Mr. Prageeth

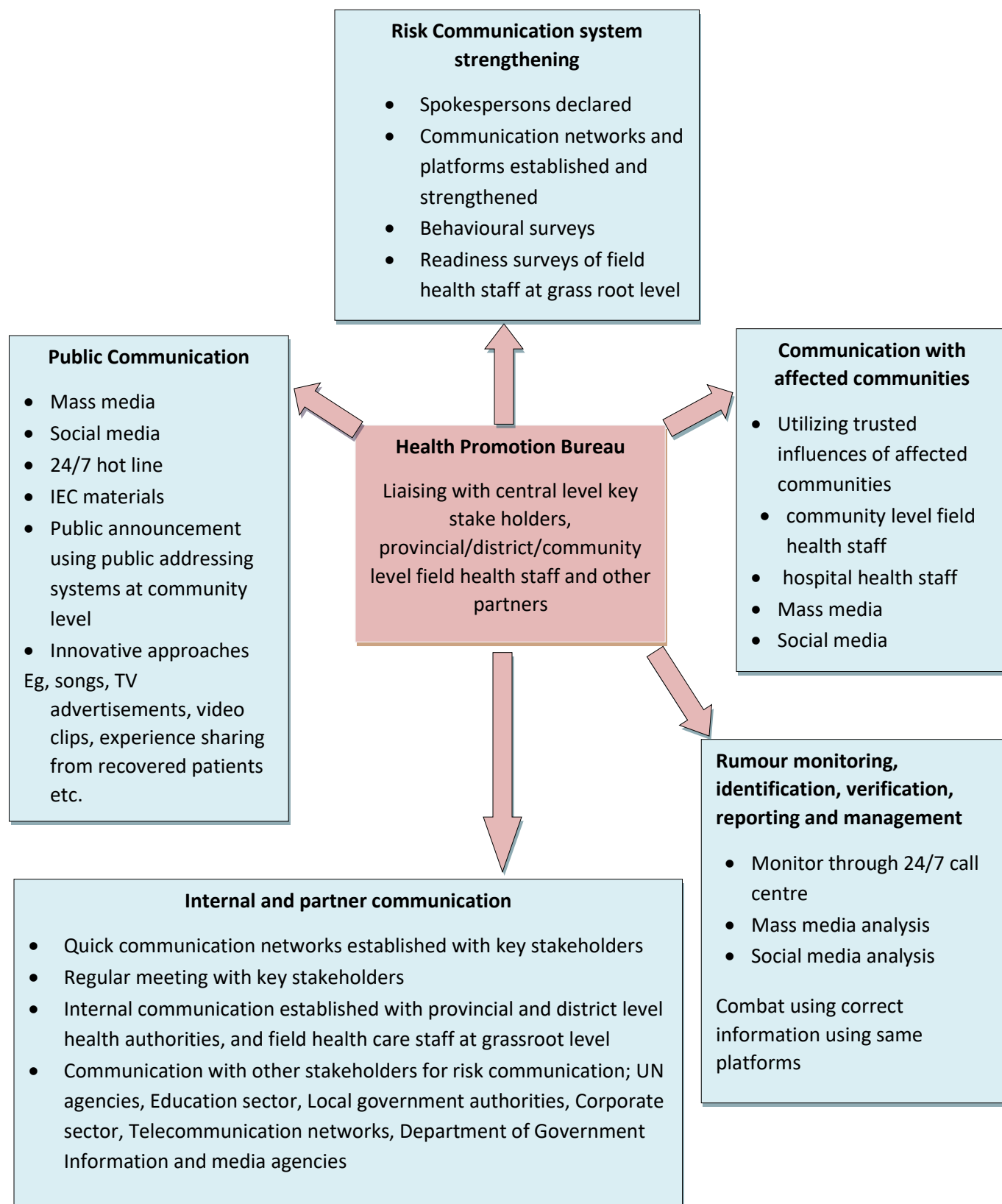
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Surveillance, Risk Assessment and Rapid Response

The contents of the letter issued by the Director General of Health Services, Ministry of Health dated 05.04.2020 on "Updated interim case definitions on COVID-19 and advice on initial management of patients is given below.

The present recommendation is to isolate and test all clinically/ epidemiologically suspected cases of COVID-19 infected patients.

All patients with medical/ surgical, obstetrics/gynaecological or paediatric conditions should receive the usual standards of care in keeping with clinical status, in a designated area. Management of these patients should NOT be delayed under any circumstances pending COVID-19 test result.

All confirmed cases **once stable** should be transferred to a designated COVID-19 Treatment Centre.

Clinically Suspected Case:

- A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) with a history of FEVER (at any point of time during the illness) returning to Sri Lanka from ANY COUNTRY within the last 14 days.

OR

- B. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) AND having been in **close-contact*** with a confirmed or suspected COVID-19 case during the last 14 days prior to the onset of symptoms;

* **Close-contact:** A person staying in an enclosed environment for > 15 minutes (e.g. same household/workplace/ social gathering/ travelling in the same vehicle). OR who had direct physical contact.

OR

- C. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) with a history of FEVER (at any point of time during the illness), with a **history of travel to or residence in a location designated as an area of high transmission of COVID_19 disease** as defined by the Epidemiology Unit, MoH during the 14 days prior to symptom onset.

OR

- D. A patient with **acute pneumonia** (not explainable by any other aetiology) regardless of travel or contact history as decided by the treating Consultant.

- Management of such patients should not be delayed under any circumstances.

- Patients should receive the standards of care in keeping with the known underlying cause in a designated area (ETU/Isolation Unit/Designated Respiratory Unit/ Designated Ward/ HDU/ICU) .
- A sample for the PCR test obtained and sent (**not the patient**) to a designated laboratory.
- Once the result is available, if positive, the patient (Once stable) can be transferred to a designated COVID-19 treatment centre.

OR

- E. A patient with fever and in **respiratory distress** as evident by RR > 3 per minute, SpO2 < 90% on room air, regardless of travel or contact history and **without a definable cause**, as decided by the treating Consultant.
- Management of such patients should NOT be delayed under any circumstances.
 - Patients should receive the standards of care in keeping with the known underlying cause in a designated area (ETU/Isolation Unit/Designated Respiratory Unit/ Designated Ward/ HDU/ICU).
 - A sample for the PCR test obtained and sent (Not the patient) to a designated laboratory.
 - Once the result is available, if positive, the patient (Once stable) can be transferred to a designated COVID-19 treatment centre
- F. Any person **irrespective of the presence of symptoms**, with an epidemiological link to a confirmed COVID-19 case who needs testing, as decided by the Regional Epidemiologist or the Central Epidemiology Unit

Confirmed case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Disposition of cases:

Disposition of suspected cases

- All patients fitting to the above suspected case definitions (**A, B, C**) should be admitted and transferred by ambulance to the closest designated hospital (refer updates on the list of designated list of hospitals) for confirmatory testing and management. **This should be done only after stabilizing the patient and in prior consultation with the respective designated hospital**, adhering to necessary infection prevention and control (IPC) precautions.
- In case of **D and E**, patient should be managed in the same hospital in a designated area (ETU/Isolation Unit/ Designated Respiratory Unit/ Designated ICU). A sample for the PCR test obtained and sent (not the patient) to the designated laboratories. Once the result is available, if positive, the patient (once stable) can be transferred to a designated COVID-19 treatment centre.
- In the case of **F**, all COVID-19 positive individuals will be admitted to a designated treatment facility.

Disposition of confirmed cases

All confirmed cases should be transferred to a COVID-19 Treatment Centre.

This is to be applied in all hospitals/ settings, including those in the private sector.

All suspected cases of COVID-19 shall be notified immediately to the Epidemiology Unit by the treating physician.

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Points of Entry

If a passenger falls into the 'suspected case' category, he/she shall be escorted to the isolation area and arrangements will be made to transfer to a designated hospital. This will be informed to the Chief Epidemiologist.
If passengers are to be quarantined as per the policy decisions taken by the Ministry of Health depending on the COVID 19 global spread, such passengers will be transferred to quarantine centres with the coordination of the tri forces.
The required details of the Health Declaration Form will be submitted to the Epidemiology Unit.
Capacity building of the health staff including provision of latest updates of disease information, SOPs, and handling of sick passengers should be conducted.
Shall establish assessment and isolation facilities to cater to ill passengers until they are transferred to designated hospitals.
Risk communication to all travellers.

Quarantine Unit

Officials and their contact details:

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Laboratory Services

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National Health Laboratory Policy:

The Policy document is available online at,
http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/14_Health%20Laboratory.pdf

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Infection Prevention and Control measures (IPC)

Hospital Infection Control Manual available at http://slmicrobiology.lk/download/IC-manual-2005.pdf
Standard Precautions and Hand Hygiene in Health Care Settings available online at http://www.slkog.lk/img/guidelines/
Minimum requirement for Infection Prevention and Control (WHO) available online at https://www.who.int/infection-prevention/publications/MinReq-Manual_2019.pdf?ua=1
Disinfection and Decontamination: A Practical Handbook available online at https://www.crcpress.com/Disinfection-and-Decontamination-A-Practical-Handbook/Moldenhauer/p/book/9780815379010
Health Waste care management in Sri Lanka available online at http://www.slkog.lk/img/guidelines/Other%20national%20Gidelines/Microbiologists/Book%203/Health%20Care%20Waste%20Management.pdf

<p>Hand hygiene:</p> <p>Hand washing with soap and water or 70% alcohol-based hand sanitizers according to the procedures described in the National Infection Control Manual / Standard precautions and hand hygiene in health care settings.</p>
<p>Personal Protective Equipment (PPE)</p> <p>Full PPE shall be worn by the staff. The standard steps in ‘Donning’ (Put the PPE on) and ‘Doffing’ shall be strictly practiced. After doffing, the used PPE shall be discarded according to the instructions provided in the Manual/ Guideline.</p>
<p>Disinfection and decontamination</p> <p>Disinfection is not done to remove all contaminants, but instead reduces the amount of contamination. Certain surfaces cannot handle harsh cleaning over and over again, so disinfection suffices. Everyday surfaces are usually disinfected, which kills some bacteria and fungi while inactivating viruses.</p> <p>Decontamination is the process of decreasing antimicrobial presence in an area or on a surface.</p> <p>The environment shall be cleaned with 0.1% Chlorine (aq) solution. For decontamination 0.5% Chlorine (aq) solution shall be used (Generally); as Chlorine solution is corrosive, Hydrogen peroxide is preferred to clean ambulances and metal surfaces.</p>
<p>Additional precautions</p> <p>Shall be adopted for infections with highly transmissible pathogens. The guideline shall be referred for the specific precautionary measures.</p>

Waste disposal

All waste generated, solid as well as liquid, shall be considered as infectious.

Shall be segregated at source, ward or IF, using colour coded bins and bags with Bio-hazard lining.

The solid waste bags shall be removed when it is $\frac{3}{4}$ full.

No spillage or leakage shall be ensured.

On transportation essential, PPE shall be donned and followed by hand hygiene.

Infectious solid waste shall be autoclaved or incinerated

Infectious liquid waste shall be treated to make it non-infectious before releasing it.

Disposal of dead bodies due to COVID-19

Provisional Clinical Practice Guidelines on COVID-19 suspected and confirmed patients. Sri Lanka College of Physicians available online at

http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/covid-19-cpg_march-2020-moh-sl.pdf(Autopsy Practice and disposal of dead body; chapter 7, page 25)

Case management

All necessary information is provided in the following publications

- | |
|---|
| <p>1. Provisional Clinical Practice Guidelines on COVID-19 suspected and confirmed patients;In collaboration with Ceylon College of Physicians Coordinated by Epidemiology Unit: 27th March, 2020; available online at http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/covid-19-cpg_march-2020-moh-sl.pdf</p> |
| <p>2. Revision to interim summary guidelines for clinical management of patients with novel coronavirus COVID – 19; available online at http://www.epid.gov.lk/web/images/pdf/Circulars/Corona_virus/revisionsummary.pdf</p> |

Operational support and logistics

1. Medical Supplies Division

The Medical Supplies Division (MSD) of Ministry of Health and Indigenous Medical Services is the main organization responsible for providing all **Pharmaceuticals, Surgical items, Laboratory Items, Radioactive Items, Printed materials**, etc. for Government sector healthcare institutions throughout the country. In addition, MSD is also responsible for supplying dangerous drugs and essential medical items, which are not available to the private sector in the open market.

MSD is the central organization where the medical supplies are stored until they are distributed among healthcare institutions. It has a network of stores comprising of a central Medical Stores in Colombo (MSD) and there are 26 Regional stores at district level (RMSD). In the chain of central medical stores, there are 18 Bulk warehouses at the main building, 3 Bulk warehouses in Angoda, 5 bulk warehouses in Wellawatta, one warehouse in Digana and one warehouse in Welisara. More information is available online at <https://www.msd.gov.lk/>

2. Bio-medical Engineering Services (BES)

Provide appropriate state of art medical equipment technologies for the government hospitals in the country while achieving the highest standards of Safety, Quality, Reliability, and Accuracy.

Main functions of the BES are,

Technology Assessment

Equipment Planning

Procurement

Maintenance Management

Training of End-users & Maintenance Staff

Contact details:

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Sample Information Collection Tool

Name of the Institution / Hospital:

Date and Time of visit:

Name of the Director:

Name and Titles of the participants:

Question	Response	Description of the response	Remarks
Is there a hospital emergency management committee?	Yes		
Isolation of suspected cases			
a) Isolation facility available?	Yes		
b) Is there a space to put up an IF	Yes		
IPC			
a) Is there an IPC control team led by an ICN?	Yes		
b) Staff trained?	Yes		
c) Guideline provided?	Yes		
d) Pictogram displayed?	Yes		
e) Regular monitoring conducted?	Yes		
Personal Protective Equipment (PPE)			
a) PPE Available?	Yes		
b) Is the staff trained in PPE use?	Yes		
Triage			
a) Triage being conducted?	Yes		
b) Is there a trained staff?	Yes		
c) Where is triage being done?			
IPC Material			
a) Availability of IPC reagents and material	Yes		
b) Disinfectant and Decontamination	Yes	0.1% Chlorine solution and 0.5% Chlorine solution	
c) Hand Hygiene?	Yes		
d) Materials available?	Yes		

Waste disposal			
a) Waste disposal (contaminated)	Yes		
b) Materials and reagents available?	Yes	Waste bins/ Bags	
Laboratory investigations			
a) Is the hospital capable of taking samples and sending it to the Reference Laboratory?	Yes		
Risk communication			
a) Is there a Risk Communication team/ unit?	Yes		
b) Do they communicate with staff/ people visiting the hospital	Yes		
c) How do they provide 'risk communication'?		Displays/ videos/ announcement/ Speeches /Other	
Patient Transport			
a) Is there a dedicated team?	Yes		
b) Availability of a dedicated ambulance	Yes		
Handling of dead bodies	Yes		
Capacity Building			
Training and refresher training of staff	Yes/No		

Footnote- This tool is developed for the purpose of the initial assessment of the hospitals/ Institution preparedness and response for current COVID-19 outbreak as well as for any similar future scenario.

List of Hospitals prepared for COVID 19 response as of 1st April, 2020

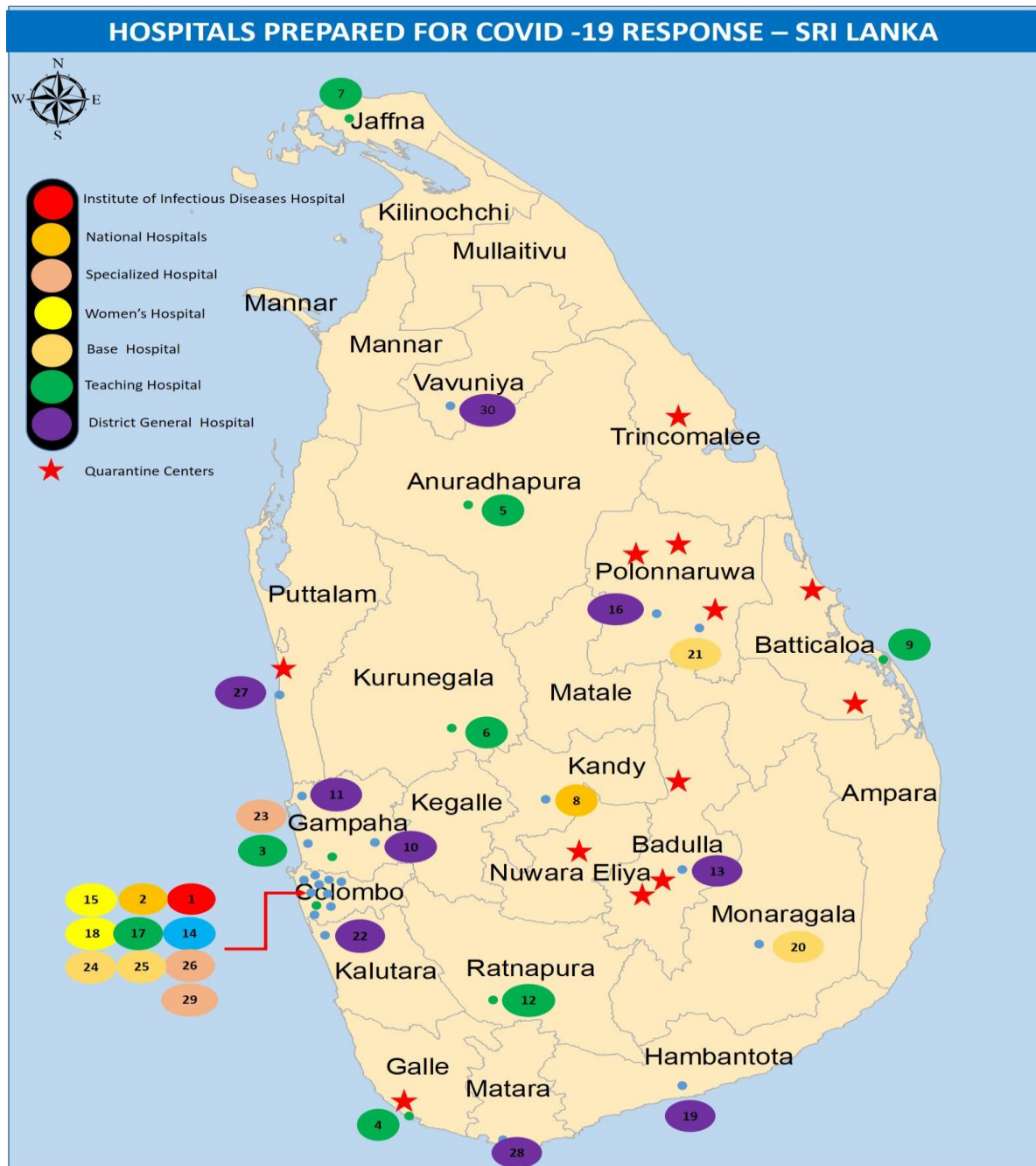
	<i>Hospital</i>
1.	NIID – National Institute of Infectious Diseases (Angoda, Colombo)
2.	NHSL- National Hospital of Sri Lanka (Colombo)
3.	TH Ragama – (Gampaha)
4.	TH Karapitiya – (Galle)
5.	TH Anuradhapura - (Anuradhapura)
6.	TH Kurunegala- (Kurunegala)
7.	TH Jaffna-(Jaffna)
8.	NH Kandy- (National Hospital, Kandy)
9.	TH Batticaloa-(Batticaloa)
10.	DGH Gampaha- (Gampaha)
11.	DGH Negombo- (Gampaha)
12.	TH Rathnapura- (Rathnapura)
13.	PGH Badulla- (Provincial General Hospital, Badulla)
14.	LRH- (Lady Ridgeway Hospital for Children, Boralla, Colombo)
15.	DMH (De Zoysa Hospital for Women, Borella, Colombo)
16.	DGH Polonnaruwa- (Polonnaruwa)
17.	TH Kalubowila- (Colombo South Teaching Hospital, Colombo)
18.	Castle St TH (For Women, Colombo)
19.	DGH Hambantota- (Hambantota)
20.	DGH Monaragala- (Monaragala)
21.	BH Welikanda- (Polonnaruwa)
22.	DGH Kaluthara- (Kaluthara)
23.	Chest H. Welisara (Gampaha)
24.	Colombo East Base Hospital (Mulleriyawa, Colombo)
25.	BH Homagama- (Colombo)
26.	Dr Neville F. Hospital- (Malabe, Colombo)
27.	DGH. Chilaw- (Puttalam)
28.	DGH Matara-(Matara)
29.	KDU Hospital- (Kothalawala Defense University)
30.	DGH Vavunia- (Vavunia)

TH- Teaching Hospital, GH- General Hospital, BH- Base Hospital. DGH- District General Hospital, PGH- Provincial General Hospital

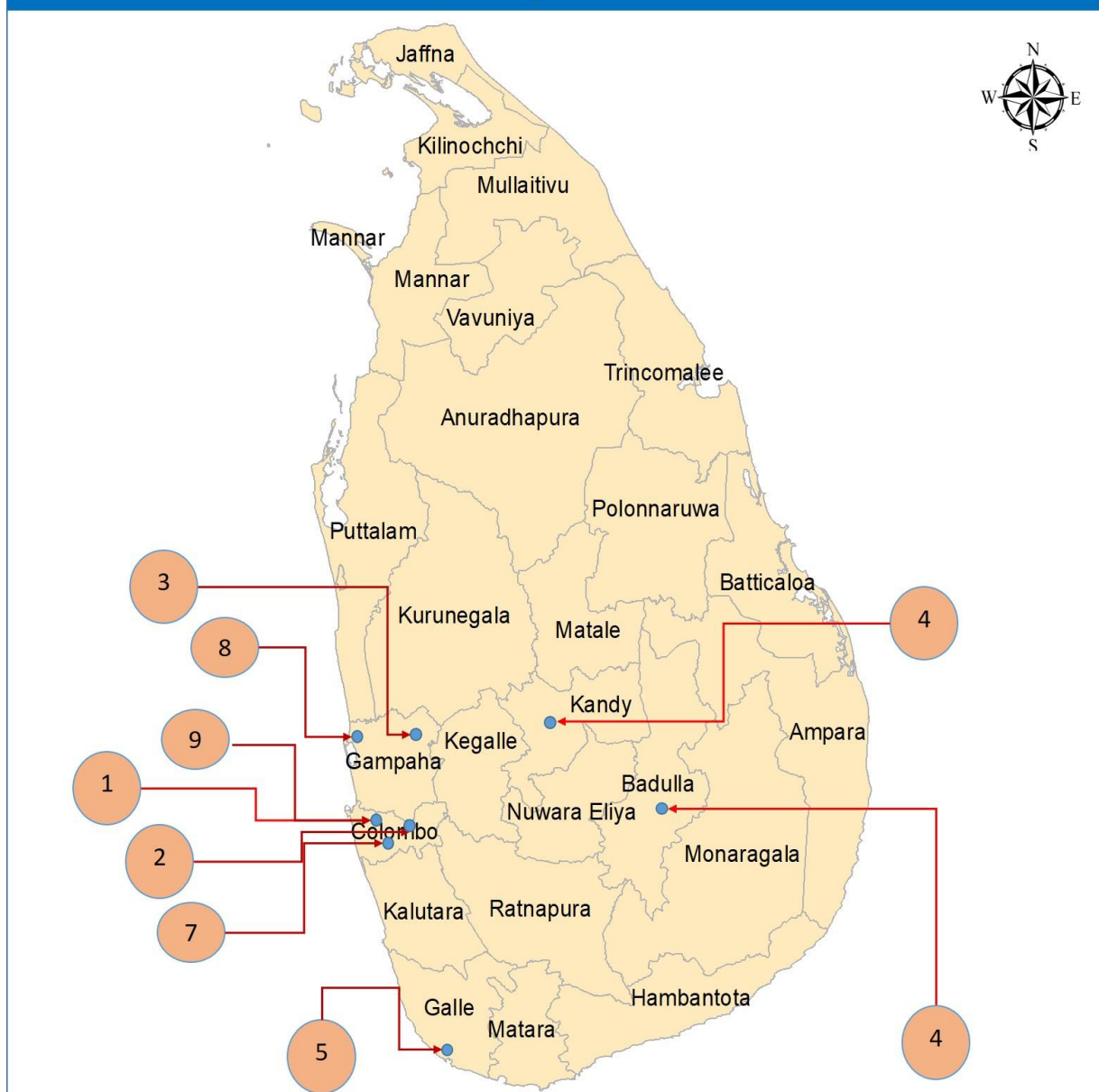
List of Quarantine Centres established and under care of Sri Lanka Army

Pompemadu, Punani (Batticaloa), Kandakadu (Polonnaruwa), Panichchankerni, 18 Sri Lanka National Guard camp at Meeyankulam, Borawewa, Galkanda (Polonnaruwa), Kahagolla, Army Base Hospital Diyatalawa (Nuwara-Eliya), Gemunu Watch camp at Diyatalawa (Nuwara-Eliya), Damminna (Polonnaruwa), Boossa (Galle) and Rantambe. (One being established at the VOA site is not included). As of 1st of April, 40 Quarantine centres have been established (37 by SLA, 2 by SLAF and 1 by SLN).

Hospitals prepared for OVID 19 response & QC



COVID-19 Hospital Assessment



No.	Hospital Preparedness Tool	hospital emergency management	Isolation facility for suspected cases is available	IPC control team led by an ICN	PPE is available	Triage being conducted	IPC reagents and material available	Waste disposal system available	Hospital capable of taking samples and to send it to Reference Laboratory	Risk Communication team/ unit is available	Patient Transport	Handling of dead bodies	Capacity Building is required
1	NIIDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	BH - Mulleriyawa	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	DGH - Gampaha	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	PGH Badulla	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	TH - Karapitiya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	NH - Kandy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	TH_LRH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
8	DGH - Negombo	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
9	NHSL - Colombo												