



Exit strategy of COVID-19 epidemic in Sri Lanka

Recommendations of the College of Community Physicians (Public Health Specialists) of Sri Lanka (CCPSL)

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1. BACKGROUND

Sri Lanka sets an example to the entire world, with its timely and pro-active response to the global epidemic despite being a low- and middle-income country. Broadly, Sri Lanka implemented a “whole-of-government and whole-of-society” approach in the epidemic response advocated by the World Health Organization (WHO).

1.1 Current status of the COVID-19 epidemic in Sri Lanka

Figure 1 illustrates the progression of the epidemic in the country up to 13th April 2020.

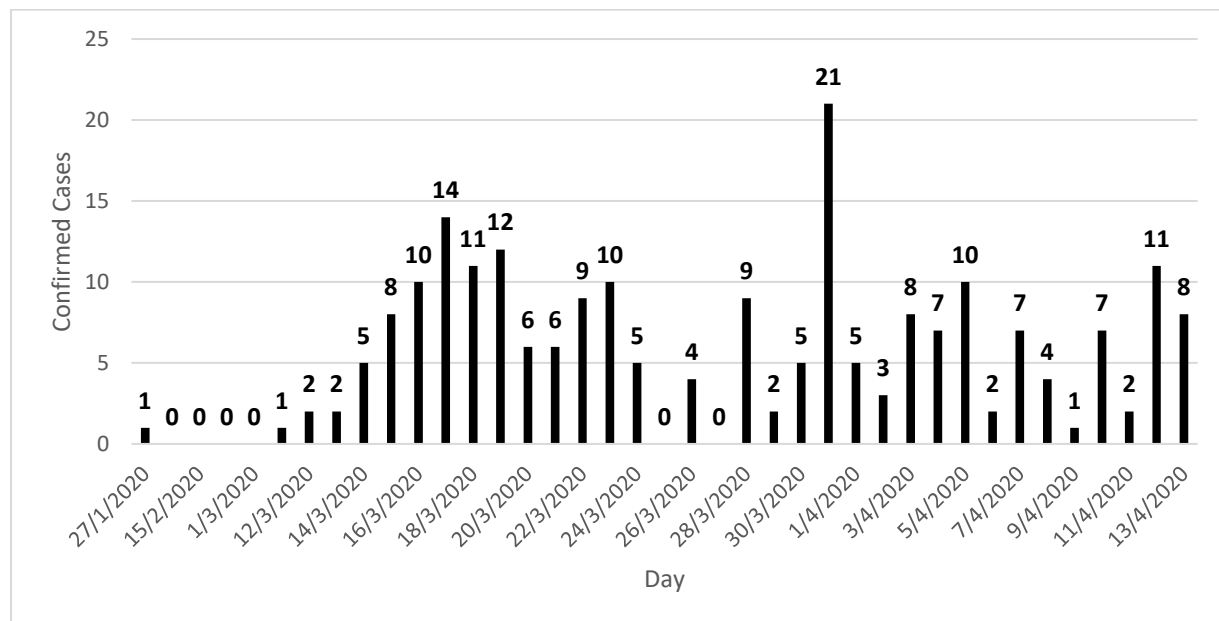


Figure 1: Distribution of the infected persons of COVID-19 detected in Sri Lanka

As at 13th April 2020, in Sri Lanka, there have been 218 confirmed cases, 59 recovered patients, 152 active cases, and 142 suspected and hospitalized cases with 7 deaths. We are now in stage 3 of the epidemic, with clustering of the cases within families or in villages. However, this position of Sri Lanka should be interpreted and weighed against the country-specific contexts and the proportion of testing conducted per million population.

It is apparent that the country has been and will be successful in flattening the curve through the dedicated efforts of the political leadership, all the governmental hierarchy, committed healthcare staff, three Armed Forces and Police and most importantly the general public for their contribution in controlling the epidemic.

The CCPSL repeatedly places on record the active and substantial contribution of the entire public health hierarchy from the grass root level Public Health Inspectors and Public Health Midwives to the highest level public health specialists, policy makers and administrators in various capacities and facets active in the epidemic response. Except a few sporadic incidents of social irresponsibility reported, the response of the general public in adopting social distancing has also been quite satisfactory.

Figure 2 depicts most of the multi-faceted, multi-stakeholder and society-oriented strategies that had been adopted by the country to counteract the epidemic.

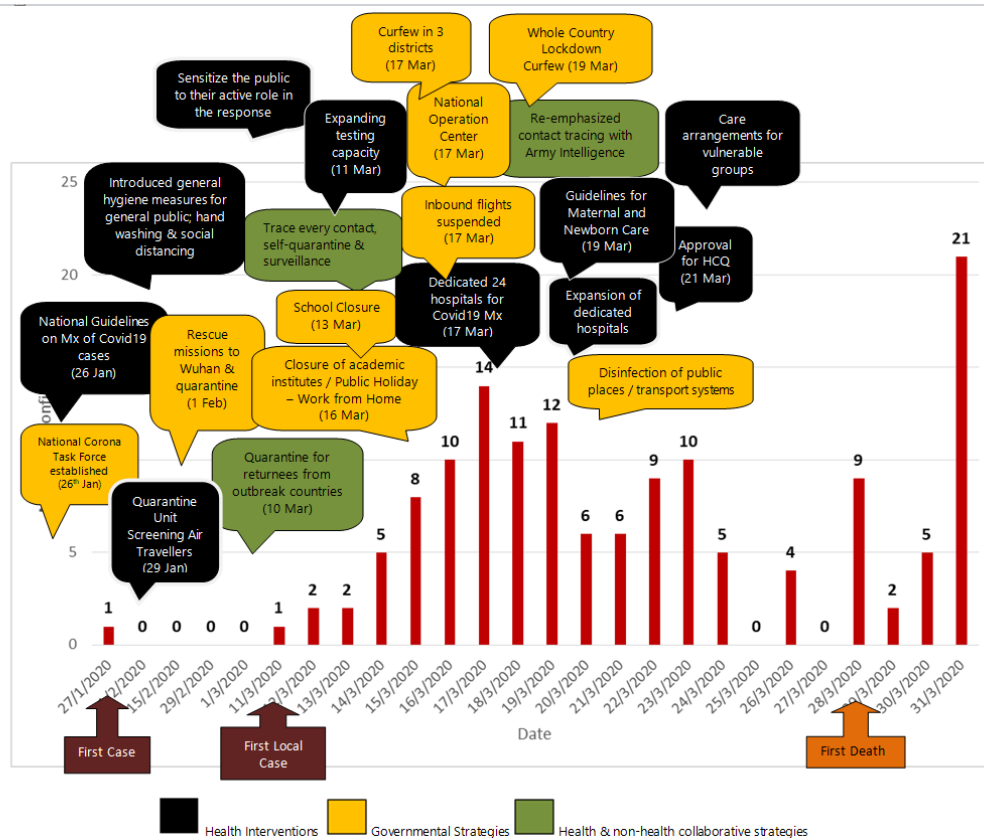


Figure 2: Cumulative number of cases and key interventions

At this stage, it is essential to keep the emergence of new cases to a minimum level and maintain enough capacity in the healthcare system.

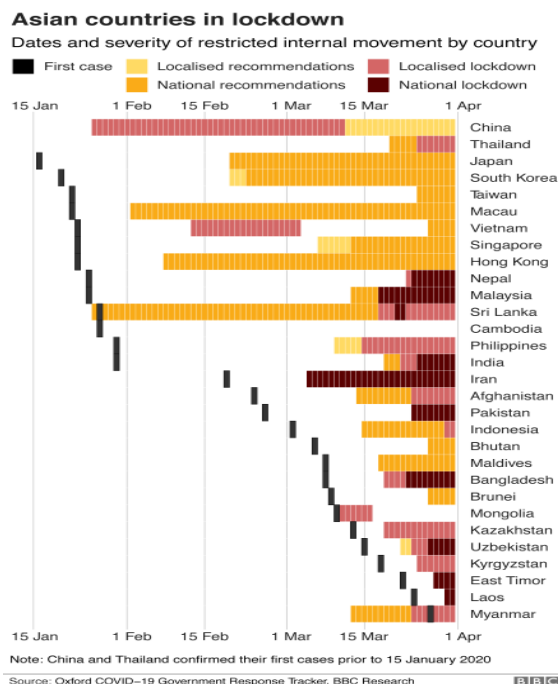


Figure 3: Comparison of the timing of public health strategies implemented in Sri Lanka compared to other countries

1.2 The need for an exit strategy

Given the devastating situations experienced by other countries, the government of Sri Lanka obliged to adopt a modified lockdown strategy by enforcing curfew throughout the country. This was done far ahead of other countries with similar situations, which in fact bought us time to control the epidemic from different fronts.

The whole country is now awaiting a return to normal day to day life and economic revival –an exit from the “modified lock down”. The challenge in this task is to ensure a “balance” between the epidemic prevention and returning to normalcy in public life.

Exit strategy

In the context of COVID-19, an exit strategy should be considered as a contingency plan that needs to be executed by the “whole-of-government and whole-of-society” approach, once the stipulated objectives of containing the epidemic has been partly / fully achieved, which could maximize benefit and/or minimize damage.

An exit strategy is not a onetime approach. It is implemented in a staggered manner taking into consideration the evolving dynamics of the epidemic.

It is equally important to prepare the mindset of the general public with a well-executed immediate communication plan. It should reinforce the continuous need for hand-washing, respiratory etiquette and physical distancing and inform that a revert is likely in the event of epidemiological evidence of community spread, if public do not comply.

2. OUTLINE OF THE EXIT STRATEGY FOR COVID-19 EPIDEMIC IN SRI LANKA

2.1 Objectives of an exit strategy

1. Maintaining the case load well below the country's health system capacity
2. Returning to near normal public life
3. Economic recovery

To achieve the above objectives, a careful analysis of the interventions already adopted (Figure 2) should be made; and which of these need to be removed or gradually scaled down should also be determined. This should be executed under the strict guidance, coordination and supervision of the National Operation Centre for Prevention of COVID-19 Outbreak.

It is equally important to learn from the experiences of other countries which have already attempted exit strategies (Box 1). As reported over the recent weeks, many challenges imposed by new waves of infection in several countries has prompted a series of policy revert backs with further lockdowns.

Singapore: Following the initial caseload and apparently containing the epidemic, a new wave emerged predominantly among migrants living in crowded housing conditions. Total infections in the city-state were increased by more than 80% in the previous week to 1,910. The city-state of 5.7 million people had to re-introduce a near total lockdown for one month. Schools and most workplaces are closed; and social gatherings banned among people.

Hong Kong: The country was successful in controlling the epidemic initially. However, it experienced a 'hammer and dance' epidemic. Hong Kong is also responding to an unexpected high increase in the number of cases over the past two weeks, mainly driven by imported cases but also a rising number of local transmissions. In response, the country has adopted a "suppress-and-lift" strategy, where the government would introduce tougher measures when the virus transmission rate is high and relax them when it drops to an acceptable range.

Taiwan: The country averted a large-scale outbreak and kept infections below 400. Except for tourism and airlines, most other parts of the country's service sector, as well as its manufacturing industries, continued to function as usual. Although this strategy appears to be successful, Taiwanese returnees from Europe and the US with infections led to the number of confirmed cases in the country rising fivefold in six weeks.

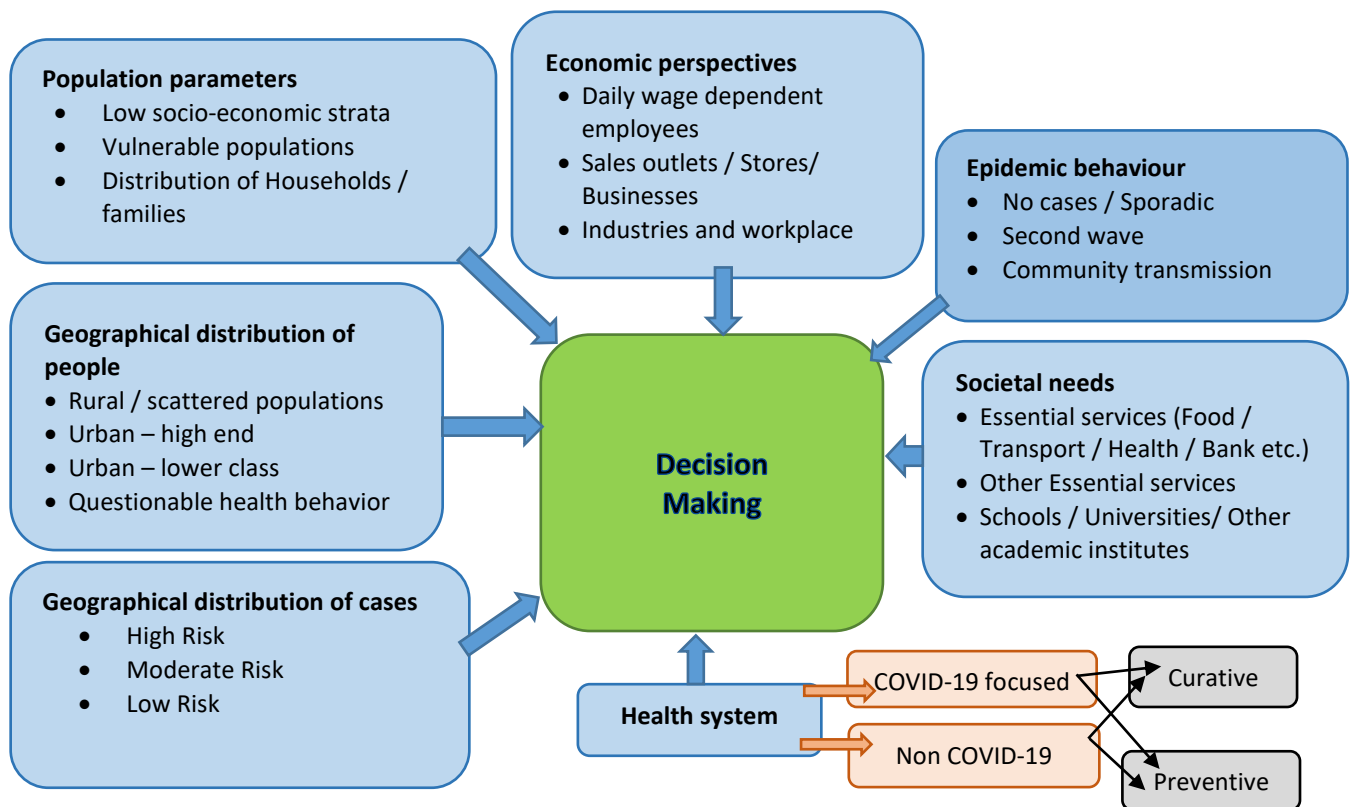
South Korea: South Korea, which had been battling the worst outbreak outside China, was successful in containing the outbreak. The country has had new infections over the past month fluctuating between 30 and 100 cases a day. This is a vast improvement from the peak they had of more than 900 but also implies that full eradication remains difficult. The country's infection rate remains problematic due to overseas arrivals and isolated clusters. Recently, South Korea reported that nearly 100 recovered patients have tested positive for the disease again. The officials believe that the virus may have been 'reactivated' in them, rather than the patients being re-infected.

Iceland: Considering that it has already tested 10% of its population, 50% are asymptomatic. (Total population: 364,134). As of April 10, the country has reported more than 1,600 infections and six deaths.

Box 1: Learning from other countries which attempted exit strategies

The pandemic itself and the cascade of interventions so far adopted are complex. There is no solid evidence to prove which intervention had resulted in which magnitude, in the containment of the epidemic. We should understand that the evidence is even more limited on the epidemic progression and underlying precipitating or limiting factors in tropical countries like Sri Lanka. On the other hand, with the backing of 95 years of experience based on a well-structured public health system that may be unique to Sri Lanka; and also being a tropical country, the behaviour of the epidemic is likely to be different from that experienced in most of the temperate countries. As such, the predictions made by other countries may not be truly applicable to our local settings, making it very difficult to disentangle the mess of scenarios. Considering these many challenges unique to us, there is a need to plan the exit strategy with much caution, while anticipating the unforeseen trajectories, as the strategies required may be untested and the entire world is still experimenting with different plans.

There may be many scenarios which might emerge as the epidemic evolves. Therefore, when formulating a country-specific exit plan, the country needs to study all these different scenarios, as outlined in Box 2.



Box 2: Parameters to be considered for decision making

2.2 Pre-requisites for an exit strategy for COVID-19 epidemic

An in-depth understanding of the epidemic behaviour is required for decision making on the timelines and exact strategies that need to be deployed. This will be facilitated by conducting escalated strategic RT-PCR testing as given below:

1. Passive surveillance - Suspected patients fulfilling the case definition of COVID-19
2. Active surveillance
 - Targeted high-risk testing among all three tiers of close contacts and quarantined persons
 - Health facility testing of close contacts
3. Sentinel surveillance - Patients in sentinel centres fulfilling the severe acute respiratory infection (SARI) and influenza like influenza (ILI) criteria

Antibody testing: This option should be explored among those providing frontline essential services (e.g. oncology, obstetrics and ICU staff) and those negative for RT-PCR 2 weeks after recovery.

The above will provide guidance to determine the stage of the epidemic in the country (Post-peak stages with sporadic cases / Second wave / Community transmission stage), to categorize the geographical areas based on risk (High risk / Moderate risk / Low risk) and to determine the pattern of infectivity by aggressive continuous contact tracing.

2.3 When and how to initiate an exit strategy

When to initiate?

Ending the curfew too soon could lead to a second outbreak, while enforcing it for too long could further cripple the economy and public morale. When to end the current phase must be decided at national level by an expert panel comprising health and non-health authorities with vigilant monitoring of the area-specific caseloads, as premature relaxation of the lockdown in any part of the country could affect the spread in the rest of the areas. If Sri Lanka can maintain the low numbers of new COVID-19 cases at national level along with no solid evidence of community transmission (i.e. no known epidemiological link for the transmission), moving to more and more relaxed phases can be considered with time.

Implemented at what level?

Since every geographical area would not pose a similar threat for COVID-19, a blanket exit strategy is not applicable across the board to the entire country. Instead, targeted strategies need to be worked out at area level - at the district level. In the initial stage, each district in the country should be categorized according to the caseload prevailing in each area (Figure 4):

- A. High risk districts
- B. Moderate risk districts
- C. Low risk districts

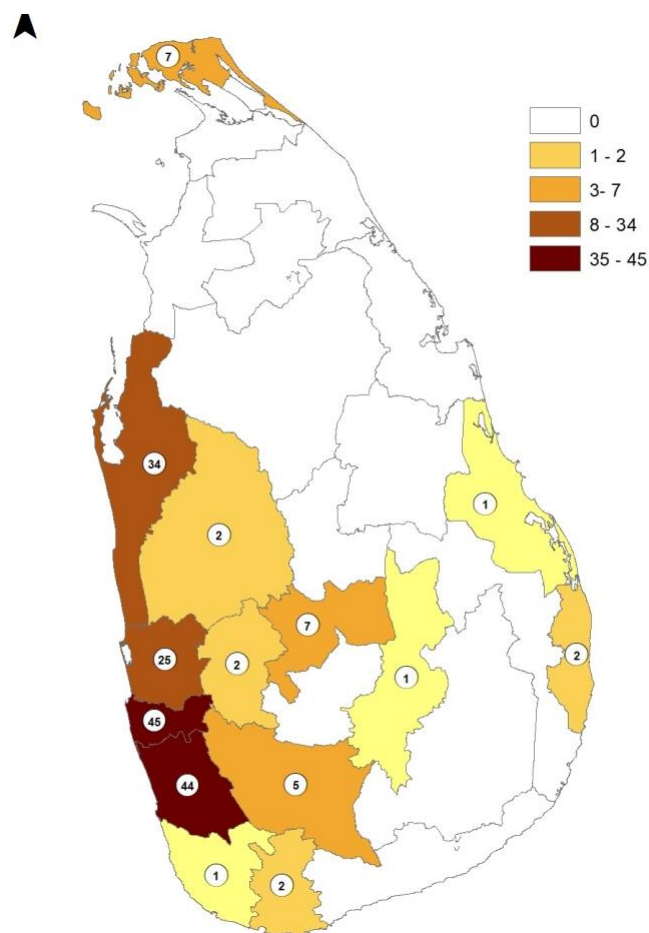


Figure 4: Risk status of districts determined according to the number of cases reported

The decision to relax the currently imposed modified lockdown strategy in a particular district should be primarily based on the following parameters:

- Number of cases reported within the last 28 days
- Extent of the primary / secondary contact load within last 28 days
- Geographical scatter of the households / families
- Judgment on the compliance of the resident population with epidemic control measures

With further understanding of the behaviour of the epidemic/ people in each district, relevant authorities may shift the focus to clusters of divisional secretariats (DS) areas or to individual DS areas within a district. However, in all situations, more stringent criteria should continue to be applied for areas under strict quarantine.

It should be reiterated that such decisions on relaxing or maintaining lockdown should be facilitated by a multi-disciplinary expert panel at national level with adequate representation from the index localities. In the absence of defined case-wise cut-offs or strict timelines, the decision makings throughout this process must be reflective and done using a frequently revisited process.

What to implement?

The exit strategies need calculated decision making based on a multitude of factors including accurate predictions of the epidemic dynamics behaviour, health system capacity for testing, isolation and treating, capacity for enforcement of restrictions, human behavioural factors, dynamics of the national and subnational economies, socio economic consequences for the people, etc.

Hotspots within high risk areas shall be identified with more tight restrictions applied.

Planning and operationalization of the suggested exit strategy within each district needs well-coordinated multisectoral teams working at Divisional Secretariat (DS) level, which usually coincides with the Medical Officer of Health (MOH) area, so that it is more feasible for better coordination of the control activities by both health and non-health agencies.

Details of certain activities for example, transportation of goods and people between high risk and low risk areas, alternative methods of continuing school education, maintaining physical distancing in set ups such as economic centers should be worked out by the multi-sectoral teams.

The optimal operationalizing of the strategy will also need rigorous inputs of real-time epidemiological geo-spatial data reporting to appropriate authorities for action both at national and subnational levels. Further, the exit strategy should be time-bound and requires change depending on the emerging local epidemic data and will be revised by a team of multidisciplinary experts when appropriate.

For successful exiting, an effective communication campaign is needed to prepare the mindset of the general public for the graded exit plan which is essential in gaining compliance for it and avoiding any pent-up actions that will explode and be difficult to manage in terms of COVID-19.

Within each of the identified risk areas, the withdrawal of curfew / implemented measures / restrictions needs to be carried out in Phases in a staggered manner, while ensuring the continuity of interventions carried out so far to contain the epidemic.

- A. Phase I – Stringent restrictions in high risk areas
- B. Phase II - Moderate restrictions in moderate risk areas
- C. Phase III – Relaxed restrictions in low risk areas

2.4 Basic considerations in the decision making related to restrictions / relaxations

Relaxation must be based on a blend of influences of scientific evidences as well as socio-cultural and economic factors. Lifting the restrictions must be graded, while their timelines must depend on the area-specific parameters. Some of them are outlined below:

I. Population structure in relation to cases reported from districts:

Category	Districts	Population
> 10 cases	Colombo / Puttlam / Kalutara / Gampaha	6 Million
5 – 10 cases	Ratnapura / Jaffna / Kandy	3 Million
< 5 cases	All other districts	13 Million

(Classified based on cases reported up to now)

II. Population characteristics:

Rural / scattered populations	17 Million
Urban	4.2 Million (Urban high end / Urban – lower class)
People below poverty line	1.5 Million
Samurdhi recipients	1.4 Million families
Elderly population >65 yrs.	8 Million
Pregnant women	201,000 (point prevalence)
Persons with chronic illnesses	<i>(to be estimated)</i>
Localities with questionable health behavior	<i>(to be worked out)</i>
- e.g. 556,000 housing units in the Colombo District: 7900 “hut/shanty” units.	

III. Daily wage dependent employees:

1.9 million daily wage workers including three-wheeler drivers and lottery sellers. About 20,000 street vendors in Colombo

IV. Services:

Food / Grocery/ Supermarkets – geographical distribution:

Cargills Food City - 315 stores	Keells - 80 stores	Sathosa - 398 outlets
Arpico - 58 stores	Laugfs - 34 stores	Total 487

V. Commercial banks:

Bank	Branches	ATM
Bank of Ceylon	628	689
Commercial Bank	266	830
NTB	93	138
PAN Asia Bank	85	
People’s Bank	738	500
Sampath Bank	229	373
Seylan Bank	158	
Total	2197	2530

Branch network serves average 6000 population per branch (range 4081 – 8200).

2.5 Generic considerations (irrespective of the risk or geography)

Even within the existing lockdown strategy, the following measures have been maintained throughout the country, and should continue irrespective of the risk level or the geographical area;

1. Key essential services
Health / Water / Electricity / Gas / Postal / Petroleum / Telecommunication / Harbour / Vehicle breakdown services / Road maintenance / Irrigation
2. Essential industries (non-crowding): farming, fisheries, construction sites

The above will ensure continuous access to food and other essentials, increasing livelihood opportunities. The rationale behind relaxations should be for staged resumption of normality, while continuing with the social distancing strategy approximately at 50% or above.

2.6 An outline of the Phases in the Exit Strategy

PHASE I (STRINGENT) - These will be applicable to “High risk” areas.

Parameter	Restrictions / Relaxations
Lockdown status	The curfew will be lifted 6.00 am – 6.00pm. But police will continue to maintain certain restrictions.
Travel	Inbound or outbound travel will not be allowed, unless for a specific humane reason.
Relaxations and restrictions for the people to follow	1. Personal level measures including hand-washing, respiratory etiquette and social distancing should be practised. 2. Only one person per house will be allowed outside the house premises at a time for a specific purpose. They are advised not to spend more than three hours outside. No children accompaniment outside. 3. Pregnant women should remain at home but allowed to attend routine clinics. 4. Other vulnerable groups (persons above 65 years / patients with chronic illnesses) are NOT permitted to move outside the house unless for medical reasons. They should obtain special passes if needed. 5. No private gatherings for any purpose of <u>more than five</u> persons, no religious congregations and all places of worship shall remain closed. 6. Attendance at weddings and funerals should be restricted to 10 persons at a time.
Transport	1. No public transport allowed. 2. Private vehicles / Taxi are allowed with only 2 passengers. 3. Three wheelers / Motorcycles / Bicycles can carry only one passenger. <i>Hand washing / Sanitizers / Facemasks should be offered on entering the vehicle and social distancing should be maintained.</i> <i>Disinfection should be arranged for taxies and three wheelers.</i>
Healthcare facilities	Government: 1. All hospital inward services should be started except OPD and routine clinics. 2. Triage systems to care for patients with fever or suspected COVID-19 cases according to case definition and refer them to identified hospitals. 3. Medication delivery mechanism to continue. 4. Routine surgeries / other procedures (stenting, etc.) should be offered on a carefully worked out priority plan. 5. Antenatal and child immunization clinics should be conducted as usual on appointment basis both at field and hospital levels 6. Ophthalmology, ENT and dental services are only for emergencies. 7. Family planning services should be offered on demand Private: All pharmacies / General Practice / Medical Centers are allowed to open and should follow guidelines issued by Ministry of Health & College of GPs. <i>* In all the above situations, strict compliance should be maintained on social distancing and basic hygienic measures.</i>
Work	All workplaces (Government / Private) to maintain “work from home” modality in line with current practice.
Food & Groceries	1. Home delivery services to continue and to be more strengthened. 2. Small groceries / shops – Allowed to open with minimal crowding (strict restrictions and changes in the premises to facilitate this). 3. Larger food / grocery outlets (Supermarkets) –restricted entrance with one token card per family for a designated outlet / Token valid once per week for 1 hour.

	- The catchment area and the catering population should be considered. - Economic Centers and other large scale wholesale food markets are kept open in compliance with safety health measures.
Schools Universities / Other academic institutes	- To be remained closed. Online / distant education modalities are promoted. - Tuition classes not allowed.
Small Businesses	- Hardware stores etc. will be opened. - Eating places, restaurants and bakeries will be opened. No eating allowed in-house. Take away only. - Shops selling merchandise like jewelry, textile and electronics will not be opened. Non grocery supermarkets, malls, theatres, bars, etc. with closed air-conditioning will also remain closed.
Banks	Should operate mostly via ATM, online or mobile services. No physical client services offered. <i>Hand washing / Sanitizers should be offered at ATMs</i>
Daily wage dependent employees	- Daily paid labourers are allowed to work with specific restrictions imposed to employers on social distancing and basic hygienic measures - Lottery sellers –allowed with social distancing and basic hygienic measures
Export processing zones / larger factories	To be remain closed

PHASE II (MODERATE RESTRICTIONS) - These will be applicable to “Moderate risk” areas.

Parameter	Restrictions / Relaxations
Lockdown status	The curfew will be lifted 6.00 am – 6.00pm. But police will continue to maintain certain restrictions.
Travel	In bound or outbound travel–not allowed unless there is a specific humane reason
Relaxations and restrictions for the people to follow.	- Personal level measures including hand-washing, respiratory etiquette, and social distancing should be practised. - Only one person per house will be allowed outside the house premises at a time for a specific purpose. They are advised not to spend more than three hours outside. No children accompaniment outside. - Pregnant women should remain at home but allowed to attend routine clinics. - Other vulnerable groups (persons above 65 years / patients with chronic illnesses) are NOT permitted to move outside the house unless for medical reasons. They should obtain special passes if needed. - No private gathering for any purpose <u>more than five</u> persons, no religious congregations and all places of worship shall remain closed. - Attendance at weddings and funerals should be restricted to 10 persons.
Transport	- Public transport (CTB / Private / Train) allowed for travel with 50% seating capacity - Private vehicles / Taxi are allowed with only 2 passengers. - Three wheelers / Motorcycles / Bicycles can carry only one passenger. <i>Hand washing / Sanitizers / Facemasks should be offered on entering the vehicle and social distancing should be maintained.</i> <i>Disinfection should be arranged for public transport, taxis and three wheelers.</i>
Healthcare facilities	Government: - All hospital services should be established including OPD and routine clinics. - More OPD sessions –morning & evening.

	3. Triage systems to care for patients with fever. 4. Routine clinics –presence of patients only if there is a complaint. Medications issued for 2 months. 5. Routine surgeries / other procedures (Stenting etc.) should be offered on a carefully worked out priority plan. 6. Antenatal & child Immunization clinics should be conducted as usual on appointment basis both at field and hospital levels. 7. Ophthalmology, ENT and dental services are only for emergencies. 8. Family planning services should be offered on demand. Private: All pharmacies / General Practice / Medical Centers are allowed to open and should follow guidelines issued by Ministry of Health & College of GPs. <i>* In all the above situations strict compliance should be maintained on social distancing and basic hygienic measures.</i>
Work	All workplaces (Government / Private) which caters for public requirements within the geographical area to resume work with 2 sessions; 8.00 am – 12.00 N 12.30 N – 4.30 pm Different work hours may be introduced to reduce overcrowding in public transport. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Food & Groceries	1. Home delivery services to continue and to be more strengthened. 2. Small groceries / shops – Allowed to open with minimal crowding. 3. Larger food / grocery outlets (Supermarkets) –restricted entrance with one token card per family for a designated outlet / Token valid once per week for 1 hour 4. The catchment area and the catering population should be considered. 5. Economic Centers and other large scale wholesale food markets are kept open in compliance with safety health measures. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Schools Universities / Other academic institutes	1. To be remained closed. Only examinations may be conducted in compliance with health precautions. 2. Tuition classes not allowed.
Small Businesses	1. Non grocery supermarkets, malls, Hardware and shops selling other merchandise like jewelry, textiles and electronics will be opened. 2. Eating places, restaurants, tea shops, bakery will be opened. Eating allowed in-house for 50% seating at a time. 3. Restaurants are allowed to open with minimal crowding. 4. Theatres, bars, etc. with closed air-conditioning will remain closed. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Banks	Should operate mostly online or mobile services. Client services should be started with 2 sessions; 7.00 am – 12.00 N 12.30 N – 5.30 pm Services offered once per week per customer. Different work hours may be introduced to reduce overcrowding in public transport. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>

Daily wage dependent employees	1. Daily paid labourers are allowed with specific restrictions posed to employers on social distancing and basic hygienic measures 2. Lottery sellers & specific street vendors –allowed with social distancing and basic hygienic measures
Export processing zones / larger factories	To remain closed.

PHASE III (MORE RELAXED RESTRICTIONS) - These will be applicable to “Low risk” areas.

Parameter	Restrictions / Relaxations
Lockdown status	The curfew will be lifted. No supervision by police.
Travel	No restrictions on inbound or outbound travel.
Relaxations and restrictions for the people to follow.	1. Personal level measures including hand-washing, respiratory etiquette, and social distancing should be practised. 2. No restrictions on moving outside the house premises, but “stay home” promoted. 3. Pregnant women should remain at home but allowed to attend routine clinics. 4. Other vulnerable groups (persons above 65 years / patients with chronic illnesses) are permitted to move outside the house for a specific purpose for a limited time period. 5. No private gathering for any purpose <u>more than 10</u> persons. 6. Religious congregations and all places of worship will be opened for only 10 people at a time. 7. Weddings and funerals should be conducted with minimal participants, complying with hygienic practices and maintaining social distancing.
Transport	1. Public transport (CTB / Private / Train) allowed for travel with 50% seating capacity within the area. 2. Private vehicles / Taxi are allowed with only 2 passengers. 3. Three wheelers / Motorcycles / Bicycles can carry only one passenger. <i>Hand washing / Sanitizers should be offered on entering the vehicle and social distancing should be maintained.</i> <i>Disinfection should be arranged for public transport, taxis and three wheelers.</i>
Healthcare facilities	All healthcare services (government and private) should be resumed with triage systems to care for patients with fever. <i>* In all the above situations strict compliance should be maintained on social distancing and basic hygienic measures.</i>
Work	All workplaces (Government / Private) in the geographical area to resume work with 2 sessions 50% employees per session (one group per week of every other day); 7.00 am – 12.00 N 12.30 N – 5.30 pm Different work hours may be introduced to reduce overcrowding in public transport. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Food & Groceries	1. Home delivery services to continue and to be more strengthened. 2. Small groceries / shops – Allowed to open with minimal crowding. 3. Larger food / grocery outlets (Supermarkets) –restricted entrance with one token card per family for a designated outlet / Token valid once per week for 1 hour 4. The catchment area and the catering population should be considered. 5. Economic Centers and other large scale wholesale food markets are kept open in compliance with safety health measures.

	<i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Schools Universities / Other academic institutes	To be resumed with 50% students per session. Two sessions should be conducted. Each academic institute to organize schedules based on health advice / precautions. <i>(Please see notes below)</i>
Small Businesses	1. Non-grocery supermarkets, malls, Hardware and shops selling other merchandise like jewelry, textiles and electronics will be opened. 2. Eating places, restaurants, tea shops, bakery will be opened. Eating allowed in-house for 50% seating at a time. 3. Restaurants are allowed to open with minimal crowding. 4. Theatres, bars, etc. with closed air-conditioning will remain closed. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Banks	Should operate mostly online or mobile services. Client services should be started with 2 sessions: 7.00 am – 12.00 N 12.30 N – 5.30 pm Services offered once per week per customer. Different work hours may be introduced to reduce overcrowding in public transport. <i>Hand washing / Sanitizers should be offered on entering and leaving; and social distancing should be maintained.</i>
Daily wage dependent employees	1. Daily paid labourers are allowed with specific restrictions posed to employers on social distancing and basic hygienic measures. 2. Lottery sellers & other street vendors –allowed with social distancing and basic hygienic measures.
Export processing zones / larger factories	All factories in the geographical area to resume work with 2 or more sessions 50% or less employees per roster. Different work hours may be introduced to reduce overcrowding in public transport. <i>Hand washing / Sanitizers should be offered on entering and social distancing should be maintained.</i>
Other	Religious congregations, large events, political meetings or conferences or cultural gatherings shall continue to be prohibited

Schools and colleges to reduce the capacity to 50% per session in relaxed areas

This could be having 50% of the students from grade 1- 3 and grade 6 – 9 to be at school from 7.00am to 12.00 pm and the other 50% of the students from grade 4- 5 and grade 10 – 12 to be at school from 1.00pm to 5.00pm

2.7 Country level measures

1. Install temperature screening mechanisms on entrance to public places / institutions
2. Introduce different office times to reduce passenger load on public transport systems
3. Air travel precautions
 - Rescue missions for Sri Lankans stranded in several countries and imposing mandatory center-based quarantine
 - Inbound / outbound flights: temperature screening / testing / quarantine certificates

3. FACING THE FUTURE CHALLENGES

Given below are the future challenges in implementation of the exit strategy.

I. Scenario-based preparatory approach

The CCPSL observes that a crisis management strategy would not be successful in the long run. In response, it is necessary to go for a scenario-based modality to further control the epidemic, which could well be guided by a valid prediction model.

Potential country scenarios should be worked out and strategies should be formulated beforehand.

Following are some of the scenarios we think that the country would encounter;

Scenario – 1: Community transmission and exponential increase of cases with preventive measures going out of control (This would be the worst scenario)

Scenario – 2: Current scenario with sporadic cases and no burden to the health system

Scenario – 3: Lowered health system capacity due to infected healthcare workers or reduced supplies

Scenario – 4: Second wave of epidemic

Building different predictable scenarios and suggesting appropriate actions should be delegated to a team of professionals with public health expertise.

A close watch for progression in to community transmission / second wave of the epidemic should be maintained. WHO advocates "If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of COVID-19 cases can prevent those cases becoming clusters, and those clusters becoming community transmission".

II. Scientific prediction of the epidemic

A pre-requisite of the epidemic response to COVID-19 is the availability of a near valid country-specific model to predict the progression of the epidemic. This can be used to better define the period of infectiousness and transmissibility i.e. estimating R_0 in real time. As the key stakeholders, there is a responsibility towards providing a sound prediction on the course of the epidemic, based on a country-specific model generated using local data. In this regard, the CCPSL recommends that this task be entrusted to a panel of experts representing different fields, and the model tested with actual data.

It is also necessary to have a stream of local viral data and other behavioural variables that allows understanding of the natural history of COVID-19 in local settings. This will help to minimize the need for lockdowns and to better calibrate the public health interventions.

III. Antibody testing

Antibody testing can determine whether a person was previously infected with the COVID-19 and developed immunity. This will give an idea on the level of herd immunity acquired. A large population of healthy individuals with immunity could minimize the likelihood of continued widespread disease in the general population.

Identification of people with immunity from COVID-19 is important with regards to essential settings, as they can then safely work in such settings like in health care, public safety and service industry. However, antibody test as a 'passport' for back to work would not really be applicable as the test yield would be low.

IV. Care for the non-COVID-19 patients

The health sector has experienced over a short time changed attitudes towards negativity in caring for non-COVID19 patients and reverting needs a huge effort. Normalcy is bringing these services back. The country's annual outpatient and inward patient turn out are approximately 7 million (19200 per day) and 56 million (153,400 per day) respectively. On the other hand, the people fear to come for services and present late as emergencies, and on the other, when patients do come, the health staff responsiveness would be negative, with a tendency for refusal/postponement care which can result in increased mortality and morbidity that could have been prevented. At present, the entire health system is geared to face the challenges of the epidemic at the expense of services at first contact level, clinic-based care, field health services (child well baby/ immunization / antenatal /family planning), surgical care and other routine medical interventions. We believe the disruption of the whole spectrum of the routine services in the entire country is unwarranted. The consequences of this strategy would end in a long term catastrophe. As a country with a relatively low COVID-19 caseload, it is essential to maintain the routine service delivery, until strategic shifts are required to ensure maximum benefit for a population, as a result of increasing caseloads or infected health workers.

It is highly recommended that health administration should facilitate all the tertiary care or main hospitals in each district to function in full force with necessary precautions, while fever patients are admitted to identified hospitals for further testing and care.

V. Supply chain management

With time, hospital supplies will be running low, though it had not yet impacted on the clinical management of patients. Maintaining supply chains for medications and other needed supplies should be done by a high-powered team, as importation may be compromised due to high demand and limited supplies from manufacturing countries.

VI. Quarantine strategies

It is essential to undertake a comparative analysis of the different quarantine strategies used and contexts for their effectiveness and social acceptability.

VII. Economic resumption in Western Province (WP)

WP is the economic hub of the country. With a high number of cases reported, WP is still considered as a high risk area. Under the proposed strategy above, it will take longer time to exit and the economic repercussions would be many. As such, the WP will clearly need a micro planned other strategy.

While appreciating the continued commitment, we urge the political leadership, all the governmental hierarchy, healthcare staff, Armed Forces, Police, all other stakeholders and general public on the need of concerted efforts to fight against the country's worst challenge in the millennium.

College of Community Physicians of Sri Lanka

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