

## Editorial



## The COVID-19 pandemic: tackling challenges through the public health system

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This COVID-19 Special Edition of the Journal of the College of Community Physicians of Sri Lanka addresses issues of governance during the COVID-19 pandemic. The pandemic has seriously impacted health, economies, and politics across the nation in ways that none of us could have fathomed. The need for diverse stakeholders; doctors, administrators, nurses, public health inspectors, public health midwives and other minor health staff, to communicate, co-ordinate and collaborate, has tested the resilience and efficiency of the governance. The crisis has also fostered new ways of collaboration among our profession with other stake holders and international organizations, and among grass root movements and local communities. Thus, the objective of publishing this special edition was to create a platform to showcase the co-ordination of local, regional, national responses to the COVID-19 pandemic in Sri Lanka and strategies that addressed the COVID-19 and its implications, through narrative and technical reports, which would assist healthcare workers and researchers working under challenging conditions to bring the COVID-19 outbreak to a close.

This edition will also highlight the up-scaling of critically important health care services that have been affected; maternal and child health, non-communicable diseases and furthermore, transitioning to telehealth, the financial impact and environmental resolutions,

with special attention on the ethics of the pandemic and how it has affected us all.

Everything that the Sri Lankans have traditionally taken for granted; health, community, social gathering, sports, entertainment etc, was completely upended. There is no facet of the medical world which has not been affected. However, the healthcare workers rapidly reinforced the crippled services in all aspects, curative and preventive, to meet the COVID-19 emergency, with an incredible spirit and desire to help one another during this pandemic.

Since the first confirmed case of COVID-19 that was reported in Sri Lanka, and with the second confirmed Sri Lankan identified on 11 March 2020, the Ministry of Health and Indigenous Medical Services was vigilant together with key stakeholders like the Sri Lanka Army, Sri Lanka Police and the Sri Lanka Civil Aviation Authority. A multi-disciplinary National Action Committee coordinated the recommended preventive and management measures and scaled-up services on early case identification and management, isolation of cases, contact tracing, quarantining of suspected persons and risk communication and wide awareness of the general public on preventive measures. This response also included identification of thirty state hospitals to manage the suspected and confirmed COVID-19 cases. Essential medical and field services were

provided with humanitarian and community engagement. The Ministry of Health introduced a case definition for clinically suspected cases and confirmed cases. Even though case definitions helped in tracing cases, a confirmed case was a person with laboratory confirmation of COVID-19, irrespective of clinical signs and symptoms. This helped in diagnosing asymptomatic cases who would be potential carriers. All patients falling into the category of a suspected case of COVID-19, were admitted to the closest designated state hospital. This led to nearly one quarter of all admitted cases being asymptomatic with positive RT-PCR testing. Diagnostic testing for COVID-19, was via nasopharyngeal swabs, sputum in patients presenting with a productive cough or lower respiratory tract aspirate or bronchoalveolar lavage sample taken from patients on invasive mechanical ventilation. Case management guideline were made available. Laboratory RT-PCR diagnostic test facilities, initially available in state hospitals and universities and later on in private laboratories, were established to diagnose cases. With only around 500 intensive care unit (ICU) beds throughout all hospitals in Sri Lanka, the health sector, with the recommended infection prevention and control measures and supportive management of patients, limited the admissions to the ICUs. The service provision of the thirty hospitals was maximized, with the majority of cases which were mild. Although no specific treatment for COVID-19 is currently available, clinical management with hydroxychloroquine and other pharmaceutical and non-pharmaceutical treatments with advanced organ support, helped the death count to plateau at 11 deaths over the past few months. Further, we are proud that all these measures were intensified within a few months of the first case of COVID-19, portraying the resilience that our medical profession has.

The country did not stop at that. Among the Sri Lankans wanting to return immediately to their motherland, were not just those who were on holiday, but also others who had contributed to the GDP of Sri Lanka in the past years. In spite of our COVID-19 cases going up, the Sri Lankan government sent out repatriation flights to many countries, to safeguard

the Sri Lankans in their own homeland. These efforts to practise recommended preventive and mitigatory measures by the general public to prevent community transmission of the infection and untiring efforts of the preventive and curative health sector staff will pave the pathway to control the COVID-19 outbreak effectively in Sri Lanka.

The public health system in Sri Lanka has always been well geared to serve the general public of the country. Emergency responses in case of manmade or natural disasters, prevention and control of emerging and re-emerging diseases and the continuity of essential medical and field services have always been part and partial of the public health system in Sri Lanka.

Although exit strategies were crafted and electronic and printed media were being widely used to educate the general public on measures to reduce the transmission of the virus, the behaviour of the general public to conform to the instructions by health professionals seems to be short of the expected. In the sea of fear-provoking uncertainties, this was a challenge that needed control en masse. Implementing long-term precautionary behaviour with high consistency, will not only prevent COVID-19 but also create an additional benefit: preventing many other infectious illnesses from spreading as well. Operation of uncontrolled public transport, over relaxing of restriction for public gatherings and recreational activities are paving the way to abandon the control measures. This is the public health system, where every individual has the potential to shape the course of COVID-19 significantly. This is a stage where the actions of every Sri Lankan would count.

Since the first Sri Lankan case, as per the World Health Organization's standard advice to 'Test, Trace and Isolate', the scramble to ramp up testing and stockpile the necessary personal protective equipment has been performed admirably by the Sri Lankan Government,. However, more of testing and tracing need to be snowballed.

Country-specific research needs to be of high priority for all healthcare workers, especially those who are at the frontline. Evidence-based practice is a key

principle in the delivery of effective and high-quality health care. Barriers such as 'lack of time' and low priority given to research should not be limitations for evidence-based practice. Without a deeper understanding of the contributing factors, behavioural factors, treatment, and prevention of COVID-19 in Sri Lanka, it is difficult to design and implement interventions that support clinicians to incorporate evidence-based practice into their clinical care.

The College of Community Physicians of Sri Lanka, during this COVID-19 pandemic and in the 'new normal' era of COVID-19, stepped up to their mandate in the last few months. However, their protagonist action is not yet over. The continued efforts by the college to prevent community transmission of the infection and untiring collaborative efforts with the curative health sector, will pave the pathway to control the COVID-19 pandemic effectively in Sri Lanka, learning from our own successes and failures.