

Minutes of Meeting

Theme: Construction and development of Sri Lanka in the pandemic and its reflection

Date and Time: July 10th 2020, 10:00-12:20(GMT+8)

Software: Zoom

Content:

Co-Host: Now let's begin our meeting. Today our conference is about COVID-19:Lessons and Reflections from Sri Lanka and the host is **doctor Saja** and I will be the co-host. Our first presenter is **Dr.Vinya**.

Part 1. Technical Seminar

Introduction of the first keynote speaker Dr.Vinya by Dr.Saja:

Dr.Saja: I will make a very brief introduction of the speakers and our team and the speakers would introduce themselves. Today's lessons are about Lessons and Reflections of the COVID-19 from Sri Lanka and Dr.Vinya's speech would be on civil society engagement, as he is a well-known civil society (expert) in Sri Lanka and the president of the Sarvodaya movement. He has been studying civil society for more than 25 or 30 years. Let's welcome the speech from Dr.Vinya and later he would introduce himself in details.

10:10-10:30 Keynote 1

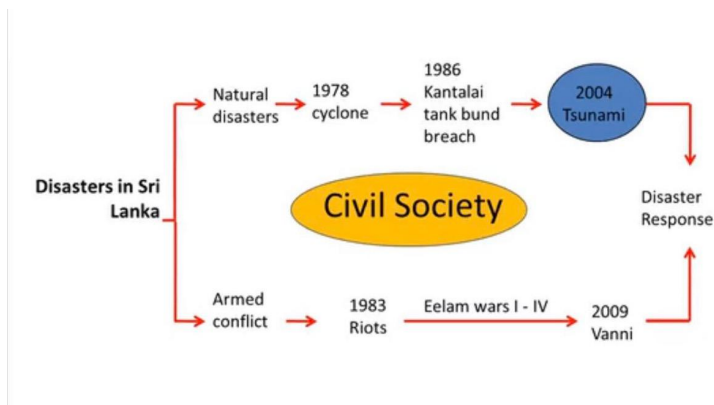
COVID-19 Civil Society Engagement: Best Practices and Challenges from Sri Lanka
Speaker: Dr.Vinya Ariyaratne, President of Sarvodaya Shramadana Movement

Dr.Vinya: Thank you Dr.Saja. Good morning. I'm deeply honored to be invited to share some experience from Sri Lanka today and my own background: actually I am a physician, a medical doctor specializing in public health. I am a specialist in community medicine and I have been in the academia for some time before I became the government medical officer and in 2000 I shifted to the Sarvodaya movement full time and I have had a lifetime association with Sarvodaya, because my father was the founder so since 2000 up to now, I've been doing 20 years as the full time working in Sarvodaya movement. So today I am speaking to you as the president of movement. I had been asked to reflect on the civil society engagement in COVID-19 response in Sri Lanka and what we have learned and also some of the basic practices and other challenges that we have faced, so I actually didn't expect to be the first because I thought we'd have some other items but I am still happy to be joining from the beginning.

Basically I will speak a little about the role of civil society in crisis situations. This is not the first time the civil society has been acting in Sri Lanka in a disaster response. Then I will talk about our own response as Sarvodaya, as the largest civil society movement in Sri Lanka in terms of its outreach and operations and the size of the organization and also I will explain the larger context of the role of civil society in Sri Lanka and what type of civil society actions we have really seen as well as the lessons that we have learned.

As we all know, and some of you may also belong to some voluntary sector or you may have positions in government or academy or private sector organizations. All of us at one point or the other would have been a volunteer. So basically the volunteer sector, civil society are among the "first responders". Of course we know the first responders are the community but we are also part of the community particularly for organizations like Sarvodaya. It's a grass-root organization, a

grass-root movement, with a 60-year history we have a decentralized operation in Sri Lanka so when you take the movement as a whole, we are the frontline. Then in Sri Lanka, you all know that the country has faced with the natural or human induced, we call man-made disasters. We have had war, which lasted from 1983 to 2009, nearly 30 years and the country has suffered a lot. There had been all the phenomena associate with disasters like displacement, destruction, loss of lives and psychological impact or economical impact. We have had our own share of man-made disasters in our country and at the same time we also had the disasters, mainly hydrological disasters like cyclones, floods, landslides and, of course, the 2004 Asian Tsunami. So as the result, we have been involved in all stages of disaster cycle, which you all are very familiar with, so it's not in emergency response that civil society has been involved in, but also in recovery, rehabilitation, preparation, early warning, impact, and of course, resilience building. So this is the traditional cycle but now we have expanded it to building community resilience and we have worked very closely with the economic organization in the building the resilience amongst community, capacity building, organizing specific groups. So the civil society has been quite vibrant in the disaster response.



(Picture Above) This is the graphic representation of the civil society response: the natural disaster and the human induced disasters. So we have had very major disasters, that are the natural disasters like the 1978 cyclone and the bund breach in 1986 and the Asian Tsunami and of course the armed conflict. So if you look at our approach, it has been a very community based approach, although we also have the specialized national unit (the disaster management unit) the organizations which coordinate with the government response we have our own operation centre. So we know that the community bear the direct impact in a disaster. They are also the first realtime responders to every disaster. They are aware of locally available resources. They have the most authentic knowledge of local risks and vulnerabilities. They are also the reservoir of time-tested knowledge of coping mechanism, they have their own coping mechanism we need to be aware of. So they are also the best assessor of disaster damages. Communities can also be the best evaluator of disaster recovery. Communities are the ultimate target of any disaster preparedness plan with institutional mechanisms, capacity building and resourcing.

So I described these aspect because I want to show you how different the COVID-19 response had been. COVID-19, as we all know is unique and unprecedented, so we are not prepared for pandemic. So it's the first pandemic in our own lifetime. So the "first responders" cannot respond in the traditional way and this is the first reality that we have to face. It's a rapidly evolving and dynamic situation from 11th of March 2020, unlike the normal disaster situations. We have to respond with severe constraints of the very nature of this disaster because its a pandemic, you need to take precautions so its our biological constraints. Then we of course have the restrictions imposed by the government, all that need to be taken into account. So within the first few days or weeks, we expect something from the voluntary sector because they are engaged in the day to day businesses

and when they are in trouble, we cannot respond in the same way, although they understand that this is a unusual situation, but they still expect you to respond in some way.

Areas of CSO engagement



So when I was given this summary, if you look at the timeline from March up to June, now we are in July, but when I look at this sequence in how the civil society responded, the most important thing is communication. We share the knowledge that we have as civil society experts using social media. And then we have to respond to emergency food relief and medicines. It is really encouraging that the government and the local authorities and officials all knew the reality. So they they took risk precautions, and allowed organizations like Sarvodaya to move and reach these communities and help. We also worked at a higher level, with the government of the United Nations Humanitarian Country Team. Within this team, they have different sectors: health, food, logistics and other. Then in April, one of the most important things that happened is assisting care homes, children's homes, elder's homes, homes for disabled and other. Over 850 care homes in Sri Lanka and generally these care homes work through donations from the public. And they are the first to be affected because of the lockdown. So we sent groups of volunteers to help them and provided daily necessities as well as hygiene items. Then we turn to provide medical supplies and other items to government health facilities. Then our own organization Sarvodaya, we released some facilities for quarantine. 3 of our centers were used by the government for program. Then the whole month of may we continued to do some of these things but also we tried to get resources to enable the communities to equip themselves, to be able to practice preventive measures to protect themselves. Then we devoted into the effort of socio-economic assistance, the government gave cash to 5 million households, but there are still groups that are really suffering so we provided help for them sometimes in terms of cash. In June, we continued to communicate with the public. If you come to Sri Lanka now, you can see that people are getting back to their normal lives but we all know that there are still risks so we keep on adding to the public consciousness. Then we help to conduct the election in a safe manner, both safe for the public and the officials. Then for the socio-economic recovery, now in July we are giving more impetus to that. In this 3 months period, we also advocated on specific issues such as avoiding stigma and discrimination of the affected individuals and families.

So I'll finish here, my time is up. As for the challenges and future, I have described some of our practices, we are still reflecting because it's still too early to call it a end, we are also humble to learn about our shortages. I think it's our responsibility to tell the public that the pandemic is not over, we still have to practice the basic protective measures. As I speak, there are hundreds and thousands of families affected by the pandemic and fall into a new category of poor, so they need new work. It's also our responsibility to work with the government and find innovative ways to address this issue. I think the future is very challenging, but I believe we have the responsibility to address these issues and really move forward. Thank you very much.

10:30-10:50

Comment and Discussion

Q1: WHO now say that the infection is through air, and the virus can pass through droplets, what is your opinion on that as a public health specialist?

A: I have listened to yesterday's press conference, I don't think there was a press briefing yesterday, right? I haven't seen that the WHO confirming that there is airborne transmission on Tuesday's Geneva press briefing. They never said that the epidemic is evolving. I believe the basic prevention measure from the science that we are depending on can still protect us. That's my personal state as a public health specialist. Would you like to add anything on that?

Comment: I think we still have to wait for the new evidence from unions and countries. And I think what this means at this point is nothing additional than what we may have to do, basically wash your hands, wear the masks in public places, for example, and the measures that are already being implemented in Sri Lanka, so I think on the other hand, it would really means a lot to maintain social distancing when we are restarting schools and offices. That's my comment on that, thank you.

Q2: I guess this Sarvodaya movement is very famous in your area and I agree that movement. But when you have that risk communication in March and even in June, did you use any traditional or cultural way or transferring the information in your country or you just put some posters and some information through the Internet?

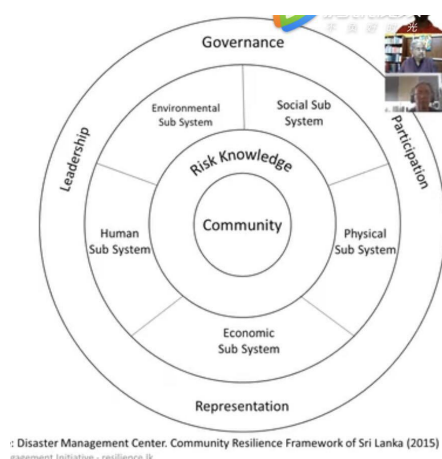
A: (That is a)Very good question. We tried traditional measure, like in small groups, we used songs and poem, we did that as well. We also included dance in our measures in other circumstances but now because of the very fact that you couldn't get people to meet and create things now so we could no dance. We created a beautiful song and that's on our facebook page, it became quite popular. Also, during the new year period in April, there were no celebrations but our staff performed dances and they are so beautiful. I think we should collect all these and make a repository. From regions we can collect innovative songs, dances and poems that comforts the public and we have our own collections. In the next phase, especially when things are opening up, I think we can use more of these traditional measures to reach the communities, thank you.

Comment: I got really impressed by how the management seems to be very well, comparing with the situation in my country, but of course my country is much bigger (than Sri Lanka). The situation is actually getting worse now and more and more people are infected. But this is very good for me to learn about how to manage the community in this kind of situation, because I think it's important today to work with the community. If your country's lucky, your government is caring a lot, of course that's really good, but if they are not that reliable, if the community is strong and able to maintain themselves then it would be better. I really appreciate your speech, thank you very much.

Reply: You are right, actually we are fortunate that Sri Lanka is a small country to have a relatively small population. Also, we have a existing health system that is really in place and on the ground to respond quickly, these are our advantages. But we cannot be complacent because the way that we use sometimes has risks that you don't see, so that is the part we should avoid and some how give the vigilance. Thank you.

Comment: Maybe I will say something else. The traditional ways that you've mentioned in terms of the expressive art forms, they can also be very useful in communicating with the community. So this is like a reminder to me, because I have been trying to do this kind of things but specifically now under this circumstance, we still have to have a distance and to stay at home, but of course we have to make a plan for the next steps. Again, thank you for the inspiration.

Introduction of the second keynote speaker Dr.Novil by Dr.Saja:



Dr.Saja: Dr.Novil is a medial doctor and he has worked with different organizations in the field of Tsunami and he is the founder of resilience organization and he has been working in the field of disaster preparedness. Now let's welcome Dr.Novil to introduce himself in more details.

10:50-11:10 Keynote 2

Capturing Community Perceptions in COVID-19 Response: Synopsis of Three Online Surveys

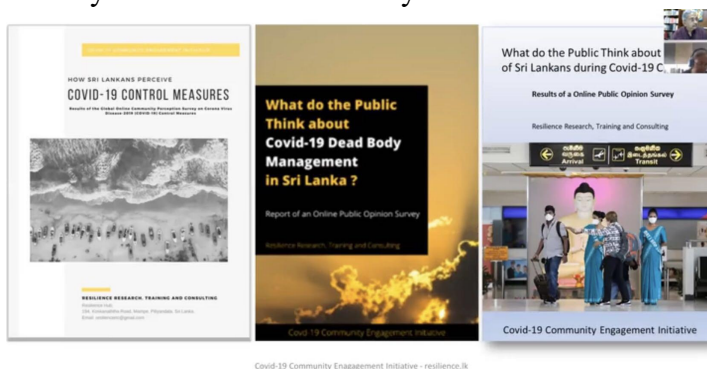
Speaker:Dr. Novil Wijesekara, Founder/Chief Resilience Officer and Researcher

Dr.Novil: Thank you very much, Dr.Saja. Thank you for this wonderful opportunity. In fact it's really fascinating to connect with all of you who are working in the field of community response and I thank IACCR for giving me this opportunity. It's a pleasure to have you to be here, you are my teachers and mentors and for some of you, we have done some work together, so today is like a huge organization, it's a blessing to be here because for generations we have been performing great work. So, I'm Novil and I am actually kind of disaster person because I graduated from the university and then the Tsunami occurred so I really don't know which was the cause and which was the effect. But anyway, I worked in this field after the war and during many disasters in Sri Lanka and one important aspect that I have learned and inspired is the community resilience. And so that is why I established this small organization for resilience and today I am going to speak to you about capturing community perceptions in COVID-19 and responses of three online surveys.

Let's start with answering this question of "Why COVID-19 community engagement initiative?" The response initiative that we launched with the objective of getting more people engaged in the response. Because the way community members perceive risk may be quite different from how professionals would do. So it's really important that we understand people's concerns of certain issues and problems and use the techniques to solve the problems. So we always do is try to get all the statistics and information, but we rarely spend time understanding what the community understand and want.

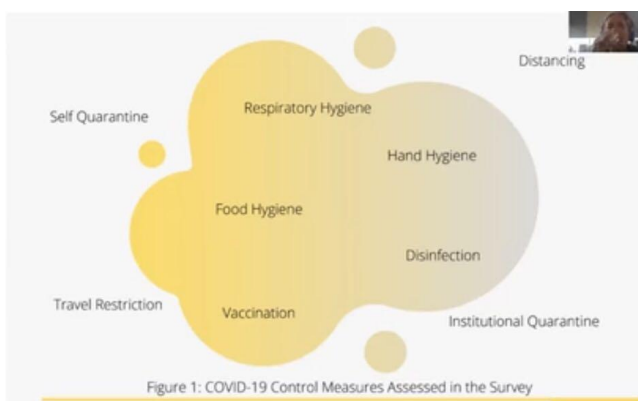
So if you look at this community resilience framework of Sri Lanka just being done by the Disaster Management Center, community is at the centre and the risk knowledge is critical. Then we have very different subsistence, socially, economic, human and environment, which comes into play into building the resilience. And the most important thing that govern all that is truly governance. Governance has three components: leadership, participation and representation. So during this online community engagement initiative on COVID-19, we wanted to get people to participate, express their views and therefore be the representer. We wanted to make sure that the

online community service could be used for decision makers on how communities perceive the disasters and in this case, COVID-19. So these are the three knowledge products that we developed amidst the COVID-19. These three addresses key pressing problems at different times of the COVID-19 crisis in Sri Lanka. The first one is on general COVID-19 control measures. This was the very onset of our research. We just want people to know what does it mean when you talk about hand-washing to the community, what does it mean to wear a mask to the community and what does it mean to the community when people are asked to stay in their own homes. So this was actually a part of the global survey that we made online, and we prepared the report, focusing on Sri Lanka. The second question that we had or we trying to address was “What do the Public Think about COVID-19 Dead Body Management in Sri Lanka?” Nobody wants to talk about dead bodies, however, it is part of the reality COVID-19 crisis. So we want to find out what do the general public really think about it. The third question is on what do the communities or the people think about people returning from abroad. In many situations in other countries people do not want other people to come back, and when people come back from abroad they have to stay under quarantine. This is a challenge for the government and also for public assistance. We wanted to find out what that really mean to the community members.



Covid-19 Community Engagement Initiative - resilience.lk

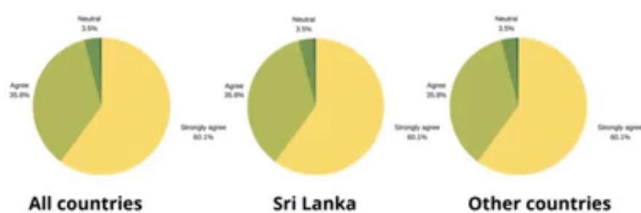
These are the three surveys and let me quickly go through each one of them. **First one is** on an online community. We wanted to find out what people think about different COVID-19 control measures. So the study sample consisted of respondents 4076 people from 71 countries, so you can see it's quite a large sample size. It's quite different from the surveys conducted for academic purposes, because the survey was opened on a particular day and we closed the survey on a particular day. All the respondents is taken at this sample size. So it's not really the random sampling or any kind of scientific sampling matters. We used this approach and then there are 3 other countries from which we invited respondents from. Most of the responders were from Sri Lanka and Indonesia.



This is a brief conceptual framework on the questionnaire. So in the questionnaire we looked at the control measures of the individual, for example, food hygiene, respiratory hygiene hand hygiene, people's perspective of vaccination and disinfection. Then we have measures which are done by governments, such as self quarantine, institutional quarantine, travel restriction and distancing. These are the areas that are covered in the survey. So I want to talk about some interesting and representative examples of the responses that we got.

HAND HYGIENE

"I believe handwashing with soap and water or disinfect solution to be an effective control measure against COVID-19."

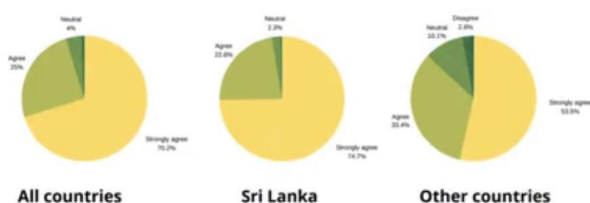


This is the basic thing that is so important and it is about hand washing. So when we look at all the 71 countries, we found that around 60% of the people strongly agreed with that statement("I believe hand washing with soap and water or disinfect solution to be an effective control measure against COVID-19."). 25% said they agree and 3.5% said they are neutral. So this pattern was virtually universal. When we look at Sri Lanka, we almost have the same pattern. So people around the world are convinced that hand hygiene is a very useful measure.

CROWD AVOIDANCE



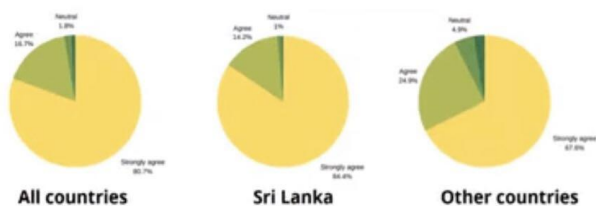
"I believe avoidance of crowded places to an effective control measure against Coronavirus Disease 2019." 🐼



Then we answer about why did crowds think of COVID-19 control. So this was slightly different for example you can see in S people strongly agree with COVID-19 control, so they are very supportive. Maybe that was one reason why the government would continue the quarantine measures. If you compare with all the countries, in other countries there are fewer people strongly agree with the statement. We found that people in S are really supportive of the epidemic containment measures. This can be used for the policy makers to really understand the community's perceptions on the policies.

INTERNATIONAL TRAVEL AVOIDANCE

"I believe avoidance of unnecessary international travel to be an effective control measure against COVID-19."



Then about international travel, we found a similar pattern like when you take all of the countries, you see that 67% of the people strongly agree about the statement (I believe avoidance of unnecessary international travel to be an effective control measure against COVID-19.) And for Sri Lanka, the percentage goes to 84%, which means people in Sri Lanka are more supportive of the restriction of international travel to be an effective control measure against COVID-19. So this is some information that we found in this particular survey.

Table 9 : Distribution of Satisfaction of Respondents with Measures taken by Government of Sri Lanka for COVID-19 Dead Body Management

N = 770

Description	All Respondents		Muslim/Malay		Sinhala/Tamil/Burgher	
	No.	%	No.	%	No.	%
Very satisfied	92	11.9	10	2.7	78	21.3
Satisfied	106	13.7	17	4.7	87	23.8
Neutral	52	6.7	27	7.4	16	4.4
Unsatisfied	99	12.8	68	18.6	26	7.1
Very unsatisfied	421	54.5	240	65.8	159	43.4
Total	770	99.6	362	99.2	366	100.0

The second survey is on the problem of dead body management. It is a quite controversial topic. And there are discussion on should there be this survey or not. Let me give a brief introduction to this problem. The issue here is basically the government has adopted the policy that all the COVID-19 dead bodies must be cremated. This was an issue for certain religious and ethnic groups. For example, Muslims did not agree that their dead bodies to be cremated. So this may lead to some kind of dialogues and debates, especially on social media. And we should make sure that this happen in the backdrop of a country. We want to find out what do the people think about. Because we have already heard the version of the government and of the public professionals. But what about the most important group, who are really the community. So this consisted of 772 people from Sri Lanka. This survey was open only for Sri Lankans. So when we ask about the satisfaction about the COVID-19 dead body management by the government of Sri Lanka. We found that the respondents are very much influenced by their ethnicity and religion. So when you take the whole of the sample, 54% are very unsatisfied. However, when you go to Muslim or Malay community, you can see the percentage rise to 65.8%. But if you take the Sinhala, Tamil or Burgher communities, the percentage is 43.4%. So what this means is that the preference or the perception of the community on government's dead body management was really much influenced by ethnicity. So we didn't want to interpret the government position or to say that it's right or wrong. But we want to inform the government as well as the other health authorities and other people concerned, this is what people think. This is what we want to convey through this survey.

Table 10 : Distribution of Agreement of Respondents of the decision of the Government of Sri Lanka to Cremate all COVID-19 Dead Bodies

N = 772

Description	All Respondents		Muslim/Malay		Sinhala/Tamil/Burgher	
	No.	%	No.	%	No.	%
Strongly agree	330	42.7	56	15.4	267	73.0
Agree	39	5.1	5	1.4	34	9.3
Neutral	24	3.1	13	3.6	10	2.7
Disagree	79	10.2	58	15.9	14	3.8
Strongly disagree	300	38.9	232	63.7	41	11.2
Total	772	100.0	364	100.0	366	100.0

So if you look at the survey now, this was about exclusive cremation. Earlier we are looking at the perception of people on the dead body management as a whole. So you can see that over 63% of Muslim or Malay community members strongly disagree cremation. But if you look at the Sinhala, Tamil or Burger communities percentage dropped to 11.2%. So I think this is a very important finding because you can know what the community members think about dead body management.

Table 11 : Distribution of Agreement of Respondents to the Decision of Government of Sri Lanka to Cremate all COVID-19 Dead Bodies

729

Description	Buddhist		Christian/Catholic		Hindu		Islam		Other	
	No.	%	No.	%	No.	%	No.	%	No.	%
Strongly agree	203	79.9	28	52.8	22	68.8	60	16.2	9	45
Agree	16	6.3	10	18.9	5	15.6	5	1.4	3	15
Neutral	6	2.4	2	3.8	2	6.3	13	3.5	0	0
Disagree	9	3.5	4	7.5	1	3.1	59	15.9	1	5
Strongly disagree	20	7.9	9	17.0	2	6.3	233	63.0	7	35
Total	254	100.0	53	100.0	32	100.0	370	100.0	20	100

So this was the same question we looked at from the religious perspective. We asked what two different religious groups think of cremation. We found that when it comes to Buddhist, 79% agreed with cremation, because that is a cultural practice that they have ordinarily been practicing. Christians and Catholics they are usually prefer bury. However we found that they have 52.8% said that they strongly agree with this cremation. Hindus is similar to Buddhists but maybe slightly lower in the percentage. When it comes to those who are Islam in their religion, they 16.2% of them strongly agreed with cremation, whereas many people said they disagree or strongly disagree. So one astonishing finding is that, even among muslims or those who have Islam as their faith, they strongly agree with the decision of cremation. This is very common. We looked at many literature and we found that if you explain to them properly, if they perceive more public risk, they would change some of their very strong believes. This is a shocking finding and a good lesson.

When we ask people to write about whatever they want in an open space in the survey, we were astonished to see what were written in that section. We found that when it comes to the responders, there are two groups of people. The first group said that everything is fine. This is how we should do dead body management and the government is doing it in a perfect way. And some of them even asked us why we are doing this survey. They thought it was illegal to do such a survey because it concerns something about law and policy that has already been taken. And other people believe that one country one rule. You cannot talk about other people, if there is this one law, everybody should follow the same rule. And the other group of people were not happy about it. They thought we are not doing well. They have two narratives. The first is minority narrative, they say that the government is using this kind of decision to target minorities, and some groups are saying that the government issued this policy for their political advantage. Then we looked at how to improve the dead body management. Some general public who express their views, who mention how to do things better. Among them, some used evidence narrative, they suggest that we should see what other countries are doing. Some applied logical narrative, people gave lots of logical reasons. Thirdly, public professionals used the health system narrative. If you make cremation the only way, people would be really afraid to die in hospitals, they would rather die at home than

Agreement on the Statement: "Students who are studying in foreign countries must be allowed to come into Sri Lanka within next four weeks."

Description	Frequency	Percent
Strongly agree	30	25.9
Agree	53	45.7
Neutral	24	20.7
Disagree	8	6.9
Strongly disagree	1	0.9
Total	116	100.0

narrative. This decision of cremation is ok, and the problem is on the government that is implementing the decision. They believe that this could have been done in a more democratic manner or conservative manner. And the other said the decision was correct but there was something wrong with the risk communication. This is my favorite study because it tried to roll out different community perceptions. So we want to be modest and neutral. We just want to show the policy makers what's people's perspective on the dead body management.

getting cremation. So this decision may have negative effect on community's health seeking. Also there is environmental narrative. Dignity and human rights narrative is also a very strong one. They say that this is human right, and dead body management concerns the dignity of the person. Then here comes the governance

Last but not least, we move on to the third survey. This is about what do the public think about return of Sri Lanka from abroad during COVID-19 crisis. There is an obvious answer to this question that is "yes, of course people should come back." But what we want to find out is people's real perspective in contrast to the popular narrative or popular explanations we read on the media. So we asked students who are studying in foreign countries so we can see that most of the people said they strongly agreed or agreed (with the statement that students who are studying in foreign countries

must be allowed to come into Sri Lanka within next four weeks.)

Agreement on the Statement: "All Sri Lankans who are working in the Middle East who want to come back must be brought to Sri Lanka within the next four weeks."

Description	Frequency	Percent
Strongly agree	27	23.3
Agree	37	31.9
Neutral	26	22.4
Disagree	19	16.4
Strongly disagree	7	6.0
Total	116	100.0

However when we look at bringing people from Middle East this percentage kind of dropped. More people said they disagree with the statement. (All Sri Lankans who are working in the Middle East who want to come back must be brought to Sri Lanka within the next four weeks.)

Agreement on the Statement: "When bringing in Sri Lankans from foreign countries, those who are in high-risk countries for Corona Virus must be brought in first."

Description	Frequency	Percent
Strongly agree	69	59.5
Agree	31	26.7
Neutral	14	12.1
Disagree	1	.9
Strongly disagree	1	.9

On the statement of “When bringing in Sri Lankans from foreign countries, those who are in high-risk countries for Coronavirus must be brought in first.” More people are strongly agree to agree.

Then an interesting question that we asked is that we heard on the media and they said that people infected with COVID-19 have been sent as “human bombs” from the Middle East. This is a biological offense on Sri Lanka. So we asked people about this topic and what we found was that 16% of the people in Sri Lanka either strongly agreed or agreed on that statement. The majority said that they did not agree. So this was a really interesting finding. However this particular survey showed us some lessons. The sample size of this survey is really small. This was quite different from our previous surveys. In the first survey, we got 4000 samples and the second survey we had 700. This is because in the previous phase, people are spending lots of time browsing internet, but now they are spending time at work and at school so they hardly care about taking surveys or maybe it’s because they simply do not care about this issue.

So let’s look at some advantages and disadvantages of online community surveys. First of all, this kind of survey can be used in circumstances such as the COVID-19 circumstances because in such a unusual time, in person consultations were not feasible due to quarantine regulations. Secondly, people were much present online, they are always checking internet or facebook and always have time to do the survey. And it was quick, easy and less expensive to carry out than people-based or in-person survey. Fourthly, the use of quantitative and qualitative methods to some extent is also advantageous.

However, there are still disadvantages. These surveys are not a representative of the whole community. Hence, there are questions about the statistical inferences based on a non-representative sample. Then, community seems to be getting bored with online surveys as the quarantine period was over. So these are some observations. In summary, online community perception surveys could be an effective tool in obtaining community participation and engagement during COVID-19 Crisis. Its use especially during restricted movement could be much useful. Policy makers and professionals must pay attention to the community perceptions and preferences in addition to the technical correctness of interventions.

On the publications: the first two surveys can be obtained from our website: www.resilience.lk and the other publication will soon be online. Thank you very much.

11:10-11:30 Comment and Discussion

Dr.Saja: Thank you for sharing the surveys that you have done. It gives a good insight of community responds. Now we open the floor for participants for questions.

Q1: Thank you very much for the very interesting data and I didn't know the situation about Sri Lanka so far so it was very informative. Based on the result, did you approach the monks or priests or release the data? We are not a religious country (the speaker is from Japan) so we are not sure whether we should approach the leaders of the religious groups.

A1: Thank you. Yes, we approached the leaders of the religious groups, especially those who have problems here such as the Muslims. We shared this with religious groups, they were happy to use the surveys and they found how their people think about it. Also, just to add to that, we have been training religious leaders, 200 religious leaders. We gathered all of them for one day. They all looked at their own perspective on the topic of community resilience. We really believe that the building of community resilience requires the effort from the authorities and also from the religious leaders. They must be one of the components. Because the certain things like what happens to somebody after they die is it's really related with people's beliefs. So it's important for law makers to take that into consideration. Thank you for the question.

Q2: To date, the epidemic claimed 557,406 people's lives in 6 months. It's not a huge number. In India alone, 700,000 people die of cancer every year and (the number of) people die from malaria of tuberculosis or in road accident is huge comparing with the death toll from January to June (6 months) because of the COVID-19. Is it qualified to be called a Pandemic, considering the death rate?

A2: This is a very interesting question. I totally agree with you, we have 11 cases of death from COVID-19 up to now, but everyday we have 8 cases of death from car accidents. So if you collect the number of two days, that is 16 deaths, more than the total death cases over the past period. So I think the issue is it has to be called a pandemic according to the statement issued by WHO. But it's more than that, it's preventing death to some extent. And secondly, let's talk about the impact that it could have had. If the COVID-19 could have been a more generous outbreak, just like Ebola, it would have a higher mortality rate. So I agree to call this a pandemic, but indeed, there are more health issues that we have to think about. The thing is, government and health systems are very poor when they come to certain issues, it's hard for them to sustain the measure for a long time. So this is where the civil society comes in.

Comment: 18% of the infected are asymptomatic. Nothing happens to them and they even don't know that they are infected by COVID-19 and they become ok. 15%-20% have mild symptoms and they stay at home and then they become ok. 5%-7% need to be hospitalized especially the aged ones who have other problems. The government has already done so much in this pandemic. But because of migration, people die of hunger, medicine, people are losing their livelihood, which is a very serious issue, people are going through huge psychological and social trauma. And death management has really been neglected. Thank you.

11:30-11:50 Keynote 3

COVID-19 risks and resilience: Lessons from Sri Lanka for future integrated approach

Speaker: Dr. Aslam Saja, Lecturer of South Eastern University of Sri Lanka

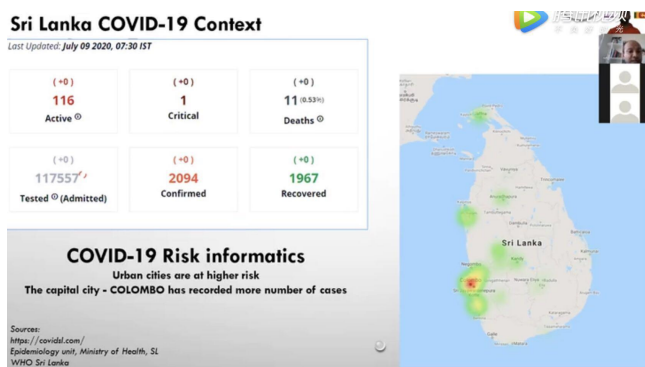
Dr. Saja:

I am discussing about risk and resilience-lessons from Sri Lanka for future integrated approach.

COVID-19 Risk Management Cycle



So, to start with, this is the risk management cycle, and it is also part of the disaster management cycle. And I will explain how this can be applied to a pandemic situation. We have an alert phase, and a pandemic phase. It's an sequence in the pandemic situation. Once pandemic phase is over, it comes to transition phase, then to post pandemic phase, then to interpandemic phase, then to pandemic phase again.



Next I will talk about the situation of COVID-19 in Sri Lanka. This is a COVID-19 Risk informatics. We can see good indicator in our death rates, because we only have 11 death cases in Sri Lanka. And so far there are only 2094 cases. If you look at these figures, the majority of them actually returned from other countries or simply foreigners. Colombo is a hot spot with more people returning from other places. If you look at the picture we can find that urban cities have higher risks and Colombo has higher risks. This may also be the future situation of Sri Lanka. So we suggest that the government should take all necessary steps on controlling the epidemic in hot spot regions.

Now I want to share with you how it started and how things developed. At the beginning, the epidemic started in Sri Lanka in March 13th. Then there's sudden increase of cases for a few weeks. So the government applied the lockdown measures.

So, here are more details. It's about chronology of measures taken by the government of Sri Lanka. From March 2020 and 4-15 March 2020, all government schools were closed till 20 April (Education Ministry) And now the school were just reopened (Not fully opened). And all state universities were closed for two weeks (Higher Education Ministry) All religious places were closed for gathering and no mass gathering in public places were allowed. Now they are allowed with restrictions. Airport is not open yet for departure. Sri Lankans are not permitted to travel overseas for employment. From 16-29 March 2020, public and bank in Sri Lanka were closed.

From 20 March 2020, Island wide curfew was imposed in Sri Lanka, with curfew in regular time interval for shorter time period Curfew was slowly and later completely kitted. Now everything has been opening very slowly, phase by phase.

Right, so I will show you our current practice and challenges that we face in social distancing. There are a lot of good practices in our containment of the epidemic, such as the maintenance of social distancing when the shops are opened. But then over a period of time, I believe the risk in the future would be how social distancing can be continued like this. This would be based on people's perception, so we have to strengthen our communication with the public. The challenges also include the continuing supply of food and people's basic needs . New methods are being discussed on that.

We have also learned lessons and encountered some challenges during the epidemic. Such as during lockdown, when the curfew was lifted for 6-8 hours after 2-3 days and then imposed for another 2-3 days. This led to overcrowding at the shops and markets for stock piling. So new alternative methods are needed. And there are problems with the ICT use in handling the situation, so online orders and delivery Innovative methods are also needed. In addition, we need to increase awareness for proper use of masks and hand-washing.

And there are some actions taken by government of Sri Lanka. Like his excellency the President announced special fund: "COVID 19—Health Care and social security fund". Government provided support to the most vulnerable families (Subsidies, price control, and assistance through social security mechanisms) SAARC Forum and funding pool is initiated by the Heads of Governments (SAARC Corona Emergency Fund).

Ok. Now here are some reflections and lessons we learned in control measures. Testing is limited in Sri Lanka. However, deaths reported due to COVID-19 is very low. This is a good proxy indicator to show the good control/ response of our government. This maybe because preparedness or control measures are high at the social and economic cost. Sri Lanka has good public health indicators in general. However, large scale emergency management (Facilities for critical care) capacity is limited. We can improve on these aspects in the future. For example, South Asia has an estimated 0.7—2.8 critical care beds per 100,000 population (Phua 2020).

In terms of risk communication, this has been covered by our two speakers. Wearing masks, washing hands and social distancing. These have been widely promoted in TV, radio, newspaper, and social media to raise awareness of the public. Are they continue to be practiced? It's a question, people tend to come back to normal. Risk perception has changed. It all depends on the perceptions of the public. Right, so to continue, maybe in the future, we need to think of enhancing social and economic resilience through establishing social trust. Risk awareness is the best way to prevent and slow-down the transmission of the COVID-19. Risk awareness is achieved through risk communication of risk assessment.

And I found that risk perception is related with gender. Of the quarantined health workers, approximately 90% are nurses (the majority being women) . 67% of health workers in intimate care of patients are women (McLaren 2020). Due to fear, women health workers were asked to leave their rented accommodation (McLaren 2020).

Finally, let's come to the manage risk of future outbreaks (prevention, control and treatment). We need to have an integrated risk management measures for public health emergencies, because of the added economic cost of measures related to prevention of COVID-19 (EX, implementation of hand hygiene measures, reduced capacity), when opening public, educational, religious institutions and mass gathering events and parliament election in August. We have to work there issues out in the future.

This is my presentation from Sri Lanka. Thank you.

Meeting Recorder: Judy Zhao & Lizzie Li