



CSO's demand for timely, transparent, scientific, evidence-based, accessible vaccination plan

We, the undersigned, as citizens of Sri Lanka and members of civil society collective, express grave concern in the implementation of the vaccination drive in Sri Lanka. We call for greater transparency and a scientific approach in the vaccination program

Vaccination has been, since early this year, the Government's 'silver bullet' to the pandemic. Time and again, various officials and political leaders promised the public that such and such percentage of the population will be vaccinated by such and such deadline. Each month, the public heard a new deadline for when the next stocks of vaccines were to arrive, and each month, that deadline shifted. Without doubt, there are difficulties in procuring vaccines. All over the world, the demand for vaccines persists, even as suppliers are scrambling to meet it. Yet, comparing with even our regional neighbours, Sri Lanka lags behind in the total number of people who have received both doses to date.

Meanwhile, the distribution of the few vaccines Sri Lanka did receive has been, since the outset, rife with controversy.

Though distribution was initially meant to follow some scientific priority, the government abandoned this policy mid-February, claiming there was more time to acquire the second dose than thought earlier and, expanding, virtually overnight, the vaccination drive to the general public.

Confusion has reigned ever since, as information dripped unevenly to people on where and when vaccinations could be received. Authorities that routinely decry social media for spreading 'misinformation' and 'fake news' still left people to rely on Facebook and WhatsApp to know when the vaccine was available in their area. Others had to keep their ears pricked for the sound of loudspeakers rushing through their neighbourhoods. Of course, not everyone has social media accounts or good hearing to wait for travelling loudspeakers, or friends in high places. Information on vaccines is not distributed universally, and it is unknown whether such information reached every relevant person, especially in urban areas.

There is little science to be seen in determining the prioritisation of how the few vaccines available are distributed. At times, the working population is prioritised; at others, senior citizens. At times, whole districts are told to receive the jab; at others, it is limited to specific Grama Niladhari divisions. Various professional bodies, such as the Sri Lanka Medical Association and College of Community Physicians, have pointed out the lack of a scientific basis in how vaccination is progressing. The opaque and unscientific vaccination process jeopardises the success of vaccination. It undermines the people's right to equality and public confidence in the process. Everybody has the right to access vaccines, and where vaccines are limited in availability, rational principles based on scientific reasons should determine who gets it and who doesn't. Power, money, influence, connections, gender, youth, not having any physical disabilities—these should not be the reasons why individuals receive the vaccine. Yet, news of inequalities in vaccination abounds. In Moratuwa and Narahenpita, Sri Lankans saw examples of blatant preferential treatment. It is common knowledge that local politicians decide the vaccination priorities in other districts too. Senior officials in the health department acknowledged as early as March that political

The Civil Society Collective for COVID-19 Response is a collective of civil society organisations that have come together to contribute to the national COVID response efforts. The CSO collective primarily focusses on supporting most vulnerable groups affected by the pandemic with emergency food and hygiene materials. It also advocates on issues that affect these vulnerable groups during the pandemic. The CSO collective consists of 25 district representatives and 15 core group members at the national level coordinating the response of participating CSOs throughout the country. For any details you may contact csocollectivesl@gmail.com

influence was getting in the way of their work. Recently, Public Health Inspectors condemned a decision to prioritise the relatives of members of the Government Medical Officers' Association. However, we also note that there were instances of positive experience of an orderly and systematic vaccination process, like in Morgahena in Kalutara district, when professionals are entrusted with the task without interference. These should be emulated.

Through difficult times, the vast majority of the Sri Lankan people have cooperated with this government in facing and trying to overcome the pandemic. But the manner in which the vaccination program is being implemented, the public's confidence in the government is eroding rapidly.

Therefore, we call upon the government to take all necessary steps to stem the spread of the virus and to:

- Ensure that adequate vaccinations are acquired on behalf of the public and keep the public regularly informed of the procurement arrangements that are confirmed and in pipeline;
- Publicize the plan submitted by the government to WHO to receive and administer vaccines donated through the global vaccine donation programme;
- Update the plan and develop a comprehensive vaccination strategy through the leadership of the relevant medical and public health expertise;
- Ensure the plan is transparent about criteria for prioritizing districts, divisions and villages and the public are made aware of it;
- Ensure a scientific consensus in how people are prioritised while vaccines are scarce in supply. Pay particular attention to the following groups of people in prioritizing
 - Front line responders
 - Elderly and those with other health conditions that places them at higher risk if they were to contract the virus
 - People vulnerable to the risk of exposure but have no option but to face it (e.g., essential service providers, factory workers, plantation workers etc)
- Ensure that accessibility issues are taken into consideration and special vaccination schemes are put in place for the elderly, pregnant women and persons with disability;
- Formulate a comprehensive communications strategy to ensure vaccine-related information flows to the public evenly. Utilize the television channels, radio channels, newspapers, sms services in Sinhala and Tamil to ensure that comprehensive information on the place and time of vaccination reaches the public.
- Conduct public awareness programmes on the importance of vaccination and promptly respond to any mis-information and/or dis-information.
- Prioritise eradicating covid-19 in Sri Lanka while protecting the most vulnerable in our society.

We can always rebuild our economy, but those we lose can never return.

For further information, please contact
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