



Democratic dialogue, active listening and inclusive citizen participation: creating spaces for inclusive civic participation in times of pandemic and social crisis

The objective of the project is to create spaces for inclusive civic participation during the pandemic and the socio-economic crisis that Sri Lanka is facing and to strengthen democratic institutions, the rule of law, and public accountability. As engaged citizens, we aim to ensure that government responses to the crisis are aligned to principles of constitutionalism and that government by exception will be restricted; misinformation and hate mongering prevented and that social solidarity will be strengthened through the positive engagement of change makers and influencers.

To achieve these objectives, the project has established an informal "civic watch" that analyses the government's rapid responses to health and economic challenges; promotes a public discussion on policy issues, documents fundamental rights violations; provides timely, fact-based information to citizens on emerging issues that impact on democratic values, constitutional principles and fundamental rights. The project also aims to conduct advocacy campaigns to strengthen democracy and the rule of law, as well as to conduct a needs assessment that enable citizens to articulate their needs, anxieties, and aspirations in the post-pandemic context.

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Charting a path forward beyond the pandemic

Learning from Sri Lanka's current COVID-19 response and looking to the future

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Sri Lanka's COVID-19 response initially showed some signs of promise that included following the science, listening to the experts, making the hard choices for the betterment of the public health, adapting to a difficult challenge within a short period of time. However, the prolonged nature of the pandemic, threat of novel variants and global vaccine inequity have exposed many shortcomings of our own health system from high level policy making, fractured nature of decision-making process to implementation challenges², ³, ⁴. Political determinants of health and the lack of understanding of social determinants of health have played a significant role in Sri Lanka's COVID-19 response.⁵

First, it is important to recognize that there are strengths in our pandemic response and overall health system such as the fast-tracked vaccination drive, dedicated healthcare workers, adept scientists contributing to COVID-19 response assessment, and a pro-poor health system. This commentary, however, focuses on the crucial factors that led to challenges in our pandemic response resulting in an avoidable high infection rate, avoidable deaths and causing the health system to be on the verge of collapsing.

In the hopes that constructive criticism can help us chart a positive path forward this commentary will then provide high level policy recommendations to minimize harm for future global health security challenges. Given the increasing threat of anti-microbial resistance and zoonotic diseases similar to novel coronavirus, it will be vital that we learn from our mistakes and have a more proactive, long-term approach to improving our current policy infrastructure focusing on both the current pandemic as well as the future global health threats.⁶,⁷,⁸

The factors that impacted current pandemic response shortcomings include a militaristic approach that at times undermined public health leadership, inconsistent use of scientific evidence to guide policy, the privileged exploiting the system and undermining public health guidance, using minorities and the vulnerable as scapegoats, poor communication and data management and the lack of transparency in the financial management of resources allocated to combat the pandemic and safeguard livelihoods.

Militarised approach to managing the pandemic

One of the main policy decisions that needs re-evaluation is the excessive militaristic approach to the pandemic. While support from the military is necessary for logistical and other coordination

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efforts, our public health response need to move away from excessive reliance on the military and actions such as establishing military bike units in Jaffna or dragging people away for not wearing to enforce public health measures. Public health measure implementation requires the public to follow guidelines in a pandemic and thus requires approaches that build trust and support between the public health system and the communities as opposed to people being pushed into following guidelines out of fear of the military.

While enforcement matters, excessive militaristic approaches that are applied selectively on communities, that focus on public humiliation should be eliminated from the policy level. Additionally, healthcare workers have released a public letter highlighting discrepancies within Sri Lanka's vaccine strategy, including vaccine stock availability favouring the implementation efforts carried by the military. Such acts of favouritism and lack of transparency as highlighted by healthcare workers will damage people's trust in the public health system. Therefore, to provide more public health centered guidance, a helpful approach would be to have a public health expert lead or co-lead the COVID-19 response, providing an active, strategic leadership on designing and implementing of both pharmaceutical and non-pharmaceutical interventions.

Inconsistency of using science to guide policy

Although government policies reflected scientific evidence at the beginning of the pandemic, with time, the government has been sporadic and unpredictable in their reliance on scientific policy guidance that led to questionable policy decisions and delaying of key decisions. These policies and policy delays had a considerable impact on rising case numbers and deaths. Scientific policy guidance including social, epidemiological, and clinical science are vital to inform policy during a pandemic. An approach informed by science can reduce the impact of the pathogen, to consider the behavioral impact of the pandemic and to provide necessary support for the vulnerable.

While the strong political investment behind vaccinating the majority of the population should be applauded, the spread of the virus cannot be controlled by vaccination alone. Thus, the government's lack of effort to implement a holistic, long term policy approach has resulted in poor policy decisions. For example, despite the overwhelming scientific evidence that public health measures such as limiting traveling, enforcing social distancing, masking were needed to maintain low case numbers, especially with low vaccination coverage, government eased public health restrictions closer to Sinhala, Hindu New Year holidays in April, 2021.¹²

The public without clear guidance from the government, after public health restrictions were eased, were seen shopping in great numbers throwing away the vigilance that had been strengthened by months of repeated awareness building. As the cases increased, the government continued to ignore the need to enforce public health measures to control the infection spread. Associations led by medical doctors in a rare joint statement, experts convened by the WHO, and a citizens' petition all strongly requested the government to take better measures.¹³, ¹⁴ One of the key requests was a 14-day complete lockdown to minimize infection spread and to trace cases. However, government's delayed response, that introduced limited traveling restrictions and advised communities to remain home, marred by poor communication and selective application has not been successful in driving the case numbers down.¹⁵

The pattern of delayed response to increasing cases has repeated with the resurgence of the Delta variant. In August, 2021 Healthcare workers, WHO independent expert panel and other experts again repeatedly warned the government only to be met with a delayed response by weeks. ¹⁶ This theme of scientific evidence-based policy conflicting with other interests such as government allowing non-evidence-based potions from quack doctors, sanctioned tourism bubbles, poor reopening strategies after lockdowns allowing high risk indoor events to function and poor working conditions of garment factory workers remains points of concern.

Privileged undermining the public health system

One of the major current challenges is the challenge of the privileged undermining the importance of public health measures. This has manifested in two harmful ways: first, is the disregard for public health measures with impunity and second, is the exploitation of the system by the privileged to gain access to vaccines while leaving the vulnerable unvaccinated.¹⁷, ¹⁸ These examples of the political and social elite undermining the system discounts the importance of self-discipline and encourages the public to undermine the public health measures as well. Additionally, at a time, where pandemic fatigue has taken hold, where anxiety remains high, poor leadership shown by political elite and some corrupt doctors who exploited the system undermines the hard-fought efforts of the entire public health system.

While the immediate impact is public despair and disappointment, lasting damage also occurs as these incidents erode the trust built between the public health system and the community.

Minorities and the vulnerable as scapegoats

A prevalent theme that we should not overlook is the use of minorities and the vulnerable as scapegoats contributing to significant build-up of pandemic stigma. The Muslim community in particular was targeted with mainstream media playing a role in spreading disinformation and the government enforcing an unscientific forced cremations policy. Pandemic stigma caused by lack of effort to minimize such harmful rhetoric, to swiftly re-examine and rectify policies also have a generational impact on how these communities are viewed. In addition to the Muslim community, the lack of effort to address stigma has also led to harmful reactions against those who are infected in vulnerable communities such as garment workers and navy soldiers and other poor communities.

Poor communication and data management

At a time of high anxiety and panic, where information plays a key role not just in government decision making process but also in public understanding of the disease, public facing communication explaining the complex science of the pandemic, accurate interpretation of the existing epidemiologic data, sharing data effectively between departments and policy makers is vital for the success of the pandemic response. However, Sri Lanka's communication strategy leaves much to be desired.

There are positive highlights of the health promotion bureau creating a data dashboard and other guidance. Yet, shortcomings in explaining policies to the public, lack of communication efforts to combat stigma, erroneous interpretation of epidemiologic data and not declaring community spread

have created a culture of confusion. Additionally, the government itself has publicly challenged data validity of its own sources adding to the confusion around data accuracy.²³ Furthermore, increasing challenges related to undercounting of patients and cases due to data inaccuracy of government sources continue to impact the COVID-19 response in the country.²⁴

Lack of transparency in financial management

Lack of transparency and timely use of funds are points of concern that were highlighted in the public domain during this pandemic response.²⁵ These concerns from citizens include lack of timely use of high-level funds such as funds provided by international organizations and public COVID-19 relief funds dedicated to strengthening the health system. Additionally, allegations have surfaced related to mismanagement of funds related to COVID-19 relief support.²⁶ The concerns related to COVID-19 relief support, which were targeted financial support for the most vulnerable, include families not receiving funds, funds being embezzled by authority figures and political manipulation of funds. Based on many of these concerns, it is crucial that Sri Lanka focus on much higher accountability mechanisms for managing funds during this health emergency and for future emergencies including health crises.

Recognizing Sri Lanka's policy priorities

While the factors highlighted in sub-sections above capture the main challenges of the pandemic response, it is crucial that we note the indirect challenges that are not health related. These challenges that affect social determinants of health, include the loss of income, impact on food security, impact on education, impact on domestic violence, and unsafe working conditions for many. For the underprivileged, following public health guidance can be challenging due to financial and circumstantial constraints. These include food insecurity, inability to stay in isolation due to lack of funds, inability to social distance within the community due to living conditions and lack of understanding of vaccines or public health guidance.

All the challenges delineated above, health and non-health related, underscores the need to learn from our mistakes and deliberate oversight in some instances. Political determinants of health such as political apathy, misguided policy making, delay in policy implementation due to political barriers are present at various levels in all factors mentioned and have weakened our pandemic response. Thus, at the health governance level, Sri Lanka needs to have co-leadership from the public health sector in managing the pandemic; the political leadership needs to avoid falling prey to short term political and economic goals and ensure that there is scientific rationale (e.g., clinical, epidemiological, and socio-political) behind pandemic response efforts including the calculation of risks.

Furthermore, Sri Lanka urgently needs to consider improving its communication of data, initiating comprehensive anti-stigma messaging, and addressing the privilege exploiting the system via internal political efforts as well as policy efforts. Appointing a public health expert to communicate public health measures, holding press conferences monthly or bi-weekly with relevant experts and government officers to answer most prevalent questions are some of the immediate steps that the government can take without extending much energy.

In the long term, Sri Lanka needs to invest politically and financially to ensure the political determinants of health are aligned to improve the health system and positively impact social determinants of health. As we have observed in this pandemic doing so will have a significant impact on all aspects of the lives of our population. The most impacted, especially at times when resources are scarce, are those from lower income quintiles who often lack both monetary and social capital to overcome challenges posed by the pandemic. These challenges are not limited to health challenges but expand to challenges such as food security, access to education, domestic violence, and overall financial stress. All of these challenges also result in poor mental health which can lead to high levels of morbidity in our communities.²⁷

The pandemic has also redefined the meaning of safety. As a country that faced 26 years of war, improving military strength has been synonymous with the safety in Sri Lanka, repeatedly emphasized by political rhetoric, until the pandemic. The pandemic has highlighted the importance of defining safety not only as the absence of armed conflict, or military attacks but also as ensuring the physical and mental health and well-being of citizens. It is important that we do not deny or dismiss this realization and invest in our health system as well as our social support systems. At the highest-level Sri Lanka will need to move health and social support up the political agenda and invest meaningfully in these sectors. Social support should include support with meaningful analysis and understanding of the challenges highlighted above. Thus, address food security challenges, access to education challenges and move beyond limited ad-hoc cash support packages. On subsequent levels, Sri Lanka should look to improve its institutions, central and regional, specifically on health, and social welfare to be able to face future pandemics and disasters. The strengthening of the health system should focus on strengthening all six core components of the health system to face both communicable and non-communicable diseases.

Charting our path forward

Given the impending threat of more epidemics or pandemics due to anti-microbial resistance and increasing threat of zoonotic diseases impacted by factors such as deforestation and climate change, the above policy priorities will be crucial to chart a path forward for Sri Lanka. ²⁸, ²⁹ The outcomes of investing in health and social determinants of health will have an instrumental economic value reflected in the growth of gross domestic production and also will result in contributing to the improvement of the overall quality of life which cannot be measured by mere economic value. ³⁰, ³¹ The importance of improving the wellbeing of communities beyond economic interests of countries is an increasingly prevalent theme in global health and Sri Lanka would be ahead of the curve to prioritize health and well-being. ³² Prioritizing these policy targets will also bring Sri Lanka global recognition as these priorities align with global level evidence-based policy and global health policy agendas such as the sustainable development goals, (specifically 3.8.1 and 3.8.2) and universal health coverage 2030 goal. ³³, ³⁴

Often times, in history, there are watershed moments that provide clarity to leaders and governments on priorities that will help ensure the well-being and safety of their citizens. This pandemic is one such moment. Not paying attention to warnings that are reflected in the suffering of our communities and in empirical scientific evidence will cause lasting damage to us all. The absence of a long-term policy approach that is neglected due to 'vaccine euphoria' or short-term reduction in cases will have severe consequences on our economy, will intensify pandemic fatigue

and negatively impact the overall wellbeing of our communities. To realistically build back better, Sri Lanka will need to prioritize its health, social welfare as political and investment priorities in short-and long-term agendas, redefining the political understanding of what it means for be safe and secure for our communities.

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