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**SITUATION UPDATE**

**Beyond a Health Crisis, the Far Reaching Implications of COVID 19**

**September 04, 2021**

1. ***Introduction***

COVID 19 is evolving from a health crisis to a social and political crisis with uneven shock distribution across social systems, nations, geographies, and ecologies; far worse than initial predictions and judgments and taking thousands of lives on all continents; perhaps more than any other disaster, exhibits the value of development science to integrate the environmental externalities of climate, behavioral, and food systems affecting people and the development gains. A global view using a systems science approach is necessary to recognize the close interactions between health of animals, humans and the environment.[[1]](#footnote-1) The crisis exerting enormous pressure on health system, and level of resilience is in varying degrees in developed, developing and lower economies. The sense of nationalism is growing in an attempt to contain the spread while global solidarity to crisis respond in terms of sharing intellectual, human and material resources is becoming fragile. Social scientists explore social inequality that have come to surface with this crisis situation; while the virus itself is a biological agent that may infect any person, people are deeply unequal when confronted to it.[[2]](#footnote-2) The crisis exacerbates existing inequalities and creates new vulnerable groups, and shows a pattern of unequal recovery across social classes as socioeconomic positioning determines access to health care in an overwhelming health care system. From the political system, well adopted public policies to pandemic management and development planning - budgeting to present needs and short and long term development prospects, to crisis management with a conviction to appropriate health decisions and continuation of economic activity albeit of disease spread at varied pace, and to address economic contraction as declined revenue and increased expenditure of the government, are of vital importance depending on the wisdom of experts, politicians and other stakeholders while gaining public trust.

1. **Global overview - Cumulative cases and deaths across WHO regions**.

Table 1: Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 29 August 2021

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| WHO Region | New cases in last 7 days (%) | Change in new cases in last 7 days \* | Cumulative cases (%) | New deaths in last 7 days (%) | Change in new deaths in last 7 days \* | Cumulative deaths (%) |
| Americas | 1 481 995 (34%) | -9% | 83 231 838 (39%) | 22 259 (33%) | 1% | 2 094 503 (47%) |
| Europe | 1 172 461 (27%) | -1% | 64 856 816 (30%) | 12 584 (19% | 4% | 1 267 494 (28%) |
| South-East Asia | 596 456 (14%) | -3% | 41 119 317 (19%) | 14 010 (21%) | -20% | 641 874 (14%) |
| Eastern Mediterranean | 443 703 (10%) | -2% | 14 498 768 (7%) | 7 831 (12%) | 9% | 264 425 (6%) |
| Western Pacific | 553 344 (13%) | 7% | 6 399 247 (3%) | 6 835 (10%) | 16% | 88 168 (2%) |
| Africa | 147 789 (3%) | -7% | 5 608 074 (3%) | 3 869 (6%) | -3% | 134 276 (3%) |
| Global | 147 789 (3%) | -4% | 215 714 824 (100%) | 67 388 (100%) | -2% | 4 490 753 (100%) |

***Source: WHO, COVID-19 Weekly Epidemiological Update, Edition 55, published 31 August 2021***

**THE COVID 19 CRISIS IN SRI LANKA - A SYNOPTIC ANALYSIS OF HEALTH AND SOCIO ECONOMIC CONDITIONS.**

1. **Current COVID 19 Situation in Sri Lanka**
* The cumulative number of cases reported globally as at 29th August 2021 is nearly 216 million and the cumulative number of deaths is just under 4.5 million. Despite a regional decrease in deaths, three countries reported increases of over 15% at the end of fourth week of August 2021: Timor-Leste (32%), Sri Lanka (19%) and India (17%).[[3]](#footnote-3)

Table 2: Local situation – COVID 19 cases, deaths and recoveries

|  |  |
| --- | --- |
| Total Number Confirmed | 451,401 |
| Imported Cases (Returnees from other countries) | Foreigners | 328 |
| Sri Lankans | 6836 |
| Local Cases | Navy & their close contacts | 950 |
| Kandakadu cluster & their close contacts | 651 |
| Minuwangoda Cluster | 3059 |
| Fish Market\ Harbour Cluster | 82785 |
| Prison cluster | 8162 |
| New Year Cluster | 337218 |
| Others | 313 |
| Total Number Recovered | 380,166 |
| Total Number of Deaths | 9,806 |
| Patients under medical care/home based | 61,429 |
| Suspected – today 10 am | 3361 |
| Total Vaccinated 1st Dose 2nd Dose | 12,666,2319,007,588 |

Source: Epidemiology Unit, Ministry of Health, Coronavirus disease 2019 (COVID-19) - Situation Report –03.09.2021– 11.30 p.m

* Sri Lanka is reporting 5,288 new infections on average each day, 96% of the peak — the highest daily average reported on August 26 [[4]](#footnote-4) and the case load has reduced to 2500 – 3000 per day on an average as at 1st of September 2021. The fatality rate of Sri Lanka is 2.12 percent comparatively higher than global fertility rate (2.07%), and of UK, USA, and India. [[5]](#footnote-5)
* Recovery rate in Sri Lanka (84.71%) lower than global rate of recovery of 89.43 percent and lower than India 97.48 percent which is the highest recovery rate observed. [[6]](#footnote-6)
* 9806 deaths have been reported as at 03rd of September 2021, with a higher portion of male deaths being reported (5848), than female deaths of 3958. Globally, as anecdotal evidence suggests that Coronavirus disease 2019 (COVID-19), caused by the coronavirus SARS-CoV-2, exhibits differences in morbidity and mortality between sexes; male patients have almost three times the odds of requiring intensive treatment unit; males are at a significantly higher risk of severe disease and death than females, although there is no sex difference in the proportion of people infected with SARS-CoV-2[[7]](#footnote-7)
* COVID 19 Variants reporting of concern as of 31 August 2021 in Sri Lanka are Alpa, Beta, and Delta while Alpa, Beta, Delta, and Gamma variant is also being reported in India.[[8]](#footnote-8), Sri Lanka’s closet neighboring country.
* Delta variant is highly transmitted in Sri Lanka, and there has been an increase in number of deaths and infections with the delta variant to a 60 -70 percent comparing with other variants. According to the State Minister, the researchers have discovered a change in the genetic codes SA 222V, SA 701S and SA 1078S of the Delta variant in the country; these are mutations in the spike protein of the virus; that these mutations may be the reason for the increase in the spread of COVID 19 disease.[[9]](#footnote-9)
* According to progress of COVID 19 immunization program as of 3rd September 2021, 12,666,231 people have received the first dose of COVID 19 vaccine while 9,007,588 received the second dose. As of August 23, 2021, the government is approaching the full coverage of the population above 30 years old, with more than 95 percent having had one dose of the vaccine and 51 percent having two doses.[[10]](#footnote-10) State Pharmaceutical Corporation (SPC) Chairman Dr Prasanna Gunasena stated that rolling out of a booster for specific risk groups has been reviwed within the country which has not been recommended by WHO although some countries have initiated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COVID 19 Vaccine type  | First Dose  | % | Second dose  | % |
| Covishield | 1,389,752 | 6.4 | 885,965 | 4.0 |
| Sinopharm | 9,937,161 | 45.6 | 6,798,514 | 31.1 |
| Sputnik – V | 159,088 | 0.7 | 25,489 | 0.1 |
| Pfizer | 306,421 | 1.4 | 187,019 | 0.8 |
| Moderna | 771,787 | 3.5 | 685,107 | 3.1 |
| Total  | 12,564,209 | 57.6 | 8,582,094 | 39.3 |

 Table 3: Immunization progress as of 1st September 2021

Source: Data aggregated from Epidemiology Unit Ministry of Health, Report of the Progress of COVID-19 Immunization as of 8.30 pm on 01. 09. 2021

* In the vaccination role out there had been initial gross mismanagement, with the procurement delay, the lack of communication of the public vaccination program in total, and the strategy for risk population management. Age distribution of deaths in Sri Lanka shows the majority of deaths have been recorded of the population over 60 (76.2 percent) as a result of old people showing reluctance in getting the vaccine.
* Government Nursing Officers Association President Saman Rathnapriya stated that two healthcare workers have succumbed to COVID and a total number of 1000 nurses have been tested positive for COVID. While special leave was granted for pregnant women as safety precautions, pregnant nurses have not been granted approval.
* Capacity of the hospitals and treatment centres with a surge in COVID 19 infections has currently exceeded. In August 2020 the WHO announced that asymptomatic patients could be quarantined at home. A year later, Sri Lanka issued a circular on ‘Integrated Home-based Isolation and Management of Mildly Symptomatic and Asymptomatic COVID-19 patients’. The circular defined asymptomatic patients as laboratory confirmed cases not experiencing any cases of oxygen saturation at room temperature of more than 96%. On the other hand, mildly symptomatic cases are Laboratory confirmed individuals with upper respiratory tract infections, with or without fever, other associated symptoms and no shortness of breath and having oxygen saturation at room temperature of more than 96%.[[11]](#footnote-11)
* State Minister of Production, Supply and Regulation of Pharmaceuticals Prof. Channa Jayasumana yesterday stated with the surge in COVID 19, the health authorities is planning to import PPE, PCR, Antigen test kits and Oxygen supplies.
1. **Economic and Social Impact in Sri Lanka**

World economy is experiencing a post-recession recovery, growth sets to be faster than any of the previous recoveries from a worldwide recession since the end of World War according to the world bank, and the projection is with a rebound in major economies of USA and China which would contribute to one quarter of global growth in 2021, but the growth may remain uneven to developing and lower economies. Despite the recovery, global output will be about 2% below pre-pandemic projections by the end of this year and per capita income losses will not be unwound by 2022 for about two-thirds of emerging market and developing economies.[[12]](#footnote-12)

Sri Lanka’s economy contracted by 3.6 percent in 2020, alongside the global recession, and subdued local economic activities with containment measures and mobility restrictions, and is now as per the estimates published by the Department of Census and Statistics (DCS), recovering strongly than expected, recording a real growth of 4.3 per cent, during the first quarter of 2021.[[13]](#footnote-13) High fiscal deficit and excessive domestic liquidity intensify the debt burden, while fiscal space and capacity is being limited for the performance in tourism and other sectors with subdued economic activities. S&P Global Ratings downgraded Sri Lanka's long-term sovereign credit ratings to CCC+/C from B-/B, saying the country's fiscal position is expected to deteriorate over the next few years due to a lack of favorable economic and fiscal conditions.[[14]](#footnote-14) Inflation, which remained moderate during early 2021, accelerated somewhat in recent months due to high food inflation and some acceleration in non-food inflation. Inflation is projected to hover around the upper bound of the desired 4-6 per cent target range in the near term. Fiscal and monetary stimulus measures, and vaccination rate are the two factors that could drive local economy as per economists, while transitory pressure become more transparent and persistent for years ahead. With the monetary policy measures, market deposits, and lending rates have been declined to historic low levels, thus an increased credit expansion would support productive and needy sectors of the economy. The upward adjustments in market interest rates and the expected liquidity deficit in the domestic money market help economy absorbing the large amount of currency held by the public observed since the onset of the pandemic in early 2020. Economic recovery depends on appropriate measures and resumption of economic activities, monitoring domestic and global macroeconomic developments, while subduing inflation growth and pressure.

Contraction in the service, manufacturing and private sector caused structural unemployment causing an increase in unemployment by 1.8 percent (150,209 jobs), and employment conditions for informal workers have been deteriorated with containment measures imposed by the government, and reduced economic activities in general. Job losses are observed other than higher income category, within the lower and middle income distribution levels. With jobs lost and earnings reduced, poverty increased significantly in 2020. Over 500,000 people are expected to have fallen into poverty as a result of the crisis, which led to an increase in the $3.20 poverty rate from 9.2 percent in 2019 to 11.7 percent in 2020.[[15]](#footnote-15) Inequality in Sri Lanka would aggravate given economic disruption, pre pandemic levels data suggests more than 50% of total household income is shared by 20% richest, while the share has been 05% to poorest 20%. This would dispose the poorest to a wide range health and social problems including poor educational attainment, lower social mobility and increased levels of violence and mental illness. Distance education in Sri Lanka has caused significant divide in educational attainment and outputs, according to Institute of policy studies Sri Lanka, less than 50% of students were reached online on average; further, it ranged from a low of 8% in the smallest schools – which are typically the least privileged – to 59% in the largest. Social protection programs in Sri Lanka had minimal contribution in reducing poverty even at the pre pandemic levels, and criticisms were heavily on the coverage of poorest segment in the programs. The crisis requires policy makers to comprehend the economic and social impact on an unequal level across social classes, and define strategies that favor sufferers with a focus to situational poverty.

1. **Caritas Sri Lanka Response**

The unprecedented COVID 19 global pandemic stunned the operations the country, gradually deteriorating the situation in the entire island. The restrictions of mobility imposed by the state affected the access to food and other essential needs of the vulnerable communities, creating distress and divisions among the public. Realizing the dire need to support these communities in need, Caritas Sri Lanka continued to fulfill the basic needs of the affected communities with the generous support of the Dicasetry for promoting integral human development and all of other **C**aritas Sri **L**anka’s funding partners.

An immediate response programme was carried out through all 13 Diocesan Centers to provide Dry food packs, hygiene and personal Protection equipment, Medicine and awareness for the communities as well as supporting the deserving students in remote villages to meet internet connection requirements to continue with their online classes. The relief work was carried out jointly with the Divisional Secretariats, Public Health Officers and the Religious Leaders. These actions highlight how CSL as a Church-based organization, irrespective of race, caste or religion.

Amidst the pandemic, **C**aritas Sri Lanka is gradually shifting its working process to virtual platforms in all possible instances to ensure the uninterrupted service towards community empowerment. Caritas remains thankful for the partners for their facilitation in making the virtual platforms accessible for the vulnerable communities.

For more information,

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