

# The rational approach for controlling the spread of COVID-19 in Sri Lanka

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*Ceylon Medical Journal* 2020; **65**: 72-74

DOI: <http://doi.org/10.4038/cmj.v65i3.9190>

Sri Lanka is a upper-middle-income country with a population of 21.4 million and a per capita gross domestic product (GDP) of about US\$ 13,000.00 at purchasing power parity. Despite the total expenditure on health being relatively low (approximately 4.2% of the GDP), Sri Lanka is noted to have achieved health indicators that are comparable with high-income countries, with almost 100% immunization coverage, life expectancy over 75 years, literacy rate over 90% and low mortality rates [1].

Sri Lanka's COVID-19 response is characterised by a strong focus on the preventive approach and contact tracing with rational utilization of available resources. The level of control achieved by this approach when applied within the Sri Lankan context is evident in the analysis of current situation. With only 134 cases per million population and a case fatality rate of 0.38%, the Sri Lankan statistics are lower than the global average [2].

Globally as updated on 12th August 2020, there have been 20,525,986 confirmed cases of COVID-19, including 745,971 deaths, reported to WHO. In Sri Lanka, updated on 12<sup>th</sup> August 2020, there have been 2,880 confirmed cases of COVID-19 with 11 deaths (WHO, 2020).

Even after 28 weeks since the detection of the first patient, most cases can still be traced to an identifiable origin. This indicates that the epidemic is contained within few clusters, without spilling into the community. Most of the early clusters and chains of transmission are no longer active.

The Sri Lankan response to COVID-19 needs to be understood within the context of health system of the country. Sri Lanka has a strong and well-established public health system with both preventive and curative healthcare provided free of charge by the Government health service [1].

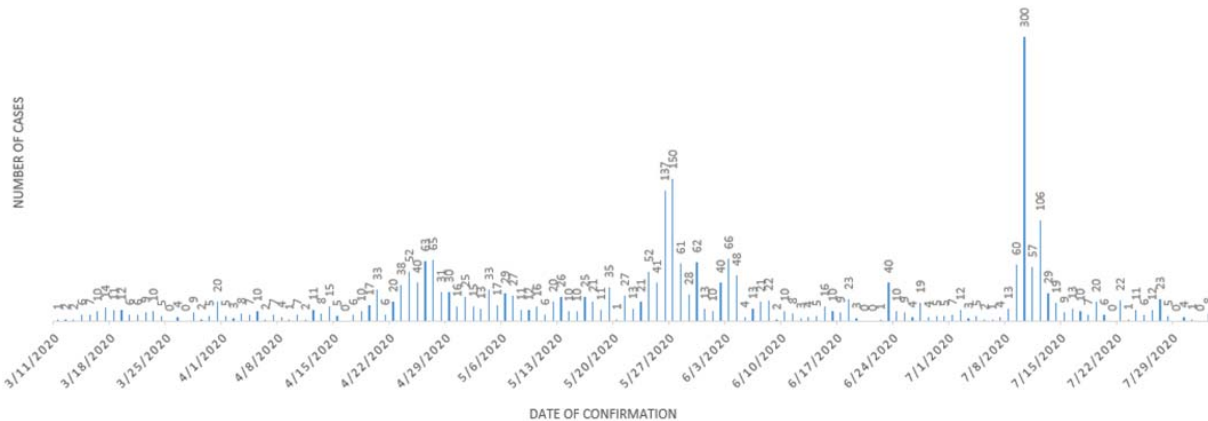


Figure 1. Epidemiology curve of COVID-19 patients, Sri Lanka (as of 30.07.2020).

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