SRI LANKA STRUGGLES TO RESPOND EFFECTIVELY TO COVID-19 THIRD WAVE

As several countries with access to vaccines lift restrictions and seem to be coming out of the pandemic, Covid-19 continues to pose significant challenges in South Asia and beyond, and Sri Lanka has proved to be no exception. Amnesty International has found that with ad hoc plans for vaccine distribution, challenges in procuring the required quantity of vaccines, and serious failures in addressing the needs of most at-risk populations like prisoners and factory-workers, the Sri Lankan government has failed to guarantee the right to health. The roles of the government of Sri Lanka and the international community are critical at this juncture, when Sri Lanka is struggling with a third wave of the virus, and the number of daily cases have risen to more than 2500 a day in a population of just 21 million people. In contrast, Taiwan has registered 218 cases a day in a population of 23 million, and Burkina Faso has registered zero cases a day in a population of 21 million.

Sri Lanka is obliged under international law to ensure that Covid-19 vaccines are available, accessible, affordable and of good quality for everyone without discrimination. As the virus rips through neighbouring India and other South Asian countries like Nepal, a surge of new cases has also been recorded in Sri Lanka, with a total of 213,396 confirmed cases and 1,843 deaths recorded since the beginning of the pandemic last year. Sri Lanka’s Health Promotion Bureau issued a public warning of a Coronavirus breakout after the April New Year festive season. Amnesty International is concerned that the Covid-19 vaccination drive in Sri Lanka is falling short of both resources and planning, and the country is facing challenges in ensuring access to all.

Sri Lanka started its vaccination drive on 29 January 2021, only after India gifted 500,000 does of AstraZeneca vaccine produced by the Serum Institute of India, as a part of India’s ‘Neighbourhood First’ policy. The vaccines were administered to healthcare workers on the frontline of Covid-19 prevention as well as the Tri-Forces and Police. In late February, a second batch of 500,000 doses of the vaccine (ordered under an agreement between the State Pharmaceuticals Corporation (SPC) of Sri Lanka and the Serum Institute of India) arrived in the country. The Sri Lankan government SPC also placed an order for 10 million doses of AstraZeneca vaccine from the Serum Institute of India at a cost of USD 52.5 million, which is yet to arrive owing to delays. Given the production delays with the AstraZeneca vaccines, Sri Lanka then procured the Sinopharm and Sputnik V vaccines and began their administration.

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1 Worldometer, daily Covid-19 case numbers for Taiwan 8 June available at, https://www.worldometers.info/coronavirus/country/taiwan/
3 The number of daily cases spiked up to 3623 on 19 May – the highest daily number of Covid-19 positive cases reported in the country, while more than 2000 cases are being recorded on consecutive days since the 10 May, according to government figures available at https://hpb.health.gov.lk/covid19-dashboard/
7 Health Promotion Bureau on Twitter on 20 April 2021: “Rapid increase of hospital admissions requiring intensive care & identification of a new strain of the virus have raised concerns of accelerated disease spread. We urge the public to renew the prescribed behaviours to stop the disease spread. #COVID19 #SriLanka #COVID19LK”, available at, https://twitter.com/HPBsriLanka/status/1384507030858125312?s=20
In addition to these bilateral contracts, Sri Lanka received 264,000 doses of AstraZeneca vaccine as a part of the COVAX facility on 7 March 2021.\(^\text{11}\) This makes up for a small part of COVAX’s commitment to provide 8.4 million vaccine doses to cover 20% of Sri Lanka’s population at no cost to the government.\(^\text{12}\) The remainder is expected later in 2021.\(^\text{13}\) According to government reports, a total of 925,242 persons have been vaccinated with the first dose of the Oxford AstraZeneca vaccine so far, while 353,789 have received their second dose.\(^\text{14}\) 1,033,028 people have received the first jab of the Sinopharm vaccine and 166 have received the second.\(^\text{15}\) A total of 64,986 have received the Sputnik V vaccine.\(^\text{16}\) Added up, this amounts to 9.6% of Sri Lanka’s 21 million population having received the first jab of the any of the vaccines, while another 1.7% have received both jabs.

**INTERNATIONAL HUMAN RIGHTS LAW**

All UN member states, including Sri Lanka, are bound to the Universal Declaration on Human Rights (UDHR), which states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services…”\(^\text{17}\) Moreover, Sri Lanka acceded to the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1980, which reiterates “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,”\(^\text{18}\) including those necessary for “the prevention, treatment and control of epidemic, endemic, occupational and other diseases.”\(^\text{19}\) The Covenant also establishes that signatory states must undertake “to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources with a view to achieving progressively the full realization of the rights recognized in the Covenant by all appropriate means…”\(^\text{20}\)

The Committee on Economic, Social, and Cultural Rights in General Comment 14 on the Right to the Highest Attainable Standard of Health has established that this means that states must work towards ensuring that all health facilities, goods and services (including information) must be available, accessible (non-discrimination, physical accessibility, economic accessibility, information accessibility), acceptable and of good quality.

Both Article 27 of the UDHR and Article 15 of the ICESCR\(^\text{21}\) establish the right to enjoy the benefits of scientific progress and its applications. The Committee on Economic, Social, and Cultural Rights in General Comment 20 specifies that these benefits include medical technologies such as vaccinations.\(^\text{22}\)

States must consider several key human rights principles around the right to health in their approach to contain the spread of the Coronavirus: non-discrimination and equality, participation, transparency and accountability, and international cooperation and accountability.

**GAG ORDER AGAINST HEALTH SECTOR**

On 19 May 2021, the Secretary to the Ministry of Health issued an order threatening disciplinary action against anyone in the health sector speaking with the media. This was on the basis that they were sharing “incorrect health related information and data that has not been based on correct information” and because they were “criticising health policies.” The order affects the health workers’ freedom of expression, specifically the right “to impart information and ideas of all kinds,
regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice" in line with Article 19 of the ICCPR that Sri Lanka is a party to. Restrictions on this right may only be provided by law for public health reasons provided such restrictions are necessary and proportionate.

It is not permissible under international human rights law to impose restrictions preventing the expression of opinions or the provision of information simply because it is deemed to undermine the implementation of government policies, harms it politically or puts the government in a negative light.23

CREATE AND COMMUNICATE A NATIONAL VACCINATION PLAN

On 26 January 2021, the State Minister of Primary Healthcare, Epidemics and COVID Disease Control Dr. Sudarshini Fernandopulle announced that the vaccines will be administered to the public free of charge, like any other vaccination programme in the country.24 She also said that nearly 300,000 persons providing frontline healthcare and security were identified as a priority for the first phase.25 The State Minister added that in addition to the vaccines that Sri Lanka receives from COVAX, the government will purchase vaccines which will be provided to everyone according to a priority list26 that was never made public and became ever-shifting, depending on the batch at hand. In fact, as of the first week of June 2021, the government authorities have not yet communicated a comprehensive plan to vaccinate its population, or who it has prioritizing for the last remaining stocks of the AstraZeneca jabs nearing its expiration dates in June and July.27

Initially, the government announced that it would vaccinate at-risk groups above the age of 60 and the workforce between the ages of 30-60 starting in March.28 However, health authorities vaccinated only the 30-60 group in high-risk areas in the Colombo and Gampaha districts, without any explanation for excluding the older population and the workforce in other geographical areas.29 Starting late February 2021, the Health Ministry set up six vaccination centres in the capital, Colombo, where it began vaccinating the 30-60 age group.30 People who were keen to receive the jab relied on social media reports31 for information around vaccine eligibility, as there was limited information made available through formal channels. People were also being turned away after lining up for jabs,32 as there was no public communication about the vaccine eligibility criteria. Vaccinating the over 60 age category only began once a part of the vaccines from the COVAX facility arrived in March.

Moreover, it appeared that those with economic or political privilege33 were able to obtain the first dose even though they did not belong to the at-risk categories, leading to confusion, frustration, anxiety and criticism of the government’s vaccine rollout.34 For example, with insufficient doses of the AstraZeneca vaccine available to purchase from COVAX,35 the government authorities have not begun vaccination of the families of doctors who belong to the Government Medical Officers Association.36

In its General Comment No. 34, the UN human Rights Committee states that restrictions on the right to freedom of expression, specifies that “if a state imposes any such restrictions, it must demonstrate the precise nature of the threat, and the necessity and the proportionality of the specific action taken, in particular by establishing a direct and immediate connection between the expression and the threat. Moreover, any such restrictions must also not put in jeopardy the right itself”.24


The vaccination of families of some doctors took place instead of prioritizing all health sector families and at-risk groups to receive second jabs. Additionally, public service providers such as Grama Niladhari (grassroots local government officials), too went on strike demanding that the government prioritises the administration of vaccines for all Grama Niladharis, as they are exposed to the public daily. In response, the government declared them as “essential” service providers, who will then be required to report to work or risk losing their jobs. Allegations of political influence to receive the second dose of the AstraZeneca vaccine and queue jumping and favouritism during the first dose administration of other brands of vaccines were also reported.

At a meeting with Amnesty International in March 2021, the State Minister of Primary Healthcare, Epidemics and COVID Disease Control Dr. Sudarshini Fernandopulle explained that the government first prioritised the workforce to get the economy kick-started, and later began administering the vaccines received through the COVAX facility to people above the age of 60 to reduce mortality rates. The Minister explained that the prioritisation of Gampaha and Colombo districts was due to the high number of deaths, adding that the government zoomed in on Grama Niladhari divisions (small local government administrative divisions) that were most in need of the vaccines based on case numbers and mortality rates as priority areas. Subsequent to the arrival of Sinopharm and Sputnik V vaccines in May, the government began vaccinating the public in the over 30 age category in other parts of the country, including areas in the Colombo, Gampaha, Kalutara, Galle, Matara, Jaffna, Kandy, Kurunegala, Matale, Batticaloa, Trincomalee, Ampara, Polonnaruwa, Puttalam, Monaragala, Nuwara Eliya, Hambantota, Anuradhapura, Badulla and Kegalle districts - a total of 20 of Sri Lanka’s 25 districts. As of 9 June 2021, no further information has been made available on which other areas will receive vaccines next.

Recommendation: Sri Lanka must devise one national Covid-19 vaccine distribution plan, based on policies to ensure availability, accessibility, acceptability and quality of Covid-19 vaccines for all people. Processes should be transparent, well-communicated and include participation of civil society and marginalized groups. This information must also be clearly communicated to the general public so people are aware of when they will have access and can receive the Covid-19 vaccine.

PRIORITISE AT-RISK GROUPS

Despite a prison Covid-19 cluster that exceeded more than 3,000 cases as at December 2020 following a lack of preventive and protective measures in detention centres, the government of Sri Lanka has not indicated any plans to prioritise vaccinating its prison population. With limited sanitization facilities and overcrowding, prisons are hotbeds for the coronavirus. In 2020, at least 14 prisoners were killed in three separate incidents linked to fears around Covid-19 in
prisons. Moreover, in March 2020, two prisoners were killed and several others injured in Anuradhapura prison, following a protest related to Covid-19 measures. In November 2020, more than 100 inmates had tested positive for the virus at the Bogambara Prison in Kandy. 11 prisoners were killed and at least 50 others injured following an incident at Mahara prison. According to the Human Rights Commission of Sri Lanka, protests were sparked by the influx of prisoners infected with the coronavirus from Welikada prison instead of setting up a dedicated prisoners’ Covid-19 treatment facility. This year, on 17 May, dozens of inmates detained at the Bogambara prison protested on the rooftops demanding PCR tests following concerns of the virus re-spreading through the prison.

Similarly, the government has not yet announced any plans to prioritize the multiple at-risk groups, including labour forces such as garment factory workers, Free Trade Zone workers, and vendors in public markets. Due in part to the high-risk group clusters, the total number of deaths rose significantly during the second wave of the pandemic, from 16 on 25 October 2020 to 642 deaths by 25 April 2021. Despite ongoing lockdowns to control the third wave, the apparel manufacturing sector was asked to work, although there is limited testing and inadequate quarantine and care facilities being made available for factory workers falling sick with Covid-19. Some groups have voiced concerns around docked pay due to time spent sick or in quarantine. The current third wave of the pandemic has affected several apparel manufacturing factories, however these high-risk sectors have thus far not been prioritized for vaccines - despite some workers belonging to the over 30 age group, and despite residents in the areas some of the factories are located, in already being vaccinated. At a press conference on the Covid-19 crisis in Sri Lanka’s garment manufacturing factories, civil society organisations and trade unions raised issue with this treatment of factory workers, even while Sri Lanka has seen a 183% rise in exports since April 2020, largely attributed to the apparel sector. The organisations criticized that whilst government

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and factory owners reap these profits, the workers remain unprotected, not prioritised for vaccination and largely left to fend for themselves.\textsuperscript{59}

**Recommendation:** Sri Lanka must devise national Covid-19 vaccine distribution plans to be inclusive and non-discriminatory, in line with human rights laws and standards. In addition to prioritizing health workers, older populations and people with comorbidities, authorities should consider factors that may heighten an individual’s or a community’s risk to Covid-19 and pay particular attention to marginalized groups and those with intersecting identities and legal statuses. Factors may include social, environmental and occupational risks, and the impact of systemic discrimination.

### INCREASE VACCINE SUPPLY

Vaccine production must be increased in order to ensure access, as orders placed for vaccines from the Serum Institute of India have faced delays globally. Other vaccine brands like the Sputnik V which Sri Lanka has also received, have now begun production in India,\textsuperscript{60} while Sinopharm is also expanding its global manufacturers.\textsuperscript{61} The COVAX facility announced\textsuperscript{62} that deliveries to lower-income economies participating in the facility faced delays during March and April,\textsuperscript{63} and urged that “countries with the largest supplies should redirect doses to COVAX now, to have maximum impact.”\textsuperscript{64}

In February, the World Health Organisation (WHO) announced that of the 128 million vaccine doses administered globally, more than three quarters of those vaccinations are in just 10 countries that account for 60% of global GDP.\textsuperscript{65} During a World Trade Organisation (WTO) meeting in March, richer members blocked a push by over 80 developing countries to waive patent rights for vaccine production in an effort to boost production of Covid-19 vaccines for poorer countries.\textsuperscript{66} As of June, WTO members agreed to continue consideration of the proposal for a temporary waiver of certain TRIPS obligations in response to Covid-19.\textsuperscript{67} A petition signed by over 2.7 million people from around the world calling for universal access to affordable Covid-19 vaccines was sent to the WTO on 7 June.\textsuperscript{68}

Meanwhile, a number of aid agencies and countries have sent in emergency medical supplies to support Sri Lanka deal with the surge in cases.\textsuperscript{69}

\textsuperscript{60} The Economic Times, Sputnik V vaccine production starts in India; 100 million doses to be produced annually, 27 May 2021, available at, https://economictimes.indiatimes.com/industry/healthcare/biotech/pharmaceuticals/covid-19-sputnik-v-production-starts-in-india-100-million-doses-to-be-produced-annually/articleshow/82910177.cms?from=mdr
\textsuperscript{62} WHO, COVAX reaches over 100 economies, 42 days after first international delivery, 8 April 2021, available at, https://www.who.int/news/item/08-04-2021-covax-reaches-over-100-economies-42-days-after-first-international-delivery
\textsuperscript{63} WHO, COVAX updates participants on delivery delays for vaccines from Serum Institute of India (SII) and AstraZeneca, 25 March 2021, available at, https://www.who.int/news/item/25-03-2021-covax-updates-participants-on-delivery-delays-for-vaccines-from-serum-institute-of-india-(sii)-and-astrazeneca
\textsuperscript{65} WHO, In the COVID-19 vaccine race, we either win together or lose together: Joint statement by UNICEF Executive Director Henrietta Fore and WHO Director-General Dr. Tedros Adhanom Ghebreyesus, 10 February 2021, available at, https://www.who.int/news/item/10-02-2021-in-the-covid-19-vaccine-race-we-either-win-together-or-lose-together
\textsuperscript{67} WTO, TRIPS Council to continue to discuss temporary IP waiver, revised proposal expected in May, 30 April 2021, available at, https://www.wto.org/english/news_e/news21_e/trip_30apr21_e.htm
**Recommendation:** States must agree to a temporary ‘waiver’ on certain aspects of the TRIPS agreement for the production of Covid-19 health products - a global treaty governing intellectual property rights, which often restricts where, when and how medicines are produced. Pharmaceutical companies must further share knowledge and technology so that multiple manufacturers can increase the global supply crisis around Covid-19 vaccines. Amnesty has further called for states to join the WHO’s COVID-19 Technology Access Pool (C-TAP), a shared platform for knowledge and technology that aims to increase global supply of vaccines.”

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