بسم الله الرحمن الرحيم

PREVENT DOMESTIC VIOLENCE

MINISTRY OF HEALTH
MALE'
REPUBLIC OF MALDIVES

COVID-19 Best practices – Maldives

Coronavirus disease 2019 (COVID-19) is an illness caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This novel corona virus was first identified in Wuhan City, Hubei Province, China and reported to the WHO on 31 December 2019. On 30 January 2020, the WHO declared the COVID-19 outbreak a global health emergency and on 11 March 2020, COVID-19 was declared as a global pandemic, with total confirmed cases at 700,000 with 33,673 deaths globally.

Since the IHR alert of the first case of a novel Corona virus was reported in early December of 2019 from the Wuhan province of China, risk assessment was carried out, and being notified as risk of importation of the diseases is high, by the 5th of January 2020, early preparedness phase was initiated. The Health Emergency Coordination Committee was convened as per the Health Emergency Operations Plan.

The first infection in the Maldives was confirmed on 7 March 2020, and during the same week declared a public health emergency that has remained in effect since. In the first three months, Maldives managed to prevent community transmission with only 18 confirmed cases of COVID-19 and no deaths, making it a good example of rapid national response.

Since the alert in January 2020 regarding the Novel Coronavirus, significant work has been carried out by the Ministry of Health, in partnership UN Organisations and various other agencies to prepare and increase country response capacity to possible spread.

From the beginning of the year, preparedness and response work has been carried out at various levels, first the preparedness and initial response by the health sector at the Ministry of Health, then escalation to the national level at the National Emergency Operation Centre (NEOC) and currently at the Health Emergency Operations Centre (HEOC), with the support and presence of line ministries, government agencies, various stakeholders, partner institutions and national and international organizations.

The national taskforce chaired by the President Ibrahim Mohamed Solih represents the highest level of decision-making and provides strategic policy direction to the NEOC. A whole of government approach was applied since the beginning and is continuing.

Several agencies and organizations as major stakeholders and key partners played remarkable roles and performed tremendous tasks under the direction and guidance from the EOC. Very responsible and highly capable representatives sometimes the head of the institution from entities spent day and night coordinating the multiagency response effort in this ongoing COVID-19 containment operations.

Line ministries, government institutions, local councils, governmental and non-governmental organizations, international agencies, state own enterprises and public utility companies all engaged day and night performing to accomplish assigned COVID-19 response tasks.

1. Planning and coordination
    a. Early activation of national coordination mechanisms – Health Emergency Operation Centre (HEOC) on 22nd Jan 2020 and Health Emergency Coordination Committee (HECC) – escalated to National Emergency Operation Centre (NEOC) on 1st March 2020 – way before any case was detected in the country – Whole of government approach.
    b. Technical Advisory Group (TAG) formed by mid Jan 2020 for technical decisions and guidance.
    c. High level National Task Force established for strategic decision making on Public Health measures and resource mobilisation.
    d. Greater Male area support team established in March 2020
    e. Island task force and Island social support desks established in March 2020
    f. Drills (table top and field) conducted – Mar-Apr 2020
    g. Daily/weekly Multi agency coordination (MAC) meetings for preparation of business continuity and continuity of essential services and supplies
    h. Volunteers and human resources mobilised across the government and private sector and military
    i. Development and training on SOPs
    j. Indicators for ease and restrictions – evidence-based decisions
    k. Sunset law on public health emergency
2. Risk communication and community engagement

a. Risk communication initiated targeting healthcare workers travellers/tourist establishments for early detection of cases – Jan 2020
b. COVID-19 response 24 hours Hotline (1676) established
c. Risk communication on preventive measure for the public – multilingual and graphic messaging with multiple platforms and media – traditional and modern media
d. Risk comms led by President's Office and spokesperson appointed from PO – to ascertain importance – February 2020
e. Daily press briefings – Mar 2020
f. Daily publication of disease updates in the designated web portal (https://covid19.health.gov.mv/en/) and made available for the knowledge of the public nationally, regionally and globally.
g. Migrant focussed risk comms with Maldivian Red Crescent (MRC)
h. Target group focused sessions – March-April – HCW, businesses, migrants, educational establishments, utility businesses
i. Social media campaign - Viber, Twitter, Facebook, Instagram was initiated.
j. Documenting process and SOPs

3. Surveillance, RRTs and case investigations
   a. Risk assessment done in January 2020
   b. SOPs developed and updated regularly
   c. Case definitions developed and surveillance imitated – health declaration at PoE and at health care facility – Jan 2020
   d. Activation of RRTs in February for responding to suspected cases and quarantine/isolation – Jan 2020
   e. Sentinel surveillance initiated – March 2020
   f. Special Flu clinics /travel clinics established for Covid-19– Mar 2020
   g. Modelling of epidemic and forecasts – Mar 2020
   h. Active community surveillance – roadside and high exposure groups – including asymptomatic – April 2020
   i. Case investigation and contact tracing target set to cover - over 95% completion within 24 hours – Mar-April 2020 and continued to date
   j. RRTs established in all inhabited islands, trained and provide with PPE and sampling resources
   k. Information system (Outbreak system https://ob.hpa.gov.mv/) developed for tracking contacts and cases and epidemiological investigation. The online information system

with additional features to support efficient and timely information which facilitated to address operational gaps and make timely evidence based strategic decisions.

l. Online user portal (https://haalubelun.hpa.gov.mv/)for active monitoring of persons under quarantine/isolation and regular support for those who need care and psycho social support.

4. Points of Entry
   a. Health declaration and temperature monitoring from January 2020 at air and sea ports
   b. Travel restrictions for high risk countries – Feb- March 2020
   c. Travellers who are suspected cases and locals arriving from high- risk countries quarantined at government designated quarantine facilities– Feb 2020
   d. International Border closure on 15th April
   e. Repatriated locals arriving after border closure quarantined at government facilities
5. National laboratories
   a. Mechanism established through WHO for testing for COVID-19 – Feb 2020
   b. PCR testing capacity established at the National referral hospital at IGMH – Mar 2020
   c. Testing capacity increased with Police forensic lab and private hospital labs
   d. Approved private labs designated for COVI-19 testing
   e. Rapid PCR testing established at regional labs with GeneXpert
   f. Test kits sourced through WHO and STO
   g. Regular training with WHO experts
   h. Expansion of testing capacity at atolls in different regions and partnerships with private and tourism sector.
6. Infection Prevention Control
   a. Stringent measures were taken with the discovery of the first few cases in the community - Non-pharmaceutical interventions for preventing spread – school closure, no mass gathering, entertainment events, public places and offices closed, congregations – March 2020
   b. Domestic travel restrictions (excursions etc) – March 2020
   c. Lockdown with first community case – bought time for case management.
   d. Guidelines for IPC at public service points and businesses
   e. Managed second wave without lockdown – only limited restriction – all businesses open (only school physical classes closed)
7. Case management

a. Government managed quarantine facilities operated from the outset – Feb 2020 – later changes to home quarantine (May2020)
b. Early detection and facility-based management of high-risk cases led to the reduction of deaths
c. Government managed community isolation and quarantine facilities operated in various parts of the country
d. Stockpile of PPE maintained at all inhabited islands for Health care providers, frontline response workers, and waste collectors.
e. Admission capacity increased by mobilising private hospital (March- April-May) and established additional 200 beds in Male' area – June 2020
f. Established community isolation and admission facility in 5 regions (20-25 beds each)
g. Essential services continued without interruption despite the scale down of normal health care to free up Healthcare workforce, did not observe any unprecedented deaths from non-covid health conditions. Services such as immunisation and other services continued without interruption. Separate facilities were identified for COVID-19 management that allowed the continuation of other services.
h. Increased local oxygen production capacity and supply chain

8. Operational Support and logistics
   a. Whole of government mobilised – Human resource, vessels, vehicles
   b. MRC and volunteer support
   c. Incident Command Posts at harbour areas – male and islands
   d. Facility management and transport with military support
   e. Enforcement by Maldives Police Service
   f. Maldives Police Service and other local authorities ensured the enforcement of measures within the community.
   g. Extensive use of technology for training and orientation of SoPs
9. Social support, protection and social services
   a. Mental health and psychosocial support cluster established within EOC
   b. MRC operated 1425 PSS hotline service
   c. Lockdown committee established – April-May 2020
   d. Social committee lead by Social Council – April-May – later led by Ministry of Gender Family and Social Services.
   e. Temporary shelters established for homeless and migrants.

f. Temporary service facility for socially at risk and vulnerable groups such as drug users, etc
g. Moratoriums for financial obligations and for legal documentation
h. Financial supports and benefits for economic recovery

Early initiation of and submission of proposal for procurement of vaccines through COVAX facility and other sources. Bilateral dialogue by the government for procurement of vaccines to cover for entire eligible population in the country including migrants' workers.

Our efforts to curb the outbreak, testing, tracing and isolation of cases will continue. Vaccinating the highest possible percent of the population is the most important way forward in the response.