

## Summary of Situation



The first case of local transmission of COVID-19 was reported in Male' City on 15 April 2020. 2013 cases have been reported till date. The alert level of Male' City remains at level IV. A lockdown imposed on 16 April continues, with strict travel and movement restrictions measures being enforced. Government has rolled out carefully considered lock down ease out plan from 1 June, 2020.

	Confirmed Cases	2035
	Recoveries	1311 (65%)
	Deaths	8
	Isolation Facilities	453
	Quarantine Facilities	341
	Active Cases	714

Public health risk alert levels		
National	Level 2	<b>YELLOW</b>
Male' City	Level 4	<b>RED</b>

WHO Risk Assessment	
Global Level	Very High
Global Status	Pandemic

## Summary of the response till date

- National Emergency Operating Center (A multi-disciplinary/multi-sectoral body) is leading the government COVID-19 response under the patronage of HE President of the Maldives
- For the ongoing response, the Government of Maldives has spent USD 60 million for direct health responses and USD 20 million under economic as of 7 June 2020.
- The outbreak in Maldives is focused at Male, the capital. All cases reported in other parts of the country are linked to Male cases. COVID-19 transmission has not been established in other part of the country.
- Considering the imminent import of cases in Male and rapid transmission then after, the NEOC had prepared a plan, conducted table top exercises and drills for response. When the first case in Male as detected the plan was effectively rolled out.
- Quarantine facilities to accommodate 3000 people and Isolation facility to accommodate 2000 cases were set up. Majority of quarantined and isolated cases without severity were kept in resorts.
- To accommodate mild to moderately ill COVID-19 cases, a 286 bedded Isolation facility has been set up in Hulhumale
- 100 bedded ICU set up is ready to manage severe cases.
- Male lock down was announced from 16 April to 14 June and Public health emergency has been extended till 30 June, 2020.
- The Government of Maldives had decided to temporarily suspend the issuance of all on-arrival visas from 27 March 2020. The country will open from 1 July 2020 for tourists.

- Essential Health Services have largely been un-affected outside Male, compliments to the scenario bases approaches introduced before onset of outbreak in the country
- WHO support has been appreciated by the highest level and multiple ministries of the government and people of the Maldives and partners.
- Government support provided to migrants during the crisis is praise worthy.

## Key Interventions

**National Emergency Operation Center** is functioning 24 hours every day. The Incident Management System is guiding local actions. HE President of the Maldives holds weekly COVID-19 review meeting with Cabinet Ministers and continues to guide and reassure that Government will take all measures to protect Maldives. Minister of Health, Mr Abdulla Ameen is leading from the front and coccordinating a multisectoral response. ( Photo 1)

Government of Maldives response is guided by the Novel Corona Virus Response Guideline 2020 and its Standard Operation Procedures. The strategy (Figure 1) focuses on Prevention of COVID-19 Entry and strengthening Point of Entry Procedures, Mitigation, Suppression and Business Continuity.



**Photo 1: President of Maldives providing guidance at NEOC with Minister of Health**

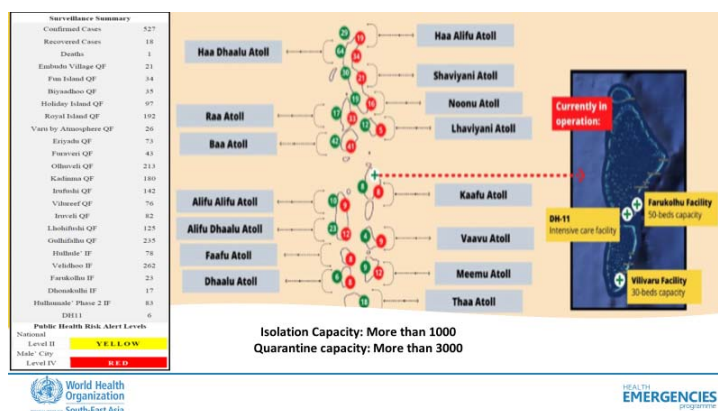
At the heart of the strategy lies Risk Communication and empowering community. Assigning utmost priority to the safety of the country's local first responders, WHO is constantly providing technical and logistic support to strengthen infection prevention and control measures.

To implement the guideline several capacity building exercises were undertaken targeting Point of Entry Staff, Health workers of different categories, Rapid Response Team, Hospitality Industry, Quarantine and Isolation Facility management staff



**Figure 1: COVID-19 Response Strategy of Maldives.**

Expansion of quarantine and isolation facilities has been a priority with the government. Majority of quarantined cases and uncomplicated confirmed cases have been managed at resorts of the country, the expense of which is entirely funded by the government. More than 3000 rooms have been identified for quarantine and 2000 for Isolation of cases.



**Photo 2: Resort room repurposed for quarantine**

Identifying, testing, isolating, and managing confirmed cases and contacts have been the backbone of the response. 70 Rapid Response Teams (**Photo 4**) are being mobilized. WHO Go.data tool and Track Ekee mobile applications are being used to map contacts and establish linkages. As a results cases are detected very early in the infection. 60% cases detected are asymptomatic or pre-symptomatic, which are promptly isolated.



**Photo 4: Rapid Response Team visiting homes**

**Figure 2: Isolation and Quarantine Facilities in Maldives**

At the onset of the outbreak, the country did not have capacity to diagnose Corona Virus in the country. Samples had to be sent abroad to diagnose COVID-19. The turnaround time from sample collection to receiving results would be about a week, and this mechanism was not at all supportive for early detection and isolation of cases. WHO took it as a priority to establish Corona and COVID-19 diagnosis at the IGMH Lab. The transfer of technology was achieved at the end of February 2020. After a week, the lab diagnosed the first case of COVID-19. (**Photo3**)

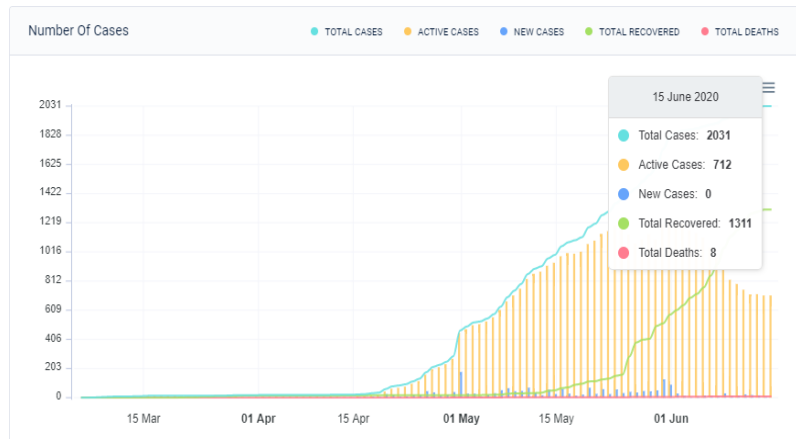


**Photo 3: A staff of IGMH processing COVID-19 testing**

9092 contacts have been identified for quarantine and 8565 of them have been released after meeting discharge criteria.

## Epidemiology of COVID-19 in the Maldives and disease trend

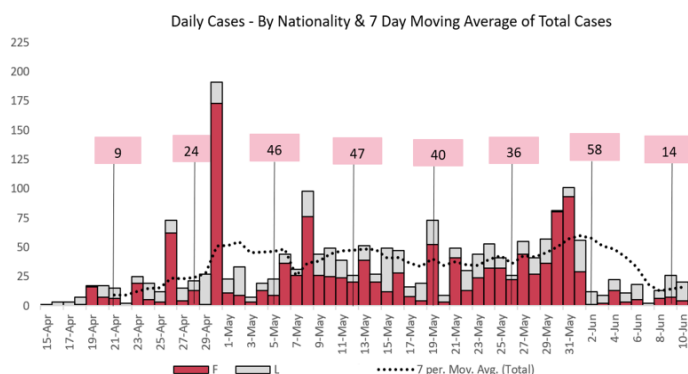
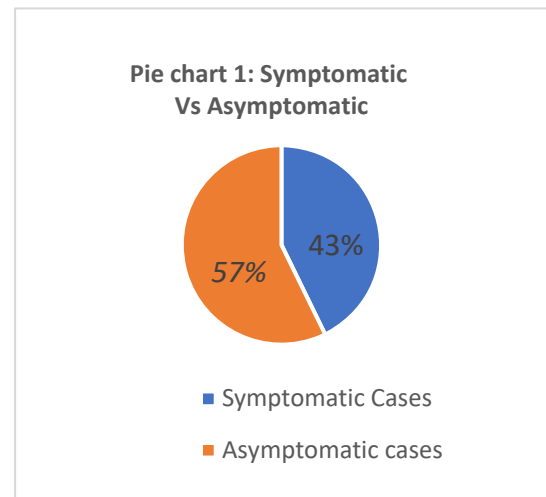
Male reported its first case of community transmitted COVID-19 case on 15 April 2020. During the next 60 days, 1993 more cases were reported. This was expected in one of the most densely populated capital in the world with population density of 27,000 people per square kilometers. 2035 new cases have been detected thus far, of which 714 cases are active/infectious and managed at isolation facilities or COVID-19 hospitals (Graph 1).



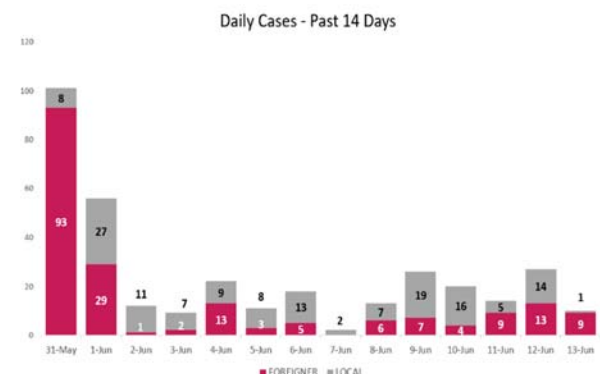
Graph 1: COVID-19 disease trend in Maldives

The key component of the Male outbreak response plan was to introduce a lock down, screening all primary and secondary contacts of a case of COVID-19, and manage positive cases in an isolation facility and negatives in quarantine facilities. Through this approach, 57% confirmed cases that were identified by the RRT were asymptomatic or at pre-symptomatic periods. Identifying cases early into their infectious period and isolation reduced transmission amongst their close contacts.

Maldives COVID-19 transmission is stable currently. 448 new COVID-19 cases were detected from 15-30 April 2020 and 1372 during May 2020. There is a downward trend in June 2020. For the first time since the resurgence of cases in Male, the average number of daily cases in a week fell below the average of 15. (Graph 2 and 3)



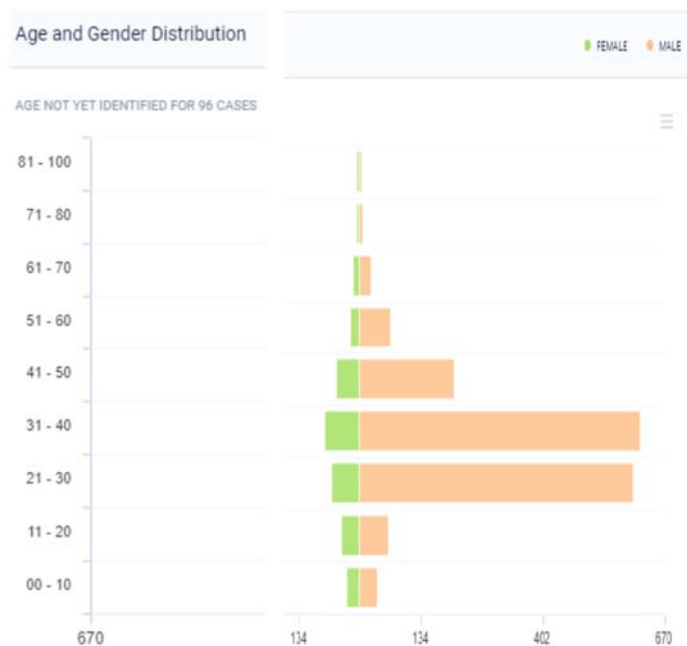
Graph 2: Average COVID-19 cases by weeks in Maldives



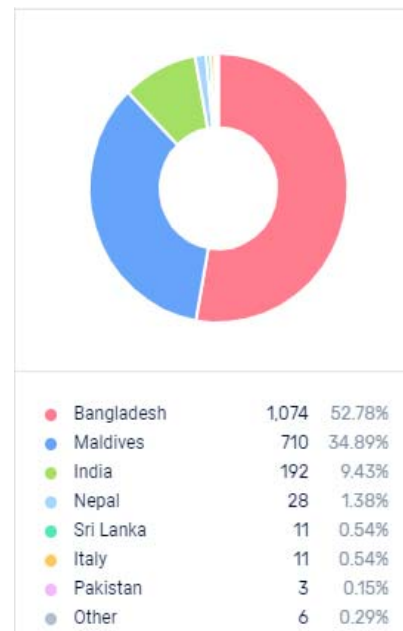
Graph 3: Fortnightly COVID-19 cases in Maldives



COVID-19 is being reported in all ages. (Graph 4) 80% of cases are being reported in the age group of 21-50 years. 85% of cases are reported amongst Males (Graph 4). The gender disparity is not due to different attack rates between males and females but because 85% migrant population are males. All the cases detected in Maldives have been mapped to clusters of residences, profession or visit to common places. Cases have also been reported amongst health workers and till date 64 health workers have been infected with COVID-19. Only 35% cases have been reported amongst native Maldivians and majority of 65% the cases are reported amongst the migrants (**Pie chart 1**).

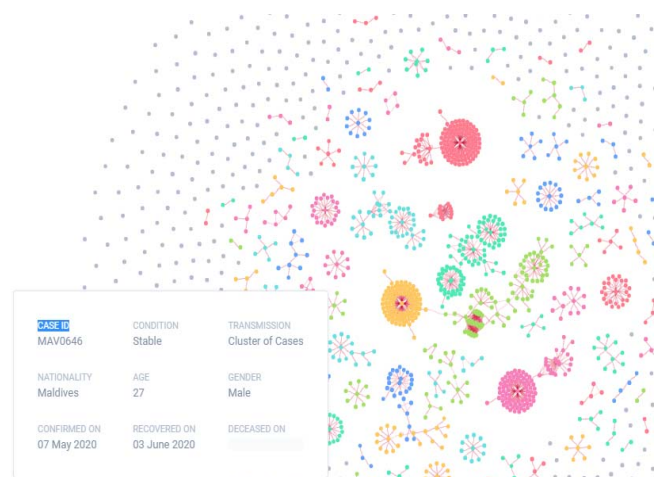


**Graph 4: Age and Gender distribution of cases**



**Pie chart 2: Nationalities of cases**

RRT have taken detail history of all confirmed cases, their primary and secondary contact. All the locally transmitted cases are linked and have been mapped by clusters (**Case Cluster Map of Maldives**). The cases are distributed amongst all localities of the greater Male. WHO provided training on introduction and use of Go.data tool. The platform has been now customized to be used in Maldives, by adding features such as atolls and islands to the database. This is the tool being extensively used by the National Emergencies Operations Center for contact tracing, data entry, maintenance as well as the generation of graphs and projections.



**Case Cluster Map of Maldives**

## Government Spending on COVID-19 Response

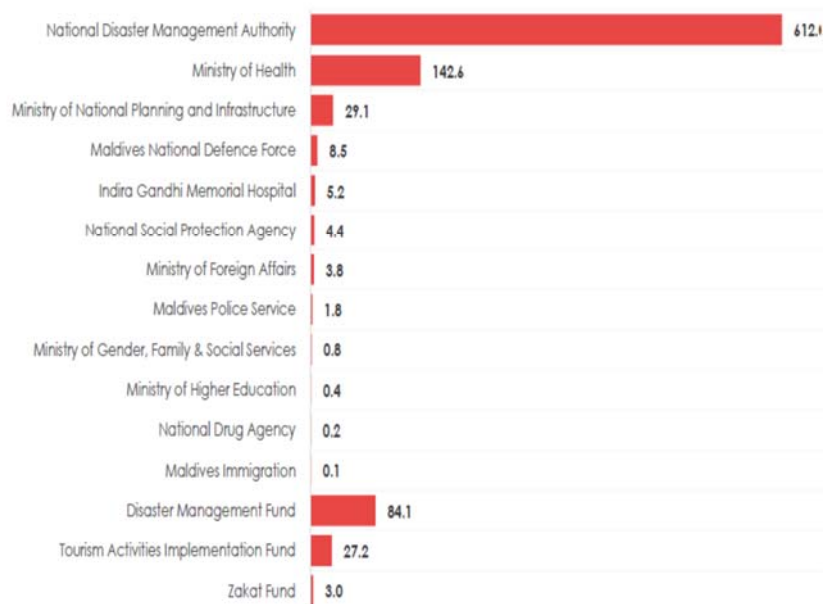
**Government total expenditure** on COVID-19 response so far is at **USD 59.4 million** which is an **increment of 3.5%** from previous week. Similar to the earlier weeks, the largest contributor to this increase is expenditure related to National Disaster Management Agency. Other noteworthy spending for the week include increased spending on medical consumables and construction of COVID-19 related facilities by Ministry of Health and Ministry of National Planning & Infrastructure, respectively. As of 04 June 2020, 56.7% of total spending was committed-spending.

The COVID-19 Economic Relief Package (ERP) was formulated to provide financial support and relief to individuals, households and businesses during the COVID-19 pandemic.

### COVID-19 HEALTH SPENDING

By Business Area & Trust Fund\*\*\*

in millions MVR



**Graph 5: Government spending on COVID-19 (07/06/2020)**

It is worthy to note that expenditure for **Total Economic response**, which is **USD 19.5 million**. This includes **USD 129,701** allocated to National Social Protection Agency to support implementation of income support scheme and **USD 3.9 million discounts provided to water and electricity bills** of around 140,000 Households. In addition, disbursements worth MVR 300 million (USD 19.48 million) have been made to partnered banks for the implementation of COVID-19 Recovery Loan Scheme.

## Partner Coordination

COVID-19 Response in the Maldives is multisectoral. Multiple Ministries, Private sectors, UN team, NGOs, Telecommunication and media, tourism sector are important parts of the response.

Tree top, a private hospital has been designated as the hospital to manage severe cases. At least 50 severe cases of COVID-19 can be managed in the hospital. Experts of Tree top and Indira Gandhi Memorial Hospital have formed a coalition to share expertise and surge when required. Dhiragu and Ooredoo, the



WHO is leading the UNCT Response in the Maldives as Chair of the Health and WASH Working Group. WHO Representative serves as Pandemic Coordinator and Medical Officer as Medvac coordinator. WHO heavily contributed to the development and finalization of UN Maldives Contingency Plan for COVID-19. The Plan is guiding UN's response and operation in the Maldives.

Under WHO's leadership COVID-19 Preparedness and Response Plan for the UN Country Team (CPRP) has been developed. The plan has 8 strategic pillars and WCO included an additional 9th Pillar on Essential Health Services. The plan has activities and resources mapped against each pillar.

Using the CPRP as a reference, WCO facilitated mobilization of additional resources for COVID-19 response from partners. WCO interventions were contributory on Maldives receiving USD 7.5 million from World Bank, 1 million from Asian Development Bank, USD 2 Million from USAID and 3 million from EU (1 million for health).

WHO has partnered with UNCT and in close partnership with International Organization of Migration, has ensured the migrant health is specially taken care of during COVID-19. Society of Health Education and Maldivian Red Crescent have taken responsibilities to reach out to about 200,000 migrants. The advocacy and support ensured the right of the migrants to health translates to non-discrimination during crisis and that they have equal access to care and mental health support during the pandemic.

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