

National Pandemic Preparedness and Response Plan

Republic of Maldives



Formulated and compiled by:

Health Protection Agency,
Ministry of Health, Republic of Maldives,
in collaboration with World Health Organization.

Endorsement Number: Plan/23/-MoH/2022/17

Endorsed by:

Aishath Samiya

Permanent Secretary
Ministry of Health
Republic of Maldives
15 August 2022

Ministry of Health 2022

All rights reserved.

No part of this publication may be reproduced or altered without the written permission of Ministry of Health, Maldives. Excerpts from this publication may be used in respect to any fair dealing for the purpose of research or review, provided that due acknowledgement is made.



Foreword by the Minister of Health



History and published research show that pandemics and large-scale disease outbreaks have always resulted in cumulative loss of lives, disruption of societies and devastation of world wide economies. Additionally, pandemics (regardless of its severity and scale) are proven to adversely impact large proportions of the population (particularly low to middle-income families and vulnerable groups). Furthermore, published records indicate that countries were only able to recover from pandemics or large-scale disease outbreaks by implementing genuinely multisectoral responses with no interruptions, spanning several months, sometimes even years. This has been the Maldivian experience as we still continue to deal with the effects of the COVID-19 pandemic even today.

The overarching objectives of pandemic planning is to minimize the impact of diseases on the life and health of communities. It is to enable and assist societies to function with minimal disruptions during a pandemic.

These plans also help societies to mitigate social and economic consequences of pandemics at both individual or family levels and on the country.

Accordingly, during the development of this “Pandemic Preparedness and Response Plan”, special focus was given to align the plan with the National Health Master Plan 2016-2025, and to put emphasis on a whole-of-government and whole-of-society approach to ensure effective multisectoral collaboration. This plan was developed after multiple consultations with relevant stakeholders responsible for “planning, preparedness and response” to ensure that the needs of communities affected by health emergencies are properly represented and addressed amidst a pandemic.

This plan reflects lessons learnt and experiences gained from past influenza outbreaks as well as the on-going COVID-19 pandemic. Pandemic Preparedness and Response Plan aided Mal-



dives to achieve exemplary and historic levels of multisectoral collaboration and allowed the government to partner closely with the private sector and civil society. Hence, with Covid-19 still raging around the world, and still impacting many countries, it is important to continuously update these plans with the latest findings and globally-used strategies.

Global institutions have begun their research into the long-term effects of Covid-19, therapeutic and other interventions, including any possible adverse effects of mass vaccinations. However, the impacts have not yet been fully studied or understood and the results of these research projects have not yet been fully realized or published. Therefore, it is important to include strategies and interventions related to such possible eventualities in pandemic planning.

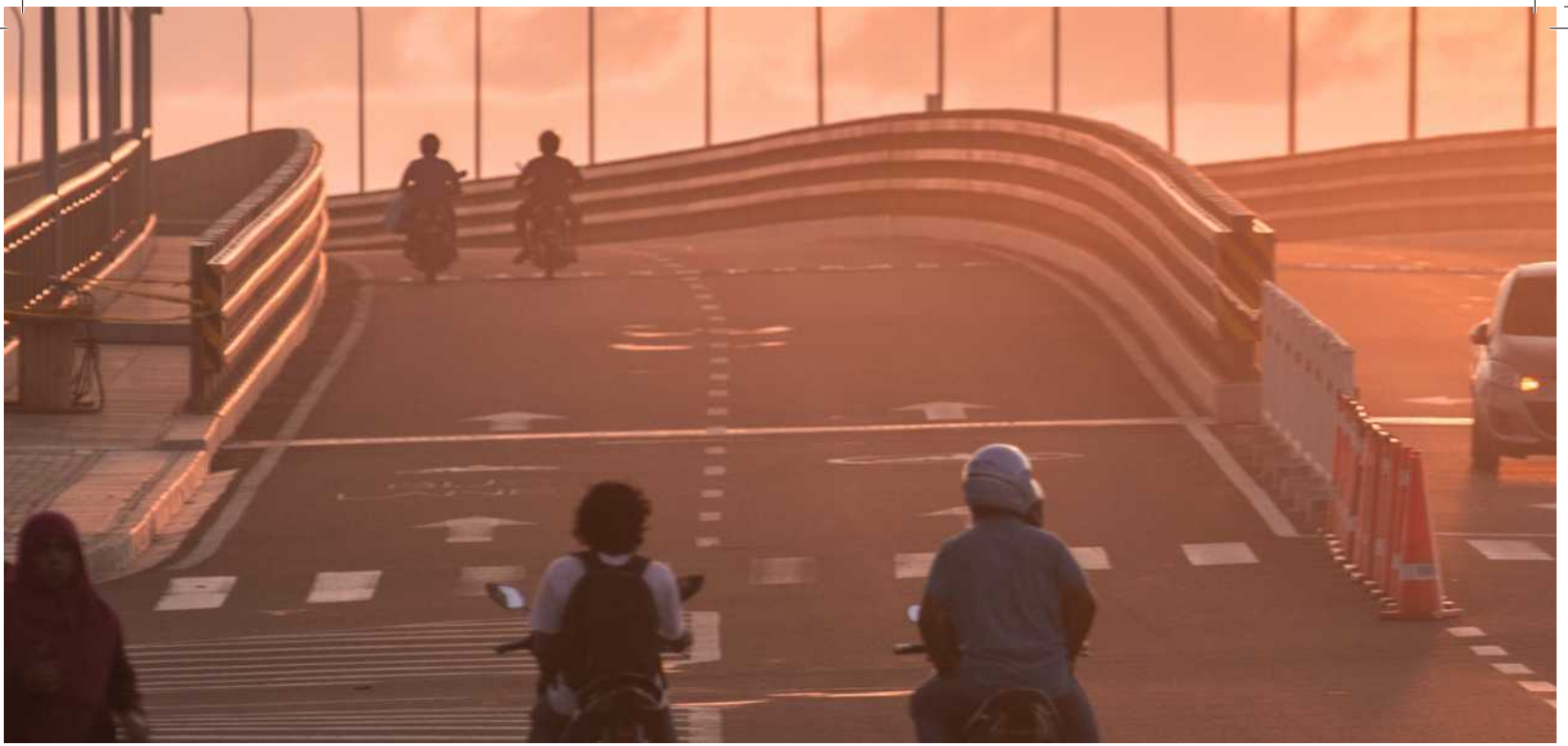
The plan also incorporates strategies and lessons learnt from other countries that has been adapted to the local context of Maldives and the experiences of covidl 9 responses that proved

useful. These strategies have already been adopted to improve the emergency management cycles in the Maldives.

I am confident that this plan will provide technical and practical guidance for all levels and types of health emergencies, including pandemics, and will serve as a ready reference when effective planning and timely responses are required.

The Ministry of Health remains committed to providing necessary support, guidance and coordination required in implementing the Pandemic Preparedness & Response Plan to ensure sustained resilience of health systems and communities during health and national emergencies. It is universally agreed that proper planning and preparedness is what guarantees the health and well-being of communities and economies.

Ahmed Naseem
Minister of Health



Foreword by the WHO Representative



The National Pandemic Preparedness and Response plan is a framework for action, which sets out the whole-of-government measures to be taken to prepare for and respond to a pandemic. It updates the Maldives National Influenza Pandemic Preparedness Plan of 2017.

This document covers the preparedness and response plan for novel acute respiratory infections with pandemic potential (e.g. influenza or SARS) and recommends appropriate public health measures and response actions to be taken up before and during a pandemic. This plan can be applied to any acute respiratory pathogen (virus or bacteria) and guidance will be provided by MOH and WHO for individual novel pathogens where necessary.

Pandemics have occurred throughout history and many scientists believe that it is only a matter of time before another one occurs. Pandemics can vary in severity from something that seems simply like a bad flu season to an especially severe, world-wide influenza epidemic that could lead to high levels of illness, death, social disruption, and economic loss. It is impossible to predict when the next pandemic will occur.

This version of the updated Pandemic Preparedness and Response Plan outlines a series of actions that can readily be adapted and applied to any pandemic, irrespective of the nature of the virus and its severity, based on the lessons learned from the ongoing COVID-19 pandemic.



Moving forward, WHO will continue to engage experts and relevant partners to ensure preparedness planning efforts are collaborative, integrative, and aligned with current scientific research. Our collective task must be to better mobilize and deploy these resources to reduce the risk of future pandemics, and the human and economic damage they bring. This will require whole-of-government and whole-of-society responsibilities, not only those of health authorities and medical community.

WHO Maldives is privileged to have supported the development and updating of this Pandemic Preparedness Plan, which leverages on the broad research portfolio, long-standing expertise in product development, capacity to engage both domestic and international partners, and flexible infrastructure to support its mission to respond rapidly to emerging and re-emerging infectious disease threats.

Dr. Nazneen Anwar

WHO Representative to Maldives

Contents

Foreword by the Minister of Health	1
Foreword by the WHO Representative	3
Contents	5
Acronyms and Abbreviations	6
PART A: SETTING THE SCENE	7
Introduction	7
Pandemics	9
Maldives pandemic framework	14
Public Health Emergency Alert levels in a pandemic	17
Pandemic Planning and Response Strategy	19
Ethical issues to consider in pandemic preparedness and response planning	21
Coordination arrangements nationally and locally	22
Whole-of-government response work streams	25
PART B: THE ACTION PLAN	28
Standby Phase: Preparedness (local alert level 1: WHITE)	29
Prevent Entry Phase: Border management (local alert level 1: WHITE)	37
Prevent spread phase: Containment (local alert level 2-3: YELLOW-ORANGE)	51
Respond to Surge phase: Pandemic management (local alert level 4: RED)	63
Ease and Resurgence Phase: Post-peak transition (local alert level 3: ORANGE)	73
Recovery Phase: Recovery management (local alert level 2: YELLOW)	81
PART C: SUPPORTIVE RESOURCES	85
Contact persons for pandemic response in the health sector	86
Workflow in responding to a suspected case: COVID-19 pandemic EOC	87
Forms and Templates: COVID-19 response	89

Acronyms and Abbreviations

AG	Attorney General
CERT	Community Emergency Response Teams
CMAT	Clinical Management Advisory Team
CSO	Civil Society Organizations
DGPH	Director General of Public Health
DMSC	Disaster Management Steering Committee
EoC	Emergency Operation Center
HECC	Health Emergency Coordination Committee
HEOC	Health Emergency Operations Center
HEOP	Health Emergency Operations Plan
HPA	Health Protection Agency
ICS	Incident Command System
IHR	International Health Regulations 2005
LGA	Local government Authority
MAC	Multi-Agency Coordination
MNDF	Maldives National Defence Force
MoE	Ministry of Education
MoED	Ministry of Economic Development
MoEn	Ministry of Environment
MoF	Ministry of Finance
MoFA	Ministry of Foreign Affairs
MoFMRA	Ministry of Fisheries Marine Resources and Agriculture
MoGFSS	Ministry of Gender Family and Social Services
MoH	Ministry of Health
MoT	Ministry of Tourism
MPS	Maldives Police Service
MRC	Maldivian Red Crescent
NDMA	National Disaster Management Authority
NDMC	National Disaster Management Council
NERF	National Emergency Response Force
NEOC	National Emergency Operations Center
NEOP	National Emergency Operations Plan
PHE	Public Health Emergency
PHEIC	Public Health Emergency of International Concern
PPRP	Pandemic Preparedness and Response Plan
TAC	Technical Advisory Committee
UN	United Nations
WHO	World Health Organization



PART A: **SETTING THE SCENE**

Introduction

The pandemic preparedness and response plan (PPRP) is based on an established strategy to deal with epidemics of infectious diseases of international significance, and forms part of the National Health Emergency Operations Plan (HEOP) and intersects with the National Emergency Operations Plan (NEOP). The aim of pandemic preparedness is to minimize deaths, serious illness and serious disruption to communities and economy arising from a pandemic.

The purpose of this document is to outline the all-of-government and all-of-society measures that will be considered in response to a pandemic and provides an overarching framework for possible actions during a pandemic. It is intended for anyone involved in planning, preparation or response to a pandemic both locally and internationally. It provides an overview of the activities that are and needs to be undertaken to ensure the country is adequately prepared for a pandemic. It acts as a guide for individual agencies that need to make their own response plans and standard operating procedures which provide information in addition to that contained in this document. The document is set out in three parts. The first part provides the context to pandemics in general and national mechanisms. The second is the action plan based on the pandemic phases and the third, provides some templates and workflows adopted in the country during the COVID-19 pandemic.



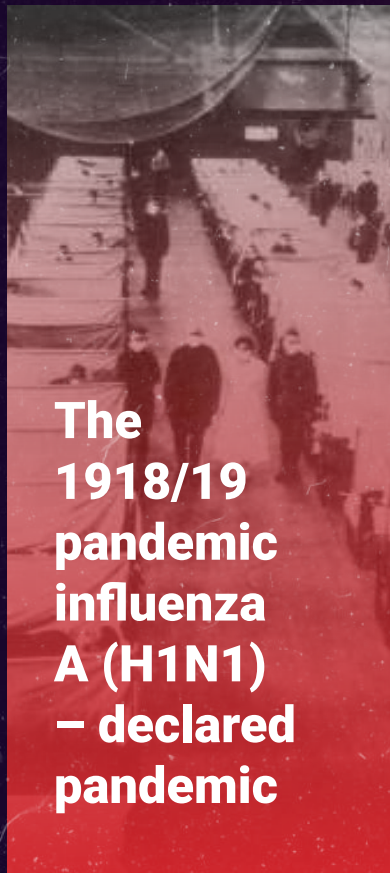
The PPRP is a live document that will be updated from time to time as new evidence becomes available. The Ministry of Health (MoH) Maldives shall publish the most up-to-date version and all agencies shall refer to the version of the PPP published on the MoH website.

As noted in the HEOP, PPRP will require ongoing testing through exercises and drills to make adjustments that ensure they will be effective when activated. The training of key staff likely to be involved in the activation of the PPRP, across the agencies is essential to ensure they will function effectively at a highly stressful and unusual event. Participation in inter-agency emergency-related exercises will ensure that all PPRP is well integrated, as an inter-agency response is required and establish a pool of appropriately trained people with competencies in pandemic response.

Pandemics

A pandemic is the spread of a disease across regions and or worldwide. Influenza is the most common disease with pandemic potential. A pandemic occurs when a new virus emerges and spreads around the world, and most people do not have immunity. Diseases of pandemic potential in the past have presented itself as a contagious disease of the respiratory tract. A pandemic entail not only the emergence of a new viral subtype, but also the capacity of that virus to spread efficiently from person to person and cause significant human illness. Viruses that have caused past pandemics typically originated from animal viruses and most recently corona virus.

To date, new influenza A virus subtypes and corona viruses have raised pandemic alerts with WHO declaring a public health emergency of international concern (PHEIC). In addition to influenza and corona viruses, PHEIC was raised for Ebola virus disease outbreak in 2014. Three of these spread throughout the world within a year of being clinically recognized and were declared pandemics by WHO.



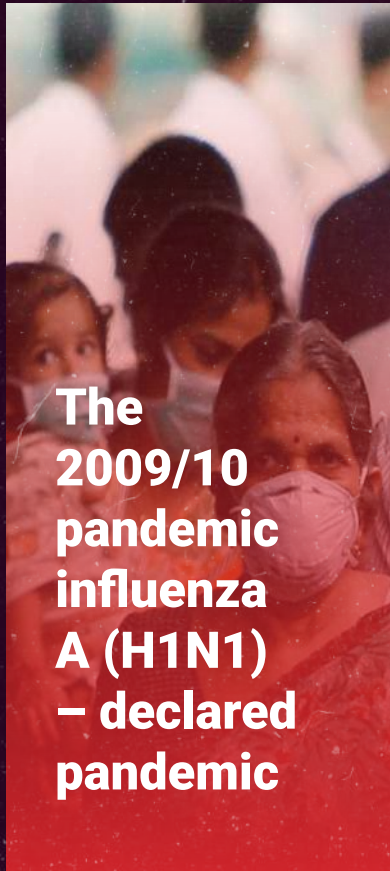
1918 - 1919



1957 - 1958



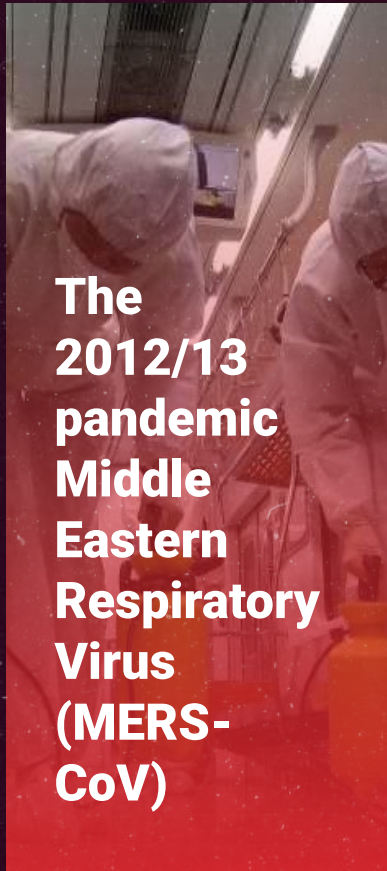
1968 - 1969



**The
2009/10
pandemic
influenza
A (H1N1)
– declared
pandemic**



2009 - 2010



**The
2012/13
pandemic
Middle
Eastern
Respiratory
Virus
(MERS-
CoV)**



2012 - 2013



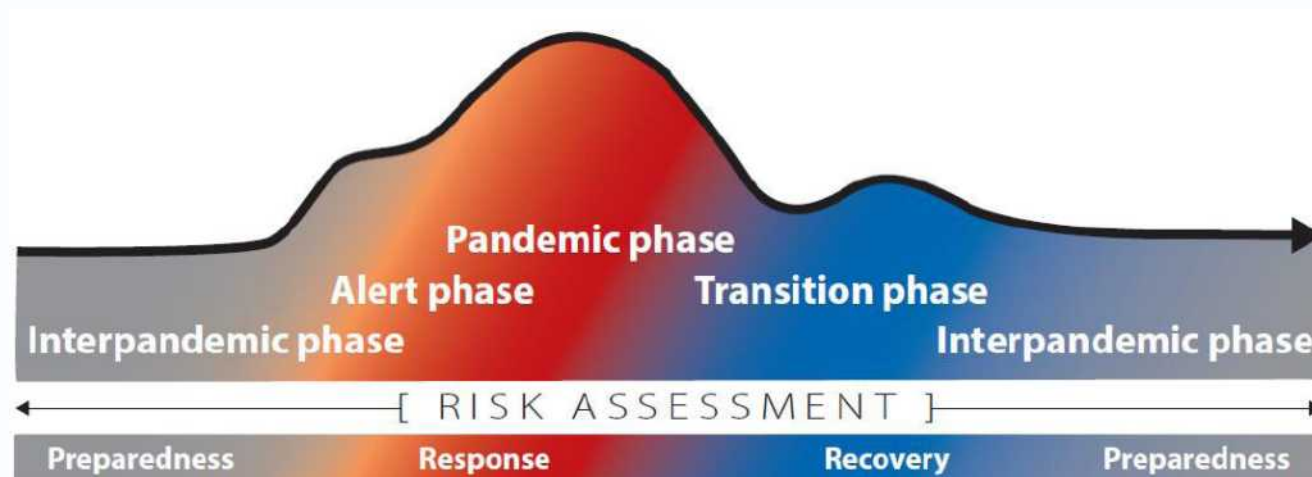
**the
2019/20
pandemic
COVID-19
(SARS-
CoV-2) –
declared
pandemic**



2019 - 2020

WHO describes evolution of a pandemic in phases though four stages¹. WHO announce the onset of each phase based on international evidence from the WHO Pandemic Taskforce and international consultation.

Figure 1: Global pandemic phases 2



Interpandemic phase: This is the period between influenza pandemics.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

Pandemic phase: This is the period of global spread of human influenza caused by a new subtype based on global surveillance. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.

Transition phase³: As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

1. https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actionspdf
2. <https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf?sequence=1&isAllowed=y> Pandemic influenza risk management May 2017.
3. Previously classified as post-peak and post pandemic periods

It is important to note that the global phases and their application in risk management are distinct from the determination by WHO of a PHEIC under the IHR (2005); and the declaration of a pandemic based on assessment of the risk associated with the emerging biological risk.

Previously pandemic phases⁴ were classified as period and further broken down into phases that describe the risk associated with an influenza virus. This classification is also useful for national authorities to plan the response, hence described briefly here.

Interpandemic period,

In Phase 1, even though such viruses might theoretically develop into pandemic viruses, no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal virus circulating among domesticated or wild animals is known to have caused infection in humans and is therefore considered a potential pandemic threat.

Pandemic Alert period

In Phase 3, an animal or human-animal re-assortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal re-assortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

4. https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actions.pdf
5. The distinction between phase 1 and phase 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localised or widespread; other information from the viral genome; and/or other scientific information.
6. The distinction between phase 3, phase 4 and phase 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission; geographical location and spread; severity of illness, presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information

Pandemic period

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is underway.

Post peak period

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur, and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

Post pandemic period

In the post-pandemic period, disease activity will have returned to levels normally seen for seasonal diseases. It is expected that the pandemic virus will behave similar to diseases like seasonal influenza. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

These phases are based on the scientific study of the past pandemics. The time between raising alert of a PHEIC by WHO and widespread outbreak may be quite short, and some phases might progress rapidly or be missed if the disease progression is rapid as was observed in the COVID-19 pandemic. Hence, it is important for countries to be prepared for it with detailed pandemic response plans.








Maldives pandemic framework







This plan is an extension of the National Health Emergency Operations Plan (HEOP) and situates within the National Emergency Operations Framework outlined in the National Emergency Operations Plan (NEOP). The relationship between HEOP and NEOP are outlined in the HEOP. Given the hazard intensity of a public health emergency is high as experienced in the COVID-19 pandemic, a declaration of public health emergency, emergency structures of the HEOP and NEOP are activated depending on the findings of the pandemic risk assessment and stage of the pandemic.

At the early phase of the pandemic alert period (pandemic phases 3 and 4) with an alert of public health emergency of international concern (PHEIC) by the World Health Organization (WHO), HEOP structures will be activated. From Phase 5 of the pandemic alert period until the end of the pandemic phase NEOC emergency structures will be activated.

The legislative frameworks relevant for the pandemic response include:

 <p>Public Health Act (07/2012)</p>	 <p>Disaster Management Act (28/2015)</p>
 <p>Armed Forces Act of (1/2008)</p>	 <p>Police Act of August (5/2008) (28/2015)</p>
 <p>Maldivian Red Crescent Act (7/2009)</p>	 <p>Decentralization Act (7/2010) (28/2015)</p>

Other planning and response frameworks relevant for the pandemic planning and response include:

 <p>Health Emergency Operations Plan (HEOP)</p>	 <p>National Emergency Operations Plan (NEOP)</p>
 <p>Minimum Standards for Relief in the Maldives, NDMA</p>	 <p>Airports Disaster management Plans (GARD-Get Airports Ready for Disasters)</p>
 <p>Mechanism of Incident command system (ICS) of HEOP and NEOP</p>	 <p>Sectoral emergency preparedness and business continuity plans</p>
 <p>Pandemic planning and preparedness</p>	

HEOP identifies the emergency preparedness entities, structures and tools for responding to a public health emergency. In addition, hospitals are required to have emergency response plans and operations plans to respond to mass casualties.

Pandemic preparedness adds extra dimension to emergency planning and needs comprehensive planning, with total commitment from the government and local councils and other state bodies and civil society particularly for looking out for each other. Planning and preparedness for an event of the scale, scope, complexity and potential impact of a pandemic requires expertise from a range of fields. While the Ministry of Health takes a lead role in planning for a health response, many aspects of the national response are beyond its scope and an all-of-government response is required.

An essential component of preparedness is the consistent monitoring and surveillance during the period between pandemics (the 'inter-pandemic' phase). HPA as the lead national agency for public health emergencies has the role to monitor over-

seas trends and analyze risks through its disease surveillance systems and participation in international surveillance mechanisms that allow for early detection of a virus of pandemic potential.

Although animal health sector is small in the country, HPA will take the lead to coordinate with the agriculture sector on animal health surveillance. These systems must be capable of tracking the progress of a pandemic following announcements by WHO. Information from the surveillance system will play a key role in guiding actions throughout all the phases of a pandemic.

Pandemic planning will follow the planning process outlined in the HEOP together with the involvement of NDMA to enable early linkages with the emergency structures of the NEOP as required based on the national risk assessments through the local and global pandemic phases.

Public Health Emergency Alert levels in a pandemic

The HEOP notes that Alert levels for a public health emergency can vary locally and nationally. In a pandemic situation, the following alert levels are somewhat different to the alert levels of a PHE set out in the HEOP, given the scale, impact and national coordination required for response. Alert levels can be declared sub-nationally for specific Islands or at national level. The transmission scenario at the subnational level is used to determine the alert levels nationally.

Figure 2: Island alert levels and triggers in a pandemic

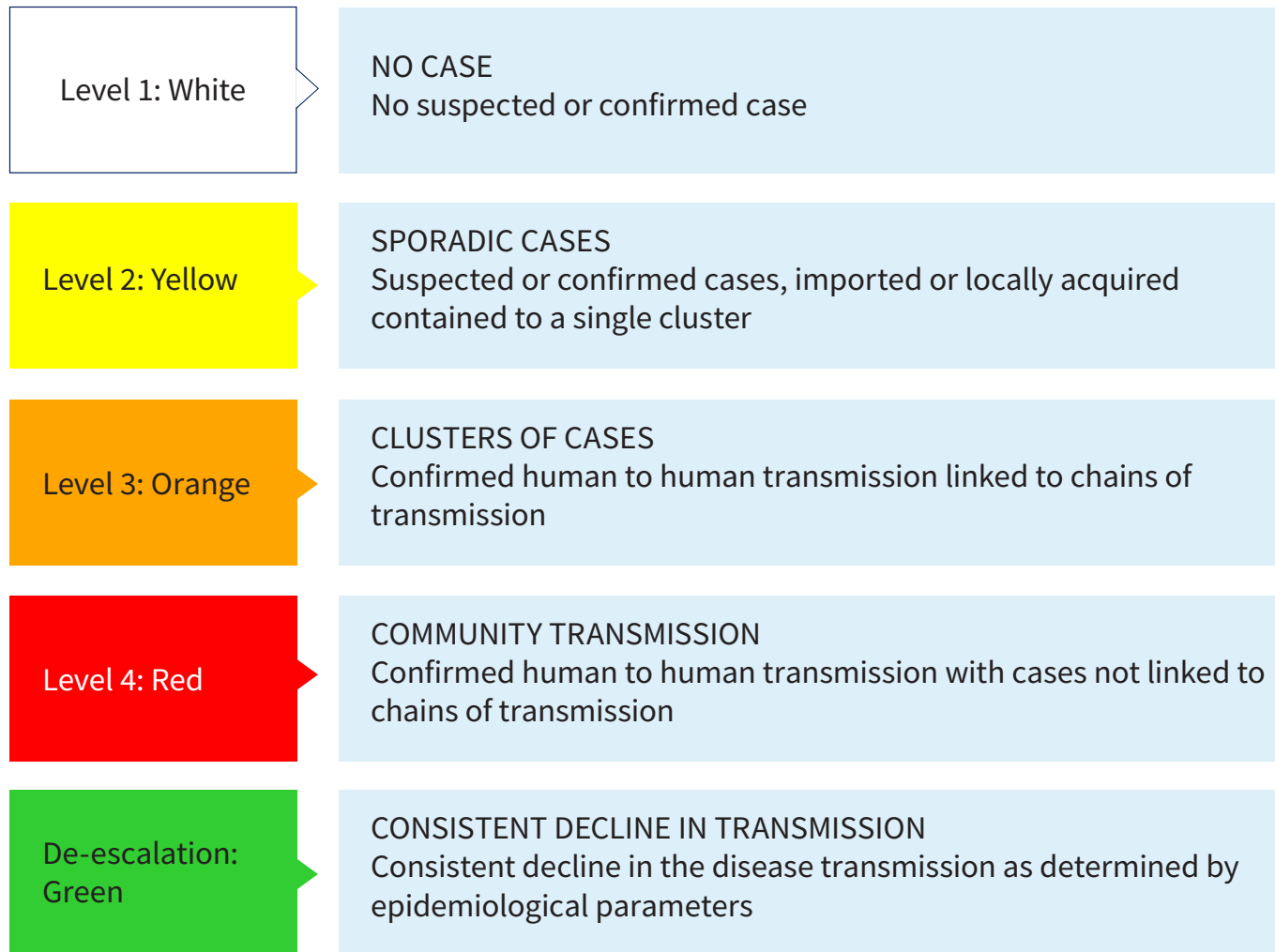
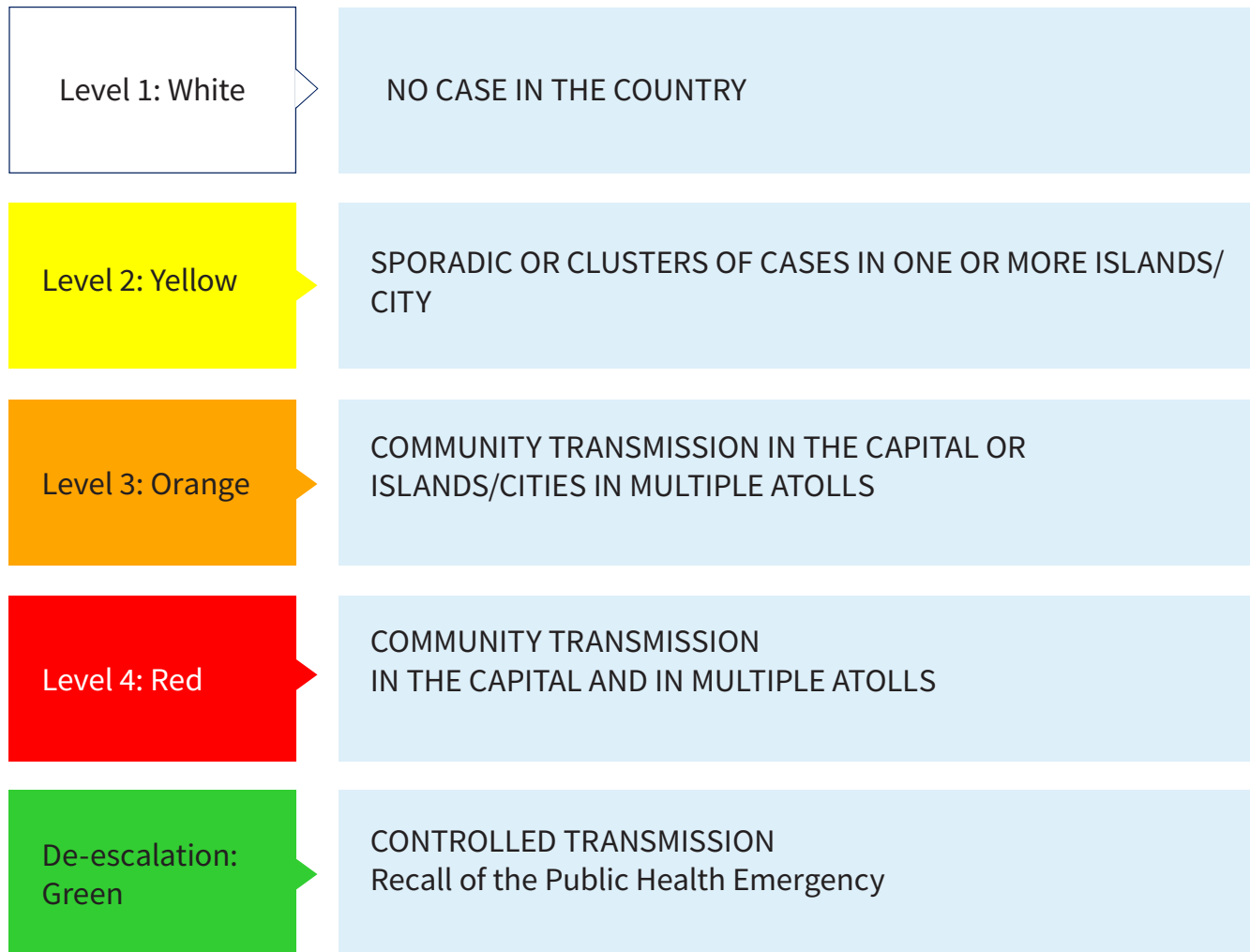


Figure 2: Island alert levels and triggers in a pandemic



The onus to develop the criteria for a declaration of a Public Health Emergency (PHE) in the country mandate to HPA. When the Director General of Public Health (DGPH), based on the national risk assessment, concludes that there is a situation requiring the declaration of state of public health emergency, DGPH accordingly advises the Minister of Health. By legislation (07/2012), if DGPH advice as such, the Minister of Health must declare a State of PHE. The PHE may be declared for a specific geographic area for a specific period of time. With the declaration of a PHE, DGPH is entrusted with significant powers regarding public health matters.

Pandemic Planning and Response Strategy

The strategy is to work towards the goals of the pandemic preparedness. These are to:

1

Minimize the impact of the disease on life and health of the resident population.



2

Enable the society to function as much as possible during the pandemic.



3

Mitigate the economic consequences of the pandemic on the country.








To achieve these goals pandemic preparedness strategy is set out in 6 phases.

Table 1: Pandemic planning phases and strategic objectives





Phase	Strategic focus	Potential trigger	Specific objectives
Stand by (local alert level 1: WHITE)	Preparedness	Level of viral infections of pandemic potential verified to have caused animal-human but not sustained human-human transmission (Global Interpandemic phase & alert phase)	Functioning emergency structures and mechanisms Timely alerts of diseases of pandemic potential and risk assessments. IHR core capacities in place
Prevent Entry (local alert level 1: WHITE)	Border management	Sustained human-to- human transmission of a disease of pandemic potential in one or more countries (Global alert phase)	Prevent and delay the entry of the pandemic virus in the country; Suspected case notification system in place Public empowered for prevention
Prevent spread (local alert level 2-3: YELLOW-ORANGE)	Containment	Novel pandemic virus case(s) detected in the country; contained clusters (Global pandemic phase)	Contain the disease to the cluster or to the island Relief and protection provided IPC practiced at institutions and households
Respond to surge (local alert level 4: RED)	Pandemic management	Multiple clusters at separate locations increasing, or community transmission (Global pandemic phase)	Minimize mortality and morbidity Relief and protection provided Maintain societal functioning to provide for basic needs and other emergencies
Plan for ease and resurgence (local alert level 3: ORANGE)	Post-Peak transition	Population protected by vaccination, or pandemic receding (Transition phase)	Funds and other resources mobilized Return to near normal society Social and economic recovery started

Ethical issues to consider in pandemic preparedness and response planning

Decisions and policies within pandemic planning have ethical aspects. These include;

-  Priority of access to healthcare, medicines and medical resources with increased demand and possible shortages
-  Obligations of healthcare workers with regard to risks to their own health
-  The fine balance between reducing disease spread through isolation and travel measures whilst protecting the right of individuals to freedom of movement
-  Priority for shelter, relief and social protection, particularly vulnerable populations such as persons with disabilities, migrant workers, children, elderly and women
-  The adoption of languages and communication tools to reach all segments of the population.

In good decision-making processes⁷ the ethical principles to consider are to be:

-  Open: by letting others know what is to be decided, how and on what basis and what will come next.
-  Inclusive: including those who will be affected, population groups and striving for tolerance.
-  Reasonable: willingness to discuss alternative options and different ways of thinking and using fair process and shared values for decision making and enabling others to contribute.
-  Responsible: use of available and emerging evidence and using local evidence and knowledge, being responsible to others for our decisions and actions and helping others to be responsible.



Coordination arrangements nationally and locally

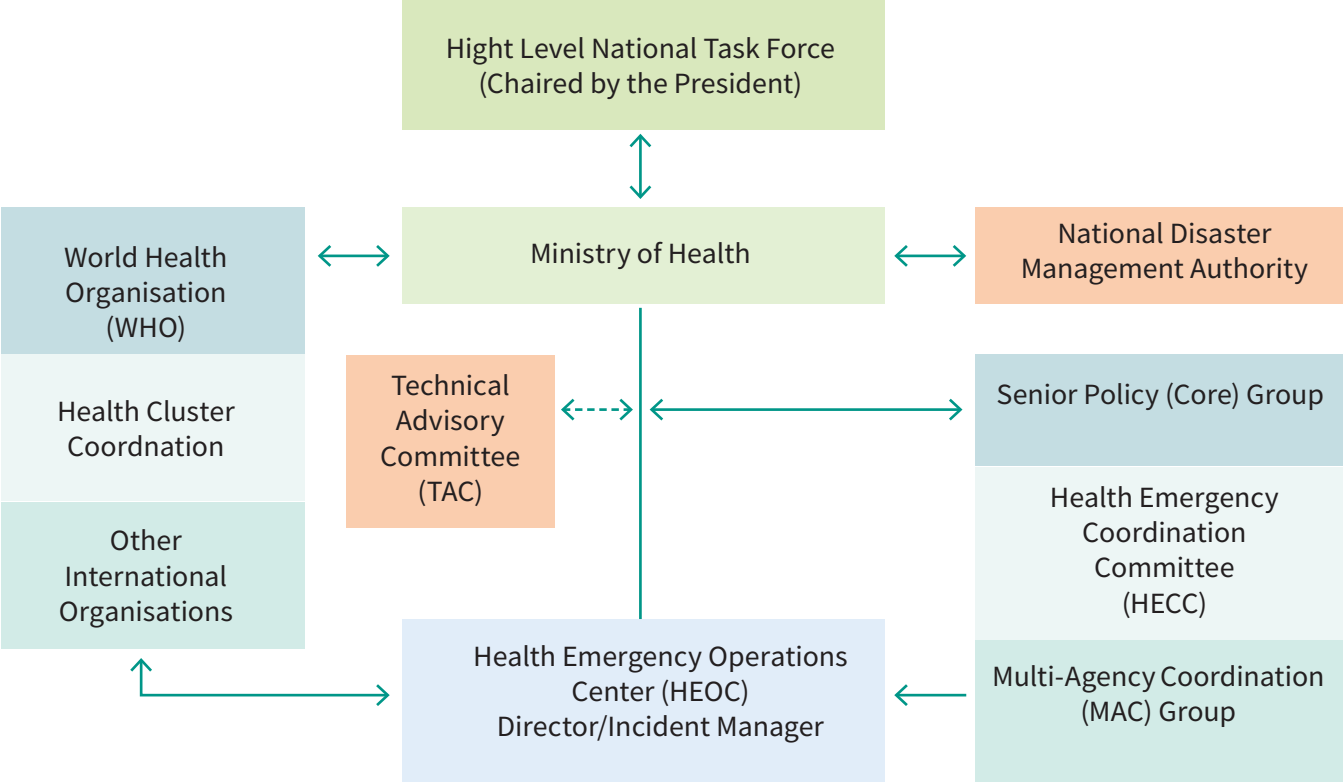
A pandemic will potentially affect the whole of society and requires all-of-government coordination and decision-making. Strategic decisions will need to be taken to protect and reduce the impact of the pandemic on the country as a whole. National mechanisms must be established to mobilize and dedicate resources (financial, material and human) as the pandemic escalates. All agencies must expect that as the emergency escalates business as usual will be affected and business continuity contingency mechanisms will need to be activated. In such an event, strategic decisions will be made centrally through the national structures set out in the HEOP and if activated those set out in the NEOP.

National coordination will be led by the Ministry of Health at the early phases of the pandemic alert and Incident Command Systems (ICS) as set out in the HEOP. Based on the national risk assessment, Minister of Health may submit to the National Disaster Management Council (NDMC) to activate national disaster management structures. The coordination mechanism will be escalated to the ICS of NEOP upon the decision by the NDMC and based on the risk assessment at different stages of the pandemic, NDMC may decide to deescalate the response coordination to HEOP framework.

In the event when national disaster management structures of NEOP are not activated, operational decisions will be guided by the Health Emergency Coordination Committee (HECC) which includes the national IHR committee. In this situation strategic decisions may be made by a High Level National Taskforce chaired by the President. Such a taskforce, constituted by the cabinet ministers and heads of core institutions involved in the MAC group, was established in the COVID19 pandemic.

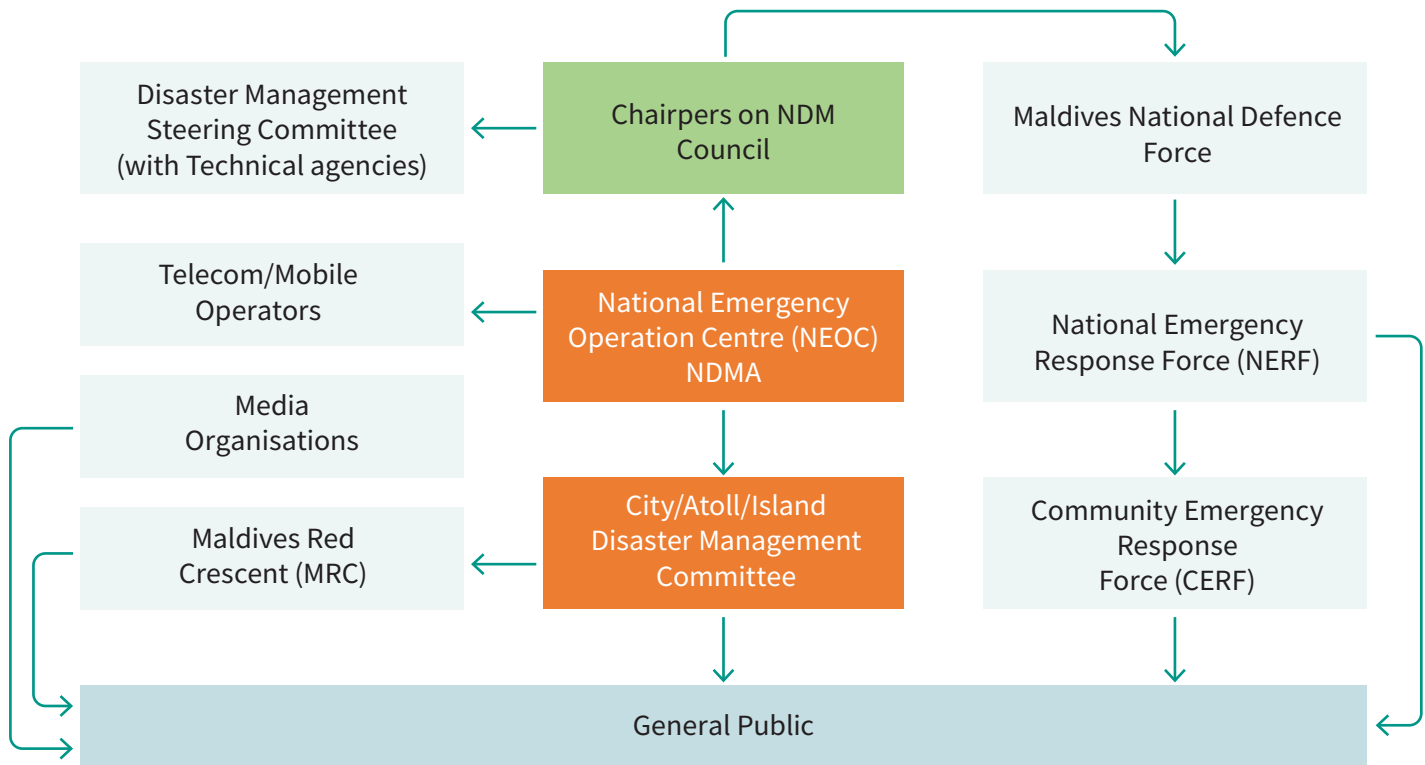
International partners, including UN Maldives are expected to engage with HECC in the event of a pandemic for coordination of technical, humanitarian and financial support. WHO Maldives is the lead resident agency designated to lead the UN Maldives response and is part of HECC, providing technical guidance and mobilizing and coordinating resources to support gaps in government pandemic response in collaboration with Ministry of Health.

Figure 4 : Public Health Emergency Coordination Framework in the event national disaster management structures are not activated (adapted from HEOP based on the COVI-19 pandemic operations)






The incident command systems will adopt the tools, mechanisms and structures as set out for the coordination in the HEOP or NEOP if NDMC decides to activate national disaster management structures. The transition from HEOP to NEOP and back to HEOP must be well coordinated based on the decision by NDMC after considering the recommendations of national risk assessment and an understanding of the uncertainties of the progression of the pandemic and shared expectations of possible need to plug in support with estimated resurgence post-surge.

Figure 5: National Emergency Response Coordination Framework (as proposed in NEOP)



Whole-of-government response work streams

Direction, control and coordination of work streams is guided by the HECC (HEOP) (or Disaster management steering committee if NDMC takes a decision to activate NEOP structures), TAC and the incident command. Essential to the whole-of-government approach is planning and coordination supported by situational awareness. As such planning must be established as a work stream that consolidates and guides the operations workstreams. The responsibilities of planning workstream include:

-  Analysis and research on pandemic internationally and locally demand and possible shortages
-  Develop national forecasts and produce technical and strategic decisions in consultation with TAC and HECC respectively
-  Develop national resource requirements and coordinate nationally and internationally to mobilize the sources.
-  Multi agency coordination including guidance for business continuity.
-  Maintain national and disaggregated data and information on technical and operational aspects of the pandemic.
-  Present strategic policy options to national task force and coordinate implementation of endorsed decisions.
-  Coordinate with other work streams and support planning and coordination of resource mobilization and response

The workstreams can be broadly categorized into Planning and coordination; Border management; Surveillance and situational analysis; Preparedness and control operations; and communications and awareness. To operationalize these workstreams, clusters for pandemic response at the EOC should include, but not limited to the following listed below. The cluster may be plugged in or plugged out based on the response needs. Figure 5 provides the framework for operational clusters during pandemic phase. In addition, economic and social protection workstreams will need to be activated in tandem with the operations.

1. Public health surveillance and situation analysis

1. Case verification, surveillance, and contact tracing
2. Rapid response teams (RRTs)
3. Legal approvals and documentation
4. Guidelines, SOP development and quality assurance
5. Laboratory services
6. Biosecurity (based on the nature of the agent of pandemic potential)
7. Epidemiological analysis and research

2. Border management (sea and air)

1. International Border health
2. Travel and tourism
3. International health communications (IHR related)

3. Planning and coordination

1. Information management, technology and cyber security
2. Multi-agency coordination
3. Shelter and relief (including for foreign migrants)
4. Social support and welfare (with special emphasis on vulnerable groups PWDs, drug addicts, domestic and international migrants)
5. International coordination of aid liaison
6. Infrastructure sourcing and development
7. Finance sourcing and management
8. Human resources including volunteer mobilization
9. Lockdown management
10. Economy and economic welfare
11. Essential services continuity and security (food, utilities, healthcare, education, rehabilitation)

4. Preparedness and Control Operations

1. Atoll coordination
2. Law and order and movement control
3. Logistics management including suspect & case movements and supplies
4. Operations support – administration, procurement and stock management
5. HEOC security
6. Training of front line and health care workers
7. Medicines and medical supplies procurement and management
8. Quarantine and isolation facilities management
9. Care and health monitoring (home isolated cases and contacts, high risk and migrants)
10. Medical care facilities management
11. Mobile medical response
12. Mental health and psychosocial support
13. Quality assurance of health services
14. Inspections and compliance monitoring

5. Risk communications

1. Call center (HPA hotline)
2. Press liaison
3. Spokesperson
4. Communications strategy and rollout



PART B: **THE ACTION PLAN**

The action plan sets out the key actions for each phase of the pandemic planning and response strategy. As the plan takes a whole of government approach a specific lead agency is not identifiable in a number of actions.

The phases may be skipped or converge at a rapid pace with the pandemic progression internationally and nationally. Progression from one phase to the next will be informed by analysis of evidence and a detailed risk assessment discussed at operational levels and with the approval from strategic levels.

Standby Phase: Preparedness (local alert level 1: WHITE)

Trigger: National risk assessment recommendation based on the level of viral infections of pandemic potential verified to have caused animal-human but not sustained human-human transmission in any country or determination of a Public Health Emergency of International Concern (PHEIC) by WHO (corresponds to the Global Interpandemic phase and/or Alert phase)

Strategy: Functioning emergency structures and mechanisms; Timely alerts of diseases of pandemic potential and risk assessments; IHR core capacities in place



Function Planning and coordination

Action	Responsible agencies	Target
Update business continuity plans of all institutions with operational readiness for pandemic response	All institutions and industries	Up-to-date business continuity plans that include operation readiness plans for all sectors and industries available on the agency websites
Develop and implement action plans for the sector to address lessons learned in response to the COVID19 pandemic.	All institutions and industries	All institutions have business continuity strategy for a pandemic available on the agency websites
Develop IHR core capacities based on the latest IHR core capacity assessment (only selected IHR core capacity actions are specified in this plan)	Ministry of Health, Health Protection Agency	IHR core capacities in place and status report published on MoH website
Maintain sector-specific guidelines and protocols for planning, response and communications.	All institutions and industries	All sectors have SOPs for response and communications available for staff
Establish, revise and exercise pandemic plans locally and nationally.	Ministry of Health supported by all institutions and industries	Exercise scenarios developed for each phase of the pandemic
Maintain sector-specific guidelines and protocols for planning, response and communications.	All institutions and industries	All sectors have SOPs for response and communications available for staff
Maintain a legal framework for pandemic interventions, update to address lessons learnt from COVID19 pandemic.	Ministry of Health, AG Office and President's Office	Regulations are gazetted, updated and available on the agency website
Maintain a communication plan and resources for alerting emergency coordination structures at HEOP, NEOP and local levels.	Ministry of Health supported by National Disaster Management Authority, Local Government Authority and Maldives Red Crescent	HEOP and NEOP activation SOPs in place and available for responsible staff
Train staff and conduct exercises/drills on agency and intersectoral response plans.	Ministry of Health supported by all institutions and industries	One exercise/drill conducted annually and report available

Action	Responsible agencies	Target
Have a designated space to activate HEOC at short notice, with communication and other resources should circumstances change.	Ministry of Health supported by National Disaster management Authority	HEOC command center set up in place at Ministry of Health
Ensure workplace guidelines are up-to-date and in line with latest WHO guideline for diseases of pandemic potential and available to all agencies.	Ministry of Health	Workplace guidelines up-to-date and available on the agency website
Maintain communication resources for disseminating public information (including for persons with disabilities, migrants), risk assessment and disease management tools (case definitions, notification protocols) and information for other sectors.	Ministry of Health, Health Protection Agency supported by MRC, President office, Media and CSOs	Risk communication unit established at HPA with staff and communication management resources
Develop a list of commodities and amounts to maintain a minimum stockpile of critical pandemic supplies (e.g., PPE, sample collection and transport materials, test kits, antivirals and antibiotics)	Ministry of Health and health care facilities	Minimum stockpile maintained at Central and Atoll stores and stock updates up-to-date
Conduct a mapping of national human resources for pandemic response and maintain and up to date record	Ministry of Health and health care facilities	Human resource mapping for pandemic response available and current.
Maintain plan and mechanism for contingency staffing and role-shifting of healthcare providers	Ministry of Health and health care facilities, health professionals' bodies, CSOs in health	Contingency plan for staffing and areas for role-shifting of healthcare workers available at national and atoll level
Maintain plan for provision of shelter, relief and emergency care at periods of movement restriction and curfews	National Disaster Management Authority supported by Maldives Red Crescent, Ministry of Economic Development and Ministry of Gender Family and Social Services; Local government Authority and local councils, CSOs	Relief provisions plan up-to-date and available for national and island level
Institute mechanisms for migrant workers/ undocumented workers/tourists to access testing/medical care/quarantine or isolation facility stay or hospitalization and food and basic needs for this duration in a manner equitable to locals and that does not hinder the public health goals of prevention/containment	Ministry of Health and health care facilities; local councils; ministry of Tourism, Ministry of Employment, CSOs	Policy approved written SOP made available to relevant stakeholders
Plan for law enforcement and maintaining law and order in periods of movement restrictions and curfew and monitoring compliance to quarantine and isolation	Maldives Police Service; LGA and local councils, Attorney General's office; LGA; Prosecutor General's office and Courts	Law enforcement plan up-to-date and available at police services and nationally and locally with clear roles for island councils
Plan for social protection support for vulnerable population groups (persons with disabilities, elderly, migrants, women)	Ministry of Gender Family and Social services with support of Local councils and CSOs	Social support plan available nationally and at local councils

Action	Responsible agencies	Target
Maintain plan for provision of mental health psychosocial support including help lines and staffing to provide support to all islands	Ministry of Health, Health Protection Agency, Ministry of Gender, Family and Social Services, National Center for Mental Health; MRC, and relevant public and private sector, CSOs	MHPSS plan up-to-date with functioning help line (plan available on the agency website)
Establish mechanisms to access a virus-specific pandemic vaccine	Ministry of Health, Health Protection Agency, Maldives Food and Drug Authority, Ministry of Foreign Affairs and Ministry of Finance,	Written strategy and proposed mechanism available at MoH
Plan for laboratory services (with designated public and private laboratories) and operational mechanism for obtaining test kits and samples transfer	Ministry of Health and health care facilities	Procedure for designating laboratories and their activation agreements made with the labs (agreements available at MoH)
Invest in developing local gene sequencing laboratory capacity with training of microbiologists and virologists as a core IHR capacity	Ministry of Health; Maldives National University	Laboratory with gene-sequencing capacity established and functional with a trained local microbiologist/ virologist
Identify locations for establishing assessment facilities (flu clinics, testing sites), and medical supplies delivery mechanisms and contingency storage facilities	Ministry of Health supported by State Trading Organisation	Potential locations and facilities for medical care and medical supplies storage identified and documentation available at MoH
Identify locations and plan for local quarantine and isolation facilities and movement of cases.	Ministry of Health; Local councils, National Disaster Management Authority; HECC	Potential locations and facilities for quarantine and community isolation identified and documentation available at MoH
Promote the uptake of inter-pandemic influenza vaccination and personal hygiene.	Health Protection Agency	Influenza vaccine uptake monitored at HPA to achieve 80% among high-risk groups
Plan to minimize the risk of animal influenza virus transmission from animals to humans and to rapidly detect transmission	Ministry of Fisheries, Marine Resource and Agriculture; Ministry of Health	Animal disease control plan available at MoFMRA and IHR core capacity for animal health in place
Establish animal health surveillance to enable assessment as IHR core capacity to enable risk assessment of animal or bird infection being the vector for pandemic virus transmission,	Ministry of Fisheries, Marine Resource and Agriculture; Ministry of Health	Annual surveillance with regular and timely risk assessments by MoFMRA when a threat is identified internationally, informed through IHR/OIE
Assess animal response options and maintain response plans, proportional to the scope of the animal industry in the country	Ministry of Fisheries, Marine Resource and Agriculture	Contingency plan for responding and managing infected animals in place at MoFMRA

Action	Responsible agencies	Target
Maintain communication plan to provide public advice on limiting the risk of transmission from animals.	Ministry of Fisheries, Marine Resource and Agriculture	Risk communication plan at HPA includes risk of disease transmission from animals coordinated with MoFMRA
Update national and local multi-sectoral operations plans for domestic airports and seaports of industrial islands	All institutions active in domestic sea and airports	Pandemic response operations SoPs available at all domestic airports and seaports of industrial islands
Ensure appropriate workplace guidelines, protection and training for animal workers and exposed humans to reflect WHO guidelines and national laws and regulations.	Ministry of Fisheries, Marine Resource and Agriculture	Workplace guidelines for animal farmers available on the agency's website
Developing a research agenda should be one priority for the initial phase, which should be reviewed as phases continue	Ministry of Health; Health Protection Agency; MoFMRA	Research agenda and priorities for each phase determined and shared with stakeholders
Maintain a pandemic preparedness and response monitoring and evaluation framework focusing on outcome, output and process evaluation of the pandemic and response	Ministry of Health; Health Protection Agency; MoFMRA	PPRP implementation monitored annually and report published on MoH website
Identify a minimum set of indicators for each phase of the pandemic covering operational, health system, epidemiological and surveillance indicators	Ministry of Health; Health Protection Agency; MoFMRA	Minimum data set updated along with the PPRP monitoring report annually



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Monitor the international disease situation through IHR mechanism.	Health Protection Agency	WHO IHR information monitored weekly and updates included in the monthly and annual epidemiological reports available on the agency website
Maintain up to date baseline data from surveillance and conduct regular research and analysis	Health Protection Agency; Universities	Baseline surveillance data up-to-date and current analyses available
Conduct national risk assessment including risks beyond health	Health Protection Agency; HECC	Risk assessments conducted on applicable situations and updated
Develop criteria for declaring a Public Health Emergency and its withdrawal and review annually based on international guidance	Health Protection Agency; HECC	Criteria for declaration and withdrawal of public health emergency written and available on HPA website

Action	Responsible agencies	Target
Test the disease surveillance systems to ensure they can identify a novel virus and a developing pandemic within the country following alerts from WHO.	Health Protection Agency	Conduct exercises to test the capability of the surveillance system annually and report shared with the relevant agencies for corrective action
Establish One Health surveillance by integrating human, animal health and community reporting mechanism using digital platform	Health Protection Agency	Integrated One Health Surveillance system established and functional
Maintain the capability, preparedness and training for early notification of suspected cases in resorts/industrial islands.	All institutions and industries	Conduct exercises to test the capability of disease notification and IPC in tourism sector and industrial islands annually and report shared with the relevant agencies for corrective action
Maintain animal surveillance as required.	Ministry of Fisheries, Marine Resource and Agriculture	Animal diseases surveillance conducted regularly and reported as required and annually on the agency website



Function Border management

Action	Responsible agencies	Target
Update national and local multi-sectoral operations plans for all agencies active in border operations at each international port of entry (sea and air) with lessons from COVID19 pandemic	All institutions active in border operations at international sea and air ports	Updated border emergency plans with pandemic response operations actions at national and local levels available at agencies managing international air and sea ports
Incorporate traveler management operations at international airports and in the international airports and sea ports emergency response plan	All institutions active in border operations at international sea and air ports and tourism sector	Border emergency plans at all international airports include traveler management interventions
Test and update plans nationally and at local levels to ensure stakeholders are aware of their responsibilities and roles irrespective of their location.	Health Protection Agency	One exercise conducted at each international port annually and report available
Assess and audit IHR core capacity requirements regularly and improve as required.	Health Protection Agency	Annually assess IHR core capacity assessment and report available on the agency website
Maintain the capability, preparedness and training to mount border control and cluster control operations when required.	All institutions active in border operations at international sea and air ports	Conduct annual training for all institutions involved at border control

Action	Responsible agencies	Target
Maintain interconnectedness of border health and immigration information systems to enable tracking potential suspected cases	Health Protection Agency; Maldives Immigration	Health declaration information linked with immigration information and annual analysis of public health risk made available on the agency website
Ensure national IHR committee and local border emergency management groups meet regularly and update plans and procedures.	Health Protection Agency	At least one meeting held annually and core capacities/ readiness updated and meeting reports available to stakeholders
Conduct orientation for all agencies active in border operations on emerging public health threats as required based on international surveillance	Health Protection Agency	Information sharing mechanism e.g. (online social network teams) in place to share emerging public health threats with HECC
Review and maintain public health and infection control policies and procedures at the border.	Health Protection Agency	Up-to-date IPC procedures and public health requirements for international airport and sea port available on the agency websites of the respective lead agencies
maintain facilities for isolation/quarantine with minimum standards set by HPA at all international ports	Maldives Ports and Maldives Airports companies; Ministry of Transport	Facilities designated and adapted to the minimum standards of HPA

 **Function**
Preparedness and control interventions

Action	Responsible agencies	Target
Maintain the technical staff and information systems capability to assess risk, track and monitor the impact of a pandemic in order to inform action at different phases.	Health Protection Agency	HPA has a dedicated staff for surveillance of disease of pandemic potential epidemiological analysis supported with data management system
Maintain the capability, preparedness and training to mount cluster control operations in resorts/industrial islands and inhabited islands when required.	Ministry of Health, Ministry of Tourism, Ministry of Foreign Affairs and other relevant institutions and industries	Conduct exercises to test the capability for cluster control in tourism sector and industrial islands annually and report available at HPA
Maintain the functionality and increase capability of the outbreak information system (database) in order to facilitate HEOC operations as required	Ministry of Health, Health Protection Agency, Presidents Office; National Center for Information Technology	Outbreak system capability increased in order to use in other disease outbreaks in the inter-pandemic period
Identify sources of additional staffing locally from health or non- health agencies, to enable an intensive cluster control operation to be sustained if required.	Ministry of Health; and Civil Service Commission; Universities, schools, uniformed bodies	Database of potential sources and list of human resources that can be mobilized for response compiled and annually updated records available at MoH

Action	Responsible agencies	Target
Develop local training material and orientation package for new recruits to the system and contingency additional staff.	Ministry of Health; Universities, health professions bodies	Training package with core aspects of pandemic response in place and new recruits to the health care system oriented and training records available at MoH
Review, update and exercise plans & conduct drills for HEOC/NEOC response	Health Protection Agency	HEOC/NEOC response exercise/drills conducted and report available and shared with responders for improvement
Prepare for an expansion in demand for key services including intensive care, primary care, ambulance services, laboratory services, helplines and other hospital services.	Ministry of Health and health care institutions	Database of potential sources of resources identified for beds, ambulances, vehicles and boats, computers, phones and annually updated records available at MoH Sources of mobilising
Plan for surge at Male' area and outer islands	Ministry of Health and health care institutions; local councils	Surge plan written and reviewed regularly at national and local levels.



Function Communications and awareness

Action	Responsible agencies	Target
Maintain inter-agency reporting, communications and consultation, including ongoing liaison with WHO and regional networks	Health Protection Agency	HPA has a dedicated staff to maintain risk communication and liaison with other agencies
Build public awareness about diseases such as influenza and the potential for pandemic through routine media	Health Protection Agency	Public awareness messages are provided regularly and messages available on HPA website
Reinforce health sector awareness and preparedness	Ministry of Health	Annually training on disease notification and IPC conducted for staff at healthcare facilities and training records available at HPA
Conduct orientations for essential services to create awareness on pandemics, cluster control and business continuity planning	Health Protection Agency	Annual orientation conducted for essential services and commodities (utilities, waste management, retail, education, social protection)
Reiterate core public health messages for pandemic disease prevention (e.g., the importance of hand-washing, and cough etiquette, well ventilated housing and work places)	Health Protection Agency	Public awareness messages are provided regular and messages available on HPA website

Action	Responsible agencies	Target
Maintain coordination with media for media planning and monitoring	Ministry of Health	A network with media is established and corporation areas written and shared with the network members
Maintained Risk Communication Strategy and implement as required.	Health Protection Agency	Risk communication strategy up- dated annually and shared with all agencies and media group
If a new virus of pandemic potential is alerted by WHO, or there is a resurgence of an existing strain overseas, consider, as required:	Ministry of Health, Health Protection Agency, HECC	
informing key stakeholders (HECC, MAC Group and Presidents office)	Ministry of Health	Procedure for informing written and available at HPA
disseminating key messages (e.g., personal protection and preparedness, where to obtain current information(helplines, websites)	Health Protection Agency	Key messages disseminated available on HPA website
informing the public about what the authorities will do in a pandemic	Health Protection Agency	Media statements available on HPA website
providing travel advice relevant to the threat	Health Protection Agency	Technical information shared with HECC, MAC Group and health care sector and records available at HPA
reviewing and updating key messages and communication channels	Health Protection Agency	Customized messages specific to the threat agent available on HPA website
coordinating communications across and within sectors	Health Protection Agency	HECC and MAC Group convened and minutes of meeting recorded at HPA
creating web-based information sources, such as frequently asked question sheets and guides	Health Protection Agency	Dedicated web-page created for the specific event
initiating background briefings for key agencies and their spokespeople.	Health Protection Agency	Multi-agency coordination group activated and briefed with minutes recorded at HPA

Prevent Entry Phase: Border management (local alert level 1: WHITE)

Trigger: Novel pandemic virus case(s) not detected in the country, but national risk assessment recommendation based on the international sustained human-to-human transmission of a disease of pandemic potential in one or more countries or determination of a Public Health Emergency of International Concern (PHEIC) or declaration of a pandemic by WHO (corresponds to the Global Alert phase and/or Pandemic phase).

Strategy: Prevent and delay the entry of the pandemic virus in the country; Suspected case notification system in place; Public empowered for prevention and timely information provided on risks



Function

Planning and coordination

Action	Responsible agencies	Target
Activate the Health Emergency Coordination Committee (HECC/DMSC) and Health Emergency Operations Center (HEOC) and its work streams with the initial risk assessment following alert by WHO of a public health emergency of international health concern (PHEIC)	Ministry of Health; Health Protection Agency	HECC/DMSC activated within 24 hours of completion of risk assessment
Activate the Health Emergency Operations Center (HEOC) based on the decisions of HECC/DMSC	Ministry of Health; Health Protection Agency	HEOC activated within 24 hours of decision by HECC/DMSC
Activate high level National Task Force (at President's office) for strategic decision making	President's office	National Task force activated within 24 hours of recommendation by HECC/DMSC
Activate emergency management structures; Multi Agency Coordination (MAC) groups and International Agencies/Aid Coordination	Ministry of Health; HECC/DMSC	MAC and International coordination activated within 24 hours of decision by HECC/DMSC
Activate public health emergency contingency budget	Ministry of Health; National Task Force; Ministry of Finance	Emergency budget use activated within 24 hours of decision by National Task Force
Prepare to activate the National Emergency Operations Center (NEOC) and its emergency management structures when notified by National Task Force	National Disaster Management Authority	NEOC stand by and activated within 24 hours of decision by National Task Force

Action	Responsible agencies	Target
Prepare to activate pandemic contingency/ business continuity plans at other sectors and industries at short notice when notified by the Ministry of Health.	Ministry of Health, All institutions and industries; EOC planning workstream; MAC group	pandemic contingency/ business continuity plans activated within 48 hours of notice by Ministry of Health
Regularly report on the actual and anticipated impact of the pandemic and response activities in individual sectors and through the work streams and report on these activities to the HECC/DMSC.	Ministry of Health; EOC planning work stream	Updates shared by HECC/DMSC at least weekly to a frequency determined by HECC/DMSC
Monitor situation and make decision on declaration of a Public Health Emergency	Health Protection Agency (Director General of Public Health); HECC/DMSC/National Task Force	Daily review of situation and if DGPH concludes the issuance of PHE, request Minister of Health within 12 hours to declare PHE
Activate emergency management structures at health institutions as required (Hospital contingency plans and RRTs)	Ministry of Health and healthcare institutions; EOC workstreams	Health facility level RRTs and taskforce activated within 24 hours of decision by HECC/DMSC
Activate designated laboratories for testing samples of suspected cases and link with operations information management system	Ministry of Health; EOC planning work stream	Designated laboratories activated within 24 hours of decision by HECC/DMSC
Coordinate with private health care providers to on the mechanism to use human and other resources from the whole health system for dual task of providing essential health services and responding to pandemic cases	Ministry of Health; Health care providers	Mechanism to use human and other resources from the whole health system for dual task determined by private sector, HECC/DMSC and approved by National Taskforce
Prepare to enact a sunset law on pandemic response	AGO; National Task Force; Parliament	Pandemic repose Act enacted within 4 weeks of declaration of public health emergency
Activate Rapid Response Teams and International Border Health units	Ministry of Health and all institutions involved at international air and sea ports; EOC work streams	RRTs and International Border Health units activated within 24 hours of decision by HECC
Activate quarantine and isolation facilities and movement logistics workstreams	Ministry of Health; EOC planning work stream	Quarantine and isolation facilities activated within 24 hours of decision by HECC/DMSC
Release national reserve volumes of PPE, sample collection and transport materials, antivirals	Ministry of Health; EOC planning work stream	National stockpile of pandemic medical deployed to health facilities within 3 days of decision by HECC/DMSC

Action	Responsible agencies	Target
Activate contingency human resource mobilisation/redeployment plan	Ministry of Health; EOC planning work stream	Contingency HR mobilisation activated within 24 hours of decision by HECC/DMSC
Prepare for provision of shelter and relief	National Disaster Management Authority and Maldives Red Crescent; EOC workstreams	Operational technical planning activated for relief within 24 hours of decision by HECC/DMSC
Activate research and analysis work stream to support intelligence and forecasting the epidemic and response requirements	Ministry of Health; Maldives National University; EOC planning work stream	Research and analysis team of MNU activated within 24 hours of decision by HECC/DMSC
Prepare timely communication of travel restrictions and closure of international borders	Institutions involved at border with Ministry of Tourism, Ministry of Foreign Affairs, Ministry of Economic Development; EOC work streams	Border response plans and communication plans activated within 24 hours of decision by National Task Force
Prepare for short notice international border closures and managing stranded locals abroad and travelers in the country	Ministry of Foreign Affairs, Tourism, Employment; EOC planning workstream	Contingency shelter, relief and repatriation procedures developed and endorsed by HECC/DMSC
Prepare for increasing national reserves of essential commodities, in anticipation of supply chains being disrupted by the pandemic internationally	Ministry of Health; NDMA; National Task Force; HECC/DMSC, State Trading Organization, Ministry of Economic Development	Business continuity plans in supply chain activated to ensure supply and stock of essential commodities in the country
Monitor national stockpile of food supplies and essential commodities	State Trading Organisation; EOC work streams	Stock-update of essential supplies reported at regular intervals to HECC/DMSC
Prepare additional stockpile requirement of medicines, medical supplies, laboratory supplies and medicines and monitor usage	Ministry of Health; EOC planning work stream, STO and Ministry of Finance	National requirement of medical supplies prepared within 7 days of decision by HECC/DMSC
Order medical supplies for the case management (medicines, PPE and other supplies) following a pandemic declaration by WHO	Ministry of Health; EOC planning work stream, STO and Ministry of Finance	Order placed for essential medical supplies for pandemic response within 3 days of approval of national requirement
Plan and identify procurement mechanisms to obtain pandemic vaccine (if available) following a pandemic declaration by WHO.	Ministry of Health; National Task Force; EOC planning work stream, Ministry of Finance, Ministry of Foreign Affairs	Financial and legal arrangements initiated within 24 hours of decision by HECC/DMSC

Action	Responsible agencies	Target
Prepare for regulatory review and approval of new vaccines and treatment products	Maldives Food and Drug Authority	Medicine regulatory arrangement initiated within 24 hours of decision by HECC/DMSC to purchase new medicines or vaccines
Activate Atoll and island task forces and prepare for island emergency operations centers. Activate Atoll and island task forces and prepare for island emergency operations centers.	Ministry of Health; EOC planning work stream	Atoll Task forces activated within 24 hours of decision by HECC/DMSC
Conduct training of health care workers on disease prevention and case management, use of PPE and IPC	Ministry of Health; EOC planning work stream, all health facilities, all essential service institutions	Training plan developed and training initiated within 3 days of decision by HECC/DMSC
Conduct training of other frontline workers on diseases prevention and handling of waste	Ministry of Health; EOC planning work stream, all essential service institutions	Front line workers training initiated within 3 days of decision by HECC/DMSC
Identify possible burial sites, safety measures for handling dead bodies and train all involved	Ministry of Health, Male' City Council, LGA, Atoll/Island Councils; EOC planning work stream	Burial sites and protocols developed within 3 days of decision by HECC/DMSC
Hold regular meetings of HECC/DMSC and MAC and increase frequency as required	Ministry of Health; EOC planning workstream	HECC/DMSC and MAC meetings held weekly or as determined by HECC/DMSC
Commence response-evaluation with relevant work streams and produce response resource requirements linking with epidemiological analysis from surveillance	Ministry of Health; Maldives National University; EOC work streams	Weekly situation analysis and response reports prepared and presented to HECC/DMSC
Develop indicators for monitoring the epidemiological situation and agree on thresholds for increasing/releasing measures	Ministry of Health; Health Protection Agency	Indicators and thresholds finalised and monitored daily and weekly
Review and plan for an escalation to the next phases (prevent spread and respond to surge) and develop detailed operational and tactical response.	All institutions; EOC planning workstream	Plan for escalation for next phases presented to HECC/DMSC following alert by WHO of a pandemic

Action	Responsible agencies	Target
Conduct health and socioeconomic research into the pandemic situation and forecast its progression and impact	All institutions; EOC planning workstream Universities;	Epidemiological forecasts, health and socio-economic impact assessed and disseminated for planning mitigation and recovery
National programmes and health facilities to utilise PHC approaches to provide essential public health interventions (vaccinations, maternity care, mental health and emergency health care; homebased care) with minimal disruption	Ministry of Health; Health Protection Agency, EOC planning work stream; Healthcare providers; Aasandha	Essential public health services and emergency health care provided without disruption through PHC approaches
Plan for bulk supplies management at border and storage according to policy in border management operations.	National Disaster Management Authority; EOC work streams	Operations and tactical plans developed for managing purchased aid supplies at border and for storage within 7 days of placing purchase orders



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Conduct risk assessment following alert by WHO of a disease of international health concern or when a previously known disease has been shown to have more severe symptoms/complications than previously known	Health Protection Agency	Risk assessment completed within 48 hours of alert by WHO of a disease of international health concern or of a disease with increasing severity
Issue a case definition consistent with WHO case definitions and provide technical advice to border health, tourist establishments and healthcare facilities.	Health Protection Agency	Interim case definition issued within 24 hours of WHO's interim case definition and/or alert by WHO of a disease of international health concern and updated as required
Introduce enhanced surveillance and reporting and follow up those meeting case definition	Health Protection Agency supported by other institutions	Case notification requirement issued to health care providers and all institutions including border, tourist establishments, schools and workplaces
Review recent surveillance of cases that meet case definitions and other diseases relevant to the case definition	Health Protection Agency	Weekly epidemiological report prepared from relevant surveillance data and shared with HECC/DMSC

Action	Responsible agencies	Target
Conduct intensive case-based surveillance through primary health care service providers, medical centers, hospital emergency departments, private medical clinics and laboratories to detect possible imported cases and secondary cases.	Health Protection Agency; Health care facilities; EOC work streams	Weekly surveillance report prepared and shared with HECC/DMSC
Conduct surveillance of animal health if the pandemic potential agent involves animal to human transmission.	Ministry of Fisheries Marine Resources and Agriculture	Animal surveillance report presented to HECC/DMSC (if the pandemic agent is transmitted from animals to humans)
Prepare to implement active surveillance in the community, targeting groups at high risk of exposure (e.g. at borders; health facilities; travel and tourism; supply chain)	Health Protection Agency; EOC work streams	Active surveillance protocols developed within 24 hours of decision by HECC/DMSC and start implementing within 48 hours
Implement Real-time surveillance reporting (suspected cases; viral characteristics, and monitoring of trends in helpline calls; international situation) and create surveillance summaries	Health Protection Agency; EOC work streams	Prepare daily reports from all surveillance sources and collate for weekly HECC/DMSC meetings
Carry out surveillance of travelers with health declaration and temperature monitoring and any other symptomatic/other screening as required at air and seaports	Health Protection Agency; EOC work streams, all institutions involved at international air and sea ports	Updated health declaration forms implemented at sea and airports with temperature monitoring within 24 hours of decision by HECC/DMSC
Conduct case investigation and contact tracing of all suspected cases	Health Protection Agency; EOC work streams	Case investigation and contact tracing completed within 24 hours for each suspected case
Advise WHO of any border measures implemented as required under the International Health Regulations 2005 and provide WHO with the rationale for and relevant scientific information concerning their implementation.	Health Protection Agency; EOC work streams	Communications sent to WHO and Foreign Ministry liaison within 24 hours of National taskforce decisions to implement border control measures



Function Border management

Action	Responsible agencies	Target
Update resources such as forms, templates, guidelines and content of orientation programmes developed for border management in emergencies.	Health Protection Agency (IBH) and all agencies involved at airports and seaports operations	SOPs, templates and guidelines updated within 3 days of convening HECC/DMSC
Activate coordination mechanisms between border agencies at international ports (including those in the Atolls) to ensure interventions are well coordinated.	All agencies involved at airports and seaports operations	Border operations teams activated and work stream initiated within 24 hours convening HECC/DMSC
Issue travel advisories as appropriate, including defining the areas/countries of concern, within which border measures may be applied.	Health Protection Agency; Technical Advisory Committee, Civil Aviation Authority, and all other agencies involved at airports and sea ports operations	Travel advisories communicated with all border agencies within 12 hours of issuance by HPA
Provide information to incoming and outgoing travelers.	All agencies involved at airports and seaports operations, EOC work streams	Travel information made available to all agencies involved at borders, tourist establishments and Foreign ministry
Advise on exit procedures in areas of concern, and on border measures being used in other countries.	Ministry of Foreign Affairs and Health Protection Agency, EOC work streams	Information on exit procedures in areas of concern, and on border measures being used in other countries updated to HECC/DMSC weekly
Activate procedure for alerting agencies managing facilities that are to be used for quarantine and transit of travelers	All agencies involved at airports and seaports operations	Procedure activated within 48 hours of designating quarantine facilities for travelers
Conduct exercises and drills for different border scenarios	All agencies involved at airports and seaports operations	At least one Interagency exercise/ drill conducted annually
In addition to routine requirements by the IBH, obtain health declaration for all passengers/crew, and a list of crew/passengers (including their country of origin) that have embarked/disembarked from the marine vessel throughout its journey within a specified time period till reaching Maldives (including all ports of call)	Agencies involved at seaports; Maritime operators and shipping agents	Additional requirements of health declarations and interventions required from marine vessels shared with all marine vessel operators within 12 hours of issuance of the decision
Activate advanced passenger notification systems and direct questioning of operators for aircrafts from high-risk areas	Health Protection Agency, Civil Aviation Authority and Immigration; Airline operators	Advance notification protocols agreed with immigration, airlines and border health within 48 hours of decision by HECC/DMSC

Action	Responsible agencies	Target
Make preparations to sanitize aircrafts and marine vessels.	Health Protection Agency, Technical Advisory Committee, Air and Sea port management institution (Maldives Ports Limited, Maldives Airports Company Limited) and other institutions involved at border	SOP for sanitizing aircrafts and marine vessels updated within 48 hours of initiating border operations
Institute procedure to grant pratique to aircraft/marine vessel once the public health risk has been managed, including positive pratique (100 percent health status reporting required from all incoming aircrafts and marine vessels).	Health Protection Agency (Director General of Public Health); EOC legal work stream	Requirements to grant pratique shared with marine operators and airline operators and procedure communicated with IBH within 48 hours of decision
Plan to increase public health presence at international airports and implement processes for referral, assessment and screening of travelers.	All agencies involved at airports operations	Human resources mobilized for border health and presence increased at borders within 3 days of decision by HECC/DMSC
Obtain contact-tracing information (flight manifests, seating arrangement) from passengers arriving from areas of concern to be shared with HPA	Civil Aviation Authority and Immigration; Airline operators	SoP for sharing passenger information of travelers established within 24 hours of notification of border measures by HPA
Plan to increase public health presence at international airports and implement processes for referral, assessment and screening of travelers.	Health Protection Agency; Immigration; Tourism and Foreign ministries	Immigration protocols updated within 48 hours of decision by National Task Force on visa and entry limitations
Advise all travelers to and from Maldives by air, of the escalating situation regarding the threat of a pandemic, and inform them they may be placed in mandatory quarantine for a certain period on arrival	Civil Aviation Authority and Immigration; Airline operators	Make information on quarantine and isolation available to all travel and tourism sector operators and foreign liaisons within 12 hours of decision
Assess suspect cases at the border using case definitions and travel history, as advised by the Health Protection Agency	All agencies involved at air and seaports operations	Arrangements made at airports to examine and take samples for diagnosing suspected cases within 48 hours of activation of border measures
Designate quarantine/isolation areas and separate pathway for suspected passengers are designated at all airports and sea ports	All agencies involved at air and seaports operations; Tourism industry resorts, safari boats and guesthouses	Areas identified and pathways created within 48 hours of initiating border control measures.
Prepare to implement cluster control activities at ports	Tourism industry resorts, safari boats and guesthouses	Activate quarantine and isolation facilities for tourists and travelers within 48 hours of report of a suspected case and containment measures at resorts and tourist establishments



Function Preparedness and control interventions

Action	Responsible agencies	Target
Update forms and templates for health declaration, case notification, case investigation, contact tracing, quarantine and isolation notices and share with relevant work streams	Health Protection Agency; TAC and EOC Standards work streams	Forms and templates reviewed and updated within 3 days of activation of EOC and reviewed periodically with emergence of new evidence and situation
Activate a clinical management advisory team (CMAT) of medical experts to advice on clinical care	Ministry of Health; TAC; national referral hospital	CMAT convened and operations initiated with the detection of first case
Review and update materials for employers, employees and other workplace participants containing key messages for workplaces to help them plan for, prepare for and respond to a pandemic.	Health Protection Agency; EOC Standards work stream	Guidelines updated for workplaces, tourist establishment, sports and other social activities updated within 10 days of activation of EOC and reviewed periodically with emergence of new evidence and situation
Update guidelines for workplaces, tourist establishments, waste management, schools, sports and other social activities and implement in all institutions	Health Protection Agency; TAC and EOC Standards work streams	Guidelines updated for workplaces, tourist establishment, sports and other social activities updated within 10 days of activation of EOC and reviewed periodically with emergence of new evidence and situation
Once a suspect case is reported, arrange logistics for movement of the person and activate SoP for the suspected case to be at hospital or another designated facility.	EOC work streams; Tourist establishments; Air and seaports; Health care institutions;	Logistics arrangements in place for movement of suspected or confirmed cases to designated facilities or hospitals within 48 hours of notification by surveillance work stream
Prepare to implement isolation and cluster control activities at tourist establishments.	Tourism industry resorts, safari boats and guesthouses; EOC work streams	Arrangements made at tourist resorts and other tourist establishments to quarantine and isolate suspected cases, segregation of workers and work areas
Isolate those whose symptoms do not require hospitalization and quarantine those without symptoms.	EOC work streams	Facility for quarantine/isolation of suspected cases identified within 48 hours of activation of EOC
Make arrangements to issue legal notice of quarantine and isolation	Health Protection Agency (Director General Public Health); EOC legal work stream	Procedure established to issue written legal notice to the person within 48 hours on placing in quarantine or isolation

Action	Responsible agencies	Target
Prepare phone hotline/online application to enable people to contact EOC for reporting symptoms, receiving test results, and documentation on quarantine, de-isolation, recovery and travel	EOC information technology workstream; EOC other workstreams	Online application (like Haalubelun used in Covid19 pandemic) launched with the detection of first case in the country
Prepare and orient healthcare providers on clinical guidelines, including for the use of personal protective equipment, antivirals and antibiotics, and vaccination procedures (if applicable).	Technical Advisory Committee; health care institutions; EOC workstreams	Training for healthcare professionals initiated within 3 days of activation of EOC and initial training completed for all health care providers within 10 days
Plan to activate a vaccination work streams (one for procurement and one for deployment) to start targeted immunization once the vaccine is available.	Ministry of Health	Vaccine procurement and deployment workstreams activated within 3 days of indication from WHO of availability of vaccine



Function Communications and awareness

Action	Responsible agencies	Target
Disseminate materials for employers, employees and other workplace participants containing key messages for workplaces to help them plan for, prepare for and respond to a pandemic.	Health Protection Agency; EOC Standards work stream	Guidelines updated for workplaces, tourist establishment, sports and other social activities shared with all agencies and made available on pandemic website within 10 days of activation of EOC
Appoint spokesperson for the pandemic response	National Task Force	Spokesperson appointed within 24 hours of EOC activation
Establish a pandemic website or web page to provide key information for the public and agencies to guide their planning and response.	Ministry of Health; EOC communications work stream	Pandemic web page made available within 3 days of EOC activation
Prepare a detailed communication action plan based on the risk communication strategy incorporating feedback from social media listening, media monitoring, call center reports, and other agency intelligence (ongoing).	Ministry of Health; EOC communications work stream	Detailed communication operations plan and media monitoring procedures developed within 10 days of EOC activation
Review key messages and promulgate new messages to reach all segments of the population (including foreign migrants, blind and deaf) reflecting prevention and other pandemic response actions	Ministry of Health; EOC communications work stream	Key message dissemination to public (including migrants and PWDs) started through multiple media platforms and languages within 14 days of EOC activation
Review and increase the frequency of press updates (to once or twice daily).	Ministry of Health; EOC communications work streams	Frequency and mode of press briefings determined within 24 hours of appointing spokesperson and reviewed periodically
Review and update public information in conjunction with all key agencies (ongoing).	Ministry of Health; EOC communications work streams; All sectors	Monitor target audience information needs and messaging adjusted accordingly
Liaise with WHO and other international agencies and countries on situation in the country, actions and border measures	Ministry of Health; EOC communications work streams; Foreign Ministry	Hold regular catchup meetings with WHO for situation briefs nationally and internationally from the time of EOC activation
Provide information to tourists and other foreign visitors in the country	Ministry of Health; EOC communications work streams; Tourism and Foreign Ministry	Messages for travelers available at airports, ferry terminals, tourist establishments and websites of immigration, pandemic web page and social media account of HPA

Action	Responsible agencies	Target
Provide information on national response policies to Maldivian citizens in other countries	Foreign Ministry; EOC communications work streams	Messages for public available through radio/TV, pandemic web page and social media accounts of HPA and MoH and other social media applications like viber/ WhatsApp etc to cover situation, public health and response measures
Monitor misinformation, evaluate and refresh media campaigns (ongoing).	Ministry of Health; EOC communications work stream; media	Media monitoring and listening conducted daily and make adjustments to messaging
Activate national call center with the national Helpline number to provide information and clinical advice to the public, and use regular monitoring of calls to refresh scripts	Ministry of Health; Call center; EOC communications work stream	National call center activated within 48 hours of EOC activation and expanded as required
Introduce as appropriate other helplines for sectors (psychosocial support; social protection and relief; tourism)	Ministry of Health; Call center; EOC communications work stream; sectoral workstreams	Helplines for social support and protection, PSS, EMS and other essential services established within 10 days of EOC activation
Distribute situation reports and surveillance summaries to other workstreams and the public as required.	Ministry of Health; Call center; EOC communications work stream	Situation reports of surveillance and response shared at EOC meetings daily and HECC/DMSC meetings weekly
Test and update standard operating procedures for case notification, surveillance, case management, testing infection control and burial and share with workstreams	Health Protection Agency; TAC and EOC Standards work streams	SoPs tested, updated and made available on pandemic webpage and shared with all healthcare providers, EOC clusters and workstreams
Establish multi-sector press briefing mechanism through EOC	Ministry of Health; EOC communications work stream	EOC press briefing includes updates from non-health work streams
Maintain pandemic website with information on situation, guidelines and response actions	Ministry of Health; EOC communications work stream and other workstreams	Pandemic website updated daily and updated versions of technical material, guidelines and response information available to public
Establish pandemic dashboard for statistical updates and Real Time data	Ministry of Health; EOC communications and surveillance workstreams	Dashboard containing statistics of disease and epidemiological parameters, testing, quarantine and isolation and (vaccination if available) updated daily
Brief staff, cluster heads and key decision-makers on a daily basis	EOC director; Operations Incident Command	Daily huddle of EOC cluster heads, HECC/DMSC meetings



Function EOC management

Action	Responsible agencies	Target
Update ToRs for each EOC cluster	EOC director; Operations Incident Command	ToRs updated and clusters oriented within 24 hours of EOC activation
Update and maintain workflow and communications flow for each cluster and at EOC	EOC director; Operations Incident Command	Workflow and communication flow charts updated and EOC clusters updated within 48 hours of EOC
Orient cluster heads and other responders on the use of pandemic information management system (outbreak system)	EOC director; Operations Incident Command	Orientation of EOC cluster head completed within 48 hours of EOC activation and all other EOC cluster responders oriented on the use of outbreak system within 10days
Keep up to date with national policy and advice issued by the National Task force and Health Protection Agency	EOC director; Operations Incident Command	Decisions of HECC/DMSC shared with EOC workstreams and other workstreams same day
Lead response within the agency and with the sector they serve.	EOC director; Operations Incident Command	Representation of other sectors at HECC/DMSC lead the sector actions within their organizations
Hold periodic orientation sessions for all work streams and answer queries from the relevant sector, particularly for new responders joining the workstreams	EOC director; Operations Incident Command	Regular (minimum weekly) sessions for all EOC and other workstreams to share updates and changes in response operations
Maintain record of all resources and update on a weekly basis. A record keeper should be appointed, who doesn't participate in the activities of any cluster or imparts any input at meetings but solely keeps records of all the events, meetings, all the published materials (reports, SOPs, guidelines, circulars etc.), collects and keeps all the meeting minutes, and keep track of things in chronological order.	EOC director; Operations Incident Command	Record of resources (human, material and financial) update weekly
Ensure established procedures are followed for procurement and release of resources	EOC director; Operations Incident Command	Record of paperwork reviewed and updated weekly
Maintain coordination with other agencies through established national and atoll mechanisms.	EOC director; Operations Incident Command	Hold weekly operations meeting with atoll task forces and other agencies from the activation of EOC
Ensure each agency's single point of contact details are disseminated to other agencies.	EOC director; Operations Incident Command	Maintain and update contact details of focal points for each sector available to all EOC and workstream heads

Action	Responsible agencies	Target
Provide security and protection for responders	EOC director; Operations Incident Command	Round the clock security for EOC established from the time of activation of EOC
Provide alternative accommodations for frontline responders	EOC director; Operations Incident Command	Alternative accommodation arrangements made for first responders within 48 hours decision by National Task Force
Maintain hygiene and IPC at EOC	EOC director; Operations Incident Command	EOC cleaning and IPC measures monitored twice daily
Identify a place for disinfection of vehicles used by rapid response teams and establish a mechanism for the movement of suspected or confirmed cases	EOC director; Operations Incident Command	Place identified for disinfection of vehicles used in response
Maintain stock for EOC operations	EOC director; Operations Incident Command	Stock records reviewed and tallied weekly
Maintain internet and telecommunications connectivity throughout the operations	EOC director; Operations Incident Command	Telephone connections and internet connections functional round the clock and downtime minimized to less than 2 hrs on any occasion
Maintain functionality of the Outbreak system and have onsite troubleshooting arrangements	EOC director; Operations Incident Command	Outbreak system functioning and downtime minimized to less than 2 hrs on any occasion
Have mechanism to mobilize communication and technology resources as required to expand EOC functions	EOC director; Operations Incident Command	Adequate computers, telephones and other devices available for operations from the
Have vehicles and vessels operational with regular repair and maintenance	EOC director; Operations Incident Command	Vessels and vehicles checked weekly for repair needs
Have access to food and water, and facilities for personal hygiene at EOC	EOC director; Operations Incident Command	Meals, drinking water, toilet facilities and prayer rooms made available for EOC responders
Ensure response staff are given the opportunity for rest and recuperation as well as psychosocial support.	EOC director; Operations Incident Command	Mandatory daily breaks and fortnightly off hours implemented for all responders

Prevent spread phase: Containment (local alert level 2-3:YELLOW-ORANGE)

Trigger: Novel pandemic virus case(s) detected in the country and the recommendation of the national risk assessment (corresponds to Global Pandemic phase)

Strategy: Contain the disease to the cluster or to the island; Relief and protection provided; IPC practiced at institutions and households



Function Planning and coordination

Action	Responsible agencies	Target
Review actions and decisions in the context of information provided in situation updates, and escalate the response as necessary and in accordance with institutions response plans.	EOC clusters and all institutions and industries; HECC/DMSC	Decisions reviewed by HECC/DMSC and National task force at regular intervals (daily or as determined by HECC/DMSC) based on situation analysis
Provide information from surveillance and epidemiological analysis which will facilitate informed policy and operational decisions to assess the need for escalation of response at national, atolls and island levels	Ministry of Health; EOC planning work stream	Share regular updates (as determined by HECC/DMSC) on situation and response with HECC/DMSC and National task force
Coordinate and provide information to national and international agencies, including to WHO.	Health Protection; EOC surveillance workstream; Foreign Ministry	Situation updates shared with WHO and other international agencies
Activate business continuity plans, in anticipation of staff or supply chains being disrupted by the pandemic in the country and/or internationally	Ministry of Health; EOC planning work stream	Local supply chain business continuity plans activated within 24 hours of detection of a case in the country
Map available and committed resources and send out proposals for external aid and mobilizing funds	Ministry of Health; EOC planning work stream; Finance and foreign ministries; UN Maldives	Proposals developed for finance and other resource mobilization within 10 days of detection of first case in the country
Prepare for the “Respond to Surge” phase with human and other resource requirement in consideration of higher attack rate and severity	Ministry of Health; EOC planning work stream; HECC/DMSC	Surge response operational activities initiated within 48 hours of detection of first case in the country

Action	Responsible agencies	Target
Determine national prioritization criteria for the distribution and usage of critical goods and services that may be in short supply and specific goods and services required by infants, elderly and PWDs	Ministry of Health; EOC planning workstream	National priority areas and groups identified for the provision of essential goods and services
Activate increasing hospital bed capacity to respond to surge	Ministry of Health; EOC planning work stream; HECC/DMSC	Temporary medical care facility constructed within one month of decision
Review plans for Ease and Resurgence and update triggers for ease.	Ministry of Health; EOC planning work stream	Ease plans and triggers reviewed and updated based on disease progression
Release antivirals and other medical supplies for use and monitor antiviral usage.	Ministry of Health; EOC planning and medical supplies work stream	Antivirals and other medical supplies dispatched to designated facilities with the detection of first case
Release supplies for designated laboratories and monitor the use of test kits and reagents	Ministry of Health; EOC planning and medical supplies work stream	Laboratory supplies released to designated labs regularly and weekly stock updates shared with EOC
Plan for provision and supply of medical oxygen and medical gas for patient care	Ministry of Health; State Trading Organization; EOC planning and medical supplies work stream	Medical gas production capacity increased and buffer stock of oxygen maintained
Release supplies for designated laboratories and monitor the use of test kits and reagents	Ministry of Health; EOC planning and medical supplies work stream	Laboratory supplies released to designated labs regularly and weekly stock updates shared with EOC
Order sufficient viral test primer and laboratory capacity, clarify supply constraints, and ensure human resources are available to provide a timely response to increased testing requirements.	Ministry of Health; State Trading Organization; EOC planning and medical supplies work stream	Laboratory capacity increased and buffer stock for testing maintained
Coordinate delivery of essential public health interventions (vaccinations, maternity care, mental health and emergency health care; home based care) with minimal disruption	Ministry of Health; EOC planning workstream; Healthcare providers; Aasandha	Essential public health services and emergency health care provided without disruption
Coordinate with social health insurance providers to institute processes to allow care for regular health care with online prescriptions and issuance of medicines from pharmacies and approvals for emergency referral or evacuation	Ministry of Health; EOC planning workstream; Healthcare providers; Aasandha	Online processes accepted by Aasandha for medical services provided during the pandemic response

Action	Responsible agencies	Target
Mobilize additional human resources in preparation for responding to surge	Ministry of Health; EOC planning work stream	Additional human resources mobilized and oriented to the operations SOPs
Prepare to activate additional quarantine and isolation sites and increase logistics support	Ministry of Health; EOC planning work stream	Additional quarantine and isolation facilities, vehicles and vessels mobilized for the EOC
Continue training of health care providers and frontline workers, highlighting any changes with emerging evidence and operations	Ministry of Health; EOC planning work stream	Training continued regularly for health care providers and frontline workers with updates
Report on the case load on healthcare workers and response capacity of the health system	Ministry of Health; EOC planning work stream	Health system capacity report presented to HECC/DMSC weekly or as determine by HECC/DMSC
Conduct health and socioeconomic research into the pandemic situation and forecast its progression and impact	All institutions; EOC planning workstream Universities;	Epidemiological forecasts, health and socio-economic impact assessed and disseminated for planning mitigation and recovery
Plan to received pandemic vaccine (if ordered in the previous phase); if not, plan to order vaccines (if available) globally	Ministry of Health; Ministry of Finance, Attorney General's office, Maldives Food and drug Authority	Financial, legal and medicine regulatory requirements fulfilled prior to estimated date of delivery of vaccine
Prepare for vaccine logistics including cold chain monitoring, deployment and monitoring of adverse events following immunization (AEFIs)	Ministry of Health; EOC planning work stream; National immunization Programme, Maldives Food and Drug Authority; Health care providers	Vaccine cold rooms and cold chain capacity increased prior to arrival of vaccine in the country
Prepare to integrate vaccine information into the pandemic incident management system and/or national immunization information system	Ministry of Health; EOC planning work stream; National immunization Programme, EOC information technology work stream	Vaccine information system integrated with the outbreak system and linked to the national immunization programme
Prepare to integrate vaccine information into the pandemic incident management system and/or national immunization information system	Ministry of Health; EOC planning work stream; National immunization Programme, EOC information technology work stream	Vaccine information system integrated with the outbreak system and linked to the national immunization programme
If vaccine received, release vaccine as per the vaccine deployment plan supplemented with communications on vaccine deployment strategy	Ministry of Health; EOC planning and medical supplies work stream; National immunization programme	Vaccines deployed as per plan within 5 days of decision by HECC/DMSC and/or National Task Force



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Review and update case definitions as required with emergence of new evidence	Health Protection Agency; EOC surveillance work stream	Case definition updated and made available to all health care providers and published on the pandemic website
Update national risk assessment with subnational disaggregation and provide recommendations to HECC	Health Protection Agency; EOC surveillance workstream	Risk assessment presented to HEOC within 24 hours of detection of local case
Update national risk assessment with subnational disaggregation and provide recommendations to HECC	Health Protection Agency; EOC surveillance workstream	Risk assessment presented to HEOC within 24 hours of detection of local case
Update travel advisories as appropriate, including defining the areas/countries of concern within which border measures may be applied.	Health Protection Agency; Technical Advisory Committee	Updated travel advisories communicated with all border agencies within 12 hours of issuance by HPA
Update case investigation and contract tracing guidelines based on emerging evidence and local situation	Health Protection Agency; EOC surveillance and case management workstreams	SOPs/Guidelines updated within 48 hours of triggering the phase
If the case has overseas recent travel history (within the defined period), increase monitoring and surveillance at the border including those of staff in border operations	Health Protection Agency; EOC surveillance work stream; border management work stream	Surveillance increased with periodic testing of airport and seaport staff as determined by HPA
If the case has not travelled overseas within the defined period, intensify surveillance with active testing in the community	Health Protection Agency; EOC surveillance and rapid response work stream;	Active surveillance in the community initiated within 24 hours of detection of the local case
If the case has not travelled overseas within the defined period, intensify surveillance with active testing in the community	Health Protection Agency; EOC surveillance and rapid response work stream;	Active surveillance in the community initiated within 24 hours of detection of the local case
Conduct case investigations and extensive contact-tracing of all positive cases to enable timely quarantine and isolation of suspected cases	Health Protection Agency; EOC surveillance and rapid response work stream;	Contact tracing completed within 24 hours and suspected cases quarantined and/or isolated within 48 hours of notification
Conduct intensive testing to detect other cases, possible secondary cases and contacts.	Health Protection Agency; EOC surveillance and rapid response work stream;	Test all high risk suspected cases and cases at risk of severity within 48 hours of placing in quarantine/isolation

Action	Responsible agencies	Target
Conduct sentinel surveillance through primary care and accident and medical and hospital emergency departments and designated clinics (e.g., Flu clinics) to detect possible cases and clusters, and notify cases to EOC for cluster control measures.	Health Protection Agency; EOC surveillance and rapid response work stream; Health care providers	Sentinel surveillance implemented in all atolls and designated facilities in Male' area with daily testing of all cases meeting case definition required for sentinel surveillance
Conduct active surveillance at prisons, rehabilitation centers and state care facilities to detect possible cases and clusters and notify cases to EOC for cluster control measures.	Health Protection Agency; EOC surveillance and rapid response work stream; Health care providers	Active surveillance implemented in prison, rehab centers and state care facilities with testing residents as determined by HPA
Continue to monitor ARI and influenza-like illness and laboratory surveillance of influenza. Note: depending on the pandemic disease in question, the laboratory surveillance and the monitored disease may be different.	Health Protection Agency; EOC surveillance and rapid response work stream; Health care providers	ARI and ILI notification implemented and laboratory surveillance of influenzas conducted as determined by HPA
Attend to reports of cases with symptoms from calls made to hotline and verify for case investigation and consider establishing island level hotlines	Health Protection Agency; Call center; EOC surveillance workstream	All cases with reports of symptoms verified within 24 hours of receiving the call
Produce epidemiological summaries and situation reports	Health Protection Agency; EOC surveillance workstream	Daily analysis of epidemiological parameter of the cases prepared reported to HECC/DMSC
Conduct laboratory analysis of virus characteristics and collaborate internationally for gene sequencing to identify virus strain	Health Protection Agency; EOC surveillance and laboratory workstream	Virus characteristics analyzed and virus strain identified within a month of detection of first case
Conduct epidemiological and response analysis and forecasts to inform policy and operational decisions from escalation of response at national, atolls and island levels	Health Protection Agency; EOC surveillance workstream	Weekly and monthly epidemiological analysis produced and updates made available to EOC clusters
Continue to monitor the situation overseas.	Health Protection Agency; EOC surveillance workstream	International pandemic situation updated prepared daily and reported to HECC/DMSC



Function

Border management

Action	Responsible agencies	Target
Determine health criteria for international and domestic travelers and exit assessment procedures for travelers, based on the country situation and risk of exporting in line with WHO guidance and IHR requirements and share with HECC/DMSC and all agencies and public	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism. Transport and Foreign ministries	Health requirement for departure form Maldives determined and shared with HECC/DMSC/National Taskforce and the public
Implement evidence-based border restriction measures	Health Protection Agency; EOC surveillance workstream	Border restriction decisions are updated within 24 hours of emerging new evidence
Continue to do contact tracing, mandatory quarantine of suspected cases among travelers and their contacts and isolation of suspected cases and testing as required and provide advice to contacts on social distancing	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Contact tracing conducted and traveler isolated within 24 hours of notification
Ensure those travelers in quarantine and isolation can access food, medications and treatment for existing conditions, and are referred to welfare agencies for social support needs.	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Food and essential commodities provided to travelers in quarantine and psychosocial support provided while in quarantine
Continue surveillance of travelers entering the country with health declaration, requirement for additional evidence of laboratory test, temperature and other symptoms monitoring at air and seaports	Health Protection Agency; EOC surveillance workstream, border health work stream	Updated health declaration forms implemented at sea and airports with temperature monitoring with 24 hours of decision by HECC/DMSC
Implement IPC and other public health measures at ports	Health Protection Agency; EOC surveillance workstream, border health work stream	IPC measures determined by HPA implemented at airports
Maintain facilities for assessment and taking samples for testing and temporary isolation at airports	Health Protection Agency; EOC surveillance workstream, border health work stream	Temporary quarantine and isolation facilities maintained at airports



Function Preparedness and control interventions

Action	Responsible agencies	Target
Monitor health of contacts and suspected cases while at home in quarantine and/or isolation and assess psychosocial needs	EOC case management workstreams; CRT/NERF; CMAT	All contacts and cases at home contacted once of alternate days to assess health and needs
Isolate cases and treat according to clinical advice and guidelines.	EOC case management workstreams; CMAT; Healthcare providers	Cases meeting clinical monitoring moved to isolation facilities and/or designated hospital for observation and treatment
Monitor health status of health care workers, assess and report to EOC for case investigation	Health care providers; EOC case management workstreams	Weekly updates of healthcare workers affected reported to EOC
Test suspect cases, using the PCR test or other tests recommended; test cases in the community or in a hospital when clinically indicated; provide information to suspect cases by telephone.	EOC case management workstreams; laboratory work stream; CERT/NERF	All suspected cases tested at defined period
Initiate sample transfer protocols for infectious materials across islands	EOC case management workstreams; laboratory work stream; CERT/NERF	Samples transferred as per protocols for labelling and packaging for testing within 48 hours of sample collection
Start one or more flu clinics for assessment of suspected cases with separate physical pathways from regular health care services	EOC case management workstreams; health care providers	At least one flu clinics established on islands with cases
Initiate infectious disease and non-infectious disease pathways in health care facilities	EOC case management workstreams; health care providers	At least one flu clinics established on islands with cases
Provide psychosocial support and mental health care	Ministry of Health; EOC case management workstreams; CMAT; Healthcare providers	Protocol separate pathway implemented in all health care facilities
Update quarantine, isolation and IPC guidelines based on emerging evidence and local situation	Health Protection Agency; EOC surveillance and case management workstreams	SOPs/Guidelines updated within 48 hours of triggering each phase
Liaise with local ambulance services for emergency transfer of patients (pandemic disease and other medical emergencies)	EOC case management workstreams; CERT/NERF; EMS	EMS activated to provide emergency transfer of sever cases to designated hospitals
Activate a mobile medical response team to attend to those at home requiring medical assessment in movement control areas	EOC case management workstreams; CRT/NERF; Health care professional Associations	Mobile medical response teams provide online consultations to all calls to hotline with medical problems and provide home visits as required

Action	Responsible agencies	Target
Activate phone/online application to enable people to contact EOC for reporting symptoms, receiving test results, and documentation on quarantine, de-isolation, recovery and travel	EOC information technology workstream; EOC other workstreams	Online application (e.g. Haalubelun used in Covid19 pandemic) available
Enforce mandatory quarantine and isolating of contacts, suspected cases and cases.	EOC case management workstreams; CERT/NERT; Police, local councils	Quarantine and isolation enforced within 24 hours of notification
If public health emergency is not already in force, consider declaring a state of public health emergency under Public Health 07/2012.	Health Protection Agency (DGPH); Ministry of Health; National Task Force	Public health emergency declared
Consider closure of educational facilities and other establishments where large number of periods longer than those determined by Health Protection Agency and activate online teaching	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Educational facilities and other establishments closed within 12 hours of decision by National Task Force
Consider closure of specific premises and/or prohibit people to congregate in indoor and outdoor places of amusement, sports or recreation.	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Specific premises identified for closure closed within 12 hours of decision by National Task Force
Consider movement restriction measures on islands and between islands	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Movement restrictions enforced within 12 hours of decision by National Task Force
Consider close of businesses with high-risk activity as determined based on the pandemic agent	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	High risk businesses closed within 12 hours of decision by National Task Force
Identify potentially vulnerable groups and enable the targeting communication, support and control interventions, as required.	EOC case management workstreams; CERT/NERT	Residential locations of high-risk groups identified within in 5 days of institution of community level restrictions and reached within 48 hours of identification
Implement intensive, targeted cluster control activities and other programmes in higher risk populations and settings such as hospitals, prison, rehabilitation centers, and state care homes.	EOC case management workstreams; CRT/NERT; Prisons, rehabs, state care homes	IPC, symptom monitoring and notification practiced in all high-risk settings and weekly reports shared with EOC
Protect unaffected islands with mandatory preventive measures for those who need to travel to those islands for essential services and establish movement monitoring mechanism at all islands	EOC workstreams; CRT/NERT; island taskforces, local councils	Movement approval and monitoring mechanism in place within 24 hours of enforcing travel restrictions between islands

Action	Responsible agencies	Target
Activate shelter and relief support in islands with movement restrictions for migrants and travelers without permanent shelter and income	EOC workstreams; CRT/NERT; MRC	Shelter and relief centers and service points designated and provide support within 24 hours of enforcing movement control
If not already activated, activate additional help lines on psychosocial support; social support and protection; income support	EOC workstreams; CRT/NERT; sectoral work streams	psychosocial helpline and social support helpline activated within 24 hours of enforcing movement control
Call for volunteers from professional associations and civil society organizations to support cluster control responses.	EOC case management workstreams; CRT/NERT; CSOs	Volunteer roster updated and volunteers mobilized to response as required
Establish a system to permit movement for essential services and monitor movement when population wide restrictions are implemented	Maldives Police Force; EOC enforcement workstream; local councils	Permit system established within 24 hours of enforcing movement control
Enforce mandatory public health interventions in force and monitor compliance	Maldives Police Force; EOC enforcement and inspection workstream; local councils	Enforcement within 24 hours of enforcing movement control and compliance monitoring initiated within 10 days
Implement burial procedures as per determined protocols with IPC	EOC case management workstreams; CRT/NERT; local councils	Burial procedures tested and protocols updated
Commence immunization with AEFI monitoring once vaccine is deployed.	EOC vaccination workstreams; Health care providers	Immunization commenced as determine in deployment plan



Function Communications and awareness

Action	Responsible agencies	Target
Coordinate communications with other governments and international agencies about the situation in the country.	Ministry of Health; EOC communications work stream; media	Daily updates and weekly summaries shared with all institutions and sectors and made available pandemic webpage
Hold daily press briefing on situation on response led by the spokesperson	Ministry of Health; EOC communications work stream; media	Daily press held
Implement a multi-media and multi- method and multi-lingual risk communication campaign fronted by a trusted spokesperson and supported by all sectors and experts	Ministry of Health; EOC communications work stream; media	Risk communication campaign launched with daily messaging
Address misinformation and redirect to authentic sources	Ministry of Health; EOC communications work stream; media	Daily press held

Action	Responsible agencies	Target
Initiate text messaging to mobile phone numbers through providers to disseminate key messages	Ministry of Health; EOC communications work stream; telecom regulator and providers	Text messaging initiated with weekly messaging to registered mobile numbers
Prepare material that is customized and uses appropriate channels to reach populations who may be more susceptible, such as foreign migrants, blind and deaf, low literacy/illiterate	Ministry of Health; EOC communications work stream; media	Messaging of risk communication campaign customized to specific groups such as foreign migrants, blind and deaf and elderly
Expand the capacity of telephone helplines to meet an increase in demand from the public	Ministry of Health; EOC communications work stream; call center	Additional human resources and lines mobilized to meet call demand to meet less than 5% unattended calls
Distribute situation reports and response summaries.	Ministry of Health; EOC communications work stream	Situation and response summaries updated weekly and published on pandemic website
Provide customized information to specific population groups such as migrants, tourists and other visitors, elderly, PWDs in the country	Ministry of Health; EOC communications work stream; tourism and foreign ministry	Customized information prepared for tourists and travelers made available on tourism, foreign ministry and immigration websites
Maintain pandemic website with information on situation, guidelines and response actions	Ministry of Health; EOC communications work stream and other workstreams	Pandemic website updated daily and updated versions of technical material, guidelines and response information available to public
Update pandemic dashboard with Realtime data and updates	Ministry of Health; EOC communications and surveillance workstreams	Dashboard containing statistics of disease and epidemiological parameters, testing, quarantine and isolation and (vaccination if available) updated daily
Document response operations through documentaries, and reports	Ministry of Health; EOC communications	Response operations documented and updated weekly and video of operations made and update monthly
Plan for vaccination awareness campaign	Ministry of Health; EOC communications and surveillance workstreams	Communication strategy for vaccination drafted within 14 days of ordering vaccine



Function EOC management

Action	Responsible agencies	Target
Continue to brief staff, cluster heads and key decision-makers on a daily basis	EOC director; Operations Incident Command	Daily huddle of EOC cluster heads, HECC/DMSC meetings
Maintain ToRs for each EOC cluster and update as response escalates	EOC director; Operations Incident Command	ToRs updated and clusters oriented within 24 hours of EOC activation
Update and maintain workflow and communications flow for each cluster and at EOC reflecting changes with escalation of response	EOC director; Operations Incident Command	Workflow and communication flow charts updated and EOC clusters updated within 48 hours of EOC activation
Orient cluster heads and other responders on the use of pandemic information management system (outbreak system)	EOC director; Operations Incident Command	Orientation of EOC cluster head completed within 48 hours of EOC activation and all other EOC cluster responders oriented on the use of outbreak system within 10days
Keep up to date with national policy and advice issued by the National Task force and Health Protection	EOC director; Operations Incident Command	Decisions of HECC/DMSC shared with EOC workstreams and other workstreams same day
Lead response within the agency and with the sector they serve.	EOC director; Operations Incident Command	Representation of other sectors at HECC/DMSC lead the sector actions within their organizations
Hold periodic orientation sessions for all work streams and answer queries from the relevant sector, particularly for new responders joining the workstreams	EOC director; Operations Incident Command	Regular (minimum weekly) sessions for all EOC and other workstreams to share updates and changes in response operations
Maintain record of all resources and update on a weekly basis	EOC director; Operations Incident Command	Record of resources (human, material and financial) update weekly
Ensure established procedures are followed for procurement and release of resources	EOC director; Operations Incident Command	Record of paperwork reviewed and updated weekly
Maintain coordination with other agencies through established national and atoll mechanisms.	EOC director; Operations Incident Command	Hold weekly operations meeting with atoll taskforces and other agencies from the activation of EOC
Ensure established procedures are followed for procurement and release of resources	EOC director; Operations Incident Command	Maintain an update contact details of focal points for each sector available to all EOC and workstream heads
Provide security and protection for responders	EOC director; Operations Incident Command	Round the clock security for EOC established from the time of activation of EOC

Action	Responsible agencies	Target
Provide alternative accommodations for frontline responders	EOC director; Operations Incident Command	Alternative accommodation arrangements made for first responders within 48 hours decision y National Task Force
Maintain ToRs for each EOC cluster and update as response escalates	EOC director; Operations Incident Command	ToRs updated and clusters oriented within 24 hours of EOC activation
Maintain hygiene and IPC at EOC	EOC director; Operations Incident Command	EOC cleaning and IPC measures monitored twice daily
Identify place for disinfection of vehicles used by rapid response teams and movement of suspected or confirmed cases	EOC director; Operations Incident Command	Place identified for disinfection of vehicles used in response
Maintain stock for EOC operations	EOC director; Operations Incident Command	Stock records reviewed and tallied weekly
Maintain internet and telecommunications connectivity throughout the operations	EOC director; Operations Incident Command	Telephone connections and internet connections functional round the clock and downtime minimized to less than 2 hrs on any occasion
Maintain functionality of the Outbreak system and have onsite trouble shooting arrangements	EOC director; Operations Incident Command	Outbreak system functioning and downtime minimized to less than 2 hrs on any occasion
Have mechanism to mobilise communication and technology resources as required to expand EOC functions	EOC director; Operations Incident Command	Adequate computers, telephones and other devices available for operations from the
Have vehicles and vessels operational with regular repair and maintenance	EOC director; Operations Incident Command	Vessels and vehicles checked weekly for repair needs
Have access to food and water, and facilities for personal hygiene at EOC	EOC director; Operations Incident Command	Meals made available for Eco responders and drinking water, toilet facilities and prayer rooms available for responders at EOC
Ensure response staff are given the opportunity for rest and recuperation and provide psychosocial support.	EOC director; Operations Incident Command	Mandatory daily breaks and fortnightly off hours implemented for all responders
Ensure response staff are given the opportunity for rest and recuperation and provide psychosocial support.	EOC director; Operations Incident Command	Mandatory daily breaks and fortnightly off hours implemented for all responders

Respond to Surge phase: Pandemic management (local alert level 4: RED)

Trigger: Multiple clusters at separate locations, or clusters spreading out of control in the country and recommendations of the national risk assessment (corresponds to the Global Pandemic phase)

Strategy: Minimize mortality and morbidity; Relief and protection provided; Maintain societal functioning to provide for basic needs and other emergencies



Function

Planning and coordination

Action	Responsible agencies	Target
Review actions and decisions and adjust to the current situation.	EOC planning workstream; HECC/DMSC	Actions reviewed with evidence from situation updates and endorsed by National Task force
Provide information from surveillance and epidemiological analysis and national/ subnational risk assessment to inform policy and operational decisions for escalation of response at national, atolls and island levels	Ministry of Health; EOC planning workstream	Share regular updates (as determined by HECC/DMSC) on situation and response with HECC/DMSC and National task force
Operationalise additional hospital beds with human resources to respond to surge	Ministry of Health; EOC planning work stream; HECC/DMSC	Temporary medical care facility constructed within one month of decision
Downsize regular health services if required to mobilise health care resources to respond to surge	Ministry of Health; EOC planning workstream	Regular health care downsized as determined by Ministry of Health
Plan to operationalise mobile medical clinic to reach people living in communal setting including migrants	Ministry of Health; EOC planning workstream	Mobile medical clinics ready to be deployed
Plan for decongestion of communal living areas by activating additional quarantine and isolation facilities, particularly for foreign migrant workers	Ministry of Health; EOC planning workstream	Places for decongestion identified and temporary shelter locations prepared as determined by HECC/DMSC decision
Mobilise human and other resource to ensure the EOC is adequately resourced for the increase in demand of surge	Ministry of Health; EOC planning workstream	human resource mobilization initiated with decision to commission additional hospital beds
Define ethical basis and prioritisation criteria in providing health care for the affected populations and communicate to public	Ministry of Health; TAC	Ethical principles and prioritisation criteria finalised within 48 hours of triggering the Surge phase and communication to public initiated

Action	Responsible agencies	Target
Report on the case load on healthcare workers and response capacity of the health system	Ministry of Health; EOC planning work stream	Health system capacity report presented to HECC/DMSC weekly or as determine by HECC/DMSC
Monitor use of PPE, medical and laboratory supplies and ensure availability of buffer stock	Ministry of Health; EOC planning work stream	Weekly update of medical supplies stock presented to HECC/DMSC
Distribute supplies as per national prioritisation criteria and monitor usage of critical goods and services that may be in short supply.	Ministry of Health; EOC planning work stream	Essential goods and services distributed as per determined criteria and monitored weekly
Review and update testing strategy and identify resources for expanding testing logistics	Ministry of Health; EOC planning work stream	Testing strategy updated and logistics requirements presented to HECC/DMSC
Continue to ensure provision of essential non-pandemic health care including online and digital platforms	Ministry of Health; EOC planning work stream	Weekly updates of any concerns in access to regular essential health care
Activate provision of shelter and socio-economic support	All institutions, EOC planning work stream; HECC/DMSC	Shelter provided to all displaced persons and socio-economic support initiated
Conduct health and socioeconomic research into the pandemic situation and forecast its progression and impact	All institutions; EOC planning workstream Universities;	Epidemiological, health and socio- economic impact assessed and disseminated for planning mitigation and recovery
Review plans for Ease and scaling down operations and strategy to increase response capacity with Resurgence	Ministry of Health; EOC planning work stream	Ease plans and triggers reviewed and updated saturation is reached for the first wave reach
Start planning for recovery phase	All institutions; EOC planning workstream Universities;	Recovery planning group convened, and work initiated
Prepare to order vaccines (if not done) and for vaccine logistics including cold changing monitoring, deployment and monitoring of adverse events	Ministry of Health; EOC planning work stream; National immunisation Programme, Maldives Food and Drug Authority; Health care providers	Vaccine cold rooms and cold chain capacity increased prior to arrival of vaccine in the country



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Review the emphasis in surveillance activities to extensive assessment of the general spread, the health and social impacts of the pandemic, and the efficacy of control measures.	Health Protection Agency; EOC surveillance workstream	Surveillance strategy reviewed and updated with early indication of escalation of cases
Conduct epidemiological and response analysis and forecasts to inform policy and operational decisions for escalation of response at national, atolls and island levels	Health Protection Agency; EOC surveillance workstream	Weekly and monthly epidemiological analysis produced and updates made available to EOC clusters
Update case investigation and contact tracing guidelines based on emerging evidence and local situation	Health Protection Agency; EOC surveillance and case management workstreams	SOPs/Guidelines updated within 48 hours of triggering the phase
Implement targeted surveillance programmes in higher-risk settings (prison, rehabs, state care homes, airports, industrial and new construction sites) and in vulnerable population groups.	Health Protection Agency; EOC surveillance workstream; sector work streams	Fortnightly surveillance conducted at high-risk locations and premises
Continue to attend to reports of cases with symptoms from calls made to hotline and verify for case investigation	Health Protection Agency; Call center; EOC surveillance workstream	All cases with reports of symptoms verified within 48 hours of receiving the call
Monitor notifiable disease reporting from health centers and hospitals disease notification in addition to the pandemic agent notifications	Health Protection Agency; EOC surveillance workstream	Weekly notifiable disease reporting analysed
Monitor mortality data for the pandemic disease and other causes to inform further actions	Health Protection Agency; Ministry of Health; EOC surveillance workstream	Weekly mortality data analysed
Conduct periodic laboratory analysis of virus characteristics and collaborate internationally for gene sequencing to monitor circulating virus strains	Health Protection Agency; EOC surveillance and laboratory workstream	Virus characteristics analysed and virus strain monitored every 2 months
Continue to monitor situation internationally	Health Protection Agency; EOC surveillance workstream	Daily monitored and weekly summaries produced
Produce summaries for epidemic islands with community transmission	Health Protection Agency; EOC surveillance workstream	Epidemic summaries produced



Function Border management

Action	Responsible agencies	Target
Review border measures and take appropriate interventions	Health Protection Agency; HECC/DMSC	Border measures review in view of the situation and updated
Review and update health criteria for travelers leaving the country and exit assessment procedures for travelers, based on the country situation and risk of exporting in line with WHO guidance and IHR requirements and share with HECC/DMSC and all agencies and public	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Health requirement for departure from Maldives determined and shared with HECC/DMSC/National Taskforce and the public
Continue to do contact tracing, mandatory quarantine of contacts and isolation of suspected cases and testing as required and provide advice to contacts on social distancing and symptoms	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Contact tracing conducted and traveller isolated within 24 hours of notification
Ensure those in quarantine and isolation can access food, medications and treatment for existing conditions, and are referred to welfare agencies for social support needs.	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Food and essential commodities provided to travelers in quarantine and psychosocial support provided while in quarantine
Continue surveillance of travelers entering the country with health declaration, requirement for additional evidence of laboratory test, and temperature monitoring at air and seaports	Health Protection Agency; EOC surveillance workstream, border health work stream	Updated health declaration forms implemented at sea and airports with temperature monitoring with 24 hours of decision by HECC/DMSC
Implement IPC and other public health measures at ports	Health Protection Agency; EOC surveillance workstream, border health work stream	IPC measures determined by HPA implemented at airports
Maintain facilities for assessment and taking samples for testing and temporary isolation at airports	Health Protection Agency; EOC surveillance workstream, border health work stream	Temporary quarantine and isolation facilities maintained at airports
Implement IPC and other public health measures at ports	Health Protection Agency; EOC surveillance workstream, border health work stream	IPC measures determined by HPA implemented at airports



Function

Preparedness and control interventions

Action	Responsible agencies	Target
Continue to monitor health of contacts and suspected cases while at home in quarantine and/or isolation and assess psychosocial needs	EOC case management workstreams; CERT/NERF; CMAT	All contacts and cases at home contacted once of alternate days to assess health and needs
Continue isolation of cases and treat according to clinical advice and guidelines.	EOC case management workstreams; CMAT; Healthcare providers	Cases meeting clinical monitoring moved to isolation facilities and/or designated hospital for observation and treatment
Continue to monitor health status of health care workers, assess and report to EOC for case investigation	Health care providers; EOC case management workstreams	Weekly updates of healthcare workers affected reported to EOC
Test suspect cases, using the PCR test/ other recommended tests; test cases in the community or in a hospital when clinically indicated; provide information to suspect cases by telephone/applications.	EOC case management workstreams; laboratory work stream; CERT/NERF	All suspected cases tested at defined period
Continue arrangements for sample transfer across islands to the testing laboratories	EOC case management workstreams; laboratory work stream; CERT/NERF	Samples transferred as per protocols for labelling and packaging for testing within 48 hours of sample collection
Designate more laboratories for testing for the operations	EOC case management workstreams; laboratory work stream; CERT/NERF	Additional laboratories in the private sector or state institutions designated for pandemic response
Continue arrangements for sample transfer across islands to the testing laboratories	EOC case management workstreams; laboratory work stream; CERT/NERF	Samples transferred as per protocols for labelling and packaging for testing within 48 hours of sample collection
Increase number of flu clinics for assessment of suspected cases	EOC case management workstreams; health care providers	At least one flu clinics established on islands with cases
Continue to provide psychosocial support and mental health care and mobilize additional support from private health sector	EOC case management workstreams; CERT/NERF; National center for mental health; MRC	Psychosocial support calls attended with less than 5% unattended calls
Update quarantine, isolation and IPC guidelines based on emerging evidence and local situation	Health Protection Agency; EOC surveillance and case management workstreams	SOPs/Guidelines updated within 48 hours of triggering each phase
Mobilize additional ambulance services from private health sectors for emergency transfer of patients (pandemic disease and other medical emergencies)	EOC case management workstreams; CRT/NERF; EMS	EMS activated to provide emergency transfer of severe cases to designated hospitals

Action	Responsible agencies	Target
Continue to provide essential medical care through mobile medical response team to those at home in quarantine/ isolation or otherwise requiring medical assessment in movement control areas	EOC case management workstreams; CERT/NERF; Health care professional Associations	Mobile medical response teams provide online consultations to all calls to hotline with medical problems and provide home visits as required
Monitor phone/online application to enable people to contact EOC for reporting symptoms, receiving test results, and documentation on quarantine, de-isolation, recovery and travel	EOC information technology workstream; EOC other workstreams	Online application (e.g. Haalubelun used in Covid19 pandemic) available
Enforce quarantine and isolation of contacts, suspected cases and cases as per the latest criteria/guideline.	EOC case management workstreams; CERT/NERF; local councils	Quarantine and isolation enforced within 24 hours of notification
Close educational facilities and other establishments where large number of periods longer than those determined by Health Protection Agency and activate online teaching	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Educational facilities and other establishments closed within 12 hours of decision by National Task Force
close specific premises and prohibit people to congregate in indoor and outdoor places of amusement, sports or recreation.	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Specific premises identified for closure closed within 12 hours of decision by National Task Force
Implement movement restriction measures on islands and between islands	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	Movement restrictions enforced within 12 hours of decision by National Task Force
Close of businesses with high-risk activity as determined based on the pandemic agent	Health Protection Agency (DGPH); HECC/DMSC; National Task Force	High risk businesses closed within 12 hours of decision by National Task Force
Continue intensive, targeted cluster control activities and other programmes in higher risk populations and settings such as hospitals, prison, rehabilitation centers, and state care homes.	EOC case management workstreams; CERT/NERF; Prisons, rehabs, state care homes	IPC, symptom monitoring and notification practiced in all high-risk settings and weekly reports shared with EOC
Continue to protect unaffected islands with mandatory preventive measures for those who need to travel to those islands for essential services and establish movement monitoring mechanism at all islands	EOC workstreams; CERT/NERF; island taskforces, local councils	Movement approval and monitoring mechanism in place within 24 hours of enforcing travel restrictions between islands
Provide shelter and relief support in islands with movement restrictions for migrants and travelers without permanent shelter and income	EOC workstreams; CERT/NERF; MRC	Shelter and relief centers and service points designated and provide support within 24 hours of enforcing movement control

Action	Responsible agencies	Target
Upscale operations of help lines on psychosocial support; social support and protection; income support	EOC workstreams; CERT/NERF; sectoral work streams	psychosocial helpline and social support helpline activated within 24 hours of enforcing movement control
Mobilise volunteers from professional associations and civil society organizations to support cluster control responses.	EOC case management workstreams; CRT/NERF; CSOs	Volunteer roster updated and volunteers mobilized to response as required
Continue to implement permit-based movement for essential services and monitor movement	Maldives Police Force; EOC enforcement workstream; local councils	Permit system established within 24 hours of enforcing movement control
Enforce mandatory public health interventions in force and monitor compliance Enforce mandatory public health interventions in force and monitor compliance	Maldives Police Force; EOC enforcement and inspection workstream; local councils	Enforcement within 24 hours of enforcing movement control and compliance monitoring initiated within 10 days
Implement burial procedures as per determined protocols with IPV	EOC case management workstreams; CERT/NERF T; local councils	Burial procedures reviewed and protocols updated
Commence immunization with AEFI monitoring once the vaccine is deployed.	EOC vaccination workstreams; Health care providers	Immunization commenced as determined in the deployment plan



Function Communications and awareness

Action	Responsible agencies	Target
Coordinate communications with other governments and international agencies about the situation in the country.	Ministry of Health; EOC communications work stream; media	Daily updates and weekly summaries shared with all institutions and sectors and made available on the pandemic webpage
Hold daily press briefing on the current situation and the response activities; this will be led by the spokesperson	Ministry of Health; EOC communications work stream; media	Daily press briefing held
Update the focus of the media campaign based on media monitoring reports and response decisions	Ministry of Health; EOC communications work stream; media	Risk communication campaign launched with daily messaging
Address misinformation and redirect to authentic sources	Ministry of Health; EOC communications work stream; media	Media and social media monitored and daily updates provided to spokesperson
Initiate text messaging to mobile phone numbers through providers to disseminate key messages	Ministry of Health; EOC communications work stream; telecom regulator and providers	Text messaging initiated with weekly messaging to registered mobile numbers

Action	Responsible agencies	Target
Prepare material that is customized and uses appropriate channels to reach populations who may be more susceptible, such as foreign migrants, blind and deaf, low literacy/illiterate	Ministry of Health; EOC communications work stream; media	Messaging of risk communication campaign customized to specific groups such as foreign migrants, blind and deaf and elderly
Expand the capacity of telephone helplines to meet an increase in demand from the public	Ministry of Health; EOC communications work stream; call center	Additional human resources and lines mobilized to meet call demand to meet less than 5% unattended calls
Distribute situation reports and response summaries.	Ministry of Health; EOC communications work stream	Situation and response summaries updated weekly and published on pandemic website
Provide customized information to tourists and other visitors in the country	Ministry of Health; EOC communications work stream; tourism and foreign ministry	Customized information prepared for tourists and travelers made available on tourism, foreign ministry, Civil Aviation Authority and immigration websites
Maintain pandemic website with information on situation, guidelines and response actions	Ministry of Health; EOC communications work stream and other workstreams	Pandemic website updated daily and updated versions of technical material, guidelines and response information available to public
Update pandemic dashboard with Realtime data and updates	Ministry of Health; EOC communications and surveillance workstreams	Dashboard containing statistics of disease and epidemiological parameters, testing, quarantine and isolation and (vaccination if available) updated daily
Prepare for vaccination awareness campaign	Ministry of Health; EOC communications and surveillance workstreams	started developing messages and materials for vaccination campaign

 **Function EOC management**

Action	Responsible agencies	Target
Continue to brief staff, cluster heads and key decision-makers on a daily basis	EOC director; Operations Incident Command	Daily huddle of EOC cluster heads, HECC/DMSC meetings
Maintain ToRs for each EOC cluster and update as response escalates	EOC director; Operations Incident Command	ToRs updated and clusters oriented within 24 hours of EOC activation
Update and maintain workflow and communications flow for each cluster and at EOC reflecting changes with escalation of response	EOC director; Operations Incident Command	Workflow and communication flow charts updated and EOC clusters updated within 48 hours of EOC activation

Action	Responsible agencies	Target
Orient cluster heads and other responders on the use of pandemic information management system (outbreak system)	EOC director; Operations Incident Command	Orientation of EOC cluster head completed within 48 hours of EOC activation and all other EOC cluster responders oriented on the use of outbreak system within 10days
Keep up to date with national policy and advice issued by the National Task force and Health Protection Agency	EOC director; Operations Incident Command	Decisions of HECC/DMSC shared with EOC workstreams and other workstreams same day
Keep up to date with national policy and advice issued by the National Task force and Health Protection Agency	EOC director; Operations Incident Command	Decisions of HECC/DMSC shared with EOC workstreams and other workstreams same day
Lead response within the agency and with the sector they serve.	EOC director; Operations Incident Command	Representation of other sectors at HECC/DMSC lead the sector actions within their organizations
Hold periodic orientation sessions for all work streams and answer queries from the relevant sector, particularly for new responders joining the workstreams	EOC director; Operations Incident Command	Regular (minimum weekly) sessions for all EOC and other workstreams to share updates and changes in response operations
Maintain record of all resources and update on a weekly basis	EOC director; Operations Incident Command	Record of resources (human, material and financial) update weekly
Ensure established procedures are followed for procurement and release of resources	EOC director; Operations Incident Command	Record of paperwork reviewed and updated weekly
Maintain coordination with other agencies through established national and atoll mechanisms.	EOC director; Operations Incident Command	Hold weekly operations meeting with atoll task forces and other agencies from the activation of EOC
Ensure each agency's single point of contact details are disseminated to other agencies.	EOC director; Operations Incident Command	Maintain an update contact details of focal points for each sector available to all EOC and workstream heads
Provide security and protection for responders	EOC director; Operations Incident Command	Round the clock security for EOC established from the time of activation of EOC
Provide alternative accommodations for frontline responders	EOC director; Operations Incident Command	Alternative accommodation arrangements made for first responders within 48 hours decision y National Task Force
Maintain hygiene and IPC at EOC	EOC director; Operations Incident Command	EOC cleaning and IPC measures monitored twice daily

Action	Responsible agencies	Target
Identify place for disinfection of vehicles used by rapid response teams and movement of suspected or confirmed cases	EOC director; Operations Incident Command	Place identified for disinfection of vehicles used in response
Maintain stock for EOC operations	EOC director; Operations Incident Command	Stock records reviewed and tallied weekly
Maintain internet and telecommunications connectivity throughout the operations	EOC director; Operations Incident Command	Telephone connections and internet connections functional round the clock and downtime minimized to less than 2 hrs on any occasion
Maintain functionality of the Outbreak system and have onsite troubleshooting arrangements	EOC director; Operations Incident Command	Outbreak system functioning and downtime minimized to less than 2 hrs on any occasion
Maintain communication and technology resources as required to expand EOC functions	EOC director; Operations Incident Command	Adequate computers, telephones and other devices available for operations from the
Have vehicles and vessels operational with regular repair and maintenance	EOC director; Operations Incident Command	Vessels and vehicles checked weekly for repair needs
Have access to food and water, and facilities for personal hygiene at EOC	EOC director; Operations Incident Command	Meals made available for Eco responders and drinking water, toilet facilities and prayer rooms available for responders at EOC
Ensure response staff are given the opportunity for rest, recuperation and make available psychosocial support.	EOC director; Operations Incident Command	Mandatory daily breaks and fortnightly off hours implemented for all responders

Ease and Resurgence Phase: Post-peak transition (local alert level 3: ORANGE)

Trigger: Wave(s) decreasing in the country and the recommendations of the national risk assessment (corresponds to Global Pandemic phase and/or Transition phase)

Strategy: Recovery expedited; Re-escalation operations planned; Monitoring mechanism in place

Function Planning and coordination

Action	Responsible agencies	Target
Inform agencies of the change in phase based on national risk assessment.	EOC planning workstream; HECC/DMSC	All sectors informed of the change in the phase within 24 hours of decision by HECC/DMSC
Review actions and decisions and adjust disease control measures consistent with the situation in a staggered and phased manner	EOC planning workstream; HECC/DMSC	Actions reviewed with evidence from situation updates and endorsed by National Task force
Estimate standby resource requirements for a resurgence based on surveillance and epidemiological estimations	Ministry of Health; EOC planning work stream	Estimates on standby resource requirements completed and shared with HECC prior to initiation of scale down
Initiate transition of emergency management structures (if DMSC was activated scale down to HECC) to an ease phase	Ministry of Health; EOC planning work stream	Scale down initiated within 24 hours of decision by National Taskforce
Initiate scale down of operations with clear triggers for scale up if resurgence	Ministry of Health; EOC planning work stream	EOC operations scaled down with standby of human and material resources in case of resurgence
Report on the epidemiological situation and monitoring indicators	Ministry of Health; EOC planning work stream	Situation presented to HECC/DMSC weekly or as determined by HECC/DMSC
Prepare for a longer pandemic phase with strategies for initialisation and continuation of response	Ministry of Health; EOC planning work stream	Medium term operations strategy and institutional plan developed and shared with National Task Force
Make decisions to re-introduced control interventions at short notice if there is a resurgence.	Ministry of Health; EOC planning work stream	Re-introduce control interventions with the early indication of resurgence

Action	Responsible agencies	Target
Debrief staff and agencies, and collate lessons learned in order to better inform planning and future responses.	Ministry of Health; All institutions and sectors	Lessons learnt documented and shared with all sectors
Evaluate the effectiveness of measures used and update plans, guidelines, protocols and algorithms accordingly.	Ministry of Health; All EOC workstreams and sector work streams	Evaluations documented and shared with all sectors to update protocols and workflow
Conduct health and socioeconomic research into the pandemic situation and forecast its progression and impact	All institutions; EOC planning workstream Universities;	Health and socio-economic impact assessed and disseminated for prioritising recovery interventions
Compile report on lessons learned in the country health and intersectoral response in order to inform planning and future responses, using an evaluation framework.	Ministry of Health; All institutions and sectors	Response report documented and shared with all sectors
Collate resources and store material developed in the response for use in future pandemics.	Ministry of Health; All institutions and sectors	Resources collected and stored at respective sectors
Prepare for the recovery phase coordination and plan for recovery and resilience	Ministry of Health; All institutions and sectors	Recovery planning initiated
Review the ongoing need for the declared Public Health Emergency and consider removal of the declaration	Director General of Public Health	Decision on continuation of the public health emergency made and reviewed periodically
Plan to resume full health services	Ministry of Health, Healthcare providers	Regular health services resumed with the change in phase
Coordinate with and provide situation updated to WHO and international agencies and other governments	Ministry of Health, Ministry of Foreign Affairs	Regular liaison with WHO and other countries
Review usage of national reserves of essential supplies and consider re-ordering supplies.	Ministry of Health; EOC planning work stream	Essential item usage reviewed and stock re-ordered as required for a national contingency stock



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Review the emphasis in surveillance activities in order to focus activities on early detection of any resurgence.	Health Protection Agency; EOC surveillance workstream	Surveillance strategy reviewed and updated with indicators for early detection of resurgence
Conduct epidemiological analysis and forecasts to inform policy and operational decisions for scaling down and preparation for resurgence	Health Protection Agency; EOC surveillance workstream	Weekly and monthly epidemiological analysis produced and updates made available to EOC clusters
Update national risk assessment with subnational disaggregation and provide recommendations to HECC	Health Protection Agency; EOC surveillance workstream	Risk assessment presented to HEOC within 24 hours of indication of downward trend of the epidemic
Update case investigation and contact tracing guidelines based on emerging evidence and local situation	Health Protection Agency; EOC surveillance and case management workstreams	SOPs/Guidelines updated within 48 hours of triggering the phase
Implement targeted surveillance programmes in higher-risk settings	Health Protection Agency; EOC surveillance workstream; sector work streams	Fortnightly surveillance conducted at high-risk settings
Continue to attend to reports of cases with symptoms from calls made to hotline and verify for case investigation	Health Protection Agency; Call center; EOC surveillance workstream	All cases with reports of symptoms verified within 24 hours of receiving the call
Monitor notifiable disease reporting from health centers and hospitals disease notification in addition to the pandemic agent notifications	Health Protection Agency; EOC surveillance workstream	Weekly notifiable disease reporting analyzed
Review mortality data for the pandemic disease and other causes to inform impact of response on the health system	Health Protection Agency; Ministry of Health; EOC surveillance workstream	Mortality data analyzed for pandemic and non-pandemic diseases
Conduct periodic laboratory analysis of virus characteristics and collaborate internationally for gene sequencing to monitor circulating virus strains	Health Protection Agency; EOC surveillance and laboratory workstream	Virus characteristics analysed and virus strain monitored every 2 months
Monitor vaccination coverage and assess vaccine efficacy and effectiveness	Health Protection Agency; EOC surveillance workstream	Vaccination coverage monitored weekly and analysed with epidemic progression
Continue to monitor situation internationally to identify any changes in frequency and severity of the pandemic, emergence of variant of concern, and guidance from WHO.	Health Protection Agency; EOC surveillance workstream	Daily monitored and weekly summaries produced
Produce epidemic summaries for specific clusters and islands.	Health Protection Agency; EOC surveillance workstream	Epidemic summaries produced for the community transmission islands



**Function
EOC management**

Action	Responsible agencies	Target
Review border measures and take appropriate interventions based on emerging evidence	Health Protection Agency; HECC/DMSC	Border measures review in view of the situation and updated
Review and update health criteria and requirements for incoming travelers, based on the risk of importing the disease and virus strains in line with WHO guidance and IHR requirements	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Health requirement for entry to Maldives determined and shared with HECC/DMSC/National Taskforce and the public
Review the requirements for pratique of marine vessels in line with WHO guidance and IHR requirements	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Health requirement for pratique updated and shared with HECC/DMSC/National Taskforce and maritime operators
Continue to do contact tracing, mandatory quarantine of contacts and isolation of suspected cases and testing as required and provide advice to contacts on social distancing and symptoms	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Contact tracing conducted and traveler isolated within 24 hours of notification
Continue to do contact tracing, mandatory quarantine of contacts and isolation of suspected cases and testing as required and provide advice to contacts on social distancing and symptoms	Health Protection Agency; EOC surveillance workstream, border health work stream; Tourism and Foreign ministries	Contact tracing conducted and traveler isolated within 24 hours of notification
Continue surveillance of travelers entering the country with health declaration, requirement for additional evidence of laboratory test, and temperature monitoring at air and seaports	Health Protection Agency; EOC surveillance workstream, border health work stream	Updated health declaration forms implemented at sea and airports with temperature monitoring with 24 hours of decision by HECC/DMSC
Continue to implement IPC and other public health measures at posts	Health Protection Agency; EOC surveillance workstream, border health work stream	IPC measures determined by HPA implemented at airports
Maintain facilities for assessment and taking samples for testing and temporary isolation at airports	Health Protection Agency; EOC surveillance workstream, border health work stream	Temporary quarantine and isolation facilities maintained at airports



Function Preparedness and control interventions

Action	Responsible agencies	Target
Re-evaluate measures that have been put in place and return to business with guidelines when justified.	EOC workstreams; sectoral work streams	Measures re-evaluated and decisions made to return to work with guidelines
Prepare health facilities and implement programs to monitor and cater to those with long-lasting complications of the disease	Ministry of Health; EOC case management workstream	Guidelines for identification of complications produced and health care professionals at all levels oriented
Continue or commence a pandemic vaccination programme, as required	Ministry of Health; EOC workstreams	Vaccination continued to reach coverage target set by HPA
Prepare public health measures for educational establishments, resort and tourist establishments, café/ restaurants and other workplaces that provide services to public and workplaces	Health Protection Agency;	Prepare public health guidelines for educational establishments, resort and tourist establishments, café/restaurants and other workplaces that provide services to public and workplaces developed and made available on pandemic website
In a phased manner authorize opening of educational establishments, resort and tourist establishments, café/ restaurants and other workplaces with public health guidelines	Director General of Public Health; National Task Force	Return to work and social activity implemented in phases
In a phased manner authorize opening of educational establishments, resort and tourist establishments, café/ restaurants and other workplaces with public health guidelines	Director General of Public Health; National Task Force	Return to work and social activity implemented in phases
Monitor compliance to public health guidelines at workplaces and places providing services to public and enforce penalties for non-compliance	Maldives Police Force; EOC enforcement and inspection workstream; local councils	Enforcement within 24 hours of enforcing movement control and compliance monitoring initiated within 10 days
Lift any internal travel restrictions and/or movement restrictions when justified in a phased manner	Director General of Public Health; National Task Force	When justified, travel and movement restrictions lifted
Lift restrictions on public gatherings, when justified in a phased manner	Director General of Public Health; National Task Force	When justified, public gathering restrictions lifted
Reinstate restrictions when justified by epidemiological situation	Director General of Public Health; National Task Force	When justified, restrictions reinstated
Provide information and guidance to sectors return to business with safety precautions	All sectors and institutions	Sectors provided with guidance and information as required



Function Communications and awareness

Action	Responsible agencies	Target
Update the public and all sectors on any changes to the status of the pandemic (ongoing).	Ministry of Health; EOC communications work stream	All sectors updated on the situation and decisions by HECC/eMusic
Ensure the public and sectors are aware on the possibility of pandemic resurgence or that a second wave will occur, and to remain ready for business continuity with control measures	Ministry of Health; EOC communications work stream; media	All sectors maintain readiness for resurgence
Update communications strategy for re-opening awareness to maintain public alert (including migrants), for possible resurgence and use information on surveillance and response decisions, supported by media monitoring reports, (ongoing).	Ministry of Health; EOC communications work stream	Public made aware of the situation and possible resurgence and the need for practicing prevention behaviours
Evaluate and update risk communication messages, with special reference to audience segments (ongoing).	Ministry of Health; EOC communications work stream	Messaging of risk communication campaign updated to the situation
Disseminate updated public health guidelines for work places, services and other social and economic sectors	Ministry of Health; EOC communications work stream	updated guidelines shared with sectors and made available on pandemic website
Distribute situation reports and response summaries.	Ministry of Health; EOC communications work stream	Situation and response summaries updated weekly and published on pandemic website
Update pandemic dashboard with Realtime data and updates	Ministry of Health; EOC communications and surveillance workstreams	Dashboard containing statistics of disease and epidemiological parameters, testing, quarantine and isolation and (vaccination if available) updated daily
Initiate development of a behaviour change campaign for continued practice of prevention measures, post-trauma knowledge.	Ministry of Health; EOC communications work stream, media	Behaviour change communication campaign launched with the start of lifting of public health measures
Update messages on health requirements for travel to and from Maldives	Ministry of Health; EOC communications work stream, media	Updates messages on travel information available on immigration, tourism, foreign ministry and pandemic websites



Function EOC management

Action	Responsible agencies	Target
Continue to brief staff, cluster heads and key decision-makers on a daily basis	EOC director; Operations Incident Command	Daily huddle of EOC cluster heads, HECC/DMSC meetings
Scale down EOC clusters with standby by of resources to quickly escalate response in case of resurgence	EOC director; Operations Incident Command	ToRs updated and clusters oriented within 24 hours of EOC activation
Update and maintain workflow and communications flow for each cluster and at EOC reflecting changes with scale down of response	EOC director; Operations Incident Command	Workflow and communication flow charts updated and EOC clusters updated within 48 hours of EOC activation
Re-orient cluster heads and other responders on the use of pandemic information management system (outbreak system)	EOC director; Operations Incident Command	Orientation of EOC cluster head completed within 48 hours of EOC activation and all other EOC cluster responders oriented on the use of outbreak system within 10days
Keep up to date with national policy and advice issued by the National Task force and Health Protection Agency	EOC director; Operations Incident Command	Decisions of HECC/DMSC shared with EOC workstreams and other workstreams same day
Lead response within the agency and with the sector they serve.	EOC director; Operations Incident Command	Representation of other sectors at HECC/DMSC lead the sector actions within their organizations
Hold periodic orientation sessions for all work streams and answer queries from the relevant sector	EOC director; Operations Incident Command	Regular (minimum weekly) sessions for all EOC and other workstreams to share updates and changes in response operations
Maintain record of all resources and update on a weekly basis	EOC director; Operations Incident Command	Record of resources (human, material and financial) update weekly
Ensure established procedures are followed for procurement and release of resources	EOC director; Operations Incident Command	Record of paperwork reviewed and updated weekly
Maintain coordination with other agencies through established national and atoll mechanisms.	EOC director; Operations Incident Command	Hold weekly operations meeting with atoll taskforces and other agencies from the activation of EOC
Ensure each agency's single point of contact details are up-to-date and disseminated to other agencies.	EOC director; Operations Incident Command	Maintain an update contact details of focal points for each sector availed to all EOC and workstream heads

Action	Responsible agencies	Target
Continue to provide security and protection for responders	EOC director; Operations Incident Command	Round the clock security for EOC established from the time of activation of EOC
Scale down alternative accommodations for frontline responders	EOC director; Operations Incident Command	Alternative accommodation arrangements made for first responders within 48 hours decision y National Task Force
Maintain hygiene and IPC at EOC	EOC director; Operations Incident Command	EOC cleaning and IPC measures monitored twice daily
Maintain place for disinfection of vehicles used by rapid response teams and movement of suspected or confirmed cases	EOC director; Operations Incident Command	Place identified for disinfection of vehicles used in response
Maintain stock for EOC operations and re-stock contingency in preparation for possible resurgence	EOC director; Operations Incident Command	Stock records reviewed and tallied weekly
Maintain internet and telecommunications connectivity throughout the operations	EOC director; Operations Incident Command	Telephone connections and internet connections functional round the clock and downtime minimized to less than 2 hrs on any occasion
Maintain functionality of the Outbreak system and have onsite trouble shooting arrangements	EOC director; Operations Incident Command	Outbreak system functioning and downtime minimized to less than 2 hrs on any occasion
Maintain communication and technology resources for EOC functions	EOC director; Operations Incident Command	Adequate computers, telephones and other devices availed for operations from the
Scale down vehicles and vessels, repair and maintenance, and have contingency ready for mobilization	EOC director; Operations Incident Command	Vessels and vehicles checked weekly for repair needs
Have access to food and water, and facilities for personal hygiene at EOC	EOC director; Operations Incident Command	Meals made availed for Eco responders and drinking water, toilet facilities and prayer rooms available for responders at EOC
Ensure response staff are given the opportunity for rest, recuperation and make available psychosocial support.	EOC director; Operations Incident Command	Mandatory daily breaks and fortnightly off hours implemented for all responders

Recovery Phase: Recovery management (local alert level 2: YELLOW)

Trigger: Population protected by vaccination, or pandemic receding in the country and recommendation of the national risk assessment (corresponds to Global Pandemic phase and/or Transition phase)

Strategy: Funds and other resources mobilized; Return to near normal society; Social and economic recovery started

Function Planning and coordination

Action	Responsible agencies	Target
Review actions and decisions and develop phased plans for ceasing programmes introduced in earlier phases, starting or continuing recovery-specific programmes, and returning to business-as-usual activities.	Ministry of Health; National Task Force	Actions reviews and recovery plan developed
Withdraw Public Health Emergency notice when conditions are met	Director General of Public Health	Public Health Emergency notice taken down
Deactivate, when appropriate, the HECC and EOC and other emergency operations	Ministry of Health; National Task Force	Decision made to deactivate HECC and EOC
Coordinate with and provide situation updated to WHO and international agencies and other governments	Ministry of Health, Ministry of Foreign Affairs	Regular liaison with WHO and other countries
Review usage of national reserve of essential supplies and consider re-ordering supplies.	Ministry of Health; EOC planning work stream	Essential item usage reviewed and stock re-ordered as required for a national contingency stock
Return to standby activities when recovery is complete.	Ministry of Health	Activities of Standby phase initiated
Review usage of national reserve of essential supplies and consider re-ordering supplies.	Ministry of Health; EOC planning work stream	Essential item usage reviewed and stock re-ordered as required for a national contingency stock



Function Surveillance and situation analysis

Action	Responsible agencies	Target
Review surveillance activities and maintain those required during the transition to full recovery	Health Protection Agency	Surveillance activities reviewed and epidemiological indicators monitored weekly
Update national risk assessment taking into consideration vaccine coverage, with subnational disaggregation and provide recommendations to HECC	Health Protection Agency; EOC surveillance workstream	Risk assessment presented to HEOC within 24 hours of criteria met for lifting public health emergency at national level
Prepare situation reports and epidemiological summaries	Health Protection Agency	Weekly and monthly epidemiological analysis produced and updates made available
Report suspected cases at health care facilities	Health care providers	Suspected cases from health facilities reported daily
Monitor situation through with disease notification and laboratory surveillance.	Health Protection Agency	Disease notifications monitored and case investigation conducted
Monitor vaccination coverage and its effects on disease control	Health Protection Agency; EOC surveillance workstream	Vaccination coverage monitored
Return to standby activities when recovery is complete.	Health Protection Agency	Activities of Standby phase initiated



Function Border management

Action	Responsible agencies	Target
Scale down border health response activities in a phased manner	All agencies involved in border management	Border activities scales down
Update health requirements for travelers to and from Maldives	Health Protection Agency	Traveler health requirements updated and shared with all agencies at border
Return to standby activities when recovery is complete.	Health Protection Agency	Activities of Standby phase initiated



Function Preparedness and control interventions

Action	Responsible agencies	Target
Implement a phased stand-down of response activities including decommissioning or recommissioning of isolation and quarantine facilities, temporary hospital setups.	Ministry of Health; EOC workstreams	Response activities discontinued and facilities de or re commissioned
Start implementing priority recovery activities	All sectors	Priority recovery activities initiated
Resume business-as-usual services gradually.	All sectors	Return to business initiated
Organize debriefings and review lessons learnt.	All sectors	Debriefings shared and documented
Review and update pandemic preparedness and response plan and sectoral plans accordingly.	Ministry of Health; all sectors	Pandemic preparedness and response plan updated; sectoral plans updated
Return to standby activities when recovery is complete.	Health Protection Agency	Activities of Standby phase initiated



Function Communications and awareness

Action	Responsible agencies	Target
Update the public and all sectors on any changes to the status of the pandemic.	Ministry of Health, with the support of other agencies	Public informed of changes to the situation
Start implementing priority recovery activities	Ministry of Health; EOC communications work stream	Information on recovery provided to public
Ministry of Health; EOC communications work stream	Ministry of Health; EOC communications work stream	Situation and response summaries updated weekly and published on pandemic website
Update pandemic dashboard with Realtime data and updates	Ministry of Health; EOC communications and surveillance workstreams	Dashboard containing statistics of disease and epidemiological parameters, testing, quarantine and isolation and (vaccination if available) updated daily
Initiate development of a behaviour change campaign for continued practice of prevention measures, post-trauma knowledge.	Ministry of Health; EOC communications work stream, media	Behaviour change communication campaign launched with the start of lifting of public health measures
Update messages on health requirements for travel to and from Maldives	Ministry of Health; EOC communications work stream, media	Updates messages on travel information available on immigration, tourism, foreign ministry and pandemic websites
Initiate institutionalization of comms operations at Health Protection Agency with human and material resources	Ministry of Health; EOC communications work stream, media	Institutionalization arrangements made to transition to HPA



Function EOC management

Action	Responsible agencies	Target
Implement a phased stand-down of response activities.	All EOC workstreams	EOC deactivated
Handover materials mobilized from other agencies for the operations	Ministry of Health; All EOC workstreams	Materials handed over to respective agencies and records updated
Institutionalize core preparedness functions at Ministry of Health	Ministry of Health	Emergency management Standby donations transitioned to Ministry of Health
Transition Outbreak system to Health Protection Agency with onsite trouble shooting arrangements	Ministry of Health; Health Protection Agency	Outbreak system transitioned to HPA
Maintain contact list of other agencies for national, intersectoral and atoll coordination.	Ministry of Health	Contain list of agency focal points maintained up-to-date
Prepare repose operations report		Response operations report published
Return to standby activities when recovery is complete.	Health Protection Agency	Activities of Standby phase initiated



PART C: **SUPPORTIVE RESOURCES**

This section includes contact persons for pandemic response within the health sector and the main workstreams. Templates, Forms used in the COVID19 pandemic that can be used (with minimal adaptation) in responding to future pandemics are also included.



Contact persons for pandemic response in the health sector



International Health Regulations (IHR) focal point

- ▶ Director General of Public Health, Health Protection Agency



Planning, coordination and reporting

- ▶ Permanent Secretary, Ministry of Health
- ▶ Head, Planning and international coordination, Ministry of Health
- ▶ Head, Health information and research, Ministry of Health
- ▶ Focal point for health emergencies, Health Protection Agency



Surveillance and situational analysis

- ▶ Head, Communicable disease control, Health Protection Agency
- ▶ Head, Surveillance, Health Protection Agency



Border Management

- ▶ Head, Border health, Health Protection Agency



Health Interventions

- ▶ Director General of Health Services, Ministry of Health Quality Commissioner, Ministry of Health
- ▶ Head, National referral hospital Head, National reference laboratory
- ▶ Head, Atoll health services coordination Deputy Head, Health Protection Agency
- ▶ Head, Health promotion and public awareness, Health Protection Agency

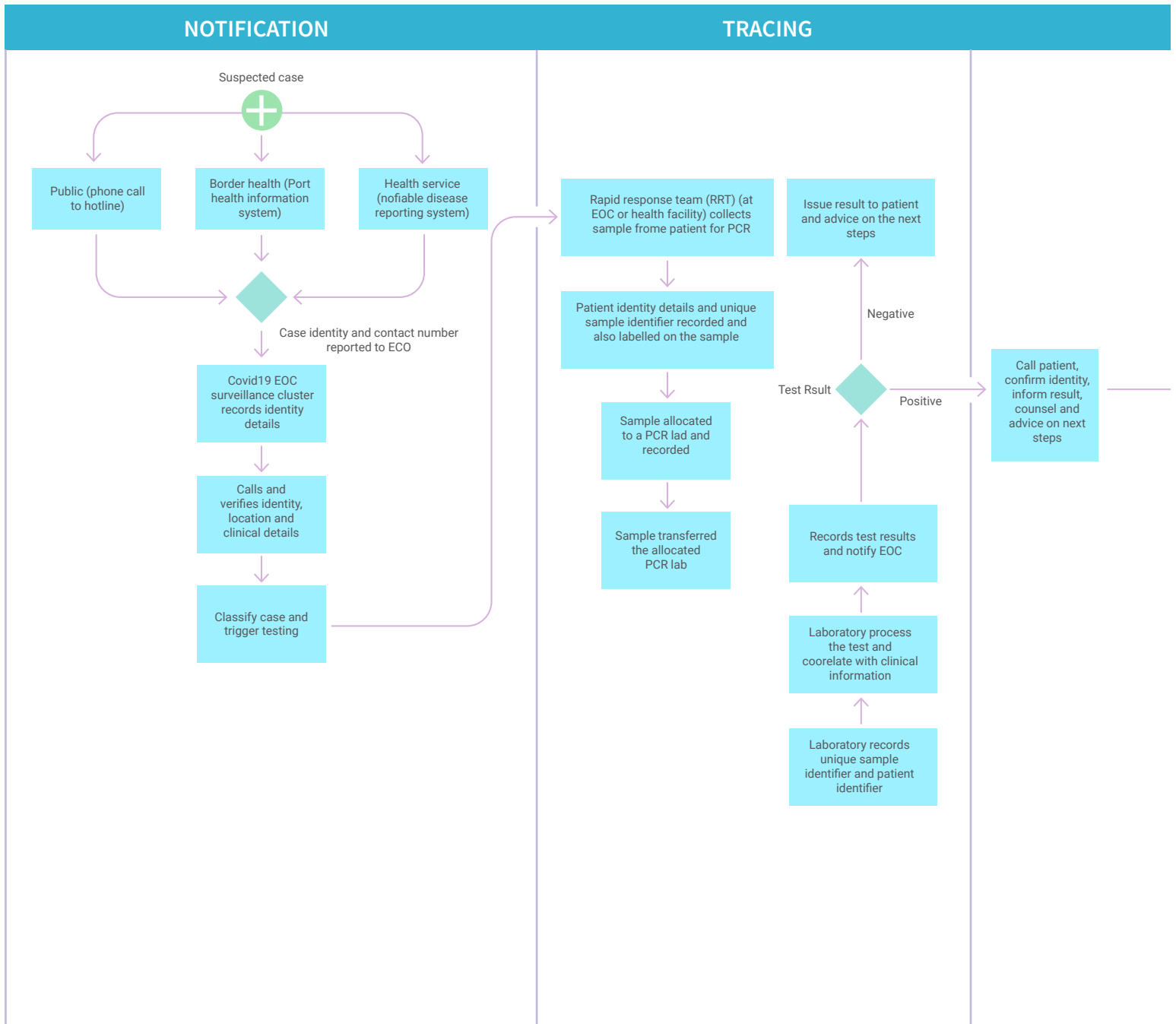


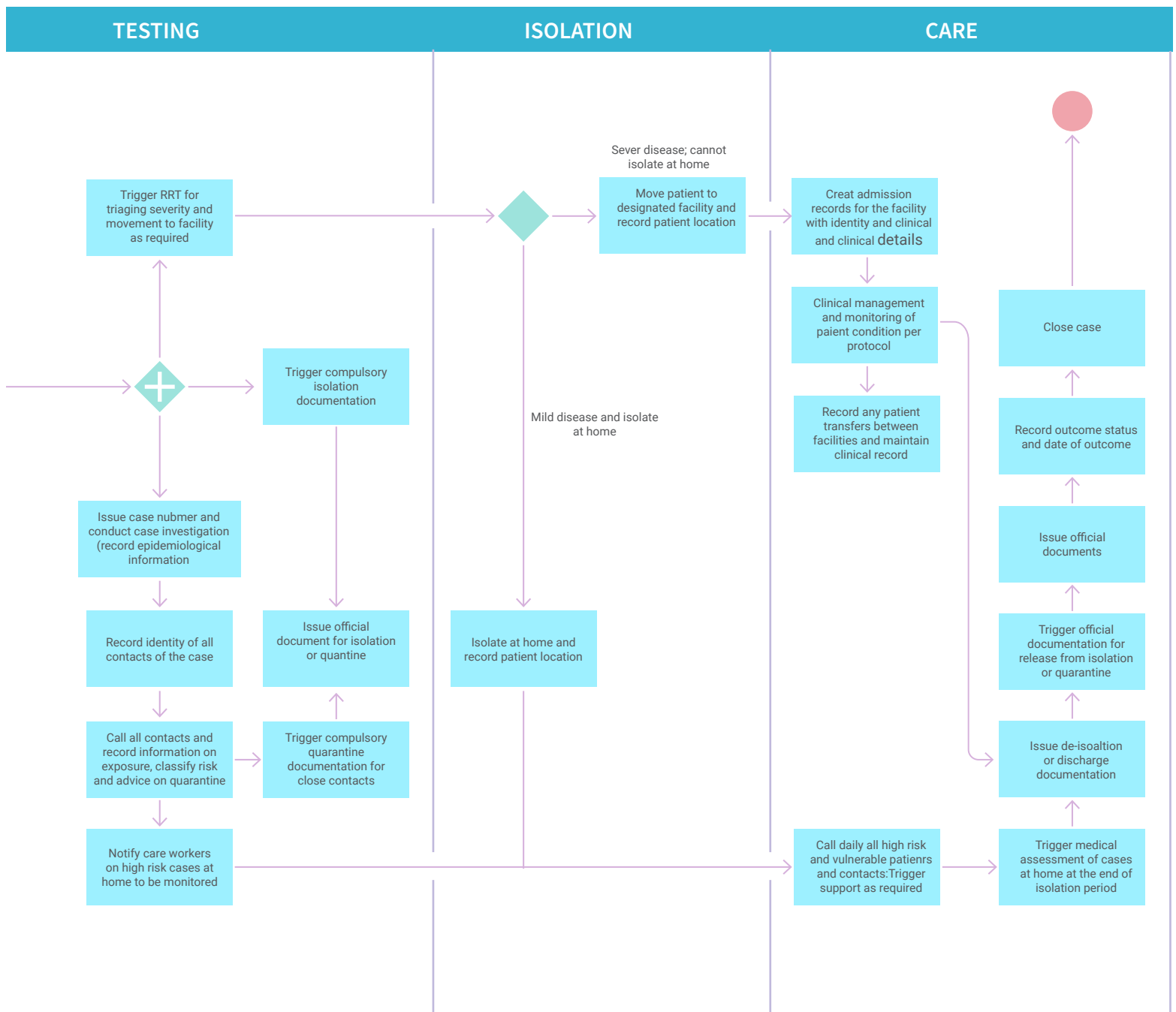
EOC management

- ▶ Deputy Director General, Health Protection Agency Head, Administration, Ministry of Health
- ▶ Head, Finance, Ministry of Health
- ▶ Head, Human resources, Ministry of Health
- ▶ Head, central medical supplies, Ministry of Health

Workflow in responding to a suspected case: COVID-19 pandemic EOC

COVID-19 EOC PROCESS 1





Forms and Templates: COVID-19 response

This section provides forms and templates used in the COVID19 pandemic response.

Impact based planning tool in pandemic management

Comprehensive values for civil protection and emergency preparedness:	Risk Level	Indicators
<p>1. Human life and health</p> <p>The protection value includes the physical and psychological health of those affected directly or indirectly by the pandemic. The people include Maldivian citizens, migrant residents in Maldives, or who are here temporarily and the Maldives nationals residing abroad.</p>	High	<p>1.1 Number of fatalities from covid19 and non covid19</p> <p>1.2 Number of people requiring hospitalised care</p> <p>1.3 Number of people needing psychological support</p>
<p>2. Society's functionality</p> <p>Society's functionality covers the functionality and continuity of that which strongly impacts on the daily lives of individuals, companies and other organizations. This also includes the expertise of staff in maintaining the functionality of society.</p>	High	<p>2.1 Disruptions to everyday life</p> <p>2.2 Lack of fulfilment of basic needs</p> <p>2.3 Number of people who need to be evacuated</p> <p>2.4 Number of people estranged from family-bases carers</p> <p>2.5 Number of people at needing protection from domestic violence</p>
<p>3. Democracy, rule of law and human rights and freedoms</p> <p>Society's functionality covers the functionality and continuity of that which strongly impacts on the daily lives of individuals, companies and other organizations. This also includes the expertise of staff in maintaining the functionality of society.</p>	Moderate	<p>3.1 Social unrest resulting in negative behavioural changes</p> <p>3.2 Lack of confidence in public institutions</p> <p>3.3 Serious impact on national political decisions</p> <p>3.4 Lack of control over public institutions</p> <p>3.5 Impact on Maldives reputation internationally</p>
<p>4. Economic assets</p> <p>Society's functionality covers the functionality and continuity of that which strongly impacts on the daily lives of individuals, companies and other organizations. This also includes the expertise of staff in maintaining the functionality of society.</p>	High	<p>4.1 Total economic impacts</p>
<p>5. National sovereignty</p> <p>Control over the nation's territory. This protection value applies primarily if the cause of the event is antagonistic.</p>	Low	<p>5.1 Lack of control over territory</p>
<p>6. Environment</p> <p>Environment described as land, water and natural environment, biodiversity, valuable natural and cultural environment.</p>	Moderate	<p>6.1 Impacts on physical environment (waste management)</p> <p>6.2 Impacts on cultural environment (traditions-burial, prayers)</p>

Case investigation form



Version 3: Updated 14th August 2020

Case Investigation and Contact Tracing Questionnaire – COVID-19 Positive Cases

Outbreak Case ID: CA-2020-		HPA Case No: MAV		Reporting Date: -- / -- / 2020	
Links to Other Positive Cases: <i>(previous positives from same house, same office, if a contact of another case etc.)</i>				TraceEkee app user? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			PP/NID No:		
Nationality:		D.O.B:	Age:	Gender:	
Contact No.		Current Address:			
Permanent Address:			Occupation:		
Employer/Company Name:					
Date last reported to work:					
Supervisor Name:			Supervisor Contact No:		
<input type="checkbox"/> Symptomatic	<input type="checkbox"/> Asymptomatic	Date of symptoms onset:			
Symptoms (if any): Tick (✓) as appropriate					
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Breathing difficulties	<input type="checkbox"/> Fever	<input type="checkbox"/> Headache		
<input type="checkbox"/> Common cold	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Dry cough		
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Watery eyes	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Aches and pains		
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Others, specify.....				
Tracing period: <i>(if symptomatic - 2 days before date of onset, if asymptomatic - 2 days before date of sample collection)</i>			Did the patient consult a doctor within tracing period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of consultation:			Healthcare Facility visited:		
Additional comments on hospital visit: <i>(Specify means of transportation, if accompanied by a bystander, whether patient took any IPC measures etc.)</i>					
Place of sampling: <i>(Eg: RRT Male', Atoll RRT, Senehiya, IGMH etc.)</i>			Date of sampling:		
Reason for sample collection: <i>(Active surveillance, Random sampling, Symptomatic sample, Release sample etc.)</i>					
Comorbidities/Underlying conditions if any: Tick (✓) as appropriate					
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Lung disease			
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Thalassemia	<input type="checkbox"/> Cancer			
<input type="checkbox"/> Pregnancy (..... months)	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Others, specify.....			
No. of people living together:		No. of rooms:	No. of toilets:		No. of floors in building:

Details of living situation		
<input type="checkbox"/> Living with family	<input type="checkbox"/> Shared room	<input type="checkbox"/> Rented room
<input type="checkbox"/> Guesthouse	<input type="checkbox"/> Hostel	<input type="checkbox"/> Staff accommodation
<input type="checkbox"/> Others, specify:		
No. of people sharing same room with positive case:		Any high-risk group person(s) living with positive case:
Details of dependents <i>(Provide details below, along with details of alternate arrangements for childcare (if applicable)):</i>		
No. of contacts in the house with symptoms: <i>(List details)</i>		
Visitors to house during the tracing period? <i>(Friends, , housemates, which shops they received delivery of food/supplies from etc.)</i>		
<input type="checkbox"/> Family members		
<input type="checkbox"/> Friends		
<input type="checkbox"/> Work Colleagues		
<input type="checkbox"/> Relatives		
<input type="checkbox"/> Housemates		
<input type="checkbox"/> Food delivery		
<input type="checkbox"/> Delivery of supplies from shops		
<input type="checkbox"/> Others, specify:		
Places visited in the Tracing period: <i>(Details of places visited such as shops, cafes, houses, office, school etc. Specify dates, times of visit, people who came into contact with patient)</i>		
<input type="checkbox"/> Mosque	<input type="checkbox"/> Café/Restaurant	<input type="checkbox"/> Gym
<input type="checkbox"/> Workplace	<input type="checkbox"/> Shop	<input type="checkbox"/> School
<input type="checkbox"/> Saloon/Spa	<input type="checkbox"/> Park	<input type="checkbox"/> Others, specify:
For case investigation purpose Places visited in the past 14 days <i>(If it does not fall within the tracing period)</i>		
Emergency Contact Name:	Emergency Contact No.	Relationship to Patient:

Form Completed By:

Name:	
Date:	Signature:

Contact tracing form



CONTACT TRACING

Revised on: 13 Aug 2020

CA-2020-

COVID-19 Related Contact Tracing Form

- Contact in Male'
- Contact in Atoll

Fill and Tick (✓) as appropriate				Date of tracing:	
Case link (reference number): (e.g.: Is a close contact/low risk contact of Mr XY who is a close contact/low risk contact of case 21)				Date of last contact:	
Name:		Age:	Sex:	Relationship to contact:	
PP/ID No:		Date of Birth:		Contact number:	
Nationality:		Current Residential Address/Location:			
Occupation:		No. ppl living together:		No. of rooms:	No. of toilets:
Location where contact took place:					
Public places visited in past 2 days (48 hours)					
<input type="checkbox"/> Mosque	<input type="checkbox"/> Café*/Restaurant	<input type="checkbox"/> Gym	<input type="checkbox"/> Workplace		
<input type="checkbox"/> Shop	<input type="checkbox"/> School	<input type="checkbox"/> Saloon/Spa	<input type="checkbox"/> Park		
Emergency contact Name/Number/Relationship:					
Type of Contact: <input type="checkbox"/> Close contact (High, Medium) <input type="checkbox"/> Low risk contact					
Close Contact: Tick (✓) mark as appropriate					
<input type="checkbox"/> Having face-to-face contact with a COVID-19 positive/suspected case within 3 feet for >15 minutes					
<input type="checkbox"/> Person providing direct care for COVID-19 positive/suspected case (without using proper personal protective equipment if in a healthcare facility)					
<input type="checkbox"/> Living in the same household or household-like setting (shared section of households, barracks, domes etc) with a positive case					
<input type="checkbox"/> Staying in the same closed environment as a COVID-19 positive/suspected case (including sharing a workplace, classroom or household or being at the same gathering) within 6 feet for >15 minutes					
<input type="checkbox"/> Staying in the same closed environment as a COVID-19 positive case (including sharing a transport vehicle other than aircraft within 6 feet and for >15 minutes)					
<input type="checkbox"/> Healthcare worker* with exposure to a suspect, confirmed or probable case during infectious period, without appropriate personal protective equipment (PPE) within 3 feet for >15 minutes)					
<input type="checkbox"/> Presence in a same room in a health care setting when an aerosol-generating procedure is undertaken on a positive case without PPE (including N95 mask)					
<input type="checkbox"/> Direct contact with body fluids or laboratory specimens of a positive/suspected case					
<input type="checkbox"/> Having been seated on aircraft closer than 2 seats in any direction as a COVID-19 positive case					
<input type="checkbox"/> Travel from a country, Island or area with uncontained community transmission in last 14 days					
Low risk contact: Tick (✓) mark as appropriate					
<input type="checkbox"/> Any exposure that does not fit into close contacts					
Any related additional note:					
<input type="checkbox"/> Symptomatic			<input type="checkbox"/> Asymptomatic		
If symptomatic, Tick (✓) mark as appropriate				Date of onset of symptom:	
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Breathing difficulties	<input type="checkbox"/> Fever	<input type="checkbox"/> Headache		
<input type="checkbox"/> Common cold	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Dry cough		
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Watery eyes	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Aches and pains		
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Productive cough	<input type="checkbox"/> Others, specify.....			
****Underlying conditions if any: Tick (✓) mark as appropriate					
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Lung disease		
<input type="checkbox"/> Heart disease		<input type="checkbox"/> Thalassemia	<input type="checkbox"/> Cancer		
<input type="checkbox"/> Pregnancy (----- months)		<input type="checkbox"/> Liver disease	<input type="checkbox"/> Others, specify:		



***** Any High-risk /vulnerable person(s) living with contact:** [age above 60 years, number of children under 10 years, on treatment for long-term chronic illness (having comorbidities)]

Decisions made: Tick (✓) mark as appropriate

<input type="checkbox"/> Symptomatic sample	<input type="checkbox"/> High-risk sample	<input type="checkbox"/> Home Quarantine / Home Isolation (contact)
<input type="checkbox"/> Island monitoring	<input type="checkbox"/> House Monitoring	<input type="checkbox"/> Care
<input type="checkbox"/> Facility quarantine/ isolation (contact)	<input type="checkbox"/> Vessel monitoring	<input type="checkbox"/> Extend house monitoring

Name of Facility (if in a facility): Isolation Quarantine

Date of sample collection: **Sample Results:** Positive Negative

Start date of quarantine/Isolation: End date of quarantine/isolation:

Please list the details of the dependent (to share room at facility):

Comments:

Entered by: ****Verified by:**

Note:
Close Contact+ Symptomatic = House monitoring + Home Isolation + Sampling
Close Contact+ Asymptomatic = House monitoring + Home Quarantine + No sampling
High Risk Group Contact+ Asymptomatic= House monitoring +Home Quarantine+ Sampling
Low risk contact + Asymptomatic = No sampling
Low risk contact + Symptomatic = Sampling
High risk group+ Secondary contact = Sampling

***Healthcare worker defined as all staff in the health care facility involved in the provision of care for a COVID-2019 infected patient (clinical and non-clinical contact with patient or contaminated surface or materials:**

If a healthcare worker associated exposure occurs to a confirmed case without appropriate PPE, the HCW would be advised for home quarantine even if asymptomatic and TAG team to be informed immediately.

**** Person signing for verified by to double check Decisions made aligns with the rest of information entered into the sheet.**

***** For contacts with any underlying conditions MMRT team should also be notified.**

****** For any high-risk /vulnerable person(s) trigger to Carebee/Haalubelun**

Fit for home quarantine/isolation assessment checklist

Version 1: 1 Sept 2020



19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019 - 19-2019

Name:	HPA case no: MAV_____
ID/PP No:	Contact number:
Address:	
Care taker/Guardian name:	
Contact number:	
<input checked="" type="checkbox"/>	1-2-3-4-5-6
	1-2-3-4-5-6
	1-2-3-4-5-6
	1-2-3-4-5-6
	1-2-3-4-5-6
	1-2-3-4-5-6
	1-2-3-4-5-6

1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6

1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

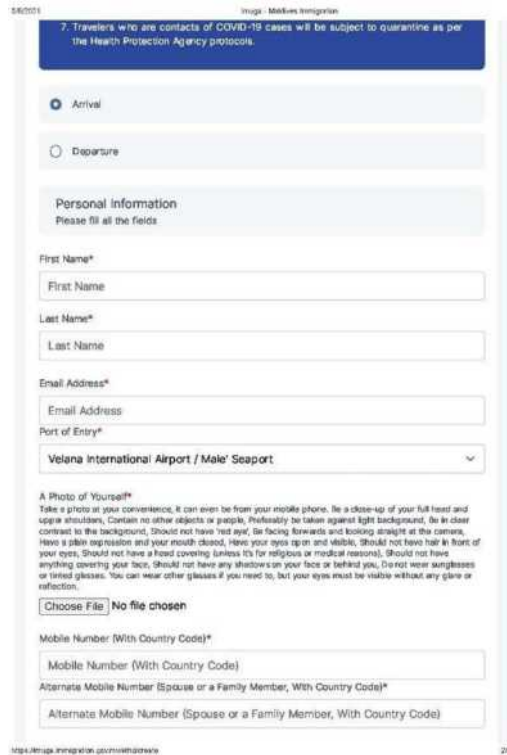
1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6

- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6
- 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6 - 1-2-3-4-5-6



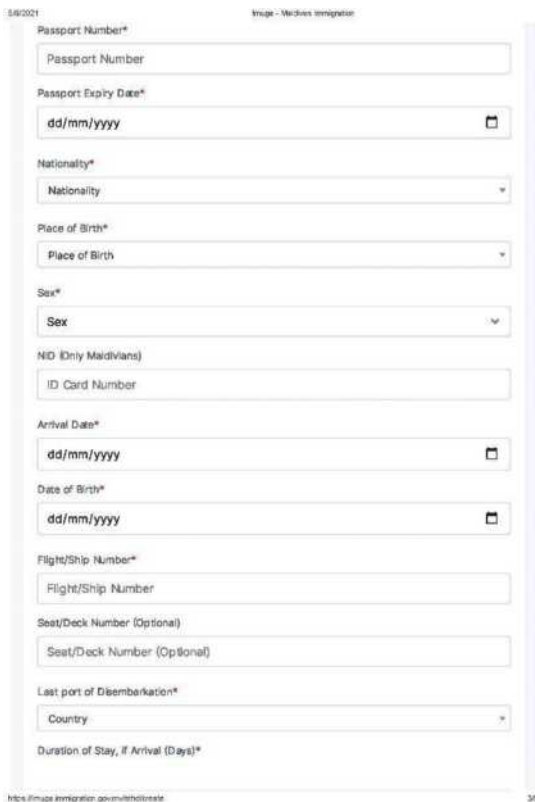
<https://imuga.immigration.gov.mv/health/declare>

18



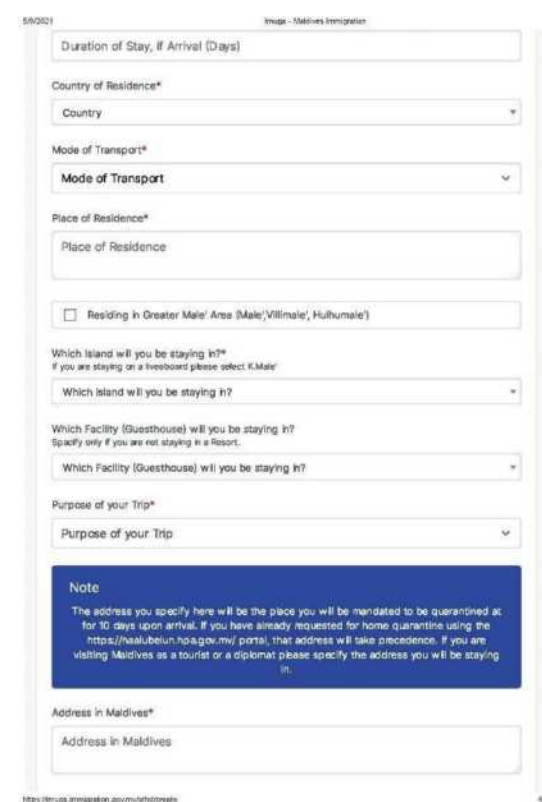
<https://imuga.immigration.gov.mv/health/declare>

29



<https://imuga.immigration.gov.mv/health/declare>

30



<https://imuga.immigration.gov.mv/health/declare>

40

5482021 Inuga - Maldives Immigration

Employer Name
 Employer Name

Permit Number (if you have a valid Visa)
 Permit Number (if you have a valid Visa)

Permit Expiry Date
 dd/mm/yyyy

Note
 Those who develop signs and symptoms will be tested for COVID-19, and those who become positive for COVID-19 will be subject to isolation as per the current protocols.

Health Information
 Please fill all the fields

Note
 I have been fully informed that, as a requirement for travelling to Maldives, I must present a valid Negative PCR COVID-19 test result (not exceeding 96hrs prior to departure), to the carrier before departure, and to Maldives Immigration, on arrival. I ALSO UNDERSTAND THAT, POSSESSION OF A PCR NEGATIVE TEST DOES NOT PRECLUDE NATIONAL AUTHORITIES FROM UNDERTAKING ANY ADDITIONAL SCREENING OR SURVEILLANCE MEASURES DEEMED NECESSARY.

Where applicable, if I am consenting to submit information to the carrier and Maldives Immigration on behalf of a child, I acknowledge and agree that I have the legal capacity to do so as a parent and as a legal guardian of that child.

I also warrant that the COVID-19 PCR test results that I am providing have not been altered, changed, modified or tampered with anyway and are accurate to the best of my knowledge. I hereby, IND EMANIFY the carrier / Maldives Immigration / Health Protection Agency FROM all liabilities regarding the PCR test results and agree to bear the costs for ANY FURTHER testing, ISOLATION and quarantine related to COVID-19 where applicable and necessary.

Yellow Fever

Have you travelled or Transited in a Yellow fever endemic country within the last 6 days

<https://inuga.immigration.gov.mv/hd/02021>

5482021 Inuga - Maldives Immigration

Have you been vaccinated for yellow fever at least 10 days prior to your arrival date?

Date of Yellow Fever Vaccination
 dd/mm/yyyy

Covid-19

Have you had any of the following symptoms within the last 14 days

Had/Have Fever
 Had/Have Fever

Fever onset Date
 dd/mm/yyyy

Had/Have Cough
 Had/Have Cough

Cough onset Date
 dd/mm/yyyy

Had/Have Sore Throat
 Had/Have Sore Throat

Sore Throat onset Date
 dd/mm/yyyy

Had/Have Breathing Difficulty
 Had/Have Breathing Difficulty

Breathing Difficulty onset Date
 dd/mm/yyyy

Have you registered in Haalubelun Web portal

<https://inuga.immigration.gov.mv/hd/02021>

5482021 Inuga - Maldives Immigration

Note
 Travellers who arrive in the Maldives, except for tourists, shall register for home quarantine through the "haalubelun" Web portal <https://haalubelun.hpa.gov.mv>, prior to starting travel to Maldives. If you have not registered in the web portal, you shall complete and collect quarantine document from health office at the port you arrive.

Is your return travel planned?

Do you have proof of a Negative PCR Test done 96 hours prior to your departure from your port of embarkation?
 No

PCR Test Result
 No file chosen

PCR Tested Date
 dd/mm/yyyy

PCR Tested Result
 Negative

COVID-19 Vaccination

Have you been tested positive for COVID-19 within the last 3 months?
 No

Have you been vaccinated for COVID-19?
 No

Name of Vaccine
 Name of Vaccine

Dose 1

<https://inuga.immigration.gov.mv/hd/02021>

5482021 Inuga - Maldives Immigration

No

Dose 1 Received Date
 dd/mm/yyyy

Dose 2
 No

Dose 2 Received Date
 dd/mm/yyyy

Travel History

Countries that you travelled to or transited in the last 14 days.

Baggage Information
 Please fill all the fields

No of Baggages
 0

No of Checked Baggages
 0

Goods obtained Overseas with a total value exceeding MVR,000/- *(Approximately USD 363.10), in addition to personal effects such as clothes, reasonable amount of jewelry, wrist watches, pens, camera, personal radio, laptop and toiletries.

I have samples for business and/or goods in commercial quantity.

Are you carrying cash equivalent or exceeding USD 10,000.00? If "YES" please fill up the CASH DECLARATION FORM. [Download Form](#)

Under the Section 12(a) of Law Number 7/2012 (Public Health Protection Act), as a prevention and control measures of COVID-19, it is the current policy of the government to impose a home

<https://inuga.immigration.gov.mv/hd/02021>



COVID-19 SURVEILLANCE IN ATOLLS

Rationale

Since the first case of COVID-19 was seen in Maldives, several measures have been taken at national level to reduce the possibility of community spread of the disease. A nationwide lockdown was announced from 15 April 2020 onwards as a response aimed at slowing the spread of the coronavirus disease. But with the ease of lock down, cases increase markedly in Male' area since Mid-July and the epidemic continues to spread, yet localized to this geographic area.

To contain the spread of COVID-19 to the Atolls, mandatory quarantine is enforced for all persons travelling to the Atolls (except for very short essential service support). A number of people became positive at the time of quarantine release in the Atolls. Furthermore, there is an increase in the ARI and viral fever reported in routing surveillance. Hence, in order to understand the spread of COVID-19 in the Atolls, it is important to carry out active surveillance.

Methods

Active surveillance is planned, to check for evidence of further community transmission of COVID-19. This will be done to detect community transmission, and to check for current spread among potential exposed people, vulnerable and caretaker or visiting caretaker of a vulnerable.

Active surveillance among selected high-risk groups will be carried out as follows to check for current spread of the disease in the community. Selected samples will be taken from potential cases and those with high exposure and will be tested by RT-PCR for COVID-19.

Categories of people to be sampled for COVID-19 surveillance

1- At health facility/flu clinic

- a. All SARI cases at health facility
- b. Influenza like illnesses (ILI) and ARI presenting to flu clinic/OPD
 - i. All cases who are 60+ who have symptoms of ILI/ARI
 - ii. All cases with chronic diseases (cardiovascular diseases including heart disease and stroke, diabetes, lung disease, kidney disease, liver disease, on treatment for cancer, has a disease or taking medications which causes

immunosuppression, pregnancy, Thalassaemia Major) who have symptoms of ILI/ARI

- iii. All cases who has new onset of anosmia or ageusia (loss of smell or taste)
- iv. Every 5th case who have symptoms of ILI/ARI (if daily consultations less than 5, all cases with ILI/ARI symptoms)

2- In islands with any active cases, surveillance to be done by doing random sampling

(to start from 10 September 2020 and repeat every 3 weeks) :

- a. Workers at restaurant/café (minimum 3 or 10%)
- b. Workers at shops (minimum 3 or 10%)
- c. Workers on boats/ferries (minimum 3 or 10%)
- d. Airport workers where airport exists (15% of workers)- including domestic airline/seaplane crew
- e. People attending mosque (minimum 3 or 10%)
- f. People working in industrial islands (10%)

DEFINITIONS

SARI case definition	ILI case definition
An acute respiratory infection with: <ul style="list-style-type: none">• history of fever or measured fever of $\geq 38\text{ C}^\circ$;• and cough;• with onset within the last 10 days;• and requires hospitalization.	An acute respiratory infection with: <ul style="list-style-type: none">• measured fever of $\geq 38\text{ C}^\circ$• and cough;• with onset within the last 10 days.

Acute respiratory illness (ARI): Sudden onset of respiratory infection symptoms (cough, sore throat shortness of breath, runny nose)

Active case: A confirmed case is a person with laboratory confirmation of infection with the COVID-19 virus,irrespective of clinical signs and symptoms

ኮሎኔል ገብረ ገብረ (4 ኃይለ ሥላሴ ስትሪት)፣ ድንበር፣ ትግራይ
ጽሑፍ: +960 3014484; ኢሜል: hpa@health.gov.mv; ጽሑፍ: +960 3014494
ድንበር: www.hpa.gov.mv

2- SENTINEL SURVEILLANCE AT HEALTH FACILITIES AND FLU CLINICS

- a. All SARI cases
- b. Influenza like illnesses (ILI) and ARI presenting to flu clinic/OPD
- c. All cases who are 60+ who have symptoms of ILI/ARI
- d. All cases with chronic diseases (cardiovascular diseases including heart disease and stroke, diabetes, lung disease, kidney disease, liver disease, on treatment for cancer, has a disease or taking medications which causes immunosuppression, pregnancy, Thalassaemia Major) who have symptoms of ILI/ARI
- e. Every case who have symptoms of ILI/ARI

DEFINITIONS

SARI case definition

An acute respiratory infection with:

- history of fever or measured fever of $\geq 38\text{ C}^\circ$;
- and cough;
- with onset within the last 10 days;
- and requires hospitalization.

ILI case definition

An acute respiratory infection with:

- measured fever of $\geq 38\text{ C}^\circ$
- and cough;
- with onset within the last 10 days.

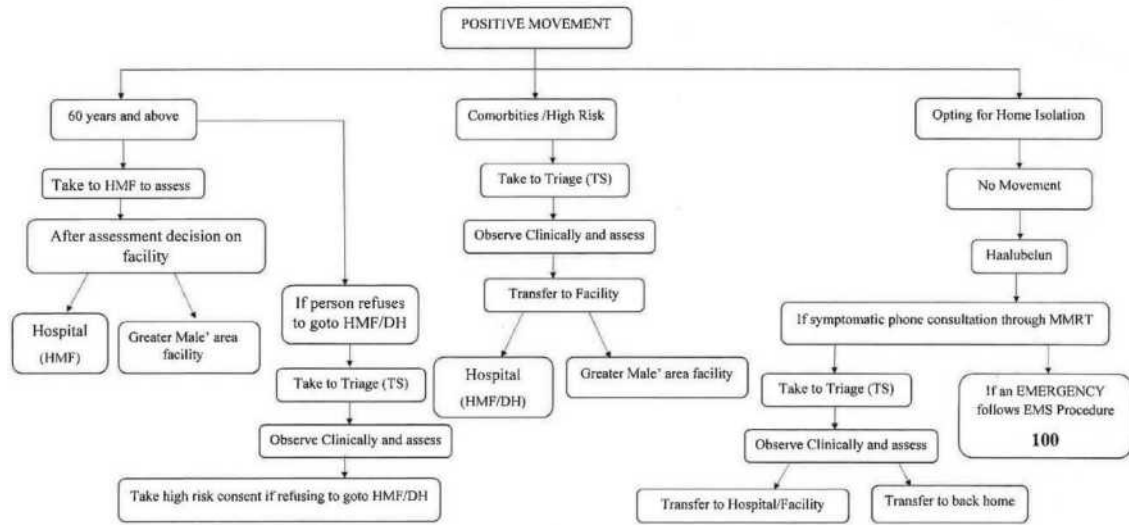
Acute respiratory illness (ARI): Sudden onset of respiratory infection symptoms (cough, sore throat shortness of breath, runny nose)

Confirmed case movement protocol

02 September 2020

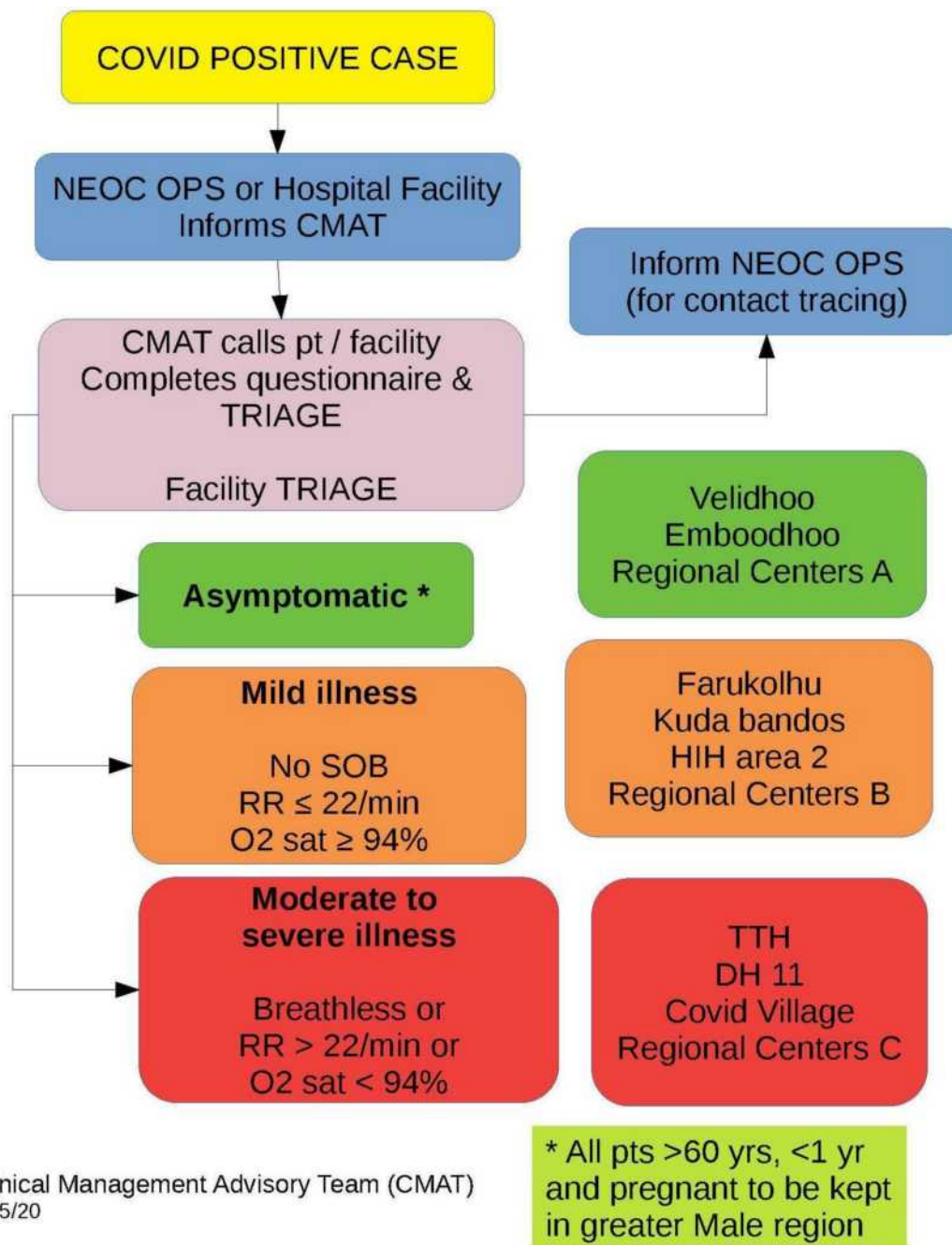


POSITIVE MOVEMENT TRIAGE



NOTE: If anyone prioritized for movement refuses to go consent **MUST** be taken

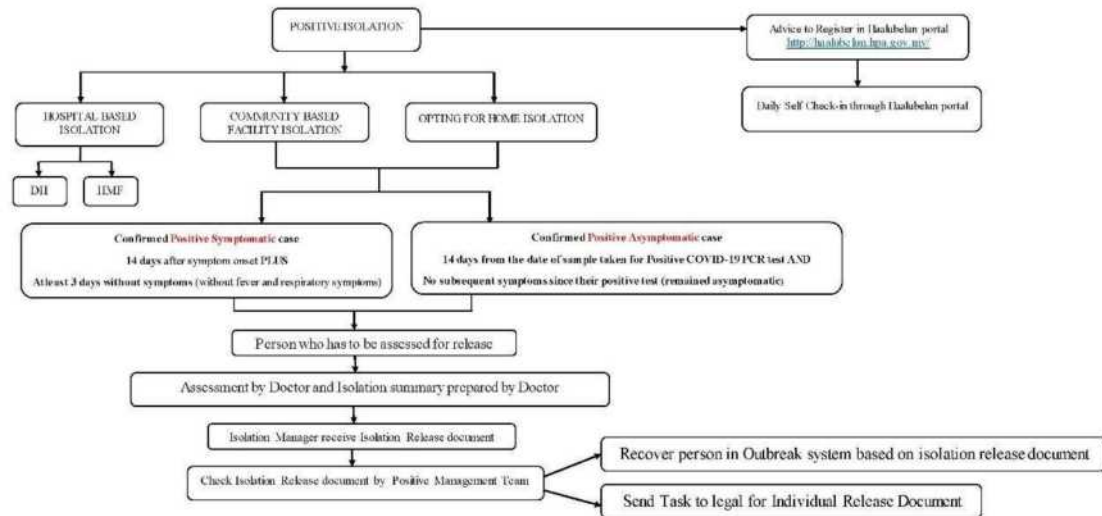
Clinical risk triage protocol



Recovery assessment of home isolated cases

28 August 2020

POSITIVE ISOLATION RECOVERY FLOW



NOTE: FOR HOSPITAL BASED ISOLATION,
 De-isolate 21 days after symptom onset PLUS at least 3 days without symptoms (without fever and respiratory symptoms)
 Confirmed positive immunocompromised patient (whether symptomatic or asymptomatic) require negative COVID-19 PCR even if above criteria is met



Checklist followed by MMRT for home release:

- Name:
- Age:
- Gender:
- Country:
- PP/ID No
- HPA case no: MAV:
- Mobile number:
- Sample taken date:
- SARS CoV2 Positive Date:
- Date of Symptoms:
- Current Address:
- Summary of Isolation stay:
- Condition on Discharge, does person have any:
 - Fever
 - Sore throat
 - Runny nose
 - Cough
 - Difficulty breathing
 - Known allergies
 - Pre-existing conditions
- Current medications:
- Condition on Discharge:
- Advice on Discharge:

Isolation release document template



**HOME ISOLATION
RELEASE SUMMARY**

NAME:		AGE:	GENDER:
NID/PP Number:	HPA case no: MAV _____		MOBILE NO:
Sample taken Date:		SARS CoV2 Positive Date:	
Date of symptoms:	Current Address:		
DATE OF ISOLATION:		DATE OF RECOVERY:	
SUMMARY OF ISOLATION STAY:			
CONDITION ON DISCHARGE (rule out if any Fever, Sore throat, Runny nose, Cough, Difficulty breathing, Known allergies, Pre-existing conditions):			
ADVICE ON RELEASE:		<ul style="list-style-type: none"> • Practice IPC measures (hand hygiene, wear mask) • Maintain Physical distancing • Avoid crowds 	
Assessed by (Doctors name with MMDC registration number):			
Date:	Signature:		

NOTE:

DE-ISOLATE 14 DAYS FROM THE DATE OF SAMPLE COLLECTION FOR POSITIVE COVID-19 PCR IF NO SUBSEQUENT SYMPTOMS AND AT LEAST 3 DAYS WITHOUT SYMPTOMS AFTER ASSESSMENT BY DOCTOR

No

Criteria for lifting quarantine of an island under and monitoring



31 October 2020

Criteria For Lifting Under Monitoring (Quarantine) status of Island

1. Introduction

The purpose of placing islands under monitoring (quarantine) is to conduct epidemiological assessment, conduct contact tracing and isolate close contacts and suspected cases to reduce the risk of transmission of COVID-19 among people. In such situation movements to and from the islands are restricted.

Islands will be placed under monitoring (quarantine) when there is a confirmed case of COVID-19 detected through healthcare system and surveillance mechanisms. This does not include detection at the time of release of a person at the end of quarantine period. The purpose of the document is to provide epidemiological criteria for lifting under monitoring status (quarantine) of an Island.

2. Scope

Lifting under Monitoring status of the island

3. Criteria for lifting quarantine (monitoring) of Island

Quarantine (monitoring) of the island will be lifted based on the epidemiological situation where the following required criteria are met respectively:

3.1 Sporadic case: Contact tracing of positive case completed, and contacts isolated.

3.2 Local transmission with cluster of cases: Must meet all the criteria below

- a. Tracing completed and all contacts isolated **AND**
- b. All contacts PCR tested for COVID19 at the time of isolation **AND**
- c. On Day 1 Active surveillance of 1% of population conducted, PCR tested for COVID19, and all tested negative **AND**
- d. On Day 7 Active surveillance of 1% of population conducted, PCR tested for COVID19 and all tested negative **AND**
- e. Flu clinic sample positivity PCR test for COVID19 is less than 1% for 7 consecutive days.

We acknowledge that the support of all stakeholders in the country and non-resident partners producing this document.

