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National perspectives of COVID-19 in the Maldives

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1. Global context

On December 31, 2019, the World Health Organization (WHO) China Country Office was notified of multiple cases of pneumonia with an unknown etiology (unknown cause) detected in Wuhan city, Hubei Province of China (WHO, 2020a,b,c,d,e,f,g,h,i). Coronavirus disease (COVID-19) is a highly contagious infectious disease caused by a newly discovered coronavirus called SARS-CoV-2. Most COVID-19 infected people experience the symptoms of a common cold. The elderly and people with underlying medical problems or immunocompromised become severe and require special treatment (WHO, 2020a,b,c,d,e,f,g,h,i). Within 6 weeks, COVID-19 spread to 20 countries, and on January 30, 2020, WHO declared that the COVID-19 outbreak was a Public Health Emergency of International Concern (PHEIC) (WHO, 2020a,b,c,d,e,f,g,h,i). After continuous assessments (WHO Risk Assessment shows Very High in the Global Level risk category with confirmed 118,319 infected cases and 4292 deaths), on March 11, 2020, WHO declared COVID-19 as a pandemic due to its alarming levels of spread and severity, and by the disturbing levels of inaction, and urged all member states to come up with implementation plans to further contain and control the spread according to the strategies, policies, and interventions set up by WHO (WHO, 2020a,b,c,d,e,f,g,h,i). As a member state, the Government of Maldives adopted all the interventions declared by the WHO and worked on measures to contain and prevent the spread of COVID-19 in the Maldives.
2. Maldivian context

Maldives (Fig. 12.1), Asia’s smallest country, is a Small Island Developing State (SIDS) located in the Indian Ocean, which is the world’s most geographically dispersed countries, covering 90,000 km² with only a land cover area of 298 km² (UNDP, 2020a,b,c). It consists of more than 1100 islands scattered from North to South, in 26 naturally formed

FIGURE 12.1 Map of Maldives. Source: My Maldives.

I. Overview and national governance response
Atoll-systems and for administrative purposes clustered into 19 atolls within which 187 are inhibited islands with a total population of 557,426 with at least 145,000 migrant workers (UNDP, 2020a,b,c).

Maldives’s Human Development Index (HDI) is at 0.719 (2018), ranking 104th position out of 189 countries with significant poverty reduction and human development progress. Despite this, the country faces challenges given its vast dispersion, limited resources, and population distribution, making logistical affairs costly and challenging. Throughout, Maldivians faced inequalities based on spatial disparities, income, age, disability, and gender despite impressive economic growth. Most of the time, the most vulnerable—women, children, elderly, persons with disabilities, migrants, and those living in remote islands in the outer atolls—are left behind. The Maldives, due to its unique features, is one of the most vulnerable to threats posed by climate change with moderate risk conditions due to low probability of hazard occurrence and high vulnerability from exposure and has a high economic vulnerability due to its extreme dependence on tourism which in 2018 accounted for 24.5% of GDP which indirectly contributes to the growth in communications, transport, and retail trade sectors (UNDP, 2006; UNDP, 2020a,b,c).

The Maldives welcomes more than a million travelers annually (Suzana et al., 2020). Of this, Chinese tourists make up some 15,000 arrivals per month (WHO, 2020a,b,c,d,e,f,g,h,i). To effectively promote and control the spread of the disease, thermal screening of all people coming into the Maldives was done, beginning in late January. From February 3, 2020, onward, entry of passengers, regardless of nationality, was restricted. Maldivian citizens who had China as a port of embarkation or transited through China were allowed in (Ministry of Economic Development (MED) and UNDP Maldives, 2020).

On March 5, 2020, under the guidance of His Excellency the President, the National Emergency Operations Center (NEOC) for COVID-19 preparedness and response came into existence, engaging National Disaster Management Authority (NDMA) as the colead with the Ministry of Health (MoH) (WHO, 2020a,b,c,d,e,f,g,h,i). The first two cases of COVID-19 emerged in the Maldives on March 7, 2020, which were from an imported case that originated in a tourist resort (MoH, 2020a,b,c,d,e).

The Government of Maldives took prompt action by declaring a State of Public Health Emergency for 30 days from March 12, 2020, under Section 33 of the 7/2012 Public Health Act (MoH, 2020a,b,c,d,e). This marks the first time that the Public Health Act must be invoked since its enactment in 2012. In mid-March 2020, a nationwide shutdown of all guesthouses, city hotels, and tourist excursions was announced with the closure of government offices and schools. Entry to the country via sea (yachts, safaris, and other passenger boats and vessels) was suspended, and all passengers entering the country were subject to 14-day mandatory quarantine. On March 27, 2020, the first Maldivian who came from abroad was tested positive for COVID-19 at a quarantine facility. By the end of March, the border was closed except for those who had special permission from the Government (MED & UNDP Maldives, 2020).

On April 15, 2020, Health Protection Agency (HPA) confirms the first case of local transmission of COVID-19 in Malé city (which is one of the world’s most densely populated cities) and 24-hour lockdown in the Greater Malé Region was announced (MoH, 2020a,b,c,d,e; MED & UNDP Maldives, 2020). Ban on nationwide travel and public gatherings were enforced from April 16, 2020, and the next day onward, the lockdown of the Greater Malé Region was extended to an additional 14 days as cases kept on increasing (MED & UNDP Maldives, 2020).
On April 28, 2020, the first community transmission in an outer atoll was confirmed, and on the following day, the first COVID-19-related death—an 83-year-old Maldivian woman—was confirmed. On May 29, 2020, the lockdown, which continued in Greater Malé Region, was eased in phases. Since June 15, 2020, the ban on nationwide travel and public gatherings was lifted except for the Greater Malé Region, the epicenter of the outbreak (MED & UNDP Maldives, 2020).

On June 20, 2020, the Government announced that starting July 15, 2020, the borders would be reopened and the resorts can resume their operations and on July 1, 2020, the NEOC phased out, and the tasks were handed over to MoH to be operationalized under the HEOC (MED & UNDP Maldives, 2020). The State of Public Health Emergency has been extended for the ninth time on December 5, 2020, for another month. As of 21:52 h on December 8, 2020, a total of 13,213 confirmed cases and 47 deaths have been reported, and the mortality rate has been as low as 0.36% (MoH, 2020a,b,c,d,e). Table 12.1 captures a snap of the Global and Maldives timeline of COVID-19.

Fig. 12.2 depicts the daily cases, locals, and foreigners separately. Fig. 12.3 shows the average daily cases per week. The observations from both these figures show a rise in cases whenever there is ease levied and a smaller third wave. It does prove the need for continued monitoring and strict enforcement of preventative measures in the coming months to prevent the further spread of this virus.

3. Overview of legal frameworks

Disaster and emergency management in the Maldives has become of national concern since the Indian Ocean Tsunami of 2004. Within the last decade, tremendous efforts have been undertaken to create laws and legal frameworks stipulating disaster management, including public health emergencies. Hereunder are some of the most applicable legal foundations invoked and used to deal with the COVID-19 situation in the Maldives.

3.1 Public Health Protection Act 7/2012

This Act establishes the policies for the protection of public health and states that the Minister has the authority to make regulations and the power to develop regulations under specific parts of the Act, and several powers are vested in the Director-General. Since its enactment in 2012, this Act was invoked to declare the first State of Public Health Emergency to respond to the COVID-19 situation. Through the powers vested in this Act, numerous regulations have come into effect to contain and control this outbreak (e.g., SOP on Health Care Waste Management during COVID-19, Guideline on travel-related quarantine among people traveling in 10 or more groups, etc. (MoH, 2020a,b,c,d,e).

3.2 Disaster Management Act 28/2015

This Act was ratified on September 6, 2015, and stated the responsibility of the State to protect its people, their health and well-being, their property, and the natural and built-up environment they live in from natural and man-made disasters, and hazards including public
| Global | 2020 | Maldives |
|--------|------|----------|
| First patient develops symptoms of Wuhan coronavirus | 8-Dec |  |
| China alerts WHO about several unknown cases of pneumonia | 31-Dec |  |
| Identification of new coronavirus called SARS-CoV-2 (COVID-19) | 7-Jan |  |
| First case outside China reported in Thailand | 13-Jan | Started screening all passengers at Velana International Airport |
| WHO declared COVID-19 outbreak as a Public Health Emergency of International Concern | 30-Jan |  |
| 3-Feb | Restricted entry of all passengers |
| 5-Mar | NEOC into existence, with NDMA and MOH as coleading agencies |
| 7-Mar | First positive two cases in a resort, two foreigners |
| 9-Mar | Prosecutor general orders police to conduct a criminal investigation “into allegations of criminal misconduct surrounding initial spreading of COVID-19 in Maldives” |
| WHO declared COVID-19 as a pandemic | 11-Mar |  |
| 12-Mar | Government declared State of Public Health Emergency |
| 15-Mar | Schools closed nationwide |
| 17-Mar | Nationwide shutdown of all guesthouses, city hotels, and tourist excursions; closure of all government offices; entry to the country via sea suspended; all passengers entering the country to a 14-day mandatory quarantine |
| 18-Mar | Congregational prayers banned |
| 27-Mar | First Maldivian who came from the United Kingdom tested positive while in the quarantine facility |
| End Mar | All borders of entry to the Maldives were officially closed |
| 2-Apr | Imposed curfew hours for certain set time periods |

(Continued)

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### TABLE 12.1  Timeline of COVID-19 (global and Maldives).—cont’d

| Global/ Maldives | 2020 | Maldives |
|------------------|------|----------|
| WHO reported that over 1 million cases of COVID-19 worldwide | | 4-Apr |
| 73rd World Health Assembly, first one virtually, adopted a landmark resolution to bring the world together to fight COVID-19 | 18–19 May | |
| 15-Apr HPA confirms local transmission in Malé and announced 24-hour lockdown in Greater Malé Region | |
| 16-Apr Ban on nationwide public gatherings | |
| 17-Apr Greater Malé Region lockdown extended | |
| 28-Apr Community transmission in outer atoll confirmed | |
| 29-Apr First COVID-19 death | |
| 29-May Lockdown in Greater Malé Region to be eased in phases | |
| 1-Jul NEOC phased out and tasks handed over to MOH to run HEOC | |
| 15-Jul Borders of Maldives was opened | |
| 6-Sep Parliament passed the Public Health Emergency Act 2020 | |
| 5-Dec State of Public Health Emergency extended for the ninth time | |

![Daily Cases](image)

**FIGURE 12.2** Temporal distribution of COVID-19 cases. *Source: HPA.*

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health emergencies. Upon the direction of His Excellency the President, NDMA was coleading the NEOC with MoH, working to fulfill the roles stated in this Act.

3.3 The Health Master Plan 2016–2025

This Plan identifies three strategic focus areas: Governance, Public Health Protection, and Health Care Delivery, where it details out directions to build public trust in the health system further, reduce the disease and disability burden among the population, and reduce inequalities in access to health care (MoH, 2016). The COVID-19 operations considered this.

3.4 Health Emergency Operations Plan

Contributing directly to the strategies in Health Master Plan 2016–2025, this Health Emergency Operations Plan (HEOP) is the roadmap to response mechanisms and responsibilities to public health emergencies in the Maldives. This Plan contains strategic framework of actions, policies, and regulations on how to elaborate, implement, and execute a response operation for public health emergencies and disasters with public health impacts. On January 29, 2020, HEOP was activated, and several measures were taken accordingly to control the COVID-19 outbreak (WHO, 2020a,b,c,d,e,f,g,h,i).

3.5 Public Health Emergency Act 2020

Parliament, on September 6, 2020, passed the Public Health Emergency Act 2020, a sunset law that has come into effect to enable actions to assist individuals, families, and businesses in combat the adverse effects of the COVID-19 pandemic and the subsequent imposition of the public health emergency in the country (Nasheed & Co Law Firm, 2020). This law introduces new measures in certain unregulated areas, overrides existing legislation in some areas, and provides stopgap measures in the remaining areas, aiming to ease the economic impacts of COVID-19 on livelihoods.
Maldives remote geography and external dependence make it more vulnerable to the COVID-19 pandemic shock. The various perspectives regarding this pandemic are as follows in the Maldives.

4.1 Socioeconomic

The COVID-19 pandemic, as with all crises, was felt more by those who were the most vulnerable, driving inequalities even wider. The response to the pandemic considered efforts beyond the health sector to ensure that socioeconomic sectors would not suffer extensive drawbacks. With the Maldivian economy’s high dependence on tourism for its income and the exposure to external shocks, the closure of borders slowed down economic activities, which meant a loss of between $770 million and $940 million in the country (UNDP, 2020a,b,c). The fall in tourist arrivals, compounded with a decrease in exports such as fall in fish exports, disruptions in the supply chain with shipping being interrupted, the decline in financial markets, and a decline in investments, caused many negative impacts on businesses across the country. These businesses include the tourism sector, ranging from resorts, guesthouses, safaris, and hotels, to tour operators, travel agencies, suppliers, and other businesses in the Maldivian economy such as home-based businesses, restaurants and cafés, retail outlets, transporters, and other self-employed businesses. With lockdowns in place in the capital city where a third of the population of the country resides, concerns over access to social services and people’s protection were also raised, especially for those who are more vulnerable such as women, children, the elderly, persons with disabilities, and migrants.

Many people, both locals and migrants alike, suffered losses of income and employment. The Tourism Employees Association of Maldives (TEAM) estimated that some 11,000 workers were affected by no-pay arrangements or complete loss of incomes. Through casual or consultancy contracts, people were more likely to have lost their work, as did employees in the tourism sector who had fixed-term contracts under 2 years. Freelance workers in various sectors faced many challenges as well. Migrant workers who live in already precarious situations where working environments are unsafe and living spaces are highly congested faced tough socioeconomic challenges. Many migrants in the Maldives live undocumented, and in irregular cases, and with the onset of COVID-19 and the subsequent lockdown, they had no way of earning an income in the informal sector. Those who did work and had formal employment lost work as well. Many migrants were confined to living quarters during the lockdown and faced challenges in accessing necessities such as food, hygiene products, and medical assistance.

Government authorities responding to COVID-19 and other supporting agencies worked on identifying and addressing the needs of the most vulnerable. Given the many complex and inextricably linked reasons, specific measures and policy decisions about specific sectors were considered and taken, many of which were around the socioeconomic sectors.

The pandemic took a toll on the health system and had a significant impact on economies, the well-being and the livelihood of people, and the many different communities in the Maldives. Many efforts were taken to reduce the impact of COVID-19 on the communities.
The NEOC was set up, led, and coordinated the response to the crisis. They took on work ranging from contact tracing, surveillance, meeting the needs of those in lockdown, rapid response, and the necessary public engagement. In addition to the health-related efforts came the social protection efforts that came hand in hand. Vulnerable demographics such as women, children, the elderly, persons with disabilities, and migrants lived through bigger challenges during the lockdowns for many related reasons. Being confined to congested living spaces in the urban setting of the capital Malé city had a remarkable impact on people’s health and well-being, especially mental well-being. It has been proven repeatedly that crises often perpetuate an increase in violence, such as sexual and gender-based violence, which was observed to be true across the globe and applies to the Maldives. People who were vulnerable and were stuck with the perpetrators of abuse and violence suffered significantly given the increased stresses in households because of the restriction of movement, adding to the stresses of income and employment losses. Access to basic social protection services was strained, and as with all crises, all service providers found it increasingly challenging to meet the needs of the many vulnerable groups. This was observed by the many tenants who were evicted from their homes, the many drugs users who faced challenges in accessing treatments and rehabilitation support, and those who were victims of violence.

The elderly, who are identified as one the most vulnerable groups to COVID-19, given their existing comorbidities, are more susceptible to the infection and suffer a higher fatality rate than the rest who are infected. Many older persons are dependent on their family or caregivers and require support and assistance in their day-to-day routines. For some elderly who received the support of external caregivers, COVID-19 meant an interruption in this assistance because a reduced income meant that this care was now no longer affordable, or caretakers who are predominantly women may have found it challenging to take up work elsewhere as they would have taken up twice as much work in their households during the period of lockdown. Similarly, persons with disabilities were at risk of facing challenges in accessing public health information. The isolation that came with the lockdown meant that their mental and emotional well-being took a toll.

The child protection system of Maldives, already severely underresourced and underfunded, faced exceptional challenges during the pandemic as the social services were stretched beyond their limit. This meant that when the likelihood of violence would rise, the work to prevent and address such violence and abuse faced limitation.

4.1.1 Education

Like other sectors, the Ministry of Education (MoE) was preparing for the impacts of COVID-19 when the first two COVID-19 cases were confirmed. A sector that caters for over 91,000 students ranging from Pre-KG to KS5 is enrolled in 315 schools in the Maldives, including the government, private, and community-run schools were forced into adapting remote learning solutions (MoE, 2020, Table 12.2).

To minimize this crisis’s negative impact, the MoE launched the television-based education delivery program “TeleKilaas”. The initial target group was from KS 4–KS 5; however, in early April 2020, this program was introduced to KS 1–KS 3. But this was temporarily discontinued due to tight lockdown measures and the safety of teachers and TV station technical staffs. Attempts to switch to Google Classroom were made, which did not take off until May 17, 2020.
Amid the concern and uncertainty, MoE announced changes in the academic calendar 2021. The October/November 2020 Secondary Certificate Examination and General Certificate of Education/International General Certificate of Secondary Education (GCE/IGCSE) Ordinary Level exams were postponed to May/June 2021. In addition, instead of commencing the academic year in January, the next academic year will commence mid-year (MoE, 2020).

The teaching profession, much like many other countries in the rest of the world, is underpaid. Through the pandemic, teachers took additional workloads to adapt to the circumstances, using new tools and techniques. Consequently, this meant added stresses and an increase in financial burdens. The low income from teaching has led many teachers to become private tutors, a popular and in-demand education model. However, this crisis has left these tuition teachers entirely at a loss.

The mental health implications of living through this pandemic were difficult for students, teachers, and parents alike. Students across different ages living through the lockdown period missed opportunities to interact and learn by doing socially. Teachers during the lockdown, in addition to the many household chores that mounted, took on the work of getting familiar with new educational tools. Parents faced added stresses of taking on the role of teachers at home during the lockdown, with many parents struggling to guide children with their schoolwork. Internet availability in the country also poses challenges, with it being expensive, unreliable, and inaccessible across the country.

### 4.2 Public Health

The COVID-19 pandemic is overburdening health systems and having a huge impact on economies, livelihoods, and well-being of people and communities worldwide, including the Maldives, where tertiary health care is centralized, and limited services are available in all other outer atolls.
Upon detecting a suspected public health event or reception of disaster emergency early warning from various sources, the respective designated focal points notify the senior management of the MoH and conduct an initial assessment of the situation.

The Government of Maldives activated the HEOP and decided to grade the COVID-19 emergency into four levels nationally (color coded based on transmission scenario). The country was divided into six different zones, each zone to be graded individually for engagement, preparedness, and response (WHO, 2020a,b,c,d,e,f,g,h,i). Based on the guidance from the leadership, HPA convenes and activates the HEOC and scaled response as per the emergency levels and triggers to carry out the emergency monitoring, mitigation, preparedness, and readiness activities. The HPA also runs the Public Health Warning System, manages data, and coordinates emergency response operations (disaster response and relief coordination, information management) during emergencies within the territory of Maldives. Initially, these roles were played by NEOC and then downscaled and transferred to HEOC. A multisectoral Technical Advisory Group (TAG) was established to provide technical guidance for COVID-19 response with the WHO as a member, who plays a significant role in providing technical expertise.

A bed capacity of 3000 was identified for quarantine, and 2000 beds for isolation were set across the country. All relevant public health focal points were sent the needed guidelines as well. Effective patient flow was established at all levels for everyone who needed hospital services and were equipped for surges. Chatbots were launched to help reduce pressures on hotlines and hospital triage teams, and service delivery was optimized through methods such as teleconsultations and better management of chronic care disease (WHO, 2020a,b,c,d,e,f,g,h,i). Uninterrupted provision of lifesaving services was ensured, particularly for women, including emergency obstetric care and neonatal care. Routine immunization programmes also continued. Dignity kits were provided to women and girls, based on local needs and procurement realities, so that women and girls in lockdown count manage menstruation. A national Psychosocial Support Hotline was established with the Maldivian Red Crescent (MRC) support, where people could seek support remotely and get access to professional mental health through referrals. The MRC also facilitated capacity building in these areas to meet the growing needs.

The response and preparedness work were coordinated at the NEOC and HEOC with participation and support from multiple agencies such as the Maldives Police Service, Maldives National Defence Force, Malé City Council, State-Owned Enterprises, The President’s Office, MRC, and many more including volunteers (HPA, 2020a,b).

4.3 Climate change and environment

The Maldives, a small island state, is one of the most climate-vulnerable countries due to its geographical conditions where more than 80% of people live within 100 m from coast lines, and 80% of lands are below 1 m above sea level (UNDP, 2020a,b,c). The white sandy beaches and the breathtaking marine biodiversity have dubbed the Maldives as the “Island Paradise.” However, the Maldives faces many challenges such as coastal erosion, saltwater intrusion into the freshwater lens, and water shortages during drier monsoons that pose as one of the risks that could affect the health and hygiene of communities. The unpredictable weather patterns mean interruptions in the ability to harvest rainfall, which remains an important source of water for outer island communities.
The economy of Maldives relies directly and indirectly on the tourism industry (WorldBank, 2020). Climate change—induced phenomena such as coral bleaching, erosion, and poorly risked informed development projects will continue to impact the country’s environment even after the pandemic negatively.

COVID-19 has left these island communities more vulnerable, with direct relation of climate change on the health and well-being of the people living in the Maldives. These impacts are both direct and indirect. They include:

- Heat stress, heatstroke, and other heat-related illnesses.
- Food and water scarcity and security decrease crop yield, which leads to nutrition deficiencies, and increased risk of vector-borne diseases such as chikungunya.
- Extreme events can cause injuries and increase the risk of water-borne diseases such as diarrhea, infectious diseases, and psychological distress.
- The high frequency of climate hazards could trigger economic instability, migration, and increase the vulnerability of the marginalized groups (UNDP, 2020a,b,c).

Like the rest of the world, response to COVID-19 has put the Maldives behind to achieve global targets and commitments such as sustainable development goals and Paris Agreement. The possible global economic recession would also mean it would impact the national spending pattern. More funding will be targeted to address the health response. National allocation of funding toward climate adaptation and mitigation already sees a temporary recession.

This pandemic might put us behind in achieving our climate-related goals, but this can also be used as an opportunity to remember the effectiveness of working together and plan. Some areas that key interventions of the short term can take place are:

- **Leave no one behind:** Targeting the communities and individuals who are most vulnerable to climate impacts and are dependent on the environment for their livelihood (e.g., farmers).
- **Continuity of climate services:** At least minimum funding needs to be allocated for climate adaptation and mitigation measures instead of complete funding cancellation toward climate change works.
- **Water security:** Ensuring climate-induced water shortages and water supplies are not affected by COVID-19 responses and disruption to the supply chain.
- **Food security:** As the Maldives depends highly on import, extra support and interventions toward local agriculture are important.
- **Energy security:** Identifying the vulnerabilities rooting from dependence on fossil fuel and trying to address them, in addition, introducing sustainable and general practices for energy efficiencies.
- **Emergency response:** Early intervention and response to reduce the loss and damage for seasonal extreme weather events, which results in vector-borne health emergencies.
- **Waste services:** Ensuring proper waste management for both household and health-care waste, which could otherwise become a health hazard.
- **Environmental regulatory service:** Environmental Protection Agency should continuously monitor and oversee the protected area, fishing practices, and protected species to prevent opportunists or illegal exploitation and work toward safeguarding and enhancing the resilience of the ecosystem.

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However, there has been some good news with all the concerns, such as our marine biodiversity seeing a significant boost over the past months. Marine Ranger at Hanifaru Bay, the breeding site of Mantas, reported seeing over 250 mantas feeding in the site, which has never been seen in the past decade during November. Hence, it is vital to protect the ecosystems and biodiversity because our survival is very much dependent on these.

4.4 Migrants

The migrant worker population of Maldives faces exceptional socioeconomic hardship even out of emergencies. However, with the onset of COVID-19, many migrant workers who had employment, undocumented, or those in an irregular situation, all faced many hardships that brought many challenges in accessing their necessities (UNDP, 2020a,b,c). Many living quarters of migrants in Malé house people well beyond living capacities. Sometimes this meant that anyone bed or a spot to sleep in would be occupied by two to three people who would occupy the space depending on their working schedules to not overlap with the others. When the lockdown came, many living quarters with all their inhabitants were confined to the small spaces, which created congestion, exceptionally difficult circumstances to ensure hygiene. Many of them faced difficulties in getting their daily food. These quarters essentially made a vulnerable population even more susceptible and prone to infection as the living spaces offered little to no room for physical distancing. It had limited means for handwashing among so many people, and restocking food was difficult.

The relevant public authorities, along with humanitarian organizations such as MRC, took on the responsibility that their necessities were met; this included delivering hot meal packs daily to thousands of migrants, facilitating delivery passes during lockdown and handing over groceries to those who had the means to cook where they lived.

The isolation and quarantine facilities for migrant workers explicitly made to them were noticeably different from the facilities offered to the locals. This had raised many concerns about whether migrant workers had their necessities met in these facilities and were safeguarded from the pandemic. This also raised how many migrant workers would go back to similar living conditions after the period of lockdown. Thousands of migrants were voluntarily repatriated back to their home country with the Ministry of Economic Development support.

Figs. 12.4 and 12.5 show the main nationalities of the cases, including expatriates and tourists. Most of the cases were from the migrant workers from Bangladesh, followed by India, Sri Lanka, Nepal, and the Philippines. This is not surprising as there is a large population of Bangladeshi people in the Maldives, and most of them live in appalling conditions.

4.5 Foreign aid

The Maldives benefited from the generosity of many countries that delivered foreign aid in the form of in-kind goods and supported the country’s financial response efforts. The Government had sought loan support and grants with regional and international banks and
received support toward this financing. Other support included aid given by the United States, India, and China, to name some countries. This support ranged from many critical health materials such as ventilators to essential goods such as personal protective equipment (UNDP, 2020a,b,c. In addition to this, many development agencies and humanitarian organizations stepped up the funding toward the COVID-19 response in the Maldives. This includes funding that was given through UNICEF, WHO, UNDP, and the Red Cross Red Crescent Movement. Several foreign embassies extended support toward the response work by sending in medical teams with equipment.

The COVID-19 pandemic has taken the world by a storm and has impacted nearly all the countries in the world. Viruses do not discriminate among nationality, diplomatic relations, or politics but affect everyone everywhere as a whole — although yes, on different scales. Hence, this global circumstance — COVID-19—highlights the importance of generosity in the face of the pandemic and calls for all the countries to put aside their political differences to unite and work together against the COVID-19 pandemic. Many have thus so far benefited from this.
5. Conclusion

The NEOC and HEOC have done commendable work and put in tremendous effort to contain and control COVID-19 infection in the Maldives. After lockdown with each easement phase, the resurgence of cases was observed and controlled with a few restrictive measures while continuing with some level of economic and social functioning. Further decrease in cases leading to additional ease of restrictions and reopening of tourist establishments, HPA forecasts the third wave of cases, hoping it would be a small wave with a lower amplitude. These cases would most likely be sporadic, and transmission will be contained in operational resort islands without onward transmissions (HPA, 2020a,b). However, stringent measures still need to be in place to combat further community transmission. The Risk Communications and Community Engagement Plan that has been drawn up by the HPA, with the support of UNICEF and other agencies, highlights the importance of staying informed while adapting to new normal and enhancing access to lifesaving information, especially for the migrant worker population.

The pandemic has highlighted how crucial it is to establish and maintain effective coordination across sectors and agencies. Effective partnerships helped ensure timely response and allocation of resources. With this, volunteer work also played a huge role to sustain the work that frontline workers took on. It also highlighted the importance of decentralized governance and administration to effectively respond to disasters and emergencies, making the population-dense areas more exacerbated. Managing a global pandemic, which is novel, in a resource-constrained, tourism, and import-dependent economy in a geographically scattered setting requires an audacious political will, commitment and leadership to attain high levels of coordination, planning, and mobilization of resources for an efficient and effective response in combating the COVID-19 pandemic.

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I. Overview and national governance response