



# COVID-19

## QATAR NATIONAL RESPONSE ACTION PLAN

MARCH 2020









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# ABBREVIATIONS

<b>BC</b>	Business Continuity
<b>CMW</b>	Craft and Manual Worker
<b>COVID -19</b>	Coronavirus Disease 2019
<b>CRG</b>	Communications Reference Group
<b>HCW</b>	Health Care Workers
<b>HMC</b>	Hamad Medical Corporation
<b>HSCG</b>	Health Strategic Command Group
<b>HTCG</b>	Health Tactical Command Group
<b>IHR</b>	International Health Regulations
<b>IPC</b>	Infection Prevention and Control
<b>KPI</b>	Key Performance Indicator
<b>MOI</b>	Ministry of Interior
<b>MOPH</b>	Ministry of Public Health
<b>MOU</b>	Memorandum of Understanding
<b>NCC</b>	National Command Centre
<b>NRAP</b>	National Response Action Plan
<b>PHCC</b>	Primary Health Care Corporation
<b>PHEOC</b>	Public Health Emergency Operation Centre
<b>PPE</b>	Personal Protective Equipment
<b>R &amp; D</b>	Research and Development
<b>WHO</b>	World Health Organisation

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# Executive Summary

# 1

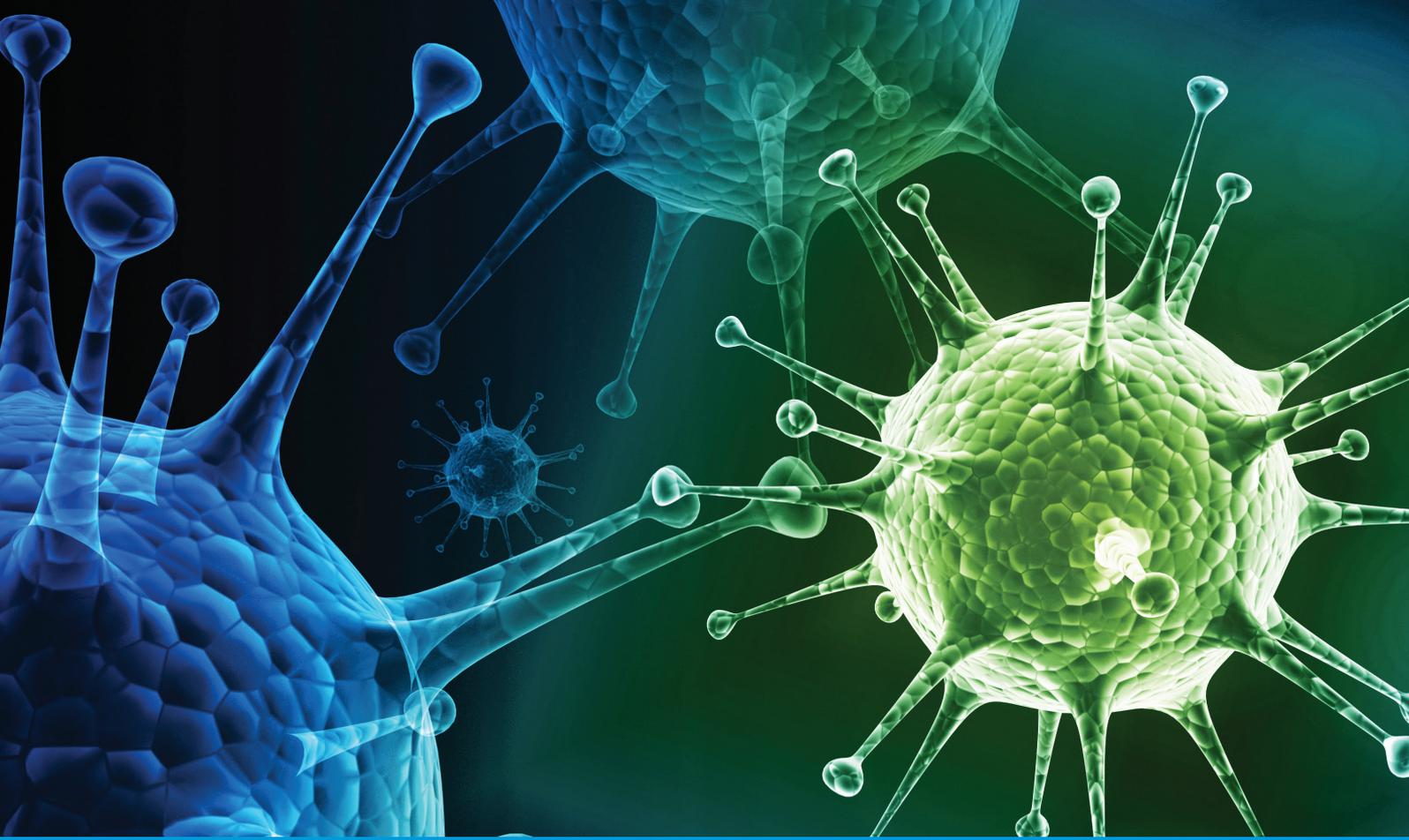
# EXECUTIVE SUMMARY

This plan sets out Qatar's response to COVID-19. It lays out a clear set of actions required to ensure that the health, well-being, and prosperity of Qatar's people is protected by taking action to Prepare for, Monitor, Respond to and Recover from any outbreak of COVID-19 in Qatar.

On 30 January 2020, World Health Organization (WHO) announced that the COVID-19 outbreak was a Public Health Emergency of International Concern. As of 11 March, the WHO announced that COVID-19 is now declared as a pandemic. As of 31 March 2020, a total of 750,890 confirmed cases

of COVID-19 have been reported in >200 countries. To date, most cases were reported in China, with some cases developing in other countries. The number of cases in China declined, during February 2020, while the number of cases reported outside China increased and the number of countries reporting cases increased.

Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. These actions have saved lives and have provided the rest of the world with more time to prepare for the arrival of COVID-19.



We must prepare emergency response systems, increase capacity to detect and care for patients, ensure hospitals have the space, supplies and necessary personnel and to develop life-saving medical interventions.

At the direction of His Excellency the Prime Minister and the Supreme Committee for Crisis Management, the Ministry of Public Health has been asked to provide overarching guidance for a cross-government response to address the specific challenges posed by COVID-19. Therefore, this has led to the development of this COVID-19 Qatar National Response Action Plan.

This plan sets out the ways that the Government of Qatar can address this crisis. Due to the rapidly evolving nature of this challenge, this plan, and indeed the Government and community, must remain highly poised and flexible. Responses must be tailored to the nature of the challenge,

and focus particularly on risk-assessment and mitigation. Accordingly, priority is given to those actions that will have the greatest impact, and protect the most vulnerable areas. Remaining flexible and responsive to a rapidly evolving situation requires excellent data sharing and flow of information, and all parties are encouraged to prioritize actions that support these requirements.

Successful Implementation of the plan will deliver three outcomes:

**People** – Minimize the impact of the disease and mitigate the effects on the people of Qatar

**Social** – Enable society to continue to function as normally as possible during and after the pandemic

**Economic** – To minimize and mitigate the economic impact of the pandemic

To achieve these outcomes, a Framework for Action has been developed, covering four key themes and complemented by cross-cutting programs.



Figure 1: Framework for Action for COVID-19

Much work has already been delivered across these themes and programs. However, more work is required to assure the desired goals and outcomes are achieved. These requirements are listed in this plan, with clear accountability for delivery. Delivery will be monitored against these requirements, in addition to monitoring of operational performance against a set of Key Performance Indicators (KPIs).

Qatar’s action plan has been prioritized into 3 levels of priority to ensure scarce resources are directed to the most urgent actions.

Not all populations are at the same level or risk for COVID-19. In order to ensure best use of targeted responses, specific consideration has been given to areas most at risk, including:

- Airports and Sea Ports.
- High Density Housing populations.
- Families.
- Older People and those with co-morbidities.
- Healthcare workers.

Whilst the entire health sector has a key role to play in mobilizing to support those affected by COVID-19, there are actions required across government agencies. Above all, individuals must take responsibility for their own behaviour and actions as this can have an enormous positive impact on the current situation.

Early action has been taken by the Government to respond to COVID-19. As of March 13, 2020:



Figure 2: Some Actions Taken by the Government to Respond to COVID-19





# Context

# 2

## CONTEXT

### History of Infectious diseases

In the recent past, Qatar has experienced outbreaks of emerging and re-emerging infectious diseases including pandemic occurrences. As with many other countries, it continues to be susceptible and vulnerable to re-occurrences of these diseases including those infections with pandemic potential. Pathogens continuously evolve and interact with their hosts, as biological, environmental, and social factors combine to allow these pathogens to infect new hosts.

Pandemics occur when a new virus variant emerges to which the human population has no immunity. Viruses are most dangerous to humans because of their wide host range, their rapid mutation rate, and their capacity to cause serious disease.

Viral respiratory diseases have the greatest potential to cause pandemics and the key threat of emergence of a pandemic strain of virus lies at the human-animal interface. Every so often, novel influenza strains have emerged in animals such as birds and pigs, which have caused significant morbidity and mortality in humans.

# COVID-19 Outbreak

In December 2019, China reported cases of a viral pneumonia caused by a previously unknown pathogen that emerged in Wuhan, a city of 11 million people in central China. The initial cases were linked to exposures in a seafood market in Wuhan, where a large range of live animal and animal products were sold. The pathogen was identified as a novel coronavirus (recently named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)), which is closely related genetically to the virus that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS).

SARS-CoV-2 causes the illness now known as Coronavirus disease 2019 (COVID-19). Currently, there is no specific treatment (no vaccine and no antiviral) against the new virus.

Given what we know about pandemic preparedness, response and the significant global impact of the SARS outbreak in 2003, the influenza pandemic in 2009 and the Middle East respiratory Syndrome (MERS) in 2013 and again in 2015, we cannot afford to be complacent.

Due to heightened global concerns around the pandemic potential of COVID-19, the World Health Organization Director-General declared the outbreak of COVID-19 a Public Health Emergency of International Concern on 30 January 2020. As of 11 March, the WHO announced that COVID-19 is now declared as a pandemic.

## Qatar's Preparation for Pandemics

In 2019, working in collaboration with key partners, the Ministry of Public Health produced "Qatar National Preparedness and Response Plan for Communicable Diseases".

This is a comprehensive plan that embodies capacity building and readiness to manage potential outbreaks and pandemics. The purpose of developing the response plan was to manage the threats of communicable diseases in terms of preventing their occurrence, mitigating the risks, controlling and containing the disease that occurs. It also covers the management of different outbreak and pandemic scenarios.

The plan was developed adapting the WHO's recommended Pandemic Influenza Risk Management Guide 2013 to support the harmonization of national and international pandemic preparedness and response.

Pandemics follow relatively predictable phases. Accordingly, Qatar's response will be leveled proportionate to the current phase of the COVID-19 spread in the Country, according to the phases below:

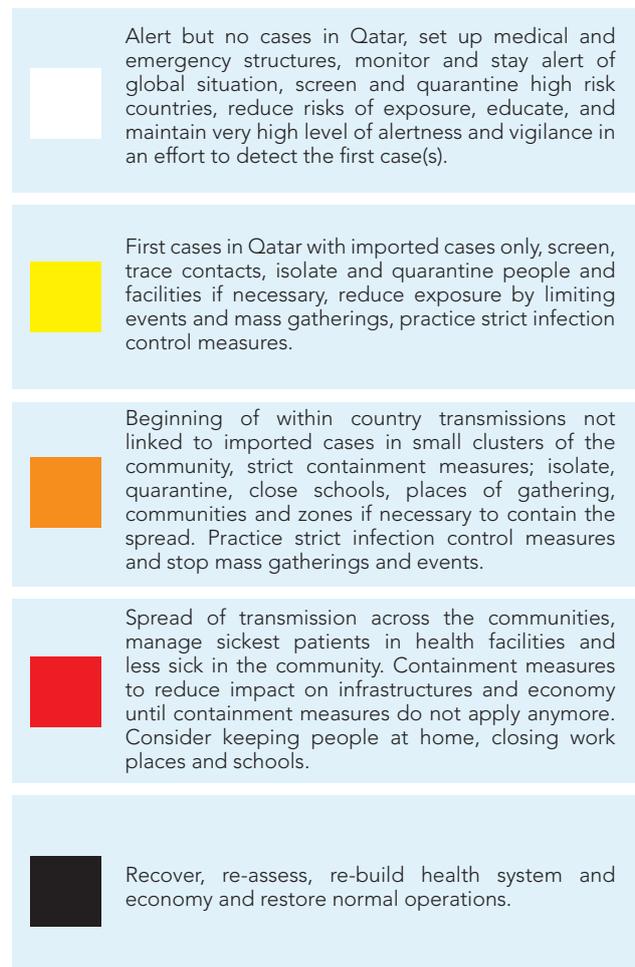


Figure 3: Pandemic Phases

There are infectious and communicable diseases that occur intermittently in the country, some seem to be of minor impact and some are major public health issues. If not prevented from occurring, or contained when they occur, this can lead to widespread of the disease, causing great impact on public health and the economy of the country

Hence the establishment of the Health Protection & Communicable Disease Prevention and Control Program, purposely to protect the health and well-being of the public against infectious diseases. The program is composed of three sections; Surveillance and Outbreak program, Disease Control program, and Vaccination program.

The Emergency Preparedness Plan for Communicable Diseases is a plan that encompasses public health programs and plans of actions with systems, arrangements and schemes to ensure that, should a situation occur, all necessary resources (e.g. financial, human, technical), expertise and services that may be required to cope with the effects of that situation can be mobilized rapidly and deployed. This is set in place during the Interpandemic Phase. The plan covers the institutionalization of the Disease Prevention and Control Program for management of public health emergencies due to communicable diseases.

To complement national plans developed at Ministry level, healthcare providers also have supporting pandemic response plans, and many core industries and country functions have robust business continuity plans to ensure that all key services remain operational in the event of any major disruption. Taken together these plans provide a strong foundation of resilience to ensure that daily life in Qatar is affected to a minimum degree in the event of a range of emergencies from pandemic to industrial disaster to climate issue. Qatar has already demonstrated its tremendous resilience in not just surviving but

thriving during the illegal blockade imposed by other GCC members.

These experiences and plans enable the country to move forward in the face of severe emergencies. In line with international best practice, and given the particular challenges posed by COVID-19, this overarching national plan provides clarity and security to the country, leaders and decision makers as they face this present challenge.

## Case for Action

This section explains the epidemiology of COVID-19, the likely scenario for Qatar, as well as building a case as to why we need to intensify our containment and control efforts.

## The Virus

COVID-19 has features typical of the Coronavirus family which is found in animals and humans across the world, that can cause illness. Some are mild illnesses like the common cold, some will have no symptoms. Others can cause more severe respiratory diseases which can result in the need for acute assistance. Because COVID-19 is new, everyone is susceptible to infection (there is no immunity).

COVID-19 is a new strain of Coronavirus that has not been seen in humans before. It is spreading with astonishing speed. The virus infection spreads extensively between people through droplets and contaminated objects (e.g. furniture) that has been in contact with a person with the virus. In 80% of cases the symptoms are mild, with the main symptoms being a cough and a high temperature. In severe cases people experience shortness of breath, with a small number resulting in pneumonia.

The majority of cases have been self-limited and recovered without the need for intervention (as with influenza).

# Transmission

At the point of the COVID-19 outbreak in Wuhan, China, human-to-human transmission (including through travel to other regions/countries) resulted in an intense outbreak across the community before comprehensive measures were rolled out to contain and delay the infection. In other areas of China, the transmission was slower due to the effective control measures introduced as a result of learning in Wuhan. There is now strong evidence that non-pharmaceutical interventions can reduce and even interrupt transmission.

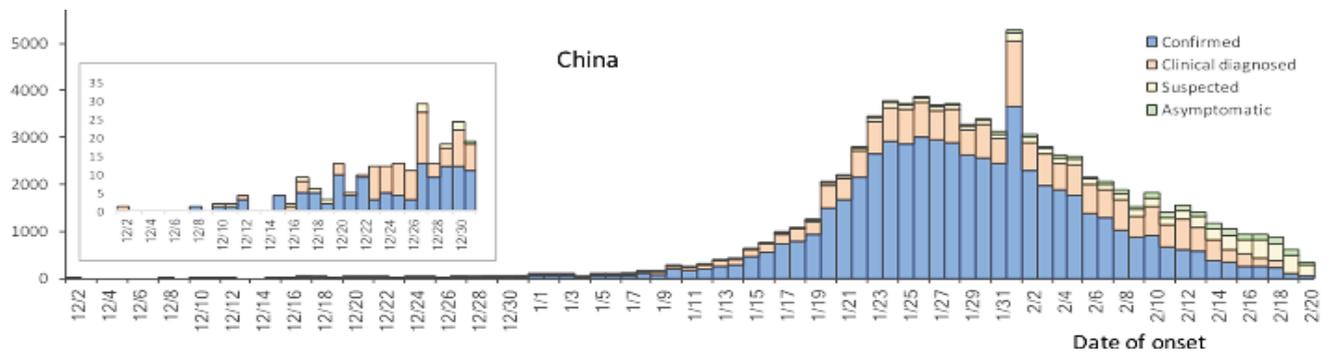


Figure 4: Epidemiologic Curve of COVID-19 Laboratory Confirmed Cases, by Date of Onset of Illness, Reported in China, as of 20 February, 2020

Although we are still learning more about COVID-19, it seems that children and adolescent can be infected, but the disease is usually less common and less severe. The majority of cases are aged between 30-69 years. Severe disease and death increase among elderly people and people with underlying health conditions.

In China, human-to-human transmission has occurred significantly within families, creating clusters of infection during close unprotected contact. Experience in China and other parts of the world has resulted in a comprehensive set of interventions being introduced to contain and delay the transmission. These include aggressive case and contact identification, isolation and management, and safe physical distancing. The psycho-social impact of quarantine and isolation is also an important consideration when planning for interventions. Transmission in closed settings appears to be adding to the burden of the disease.



# Successful Interventions

The speed and intensity of transmission has required a rapid and coordinated control response in affected countries. The response to contain and delay transmission in China was managed with the help of command through a unified multi-sector action plan. Key actions contributing to management of COVID-19 included:

- Clear understanding of the source and transmission processes
- Strong protocols for diagnosis and treatment
- Meticulous surveillance and tracking efforts
- Standardized guidelines/policies/pathways for testing, treatment, quarantine, isolation, discharge
- Personal healthcare declarations
- Control of ports of entry
- Coordinated communications – with effective early alert and risk management communications
- Effective governance to lead the coordinated response
- Commitment from both the government and the public
- Engagement of private sector, community associations & organizations.
- Research to understand the outbreak, and response lessons learned

Through containment and mitigation, it is possible to significantly impact the growth of pandemics

International experience of controlling the epidemic so far has required finding a balance between prevention and control, sustainable economic and social development, clear guidance, and evidence-based policy implementation.

Recovery from the outbreak of COVID-19 also requires careful management to return to normal social condition.

Qatar has to consider the impact of the high expatriate population including the Craft and Manual Workers (CMW) and the risk of infection in this population group. This group is high risk for transmission given the density of their current accommodations and social interactions.

## Most Likely Scenario for Qatar

Qatar has a young population, thus far, COVID-19 poses more serious risks to older people.

### Goals of Community Mitigation

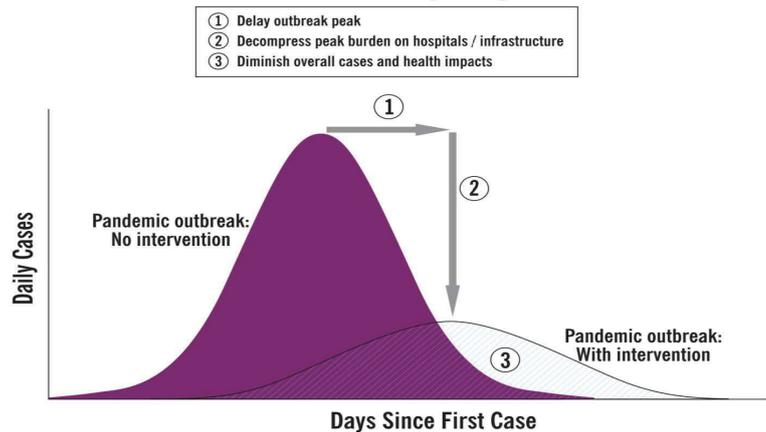


Figure 5: The Pandemic Curve Showing Daily Cases with and without Intervention

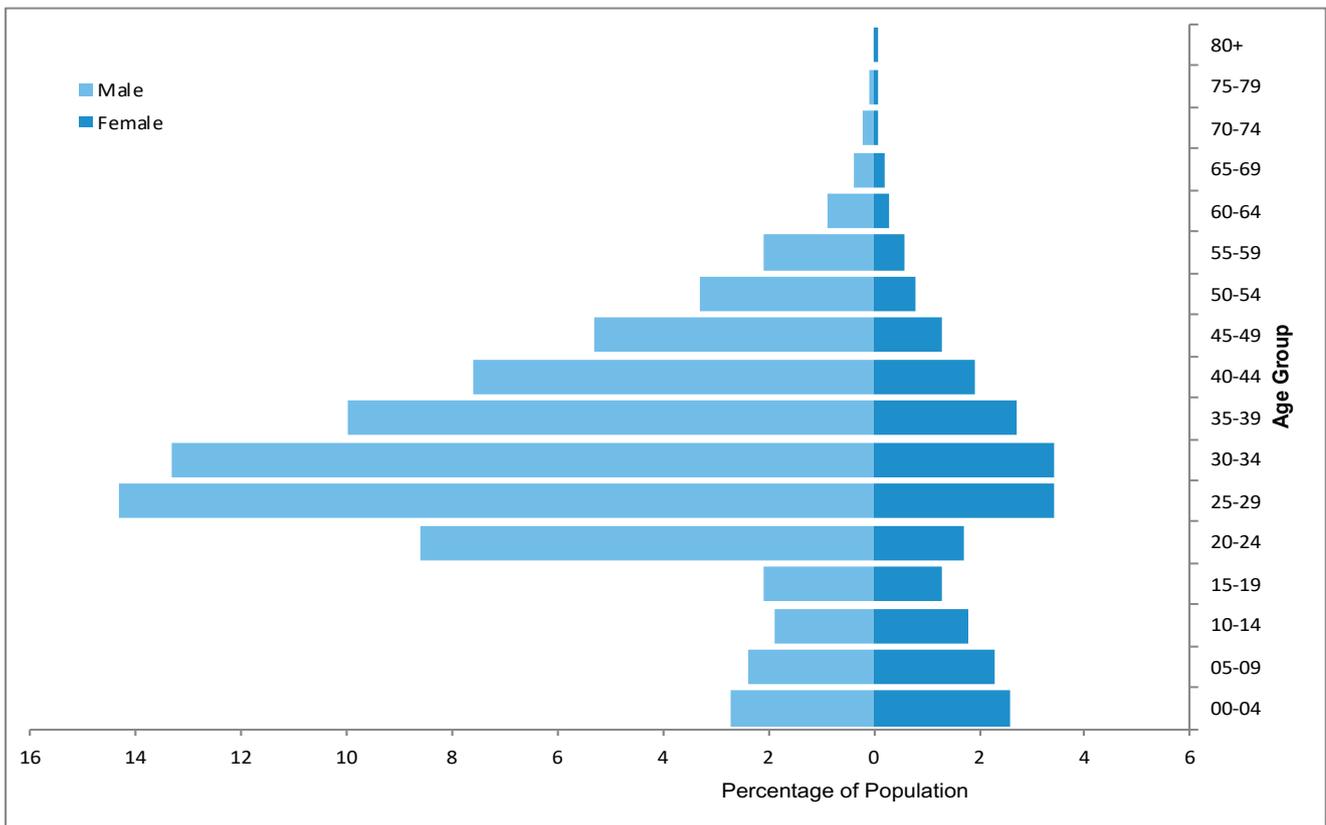


Figure 6: Qatar Population Distribution by Age Group

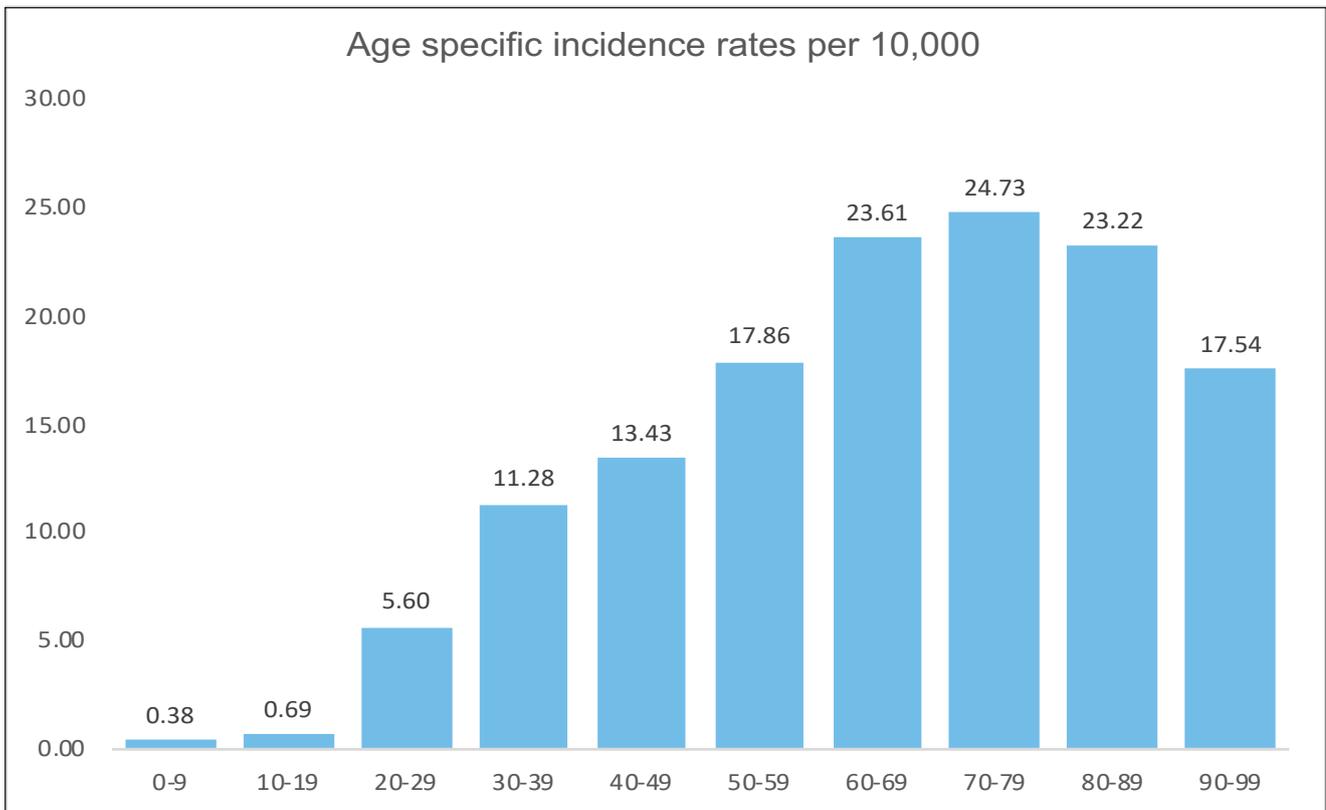


Figure 7: Case Distribution in Hubei by Age Group

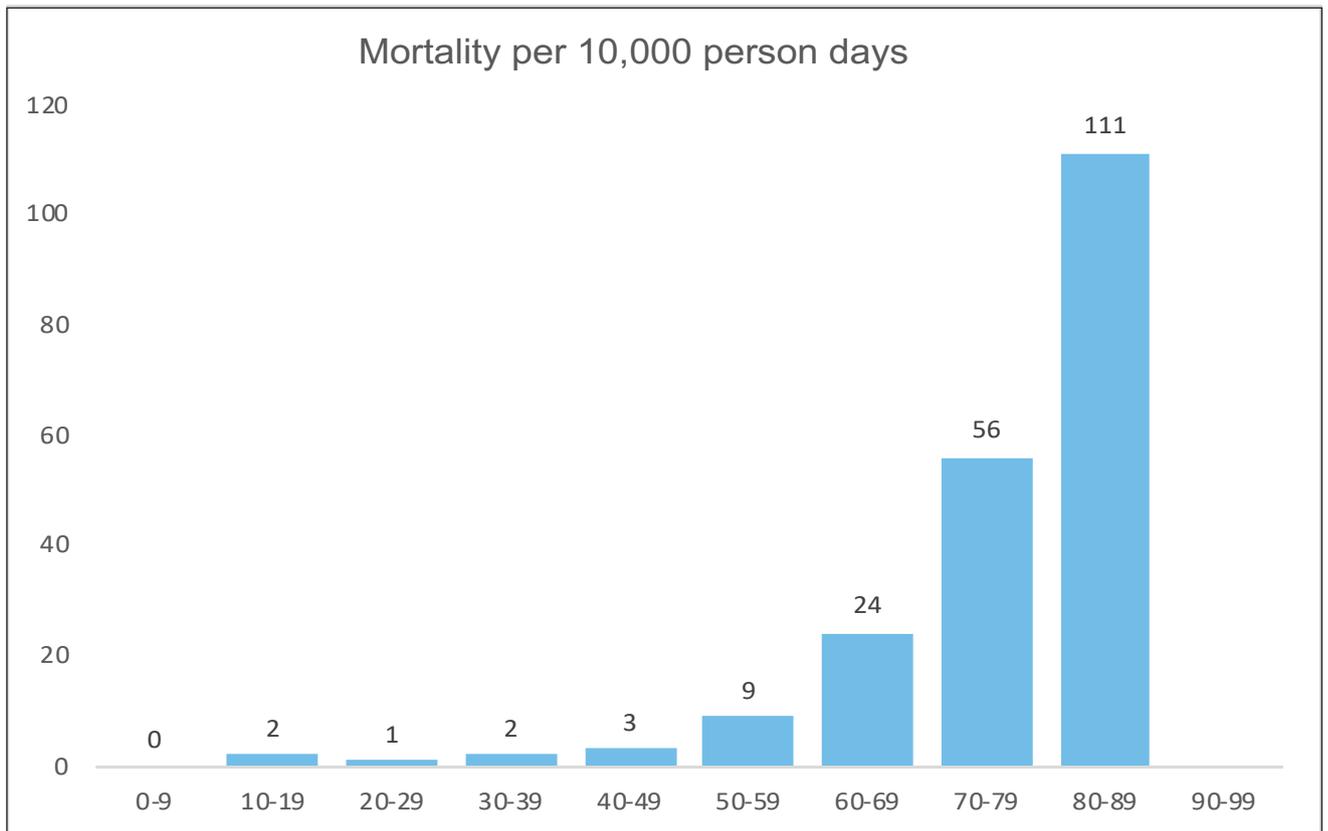


Figure 8: Mortality Rate in Hubei by Age Group

Table1: The Expected Number of Cases in Qatar utilizing Different Control Scenarios

	Most likely (*)	Good Control	Reasonable Control	Worst Case scenario	Estimates without mitigation (**)
Attack Rate per 10,000 population	8.94	17.88	26.82	35.76	7000
Total expected cases	2,436	4,872	7,308	9,744	1,907,224
Moderate to Mild	2,106	4,211	6,317	8,423	1,668,219
Severe cases	238	477	715	954	191,066
Critical cases	92	183	275	367	47,940

(\*) Based on the course of the epidemic as controlled in Hubei, China

(\*\*) If no mitigation interventions take place and no vaccine is developed shortly

Based on data currently available, and assuming that the implementation of timely and effective control measures similar to those taken in Hubei, China, it is reasonable to base core planning on an age specific Incidence Rate of 8.94 per 10,000 population. Under this scenario, Qatar is expected to see a total of 2,436 patients affected by COVID-19. Of these, 2,106 are expected to experience moderate or mild symptoms, 283 are expected to be severe and 92 are expected to be in critical conditions, requiring intensive care treatment.

Hospital planning assumptions are being calibrated to manage the most likely case, and over the next 8 weeks. It is anticipated to require more than 450 acute and 100 critical care bed days. Plans are in place to meet this demand. Work is underway to further provide contingency capacity should control be poor.

However, if effective control measures are not implemented or delayed, the number of cases can be dramatically increased. Estimates developed by different research team for COVID-19 on the basis of the available evidence so far, indicate that over a period of 2 to 3 years, a proportion between 50 and 80% of the population will eventually be affected bringing the number of expected cases to a value in the range of 1.35 Million to 2.1 million.



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# Qatar's Response

# 3

## QATAR'S RESPONSE

The overall goal of this plan is to Prepare for, Monitor, Respond to and Recover from an outbreak of COVID-19 in Qatar.

### Planning Principles

#### 1. All-hazard Approach:

Applies the utilization of existing national capacities, in particular those under the International Health Regulations (IHR) (2005) core capacities, in order to manage risks from COVID-19 threat.

#### 2. Emergency Risk Management for Health Approach:

The objectives of emergency risk management for health are to:

- Strengthen capacities to manage the health risks from COVID-19.
- Embed comprehensive emergency risk management in the health sector.
- Enable and promote multi-sectoral linkage and integration across the whole-of-government and the whole-of-society.

Certain aspects of implementation may therefore be linked with the core capacity strengthening activities required by the IHR (2005).

#### 3. Disaster Risk Reduction and Management Alignment:

- Align more closely with the disaster risk management structures already in place in the country and underscores the need for appropriate and timely risk assessment for evidence-based decision-making at national, sub-national and local levels
- Illustrate how the mechanisms required for response to and recovery from COVID-19 can be applied, as appropriate, to the management of all relevant health emergencies



#### **4. Risk-based Approach:**

- Develop flexible plans, based on national risk assessment, taking account of the global risk assessment conducted by WHO. To support implementation, the assessments of risk and severity have been strengthened.

#### **5. Whole Society Approach:**

- To reflect the approach taken at the national level where pandemic planning often rests with national disaster management authorities and roles and responsibilities of WHO relevant to pandemic preparedness, in terms of global leadership and support to Member States.

#### **6. Approach to Global Phases Based on National Actions:**

- The phases, which are based on virological, epidemiological and clinical data, are to be used for describing the spread of the disease with pandemic potential, taking account of the disease it causes, around the world.

## **Strategic Objectives**

In delivering the overall goal, a number of Strategic Objectives have been identified:

- Scaling up Qatar's preparedness to manage this health risk, including strengthening:
  - » Prompt identification, diagnosis and treatment of cases
  - » Identification and follow-up of contacts when feasible (with priority given to high-risk settings such as healthcare facilities)
  - » Infection prevention and control in healthcare settings
  - » Implementation of health measures for travelers
  - » Inform, engage and empower the public through risk communication and community engagement.
- Identifying and characterizing the nature of the virus and the clinical severity of the disease
- Minimizing transmissibility, morbidity and mortality
- Minimizing the burden on and support health systems
- Collaborating with international partners to accelerate priority research and innovation to support a global process to fast track and scale-up research, development, and the equitable availability of candidate therapeutics, vaccines, and diagnostics

If successfully implemented, this plan will deliver the following outcomes:

**People** – Minimize the impact of the disease and mitigate the effects on the people of Qatar

**Social** – Enable society to continue to function as normally as possible during and after the pandemic

**Economic** – To minimize and mitigate the economic impact of the pandemic

## Governance

### Whole Government Approach

A pandemic that potentially affects the whole of society, requires national coordination and decision-making. Actions will need to be taken to protect and reduce the impact of the emergency on Qatar as a whole. In such an event, strategic decisions will be made centrally through established processes and systems. Given the pace of action required to address the evolving issues, governance structures are flexibly established and subject to change. It is essential to clarify who is responsible for making decisions in different areas.

This section outlines some of the key areas where cooperation and cross government leadership will provide most benefit during this situation.

Each Government agency is responsible for leading the response for the sector it serves and developing relevant materials for that purpose informed by guidance set and the resources developed by the Ministry of Public Health.

Qatar has robust established mechanisms in place for managing emergency situations. The Supreme Committee for Crisis Management, Chaired by His Highness the Prime Minister has responded rapidly to the emergence of COVID-19. It established the National Committee for Coronavirus, chaired by Her Excellency the Minister of Public Health. The membership reflects the cross-government approach required by the plan. Each member contributed to the National Response Action Plan.

The Committee has adopted a phased approach in line with the National Plan. It has the authority to make decisions and propose recommendations in response to the situation.

## Cross-Government Roles & Responsibilities

In addition to acting as leads for their sectors, there are a number of priority actions government agencies are responsible for to ensure appropriate response to COVID-19. This includes:

- Providing support to the health sector in the implementation of the response actions
- Maintaining the provision of essential and critical services
- Engaging the public and raising their awareness according to the response actions and
- Maintaining the public confidence in the government, its agencies and its processes

Table 2: Government Responsibilities

Sector	Responsibilities	Entities
1. Security and Public Safety	<ul style="list-style-type: none"> <li>• Well-coordinated border management systems</li> <li>• Provide public safety and security for the people living in Qatar</li> <li>• Regulate issues of nationality entry and residency of expatriates</li> <li>• Protecting public and important facilities in the country</li> </ul>	Ministry of Interior and Ministry of Defense.
2. Global Partnerships	<ul style="list-style-type: none"> <li>• Look after the welfare of the citizens living abroad</li> <li>• Manage and maintain international relations with other countries under current and evolving situation of COVID-19</li> <li>• Assistance and humanitarian aid in accordance with the country's priorities</li> </ul>	Ministry of Foreign Affairs.
3. Urban Planning, Housing and Accommodation Units	<ul style="list-style-type: none"> <li>• Urban planning and managing the state properties</li> <li>• Coordinate with all government bodies to allocate proper buildings as part of the response ie quarantine facilities</li> <li>• Have the latest housing situation in Qatar</li> <li>• Implement laws and regulations related to housing</li> <li>• Take necessary actions for the maintenance, demolition or rebuilding of accommodation units as deemed required in response plans</li> </ul>	Ministry of Municipality and Environment, Ministry of Administrative Development, Labour, and Social Affairs, Ashghal.

Sector	Responsibilities	Entities
4. Environment	<ul style="list-style-type: none"> <li>Public hygiene, buildings, parking, gardens...etc.</li> <li>Waste Management, including solid waste, biological waste, Chemical Waste, etc</li> </ul>	Ministry of Municipality and Environment, Hamad Medical Corporation (HMC).
5. Inspection and Control	<ul style="list-style-type: none"> <li>Inspection of restaurants and supermarkets to ensure that hygiene measures are strictly followed</li> <li>Inspection of shops to ensure the new measures are being implemented</li> </ul>	Ministry of Municipality and Environment, Ministry of Commerce and Industry.
6. Products Supply	<ul style="list-style-type: none"> <li>Manage and control the emergency stockpile for the management of the COVID-19 including contingency plans for any shortages</li> <li>Taking measures for consumer protection against commercial fraud</li> <li>Protect the interests of the companies, investors and merchants</li> </ul>	Ministry of Public Health, HMC, Ministry of Commerce and Industry, Ministry of Municipality and Environment.
7. Workforce and Labour	<ul style="list-style-type: none"> <li>Enforce and monitor the implementation of labor law</li> <li>Look after the welfare of the laborers and ensure that employers are complying to all the aspects of the labor law</li> <li>Provide psychosocial support to staff particularly those at the frontline fighting COVID-19 to avoid burnout</li> </ul>	Ministry of Administrative Development, Labour, and Social Affairs.
8. Transport	<ul style="list-style-type: none"> <li>Coordinate the implementation of the response plan at land and sea transportation</li> <li>Ensure the implementation of response actions at the ports of entry</li> </ul>	Ministry of Transport and Communication. Qatar Airways, Hamad International Airport, Civil Aviation Authority.

Sector	Responsibilities	Entities
9. Communication	<ul style="list-style-type: none"> <li>Facilitate alternatives for communication for example virtual learning, working from home to mitigate the risk of spread of COVID-19</li> <li>Strengthen the communication infrastructure to enable the implementation of new solutions.</li> <li>Broadcasting awareness materials through radio and television stations In different languages.</li> <li>Developing awareness materials that suits the diversified community and respect the culture of the country.</li> <li>Monitor rumors and manage response.</li> </ul>	Ministry of Public Health, Ministry of Transport and Communication, Ooredoo, Ministry of Culture and Sports
10. Education	<ul style="list-style-type: none"> <li>Contributing to raising awareness through their education channels</li> <li>Closing education institutions and activating online education</li> <li>Ensure that their facilities are strictly following high levels of environmental hygiene</li> <li>Look after the wellbeing of the students and staff</li> </ul>	Ministry of Education and Higher Education.
11. Religion and Faith	<ul style="list-style-type: none"> <li>Raise awareness of the public through Islamic values.</li> <li>Supervising mosques and other religious institutions and ensure that their facilities are strictly following the response measures.</li> </ul>	Ministry of Endowments (Awqaf) and Islamic Affairs

Sector	Responsibilities	Entities
12. Sport and events	<ul style="list-style-type: none"> <li>Supervising organizations and authorities caring for youth and sports in the Country</li> <li>Coordinate the sports events and competitions among youth</li> </ul>	Ministry of Culture and Sports, Qatar Olympic Committee, Qatar Tourism Council.
13. Energy	<ul style="list-style-type: none"> <li>Ensure that the country's energy, electricity and water are available &amp; the alternatives are studied.</li> <li>Secure the critical country infrastructure such as refineries, LPG, Electricity, Water, Ports etc.</li> </ul>	Qatar Petroleum, Kahramaa
14. Finance and Economy	<ul style="list-style-type: none"> <li>Provide emergency funding to the implementation of the COVID-19 action plan</li> <li>Study the economic impact of COVID-19 on the country</li> <li>Providing options to support private sector.</li> </ul>	Ministry of Public Health, Ministry of Finance, Qatar Central Bank, Qatar Development Bank, etc.
15. Community Associations	<ul style="list-style-type: none"> <li>Provide support in areas such as health, mental health, logistics and raising awareness.</li> <li>These organizations have a huge volunteering database, who are trained and have different specialty backgrounds that are already being effectively utilized in the response</li> </ul>	Qatar Red Crescent, Qatar Charity, Supreme Committee for Delivery and Legacy, Qatar Olympics Committee, etc.

## Resilience & Continuity (All)

Community transmission of COVID-19 may lead to an interruption of essential services in the communities affected unless tested business continuity plans are in place. Resilience and Business Continuity plans exist for all essential services in Qatar and are being reviewed and updated in preparation for COVID-19.

Given that an epidemic of any severity will have consequences for the whole of society, it is essential that all organizations, both private and public, plan for the potential disruption that a pandemic will cause, including the impact of staff absenteeism.

## Health System Roles and Responsibilities

The Ministry of Public Health, and public and private healthcare providers, will play the core role at the frontline of managing COVID-19. On a national level this includes:

- Devising and initiating the national response which will use the full range of the Government's emergency preparedness apparatus
- Devising and declaring a national response plan, undertaking national intelligence and planning, including liaising with WHO and other international bodies responsible for providing high-level advice and recommendations to national authorities
- Convening command, operational and advisory groups and disseminating clinical and public health advice nationally
- Liaising nationally with, and advising, other Government agencies and ministers

HE the Minister of Public Health commands the health sector response from the Ministry of Public Health through a structure which provides clarity of decision making and the allocation of authority to set strategy and direct operations. The necessity for informed reporting and decision making requires transparency and sharing of data, as a matter of priority, by all organisations.

### Strategic Level of Command

Accountable to HE the Minister of Public Health, strategic command is responsible for making strategic decisions for the health sector as the COVID-19 pandemic unfolds, and communicating these to tactical command groups to be operationalized.

### Tactical Level of Command

In response to the directions given by strategic command, the tactical command groups make all decisions within the scope of their functions and turn these decision into coordinated, sector-wide operational action. All public, private and voluntary sector healthcare facilities and services fall under the command of the tactical command groups.

### Functional Operations Groups

Operations groups may be established for specific functional areas to implement directions given by tactical command groups.

# Public Responsibilities

For every healthcare worker and public health professional, there are thousands of visitors, residents and citizens in Qatar. By far and large it is the response of the general public that will determine the course of COVID-19. There are clear, evidence based, actions that every person in Qatar can adopt to protect themselves. The more people do, the less doctors have to. Working together with an engaged public will stop COVID-19 in its tracks. This may entail some minor inconveniences, but the majority of actions people can take are common-sense minor changes to people’s daily routines.

Table 3: Public Responsibilities - Hygiene

Hygiene	
Context	Responsibilities
<p>COVID-19 spreads through extended proximity to people carrying the disease. All individuals can adopt simple behaviors and measures that will have a direct impact on transmission of COVID-19.</p>	<ul style="list-style-type: none"> <li>• Regularly and thoroughly clean hands with an alcohol-based hand sanitizer or wash them with soap and water.</li> <li>• Maintain physical distancing particularly between yourself and anyone who is coughing or sneezing</li> <li>• Avoid touching eyes, nose and mouth</li> <li>• Cover mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and clean hands.</li> </ul>

Table 4: Public Responsibilities - Containment

Self-isolate and seek assistance remotely	
Context	Responsibilities
<p>MOPH has the most up to date information on the situation in your area. Calling in advance will allow the health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.</p>	<ul style="list-style-type: none"> <li>• Stay home if unwell</li> <li>• Call 16000 if there is fever, cough and difficulty breathing and then seek medical attention according to their advice</li> </ul>

Table 5: Public Responsibilities - Stay Informed

Stay Informed	
Context	Responsibilities
<p>MOPH and other government communications channels are best informed on the current situation and can offer the most accurate and up-to-date information and guidance to all people of Qatar.</p>	<ul style="list-style-type: none"> <li>• Reduce the impact and spread of misinformation by relying on information from trusted sources such as <a href="http://www.MOPH.gov.qa">www.MOPH.gov.qa</a> or call 16000</li> <li>• Keep in communication with friends and family who may be at higher risk</li> </ul>



4



# Framework

# 4

## FRAMEWORK

The core of Qatar's health sector response focuses on a Framework for Action, comprising four key phases supported by cross-cutting programs.

### Key Phases

It is prudent to ensure that Qatar's capability to respond to COVID-19 reflects the state of progression, as such, a phased response has been developed. There is of course some overlap across phases, and actions will be required across the entire spectrum over the coming months.

Each phase will have a definition, set of objectives, actions completed, in progress & not yet started. It will also specify entities responsible and prioritization of actions.

#### **The Phases are:**

**Preparedness:** Activities that should be undertaken to ensure preparedness of the country including health services.

**Surveillance and Detection:** Domestic and international systems that provide continuous "situational awareness" to ensure the earliest diagnosis, support and advice and surveillance to contain outbreaks.

**Response and Containment:** Actions to further limit the spread of the outbreak and ensure health services are ready to provide high quality care to large numbers of severe patients. Ensuring mitigation of the health, social and economic impacts.

**Recovery and Continuity:** Supporting people, systems and the broader economy to return to business as usual, learn lessons and enhance future response capabilities.

# Cross-Cutting Programs

In addition to the requirements set out in the phases, there are a number of activities that are already underway and will continue throughout the course of Qatar's COVID-19 response. These cross-cutting measures will play a key role in the effectiveness of Qatar's overall response:

- **Infection Prevention & Control:** A comprehensive infection prevention and control program acts as an infrastructure for any pandemic planning to combat any threat of an infectious nature.
- **Communications:** A comprehensive communications strategy, implemented across all stages of the outbreak, is a key component of a successful response to a novel coronavirus outbreak.
- **Research:** The research element of the National Response Plan outlines the need for Qatar to be prepared to support a global response in halting the current COVID-19 outbreak for the benefit of Qatar and global health.



Figure 9: Framework for Action for COVID-19

## Priority

Early and proactive interventions have been demonstrated to have positive effects on the impact of pandemic spread and severity. However, the pace of action required and the scarce resources available require actions to be prioritized to ensure that those with the greatest chance of positive impact are delivered as quickly as possible.

Accordingly, all actions are prioritized into three levels.

- **Priority 1:** Actions to be completed within 2 weeks
- **Priority 2:** Actions to be completed within 4 weeks
- **Priority 3:** Actions to be completed within 6 weeks

This prioritization will be kept under constant review as COVID-19 progresses across Qatar.

# Preparedness

## Objectives

- Plan and prepare to reduce the health, social and economic impact of COVID-19

Table 6: Preparedness Actions and Government Entities' Responsibilities

	Areas	Actions		Responsibility	Priority
		●	Completed <sup>1</sup>		
		●	In progress		
		○	Not yet started		
Supply Chain	Therapeutics	●	Conduct Inventory of Supplies	Ministry of Public Health, Hamad Medical Corporation, Ministry of Commerce & Industry, Qatar Petroleum, Ministry of Defense, Ministry of Interior	1
		●	Assess the capacity of market to meet increased demand for medical and other essential supplies, and coordinate internationally		
		●	Request of supplies through regional and global procurement mechanisms		
	Diagnostics	●	Conduct inventory of supplies	Ministry of Public Health & Healthcare Providers <sup>2</sup>	1
		●	Request of supplies through regional and global procurement mechanisms		
	Personal Protective Equipment	●	Conduct Inventory of Supplies including Infection Prevention & Control (IPC) supplies	Ministry of Public Health, Hamad Medical Corporation, Ministry of Commerce & Industry	1
		●	Estimate volumes for pandemic stock and assess the capacity of market to meet increased demand for medical and non-medical PPE supplies, and coordinate internationally		
		●	Request of supplies through regional and global procurement mechanisms		
		●	Develop a national plan to manage PPE (Stockpile and distribution) and identify surge capacity		
		●	Ensure that facilities have plans for increased demand on IPC stock		

1 Completed actions are not given priority as they have already been achieved

2 Healthcare Providers include Hamad Medical Corporation, Primary Healthcare Corporation, other governmental and semi-governmental healthcare providers and private sector

Capacity Building	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Food Security	●	Conduct Inventory of Supplies	Ministry of Public Health, Hamad Medical Corporation, Ministry of Commerce & Industry, Qatar Petroleum, Ministry of Defense, Ministry of Interior	1	
	●	Assess the capacity of market to meet increased demand for medical and other essential supplies, and coordinate internationally			
	●	Request of supplies through regional and global procurement mechanisms			
Management of Inventory	●	Develop a central stock reserve for COVID 19 response	Hamad Medical Corporation	1	
	●	Supply chain and Inventory management system	Ministry of Public Health, Hamad Medical Corporation, Ministry of Commerce & Industry, Ministry of Municipality & Environment	2	
	●	Review procurement processes			
	○	Document process on how to access the pandemic stockpile	Ministry of Public Health	2	
Education & Training	●	Disseminate regularly updated information, train, and refresh medical/ ambulatory teams in the management of severe acute respiratory infections and COVID 19-specific protocols	Ministry of Public Health, Healthcare Providers (public & private)	1	
	●	Begin establishing metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures	Ministry of Public Health, Healthcare Providers (public & private)		
	●	Training on fit and use of PPE (i.e. N-95 masks)			
	●	Provide education on COVID-19 for IPC staff and frontline staff	Ministry of Public Health		
	●	Create awareness materials			
	●	Adapt and tailor information campaign to the stage of the epidemics			

Areas	Actions		Responsibility	Priority
	●	Completed		
	●	In progress		
	○	Not yet started		
Awareness & Communication	●	Conduct awareness campaigns on appropriate means of protection and guidelines to prevent infections using various communication tools	All Ministries & Government entities	
	●	Launch a web page to provide a trusted source for information	Ministry of Public Health, Qatar Petroleum	
	●	Provide a Hotline for Coronavirus	Ministry of Public Health, Qatar Petroleum, Ministry of Foreign Affairs, Qatar Tourism Council, ministry of Transport and Communications	
	●	Directions to employees to take information from its source	All Ministries & Government entities	
	●	Directions to the radio channels to raise awareness in different languages	Ministry of Culture & Sports	
National IPC Capacity in Healthcare Facilities	●	Utilize the governance structure to prompt facilities across the country to have their preparedness plans ready and have a comprehensive IPC program based on the core components	Ministry of Public Health & Healthcare Providers	
	●	Assess facility IPC preparedness capacity and infrastructure in the healthcare system including government, semi government and private		
	●	Monitor compliance of IPC policies and guidelines for continuous improvement		2
National IPC capacity in Public and Community places	●	Assessed the readiness of the airport and seaport for the process of the screening and the isolation	Ministry of Public Health	
	●	Assess IPC capacity in public places where risk of transmission is considered high		1
	●	Provide guidelines for prevention of transmission in non-healthcare settings		
Policies	●	Update human detection and clinical care guidelines	Ministry of Public Health & Healthcare Providers	
	●	Issue a case definition		
	●	Review and update all relevant policies		2

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Documentation	Guidelines	●	Review regulatory requirements and legal basis of all potential public health measures	Ministry of Public Health	2
		●	Review and regularly update all relevant guidelines		
		●	Review and regularly update the National Interim IPC guidelines on IPC measures for COVID-19 in healthcare facilities	Ministry of Public Health & Healthcare Providers	
		●	Review and regularly update guidance on cleaning and disinfection for non-healthcare settings for COVID-19		
		●	National Interim Guidelines for Quarantine		
		●	Develop guidelines as a response to identified risks and needs		
		●	Disseminate IPC guidance for home and community care Providers		
	●	National COVID-19 Response Action Plan	Ministry of Public Health		
	Plans	●	National COVID-19 Communication plan	Supreme Committee for Health care Communications, Government Communication Office, Ministry of Culture & Sports	
		●	Plan for laboratory services, assessment facilities, and antiviral and vaccine delivery mechanisms	Ministry of Public Health, Healthcare Providers (public & private)	2
		●	Develop Business Continuity Plans	All Healthcare Providers, Ministries and government entities	
		●	Measures to stop all mass gatherings & events	All ministries and government entities	
		●	Port measures to control the spread of COVID-19 by restricting entry	Ministry of Transport & Communications, Hamad International Airports, Ministry of Interior, Qatar Civil Aviation Authority	
		●	Public Transportation Measures to control the spread of COVID-19	Ministry of Transport and Communication	
●		Measures to close places with potential risk to prevent the further spread of COVID-19	All ministries and government entities		
●	Measures to reduce the number of workers and employees	Council of Ministers, and all ministries and government entities			

Areas	Actions		Responsibility	Priority
	●	Completed		
	●	In progress		
	○	Not yet started		
Staffing	●	Establish an incident management team, including rapid deployment of designated staff from national and partner organizations, within a public health emergency operation centre (PHEOC) or equivalent	National committee for Coronavirus: Ministry of Public Health, Healthcare Providers Ministry of Education & Higher Education Qatar Foundation Ministry of Administrative Development, Labour & Social Affairs, Ministry of Culture & Sports, Qatar Olympics Committee, Community Organizations	1
	●	Identify, train, and designate spokespeople	Supreme Committee for Crisis Management, Ministry of Public Health	
	●	Review the current workforce capacity and develop plan to activate alternative staffing model	Ministry of Public Health, Healthcare Providers (public & private)	1
	●	Develop sick leave management support system for staff	Ministry of Public Health & other government entities	
	●	Develop measures to ensure that deployed staff are appropriately selected trained for their duties	Ministry of Public Health, Healthcare Providers (public & private)	1
	●	Develop measures to ensure staff safety		
	●	Encourage Volunteering	Ministry of Public Health, Community Associations, Supreme Committee for Delivery & Legacy, Qatar Olympics Committee, Qatar Foundation, Reach Out for Asia (ROTA), Ooredoo, & others	2
	●	Prepare guidelines and policies to enhance psycho-social support for staff, families and broader community	Ministry of Public Health, Healthcare Provider, & Community Organizations	1

Areas	Actions		Responsibility	Priority
	● Completed			
	● In progress			
	○ Not yet started			
Funding	●	Develop process for accessing emergency funding	All Ministries & Government Entities	2
	●	Develop high-level budget for COVID-19 response		3
Capacity	●	Identify Intensive Care Unit capacity	Ministry of Public Health & Healthcare Providers	
	●	Continuously assess the burden on the health system capacity to safely deliver the healthcare services		
	●	Ensure that guidance is made available for the self-care of patients with mild COVID 19 symptoms, including guidance on when referral to healthcare facilities is recommended		
	●	Operational planning to stand down non-urgent visits and routine follow ups and created a plan to manage these cases by telemedicine	Healthcare Providers (public & private)	
	●	Review priorities and determine which activities and projects can be delayed as to not diffuse focus for managers/ leaders in handling of the situation and avoid early burn out.	All Ministries & Government entities	
	●	Conduct initial capacity assessment and risk analysis, including mapping of vulnerable populations	Healthcare Providers (public & private)	
	●	Set up triage and screening areas at all healthcare facilities		
●	Undertake capacity & capability review for virtual working	All Ministries & Government entities		

# Surveillance & Detection

## Objectives

- Prevent, or delay to the greatest extent possible, the arrival of COVID-19 in Qatar
- Control and/or eliminate any clusters found in Qatar

Table 7: Surveillance & Detection Actions and Government Entities' Responsibilities

	Areas	Actions		Responsibility	Priority
		●	Completed <sup>1</sup>		
		●	In progress		
		○	Not yet started		
Diagnosis	Lab Surge Capacity	●	Sourcing the PCR Testing for COVID-19 at the virology lab at HMC with the capacity to perform the required tests	Ministry of Public Health, Ministry of Finances, Ministry of Commerce & Industry, private Health care, Qatar Petroleum	
		●	Adopt and disseminate standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID 19 diagnostic testing	Ministry of Public Health & Hamad Medical Corporation	
		●	Adopt standardized systems for molecular testing supported by assured access to reagents and kits		
		●	Develop and implement surge plans, incorporating HMC, PHCC, private and government sector capacity, to manage increased demand for testing	Public and Private Healthcare Providers, Ministry of Public Health, Qatar Petroleum	1
		●	Ensure specimen collection, management, and referral network and procedures are functional		1
		○	Share genetic sequence data and virus materials according to established protocols for COVID 19	Healthcare Providers & Research Institutions	3
		○	Develop and implement plans to link laboratory data with key epidemiological data for timely data analysis	Ministry of Public Health & Healthcare provider	3
		○	Develop a quality assurance mechanism for point-of-care testing, including quality indicators		3
	Home/Community Testing	●	Set up a phone triage and virtual consultation to allow for communities to have easy access to a physician/nurse co-located at the 107-call centre for PHCC	Ministry of Public Health & Healthcare Providers	
		○	Develop plan to extend testing beyond hospital capacity	Ministry of Public Health & Healthcare Providers	1

1 Completed actions are not given priority as they have already been achieved

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Resourcing	Deployment of new technology	●	Telemedicine and virtual consultation	Ministry of Public Health & Healthcare Providers	
		●	Determine Potential for telehealth and virtual visits		
	Case Finding	●	Dissemination of case definitions with regular updating	Ministry of Public Health & Healthcare Providers	
		●	Activate case finding and event-based surveillance for ILI & SA		
		●	Development of a standard triage procedure for early detection of cases implemented across the country		1
		●	Follow on the implementation of the WHO updated case definition		1
		●	Assess gaps in active case finding		1
		○	Develop contingency plans for additional diagnostic sampling		2
	Tracking/ tracing spread (Contact tracing)	●	Develop quarantine facilities dedicated solely to managing contacts repatriated from high local transmission areas	Ministry of Public Health, Ministry of Interior, Ministry of Defence, Qatar Petroleum, Ministry of Administrative Development, Labour, & Social Affairs, Ministry of Municipality & Environment, Ashghal	
		●	Adapt tools for contact tracing		1
		●	Identify criteria for quarantine for contacts		
		○	Suspect, probable and confirmed cases need to be reported within 2 hours and case investigation finished within 24 hours		1
		●	Contacts need to be appropriately isolated either in quarantine or home isolated and a process is put in place for follow up of symptoms and ensure compliance of contacts to isolation. Develop Initiatives for practices to support Home Quarantine measures		1
	Port Screening	●	Implement thermal screening at airport, seaports	Ministry of Public Health, Qatar Petroleum, Civil Aviation Authority, Ministry of Transport and Communication, Hamad International Airport, Qatar Airways	
		●	Implement additional screening for those coming from high cross transmission countries		

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Information Management		○	Multisectoral contingency plan needs to be developed at points of entry covering relevant stakeholders		3
		●	Protocols and referral pathways for suspected cases that are identified at ports need to be developed		
		○	Regularly monitor and evaluate the readiness and response plans at points of entry and adjust as appropriate		3
	Reporting Systems	●	Reporting cases to WHO through IHR focal point	MOPH & Healthcare Providers	3
		●	Reporting suspect & confirmed cases to HP & CDC		
		●	Surveillance data is held and reported by MOPH		
		●	Ensure human surveillance systems can identify COVID-19		2
		●	Generate regular reports to be submitted to the Policy, Planning and Performance Management Unit		
	●	Produce weekly epidemiological and social science reports and disseminate to all levels and to international partners			
	Ensure engagement of private sector	●	Private healthcare facilities were engaged in the education and awareness campaigns with regular communications afterwards for any updates	Ministry of Public Health & Healthcare Providers, Ministry of Culture & Sport, private sector	1
		●	Integration of Private Sector into contingency planning		
		○	Private sector contingency plans to accommodate for the expected increased demand on their services as a result of pre-occupation of the government sector with managing COVID-19		
	Rapid Response Team (RRT)	●	Team that can quickly apply the case definitions, establish a system for case finding and contact tracing and monitoring	Ministry of Public Health & Ministry of Administrative Development, Labour & Social Affairs, Ministry of Culture & Sport	1

Information Management	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Information Management		●	Implement a community-based surveillance mechanism		1
		●	Support RRT with logistics and manpower		1
		●	Provide robust and timely epidemiological and social data analysis to continuously inform risk assessment and support operational decision making for response		1
		○	Test the existing system and plan through actual experience and/or table-top or simulation exercises, and document findings to inform future preparedness and response activities		3
Infection, Prevention and Control	Surveillance	●	Ensure that facilities are applying the case definitions	Ministry of Public Health & Healthcare Providers	1
		●	Conduct cluster/ Outbreak investigations		
	Use of IPC supplies including PPE	●	Provide guidance on rationalizing the use of PPE in healthcare facilities	Ministry of Public Health & Healthcare Develop criteria for telephone triage and referral for further testing as necessary Providers	
		●	Provide guidance on use of PPE for the public		
	Early Detection (Triage)	●	Develop and implement visual triage process and update regularly	Ministry of Public Health & Healthcare Providers	
		●	Communicate the triage process to all healthcare facilities		
		●	Update triage as situation evolves		
		●	Develop criteria for telephone triage and referral for further testing as necessary		
	Manage exposure and contact tracing for HCWs	●	Guidelines for managing the protected and unprotected exposure of HCWs was developed as part of the national interim IPC guidelines for COVID-19	Ministry of Public Health & Healthcare Providers	1
		●	Monitor the implementation of this guideline		
	Managing contacts	●	Develop guidelines for managing contacts in quarantine facilities and home quarantine	Ministry of Public Health & Healthcare Providers, other government entities	2
		●	Conduct contact tracing in the community		
		●	Strengthen contact tracing capacity also through new technologies		
	Investigating clusters and outbreaks	●	Follow standard protocols	Ministry of Public Health & Healthcare Providers	
		●	Activate outbreak investigation teams		
		●	Define roles and responsibilities of different members of the team		
●		Provide logistics for the investigations			

# Response & Containment

## Objectives

- Reduce the impact of COVID-19 on Qatar’s population
- Prevent the spread to the community
- Prevent the spread in healthcare facilities

Table 8: Response & Containment Actions and Government Entities’ Responsibilities

	Areas	Actions		Responsibility	Priority
		●	Completed <sup>1</sup>		
		●	In progress		
		○	Not yet started		
Isolation Facilities	Self-isolation	●	The person is provided with adequate information on what can and can't be done if self-quarantined	Ministry of Public Health, Healthcare Providers, Ministry of Interior	
		●	Develop systems to monitor contacts' health while in home quarantine and/ or on antiviral prophylaxis (if/when established)		
		●	Define and publish criteria for home isolation for cases and contacts		
		●	Isolation rooms were allocated in all buildings		
	Mandatory Quarantine	●	Develop guidelines and criteria for Quarantine and Home Quarantine isolation rooms were allocated in all buildings	All ministries and government entities	
		●	Policy in place for quarantine of contacts	Ministry of Public Health, Healthcare Providers & MOI Ministry of Administrative Development, Labour & Social Affairs	1
		●	Ensure close contacts are reachable by the surveillance teams		
	●	Plan quarantine facilities and physical distancing measures			

1 Completed actions are not given priority as they have already been achieved

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Treatment Protocols	Case management	●	Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co-morbidity	Ministry of Public Health & Healthcare Providers	
		●	Expand the Home Health visits to monitor and treat at risk patients with chronic disease		
		●	Setting up plans to deliver routine and refill prescriptions without patient having to come to the health centre		
		●	Define approach to management and treatment of patients with moderate or mild diseases outside of healthcare facilities		
		●	Decisions to be made on severe to critical case management		
		●	Establish case management protocols		
	Surge Capacity Management	●	Continuous monitoring of capacity supply and demand	Ministry of Public Health & Healthcare Providers, Ashghal	
		●	Plan identifying sources of additional capacity and staffing as well as facilities for healthcare		2
		●	Review referral guidelines and pathways for COVID-19		2
Border control	Quarantine	●	Identify isolation capacity and requirements	Ministry of Public Health, Health Providers, Ministry of Interior, Qatar Petroleum, Ministry of Municipality & Environment, Ministry of Administrative Development, Labour, & Social Affairs	
		●	Policy in place for quarantine of contacts		
		●	Develop and implement criteria for home isolation and quarantine		
		●	If necessary, 3 health centres with large multi-purpose rooms can be activated		
		○	Define criteria for border control; closure and opening		1
		●	Define criteria for border control and closure for people coming from specific areas of community spread of the disease		

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Boarder Control	Repatriation of Qataris/ Residents	●	Establish guidelines for residents and citizens returning from abroad	Ministry of Public Health, Health Providers, Ministry of Interior, Qatar Petroleum, Ministry of Municipality & Environment, Ministry of Administrative Development, Labour, & Social Affairs	
Cross-Government Plans	Business Continuity	●	Implement Work/ Study from distance strategy	All ministries and government	
		●	Some employees on duty while others working from distance	All ministries and government entities	
		●	All Employees on Duty	Health Care Sector, Ministry of Interior, and Ministry of Defence	
		●	Implement part-time and rotation (shifts) strategy	Government Communication Office, State Security, Ministry of Municipality and Environment, Ministry of Administrative Development, Labour, and Social Affairs, Ministry of Foreign Affairs	
		●	Reduce working hours	State Security, Ministry of Municipality and Environment, Ministry of Administrative Development, Labour, and Social Affairs	
		●	Provide on-line services	All ministries and government entities	
		●	Strengthen the Cyber Security	All ministries and government entities	2
		●	Provide Virtual automation and cloud solutions.	All ministries and government entities	2

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Cross-Government Plans	Community activities to prevent infection	●	Distribute sanitizers in the building	All ministries and government entities	
		●	Temporary cancelation of fingerprint system	All ministries and government entities	
		●	Follow the guidelines for the proper use of Personal Protection Equipment	All ministries and government entities	
		●	Follow Environmental hygiene and sanitation protocols for facilities other than healthcare settings	All ministries and government entities	
		●	Provide precaution measures such as installation of thermal detection equipment	All ministries and government entities	

## Recovery & Continuity

### Objectives

- Expedite recovery, and prepare for a re-escalation of response
- Expedite the recovery of population health, communities and society where affected by the epidemic, epidemic management measures, or disruption to normal services

Table 9: Recovery & Continuity Actions and Government entities' Responsibilities

	Areas	Actions		Responsibility	Priority
		●	Completed <sup>1</sup>		
		●	In progress		
		○	Not yet started		
Supporting Patients	Discharge Planning	●	Ensure that there are effective standardized methods for handover and discharge planning processes between health services and patients	Ministry of Public Health & Healthcare Providers	
		●	Review discharge plan for COVID-19 and criteria to define recovery		

<sup>1</sup> Completed actions are not given priority as they have already been achieved

	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Supporting Patients	Community Care	●	Primary care plan in place to mobilize as "alternative care facility"	Ministry of Public Health & Healthcare Providers	
		●	Ensure that discharge process and documentation on treatment provided to patient is available at time of seeing patient		
		●	Review plans and capacity for home care services		
Resilience	Business Continuity plans for core services	●	All key providers have existing BC plans	All ministries and government entities	
		●	Update BC planning in response to COVID-19 likely scenario		2
	Lessons learned reports	●	Ongoing documentation and development of response plans	All Ministries & Government Entities	3
		●	Develop lessons learned publications		3
	Activation of improved response systems	○	Review and update national pandemic response plan	All Ministries & Government Entities	3
Infection, Prevention, and control	Establish a plan for de-escalation	●	Protocol/ guideline to support de-escalation	Ministry of Public Health & Healthcare Providers	
		●	Ensure communication and standby of relevant personnel		
		○	Establish short- and long-term goals to return to the pre-event baseline for the facilities and communities		3

Infection, prevention, and control	Areas	Actions		Responsibility	Priority
		●	Completed		
		●	In progress		
		○	Not yet started		
Reporting	●	Reporting template is developed addressing all indicators, targeting all reporting level and responsibilities	Ministry of Public Health & Healthcare Providers		
	○	Perform a debrief and identify areas of good practice and areas for improvement			3
Monitoring and evaluation Gaps	●	Create KPIs for Monitoring and evaluation system			
	○	Analyze KPIs and incorporate the findings in the conclusion report			3
	○	Documents gaps and lessons learned for ongoing and future response and intervention			3

5



CROSS-CUTTING  
PROGRAMS

# 5

## CROSS-CUTTING PROGRAMS

### Infection Prevention & Control

A comprehensive Infection Prevention and Control (IPC) program acts as an infrastructure for planning to combat any threat of an infectious nature. The WHO Core Components of Infection Prevention and Control provide a holistic approach to implementing a comprehensive IPC program. Having a successful IPC program is a proactive way of preparing for any epidemic as the healthcare facilities will be already implementing the measures that will stop the transmission of infections within their premises and will be able to surge their preparedness based on the particulars of the threat as promptly as required. The overall objective of this program is to break the chain of infection and halt the spread of COVID-19 in Qatar particularly focusing on the healthcare settings, protecting the vulnerable population as well as protecting healthcare staff. It is well known that healthcare facilities pose a great setting for the amplification of the spread of infections, hence the importance of implementing these measures as early as possible to help contain and stop the spread of COVID-19 in healthcare settings.

The IPC interventions span across the different phases of the COVID-19 plan. The details of these interventions are incorporated in the tables of the framework. We will summarize the actions that were completed and the ones that are currently ongoing as well as highlight future interventions.

#### **Actions Completed and Underway:**

- Lead the investigations for any COVID-19 cases among HCWs and any cases with epidemiological link to healthcare facilities
- Develop and update National Interim IPC guidelines for COVID-19 and screening triage process

- Develop guidelines for varied topics as the need arises; cleaning and disinfection in non-healthcare settings, quarantine, use of masks for the public, home isolation, management of post Exposure...etc.
- In the process of reviewing other guidelines for pertinent topics and various audience.
- Supporting other sectors outside of health (airport, QP, MOI....etc.) with any IPC concerns to help manage their premises and staff safely as part of COVID-19 response across the country.
- Coordinating the process of disinfection to affected areas as deemed appropriate
- Contributed to writing the national action plan for COVID-19
- Conducted many awareness and education activities to both healthcare workers, volunteers and the public
- Contribute to developing awareness materials
- Utilizing the national IPC taskforce to spread the necessary guidelines, management plans and awareness materials to all healthcare facilities in Qatar, keeping a two-way open communication as the situation evolves
- Contribute to the operational management of the outbreak; investigations, contact tracing, applying measures at healthcare facilities as well as different settings & assessing quarantine facilities

### **Future Actions:**

- Assess facility IPC preparedness capacity and infrastructure in our healthcare system
- Monitor compliance to IPC policies and guidelines for continuous improvement
- Contribute to the epidemiological analysis of data for decision making
- Amend action plans as situation evolves and communicate to the health sector
- At the end, capture all the learning and gaps to inform the IPC preparedness plan
- Develop KPIs and checklist for the purpose of monitoring, auditing and evaluation
- Product evaluation in relation to IPC supplies and contribute to monitoring utilization and supply chain

## **Communications**

- A comprehensive communications plan, implemented across all stages of the outbreak, is a key component of a successful response to a novel coronavirus outbreak. As the presentation of a novel coronavirus outbreak in Qatar will inevitably be complex and varied, it has been a priority to put in place arrangements to support consistent and informative messages. The communications plan described in this chapter is designed to reach the broad range of stakeholders involved in and affected by the outbreak, from health authorities and the medical profession, to the public and the media
- The MOPH, with the support from HMC and PHCC, devised a plan that would focus on the four phases of the overall national response plan

### **Key Principles**

The key principles underpinning our communications plan are:

- To be open and transparent
- To be consistent and clear
- To provide regular, timely provision of tailored information

To ensure that all decisions are taken collectively by the communications teams represented at the Communication Reference Group.

- To ensure that all materials are co-branded with all logos for all public health partners.
- To produce, wherever possible, content in a range of languages to inform the majority of residents in Qatar.
- To work in conjunction with other Government departments where necessary.

## **The Preparedness Phase**

### **Objectives:**

- To raise awareness on the disease, including symptoms and methods of protection.
- To establish a trusted source of information with the public.

### **To achieve this, we focused on:**

- Creating the early collateral and establishing trust and awareness
- Managing the message – keeping the media and public informed on a daily basis
- Ensure staff were engaged – using existing internal channels to engage with staff across the health centers with key messages about COVID-19

## **The Surveillance & Detection Phase**

### **Objectives:**

- To increase awareness of infection prevention measures, such as hand hygiene, cough etiquette and physical distancing
- To increase the levels of engagement and trust of both the public as well as health care staff

### **To achieve this, we are focusing on three areas:**

- More public-facing educational activities on hygiene and infection control in malls, schools, universities, etc.
- Continued management of media and social media messaging
- Focus on infection prevention messages disseminated through multiple channels, including social media, text messages, TV, Radio, cinemas and mosques

During this period, we have facilitated the continued management of media and social media messaging producing regular press releases, holding a series of press conferences and continuing to provide new updates as cases have appeared in the country.

During this period, over 1.2 million people viewed the social media film content produced, and we reached an average of 10,000 hits a day on the MOPH website.

The ability to respond swiftly to rumors and concerns generated in the community is also essential during this phase. Daily media and social media monitoring and analysis has been put in place to support this.

Given the global and national nature of the situation, we have triggered working in direct partnership with Qatar's Government Communications Office on all messaging to the public. In addition, we are working with other government ministries to identify new opportunities to enhance public education and to ensure they are supporting the sharing of social media.

## **The Response & Containment Phase**

### **Objectives:**

- To reduce the possible social and economic disruption caused by a COVID-19 pandemic
- To provide information that would help lower the risk of infection
- To ensure the dissemination of accurate information
- Effective and efficient detection and response to misunderstandings, misinformation and rumors

***As the number of cases in the country rises, and as concern amongst the public and healthcare staff continues to grow, there are three key areas to focus on in this phase:***

- Maintaining media messaging and being a trusted source of information
- Continuing to educate the public about hygiene and infection prevention
- Producing collateral to support predicted future operational challenges – for example, creating the collateral (films, leaflets and educational material around home isolation)
- Producing collateral aimed at people in quarantine facilities and self-isolation

***Public and staff concern will grow during this period. It is therefore essential that we:***

- Provide a continuous narrative for the public and healthcare staff – proactively providing daily information and creating a single narrative for the community
- Utilize all available opportunities to re-enforce educational messages about hygiene and infection prevention
- Manage rumors in an effective and timely manner

Guided by strategic and operational leadership, continue to produce communications collateral to support the next phases of the management of the virus

## **The Recovery and Continuity Phase**

### **Objectives:**

- To create a comprehensive list of communications specific lessons learned and the update of the response plans for future scenarios
- To communicate messages which support de-escalation and the transition to Business as Usual activities

### ***This will be achieved through:***

- Analysis of Frequently Asked Questions (FAQs) received via the call center and social media
- Analysis of engagement (readership, hits, comments, likes, etc.) across the website content and social media posts
- Review and reassessment of communications governance and resources
- Continuous dissemination of reassuring messages of the transition to normal life (ex.: re-opening of schools) while continuing to share public health infection and prevention prevention messages

## **Communications for Healthcare Staff**

Keeping frontline staff engaged and informed as COVID-19 progresses is essential. Staff are communicating with the public every day and will also have their own concerns about the impact the virus may have.

A work stream of the Communication Reference Group (CRG) that is focused on staff communications has been established, providing regular briefings, videos and education collateral to keep them up-to-date with developments as they happen.

**The key objectives are:**

- To build awareness across the health sector of the most up-to-date and accurate information about the disease, to support effective diagnosis and treatment, and better-informed management decisions
- Promote a consistent approach by ensuring all key parties have the same information, though recognizing that disease spread may be variable across the country
- Support best practice by disseminating guidance in key areas developed by expert bodies
- Input feedback on how well the health care system is coping; and
- Maintain trust and confidence

## Research

The research element of the National Response Plan meets the need for Qatar to be prepared to support a global response in halting the current COVID-19 outbreak for the benefit of Qatar and its population. Given the current challenges, research is time critical and key actions and policies need to be implemented to respond to this new national priority. It is possible that an outbreak or pandemic of COVID-19 could occur in multiple waves as no seasonal pattern has been identified. Hence, it is necessary to establish a framework for the research agenda. Research will enable better understanding of the nature of transmission, exposure, the virus, because this affects diagnostics, therapeutics and vaccine development as well as choice of containment measures, clinical management and IPC.

It is therefore important to underline that research—implemented as policy and practice—can save lives and needs to be integrated into the response from the start.

The global imperative for the research community is to maintain a high-level discussion platform which enables consensus on strategic directions, nurtures scientific collaborations, and supports optimal and rapid research to address crucial gaps, without duplication of efforts. Importantly there is a decisive pledge to collaboration, solidarity and to equitable access to all innovations developed.

Local and International collaboration and partnerships with key health and academic networks is a key driver in supporting the research agenda and developing and implementing a roadmap for Qatar.

The Government is liaising with the relevant national health and academic organizations to support and coordinate research during the COVID-19 outbreak. A Scientific Reference and Research Taskforce (SSRT) was established to follow up on scientific evidence and advise the Health Strategic Response to COVID-19 on new relevant developments that are important for the response to the COVID-19 pandemic. They will also identify areas of research that could be developed in Qatar in response to the global research roadmap developed by WHO.

***There are two groups currently working under SSRT:***

- Clinical aspects, testing and therapeutics working group which is entitled to conduct literature review and share updates to inform clinical/therapeutic interventions, develop a coordinated sampling protocol and define research agenda for COVID-19.
- Epidemiology and surveillance working group which has a dual role of sharing current and emerging best practice to operational peers within the MOPH and the established command structure, in parallel to leading strategic epidemiological research for the State of Qatar to understand population-level and stratified risk to inform preventative measures.

MOPH is working in partnership with WHO and a global network of laboratories alongside several research bodies within Qatar, to ensure that effective knowledge sharing is occurring in regard to diagnosis, therapeutics and vaccine development.

Qatar is well placed in providing funding to support research priorities. It is essential that processes and protocol are robust but allow for flexibility to access funds at short notice and to support an epidemic response.

**Future Plans:**

Qatar has joined the WHO Solidarity Trial; a global trial for hospitalized COVID-19 patients to compare antiviral agents versus local standard of care. The main aim of this study is to provide reliable estimates of the effects of antiviral treatments on in-hospital mortality. The secondary objective is to assess effects of antiviral treatments on duration of hospital stay and, on receipt of ventilation or intensive care. This would support a reliably documented large randomized trial. If this study is effective, large numbers of deaths could be avoided by one or more of these anti-viral treatments.

**Evidence Gathering:**

Development of an evidence framework to support current and ongoing data collection for purposes of research and development. Ensure that data is safely and securely housed. Ethical and legal consent process have been followed to support ethical data collection. Ensure that systems are in place to support equity in data gathering and data sharing. Clear protocols exist to support ethical evidence gathering processes in addition to ensuring that data is managed in confidential manner.

**Data ownership, privacy and sharing:**

Ensure that clear processes both ethical and operational are in place to safeguard patient information that is shared. Key roles and responsibilities are outlined to ensure accountability and safeguard sensitive health information.

6



# Response Plan Monitoring and Evaluation

# 6

# RESPONSE PLAN MONITORING & EVALUATION

Performance against a number of Operational Key Performance Indicators will be measured. Whilst there is an extensive Performance Management system in place, and many other indicators will be monitored, the below KPIs were identified as priorities to assess and monitor Qatar’s response to COVID-19:

Table 10: KPIs for Monitoring and Evaluation of COVID-19 Response Plan

Category	Indicator	Results	Target
Coordinated Government Response	Activation of public health emergency operation center		100%
	Governance structure that includes defined roles and responsibilities and lines of command is activated and working efficiently		100%
	Roles and responsibilities of healthcare and other stakeholders are clearly defined in the multi-sectoral level plan		100%
	Funding allocated for the implementation of the plan		
Preparedness	# and % of quarantine and isolation beds in healthcare facilities		
	# and % of healthcare facilities with sufficient capacity (beds) to meet the demand for acute and critical care		
	# of supplies available in stock to cover the operations		

Category	Indicator	Results	Target
Surveillance & Detection	Surveillance and reporting/early warning system is established		100%
	# of people screened at the point of entry to Qatar, by history of travel, demographics and risk groups		
	# of people tested (swab), by potential transmission (imported/community), demographics and risk groups and location of isolation if positive (quarantine/home/health facility)		
	# and % of laboratory results available within 24, 48, 72 hours after receipt of the sample		70% within 24 hours
	# of confirmed cases that are imported, by day of disease onset, test date, day of confirmation, by demographics and risk groups		
	# of confirmed cases that are local transmission by day of disease onset, test date, day of confirmation, demographics and risk groups		
	# and % of contacts traced and assessed within 24 hours from the confirmation of the relevant cases		>90%
	# and % of confirmed cases who are healthcare workers		
	# of confirmed cases reported to WHO within 48 hours of confirmation		100%
Response and Containment	# of cases reported to public within 24 hours of confirmation		100%
	Duration of hospitalization (average length of stay) by case severity		
	# and % of confirmed cases distributed by severity: asymptomatic, mild, moderate, severe, critical		
Continuity and Recovery	# of patients recovered by duration of disease and by duration from diagnosis by severity, demographics and risk groups		
	# of deaths and case fatality rate by severity, demographics and risk groups		

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