

Qatar's COVID-19 Response

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OUR APPROACH





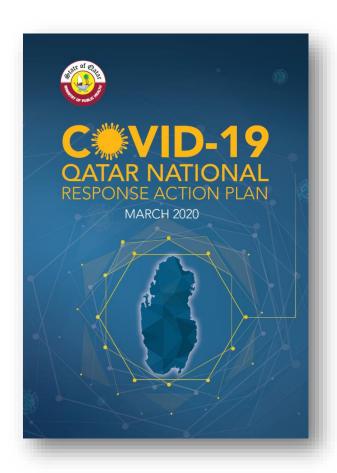
- A whole-government approach to the pandemic from the start
- An integrated command structure:
 - Supreme Committee for Crisis Management;
 - Council of Ministers;
 - National COVID-19 Committee;
 - Health Sector multi-institution committees.

Our plan sets out a clear set of actions to ensure that the health, well-being and prosperity of Qatar is protected. It aims to achieve three outcomes:

- Minimize the impact of the disease and mitigate its effect on the people of Qatar
- Enable society to continue to function as normally as possible during and after the pandemic
- Minimize and mitigate the economic impact of the pandemic

CONSIDERING QATAR'S UNIQUE POSITION





- A crossroads and a hub for trade and travel, implementing sensitive and effective border control;
- The culture and timings of Ramadan and Eid;
- A uniquely young population;
- Our values of safe, high quality, universal health access;
- Protect the most vulnerable and atrisk populations.

KEY FACTS





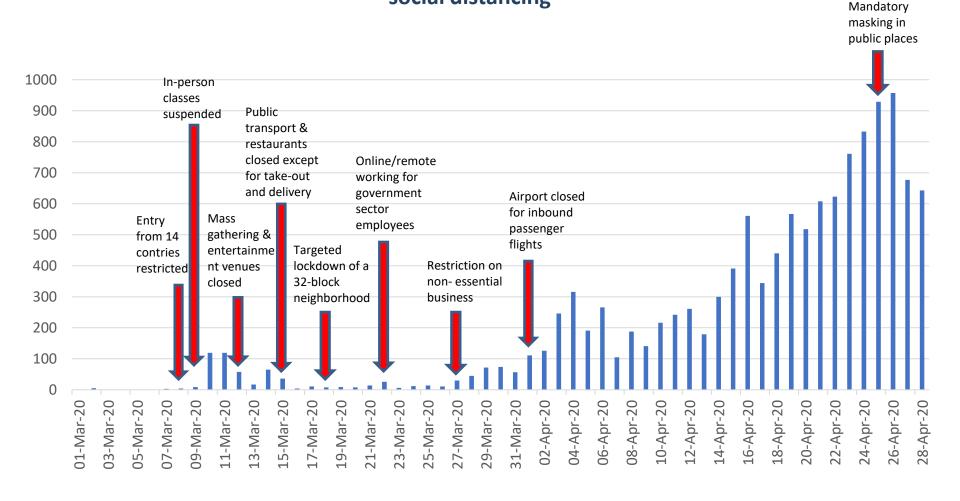


- First case identified on February 28 followed by a cluster (about 300 cases) in early March which was promptly addressed and contained.
- •High number of tests (40,384 per million), intense contact tracing and case finding allowed for the identification of a large number of cases (3,685 per million)
- •A large proportion of positive cases is asymptomatic or with very mild disease (91%). Only 1% required treatment in ICU and 8% hospitalization.
- Deaths remain very low: 10 in total (CFR 0.83 per 1000), mostly among patients with co-morbidities.
- •A number of measures undertaken to increase social distancing have managed to keep the infection low in the population at large and allowed for a proper surge of hospital capacity

EPIDEMIOLOGIC CURVE



COVID19 positive cases in Qatar by day of diagnosis and major measures taken for social distancing



COVID-19 CASES BY SEVERITY



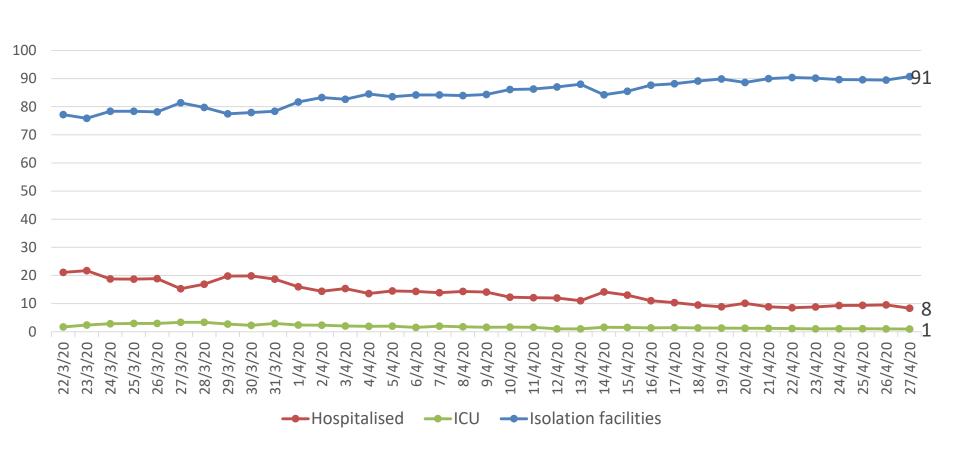
Total cases of COVID 19 by severity. Qatar. By 28 April 2020



PERCENT OF COVID-19 CASES BY SEVERITY



Percent cases of COVID 19 by severity. Qatar. By 27 April 2020



PUBLIC HEALTH MEASURES







- Active case finding, aggressive tracking and tracing;
- Screening and testing (all hospital sites, five health centres, mobile units and drivethroughs);
- Cluster and outbreak investigations;
- Quarantine hotels and isolation facilities sourced (over 30,000 beds);
- Ehteraz mobile tracing application launched;
- Education for health providers, businesses and public;
- Social distancing measures to reduce attack rate and re-production rate.

HEALTH SERVICE READINESS





- Rapidly expanded capacity by 2,900
 new hospital beds across 5 hospitals
 and 700 new ICU beds dedicated to
 COVID-19 ready to deploy as first line of
 defense;
- Aim to maintain continuity of services in all our community and tertiary hospitals;
- Optimise use of resources across all parts of the health sector;
- Rapid innovation such as telemedicine; home delivery of medicine and other medical supplies, helplines, telephone triage and community support for those with multiple conditions

QATAR'S GLOBAL EFFORTS TO CONTAIN THE GLOBAL COVID-19 OUTBREAK



- Qatar Airways helped over 1 million passengers return home safely amid the global pandemic and supported evacuation and repatriation efforts of a number of countries;
- Qatar has provided aid in the form of medical equipment and supplies to China, Iran, Palestinian Authority, Gaza, Italy, Spain, USA, Lebanon, Tunisia, Algeria, Nepal and Rwanda;
- Qatar has also aided refugee camps in Jordan,
 Syria and Lebanon
- Supporting UNDP's Accelerator Labs
 Programme with focus on corona outbreak incubators;
- Participation in global clinical trial sand research to share our experience;





GOING FORWARD





- Creating new norms which encourage personal, social and business responsibility to protect public health as well as deliver value for money: Good Public Health = Good Business;
- De-escalation plan for post peak is in development;
- Innovations in digital information systems, remote care, community and primary care and care integration that arose out of the necessity of providing care during COVID-19 must continue and be further expanded.