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Thalassaemia patients protesting outside the Maldives Blood Services Office. Photo courtesy of Haveeru News.

Thalassaemia patients depend on blood transfusions provided by the Government. In July 2013, transfusions and supplies of essential medicines were interrupted for two to three months. With the support of the National Thalassaemia Foundation, patients and their families protested outside the Maldives Blood Services Office. The protest received both media attention and public support, igniting the debate about the cost, quality and availability of essential medicines across the nation.

Project partners:

Maldives Government (Ministry of Health, Ministry of Finance and Treasury, Civil Service Commission); WHO; UN Office for Project Services; World Bank; Caritas Italiana; Thalassaemia Foundation and patients.

SAVING PATIENTS in the Maldives

The Maldives has made significant progress in achieving the health-related Millennium Development Goals (MDGs). The control of communicable and vaccine-preventable diseases, and the declines in maternal and infant mortality have been possible due to a commitment towards the goal of 'Health for all', with community health workers pioneering public health initiatives in island communities.

One of the biggest challenges facing the Maldives is the rising cost of health care delivery. Investments in infrastructure, workforce and imported pharmaceuticals, as well as other supplies, have resulted in increasing costs for the Maldives Government and a sharp rise in people's out-of-pocket health spending. In 2011, research showed that among the poorest 20% of the population, almost two thirds of out-of-pocket health expenditures is on medicines, which are mostly provided by private sector pharmacies. There are also problems with the quality and supply of medicines. Ultimately, this means that those in need of essential medicines are not able to access them.



A patient receiving blood at the Maldives Blood Services Clinic in Male.

People with chronic health conditions, such as cardiovascular diseases, hypertension or diabetes, depend on medicines and are the worst affected by any related constraints. One affected group has been thalassaemia patients, and delays in treatment led to public protests. The public voice of thalassaemia patients was important as it illustrated how interest groups can work together to influence government policy, as well as providing leverage for other actors to move the issue forward.

The Government recognized that in order to reduce costs it needed to radically reform the medical supply system. "What is required now is to ensure that we have all the essential drugs procured in bulk by the government and supplied and distributed to the atolls... It is important that we have a good drug regulatory system so that we know that good quality drugs are being imported," says Dr Abdul Azeez Yousuf (Special Advisor to the Minister of Health and former Director General of Health Services).⁴

In 2012, WHO and the UN Office for Project Services (UNOPS) were approached to provide technical assistance and support. This marked the beginning of

an effective partnership to strengthen the Maldivian public health procurement system and provide increased health coverage for the population. Financial assistance was provided by WHO and Caritas Italiana for an initial assessment period. On the basis of the resulting recommendations, a project was developed to support the procurement of medical supplies and the establishment of a Central Procurement Unit (CPU) within the Ministry of Health.

“ The strong relationship and excellent communication between the parties, exceptional leadership from the Ministry of Health and a holistic approach has overcome significant challenges and laid the groundwork for a successful and high-impact project in this island nation. ”

says Dr Akjema Magtymova, WHO Representative to the Republic of Maldives.



The initiative began in April 2013 and is already showing impressive results. Preliminary analysis of the early implementation phase shows a potential saving to the national health budget of US\$ 6.5 million annually (approximately 45% saving on the total expenditure on pharmaceuticals in 2012). As the project progresses, it is expected that hospitals and health centres will carry sufficient stocks of essential medicines; public and out-of-pocket expenditure will also significantly decrease.

The partnership is demand-led, with the Government showing strong leadership and commitment. All partners have a clearly defined role, with clear channels of communication and reporting. Both WHO and UNOPS offices are hosted by the Ministry of Health, a physical proximity that helps to strengthen the partnership.⁵

The project is implemented by the Maldives Government and overseen by a Project Board comprising all partners (Ministry of Health, Ministry of Finance and Treasury, the Civil Service Commission, UNOPS and WHO). UNOPS assists the Ministry of Health with the institutional development and framework to ensure high quality standards. WHO provides ongoing technical advice, support on policies, strategies and standards related to essential medicines, equipment, and drug regulation. Both WHO and UNOPS are strongly supported by their respective regional offices. The strong leadership from the Ministry of Health, plus the active support from

WHO and the UNOPS, was essential to mobilize resources from Caritas Italiana and the Maldives Government.

Integration of the project into government structures is extremely important for the long-term sustainability of the Ministry's Central Procurement Unit. Ministry staff is involved during every stage of project development and implementation. A core project activity has been the training and capacity building of ministry staff, including management, technical experts, programme managers and administrative staff from the Maldives Food and Drug Authority and Health Protection Agency.

The project works closely with the Ministry of Finance and the World Bank, in order to review and modernize the national procurement regulations. Ongoing work with the Civil Service Commission will formally establish the structure of the Central Procurement Unit and 'professionalize' procurement. The partnership also extends to suppliers and pharmacies in the private sector, to learn from their experiences and to give them a voice in shaping government policies. This is achieved through joint training and participation in programme meetings with the aim to strengthen the local supply market and vendor-managed inventory.

“It is critical that we stabilize the supply chain for essential medicines and health supplies... We need to strengthen and rebuild trust in the supply system. Availability of medical supplies affects the provision of health services throughout the country, and our improvements can have a huge impact.”

says Mr Dave Terpstra, the UNOPS Project Manager in the Maldives.



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Ms Thasleema Usman

Ms Thasleema Usman, Director of the Health Service Division and Acting In-Charge of Maldives Blood Services, noted that the project would have a considerable impact on their patients. Due to the lack of supply, "some growth of children has not happened the way it should have, we have not been able to provide the holistic care that is needed," she says. With readily available drugs, "patients will receive better treatment and the clinic will be able to add new services and improve the quality of [existing] services."

"I think it is a programme that will bring down costs, ensure the quality of the medicines that we receive and a steady supply, so that we do not run out of essential drugs here," says Mr Mohamed Ahmed, Financial Controller, Ministry of Finance.⁶

The project is due to continue until June 2015. At that time it will be possible to measure the full impact of the partnership.

- ¹ Health Ministry assures to resolve issues faced by thalassemia patients. Male; Sun.mv Online: 2013 (July 22nd). (<http://www.sun.mv/english/14485>, accessed 28 January 2015).
- ² Health expenditure, equity and evolution of Aasandha. Maldives. Washington DC; World Bank: 2013. (<http://documents.worldbank.org/curated/en/2013/05/18304022/health-expenditure-equity-evolution-aasandha>, accessed 28 January 2015).
- ³ Situation Assessment Report (Maldives). Male; UN Office for Project Services/World Health Organization: 2013.
- ⁴ WHO interview with Dr Abdul Azeez Yousuf (Special Advisor to the Minister of Health), on 15 September 2013.
- ⁵ Maldives: Strengthening health sector public procurement and supply chain capacities project. New Delhi; World health Organization South-East Asia Regional Office: 2013. (http://www.searo.who.int/maldives/strengthening_procurement/en/, accessed 28 January 2015).
- ⁶ WHO interview with Mr. Mohamed Ahmed (Financial Controller, Ministry of Finance).

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