
Affordable and Quality
Health Care for All

AFFORDABLE AND QUALITY HEALTH CARE FOR ALL

I.Background

5 KEY PLEDGES
Affordable and Quality Health Care for All

The mission of the new government is to "provide affordable, accessible and quality health care for all" as a human right by establishing internationally accepted standards of health care, by improving the quality of health services; establishing better referral systems and high quality regional health centres; assuring health care training opportunities to Maldivians; reducing the costs of health care; setting up an inclusive social health insurance system; and encouraging private sector participation in health.

The health status of the people of the Maldives has improved significantly in the last few decades. Life expectancy at birth was estimated to be 72 years for males and 74 years for females in 2008. Infant mortality rate dropped sharply to only 11 by 2008, with most of the infant deaths occurring in the neonatal period. Improvements in health care delivery and referral services have also resulted in a significant reduction in maternal mortality. In 2008, maternal mortality declined to 43 per hundred thousand live births. Therefore, the MDG goals 4 and 5, relating to maternal and child mortality, have been achieved. The fundamental challenge is to sustain this success.

Malnutrition in children under 5 years is estimated to be 27% in 2007[1] - a rather high figure when considering Maldivian per capita incomes. It was observed in the micronutrient survey of 2007, that the weaning and feeding practices of infants and children are a major factor for the continued malnutrition problem. The study also showed that micronutrient deficiencies, especially deficiencies in iron, zinc and Vitamin A are nutrition issues that need to be addressed in both children and reproductive aged women.

Notable achievements have been made in the control of communicable diseases as well, but some nagging challenges persist. Malaria has been successfully eliminated. Vaccine

1 MDG report 2007

preventable diseases have also been controlled to such an extent that diseases like polio, neonatal tetanus, whooping cough and diphtheria are nonexistent. Filaria and Leprosy are progressing towards the WHO regional elimination target. The country is on track to achieving MDG goal 6. However, Acute Respiratory Infections (ARIs), diarrhea, as well as other diseases such as dengue, chikungunya, scrub typhus, toxoplasmosis and leptospirosis have recently surfaced due to environmental and climate changes. Access to safe drinking water and improved sanitation still remains a challenge, leading to environment related health risks. Tuberculosis, though controlled, has a high risk of spread in Male' due to overcrowding and poor housing conditions. MDR-TB has emerged in the country. The 2008 behavioral and biological survey of at-risk population groups suggests HIV risks and STIs due to the practice of unprotected sex among sex workers and young people as well as needle sharing among intravenous drug users.

With the successful control of communicable diseases, but prompted by lifestyle changes associated with rapid socio-economic development, chronic non-communicable diseases (NCDs) have emerged as the main cause of morbidity and mortality in the country. Cardiovascular diseases, cancers, chronic respiratory diseases, accidents and injuries are currently the leading causes of death in the country. WHO estimates that 36% of all years of life lost in Maldives in 2002 were due to NCDs. Thalassaemia, with a national prevalence of 20%[2], as well as a growing number of renal diseases are other chronic diseases of concern.

In addition, issues related to mental health and psychosocial wellbeing is gaining prominence. Rapid growth in economic sectors such as construction industry, fisheries, boat building, transportation, tourism and agriculture underscores the need for occupational health and safety measures. Mental health and occupational health are MDG plus issues that need to be addressed simultaneously in the country. Furthermore, the population demographics in the Maldives suggest two challenges: adolescent sexual and reproductive health for the young, as well as health care for the growing number of elderly citizens.

There has been a rapid expansion of medical services in the last ten years. In 2005 there were 379 medical doctors

2 Society for Health Education, 1990

5 KEY PLEDGES
Affordable and Quality Health Care for All

with a doctor to population ratio of 1:775. The number of nurses was 974 with a nurse to population ration of 1:302. The nurse-to-doctor ratio was about 3:1. Mainly an expatriate workforce, both in the public and private sectors, provides medical services. This holds true for doctors as well as for nurses and leads to some difficulties such as patient doctor communication problems and a high turnover of staff, especially in the outlying islands. Compounding the existing shortage of local skilled health care personnel, there are also skills to job mismatches of trained personnel in the health systems suggesting the need to build capacity for health system management.

The private sector in health in the Maldives, although small, is vigorous and distributed widely across the islands. The ADK hospital is the only private tertiary facility located in Male' while others are smaller clinics. A total of 62 clinics are distributed throughout the country of which 73% are located in Male'. Except for the pharmacy operated by the State Trading Organization (STO), all pharmacies in the country are in the private sector, including those located in public sector facilities. Owing to remote and small population in many islands, and the need to ensure access to drugs, government supports women or youth committees or NGOs to establish community pharmacies.

II. Constraints and emerging issues

- Lack of equipment and facilities at regional health centres as well as an incoherent water and sanitation program to facilitate better health.

- Lack of skilled local health professionals at all levels of the health system due to the absence of a well-defined human resource plan and limited training opportunities in the country. At the same time, there is limited access to training opportunities abroad given the high cost of training and the inadequate financial allocation. Furthermore, skilled professionals in small islands are underutilized and inadequately sensitized to the changes in the demographic and epidemiological profile.

- An emphasis and focus on the development of curative care has resulted in deterioration of delivery of Primary Health Care resulting in reduced community participation in preventive and protective health services and underutilization of the skills of community based trained public health workers. In addition, the provision of specialized health services at provincial and atoll levels with smaller populations requires huge investments that are not cost-effective. This continues to deter private investments in health care in the atolls.

- The lack of a legal framework to protect the patients and providers is leading to mismanagement of medico legal issues resulting in loss of trust and confidence in the health system. In addition, appropriate laws and regulation to protect public health and the human right to health need to be adequately formulated and implemented.

- There is a lack of capacity for research and evaluation of emerging health needs, and monitoring the quality of health service provision and health system management. This needs to be addressed urgently to ensure safety and quality of health services delivered to the population.

III. Goals of the Sector

1. The provision of affordable basic healthcare as a fundamental human right and an integral component of socio-economic development.

5 KEY PLEDGES
Affordable and Quality Health Care for All

IV. Key Sector Policies

Policy	Manifesto linkage	Other Directives
Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies	P 1, L 1 & 3	
Policy 2: Provide access to affordable, equitable and quality health services for all Maldivians including provision of universal health insurance	P 1, 2, 3 & 6, S 1, 2 & 4, L 4, 5 & 7	
Policy 3: Build a competent, professional health service workforce	P 4, S 1,3,4 L 2,6	
Policy 4: Build a culture of evidence based decision making within the health system	P 1, STG 5,	
Policy 5: Establish and enforce appropriate quality assurance and regulatory framework for patients	P 3, 5,6, S 4, L 5	
Policy 6: Enhance the response of health systems in emergencies	P 1, S 3,5	

V. Institutional Framework

Lead Agency for the Sector:

Ministry of Health and Family is responsible for developing the national health policy of the country, public health protection, regulation and quality assurance of health services.

Regulatory Bodies:

- Maldives Medical Council/Maldives Nursing Council/ Maldives Health Sciences Board: responsible for regulating the practice and conduct of the professionals in the relevant bodies
- Maldives Food and Drug Authority: responsible for quality and safety of medicines and food products and services
- Centre for Community Health and Disease Control: responsible for regulating aspects of public health provisions/ protection
- DDPRS: provision of drugs prevention and rehabilitative services

Stakeholder Ministries and Sectors:

- Ministry of Finance and Treasury: financing and resource mobilisation
- Dept. of National Planning: responsible for national statistics and monitoring of MDGs and national targets
- Customs: control import/ export of goods and commodities

5 KEY PLEDGES
Affordable and Quality Health Care for All

- Ministry of Tourism, Arts and Culture: enforces regulation of health and safety requirements at resort islands and access to first aid/medical care; support enforcement of public health non-advertising regulations in audio-video and print media

- Ministry of Economic Development: enhance private sector engagement in the provision of health care, authorizes businesses complying with health and safety standards (e.g. restaurants); IP rights enforcements; National Standards Office for standardization of devices/equipment

- Ministry of Human Resources, Youth and Sports: health professionals training opportunities, financing trainings; enforcement of employment law; code of conduct for recruitment of professionals from abroad; occupational health and safety practices; promoting healthy lifestyles and safe practices among youth

- Ministry of Education: providing health promoting environments in educational facilities; instilling age and gender appropriate health awareness and healthy practices in students and teachers; inclusive education; supporting nutrient supplementation, vaccinations and health checkups; conducting research in educational institutions

- College of Higher Education/ Faculty of Health Sciences: training health professionals according to the needs of the sector

- Ministry of Fisheries and Agriculture: regulates health and safety requirements of imported plants and animals, agricultural pesticides; regulates fisheries; livestock farming and agricultural farming

- Ministry of Home Affairs:

    - Province offices, Atoll and Island Councils: providing health services through local governance mechanism; provision of safe water, and safe disposal of waste through local municipal bodies

    - DPRS- provision of preventive, curative and rehabilitative services in prisons

- Maldives Police Service: investigation of medico-legal cases; health awareness and preventive health services to police workforce

- Maldives National Defence Force: coordination with health services in Fire and Rescue operations; health awareness, preventive, curative and rehabilitative and emergency health services to defence officers/officials; regulates import and use of dangerous chemicals

- Ministry of Civil Aviation and Communication: enforcement of health requirements at airports and aircrafts;

    - National Centre for Information Technology: information exchange, management and archive

- Ports Authority: enforcement of health requirements at seaports and sea vessels

- Ministry of Transport, Housing and Environment: enforce building codes, land use planning conducive for healthy lifestyle practices and access to persons with disabilities; establishes nationwide transport network; develop/enforce transport and traffic regulations covering health and safety and access requirements; coordinates climate change and health; establishes and regulates water supply, sewerage and waste management systems and services; monitors and regulates chemical use and release to environment; monitors biodiversity and effects of insects on plants

    - NDMC: conduct vulnerability assessments of health facilities – coordinate national emergencies; support to health service in public health emergencies

- Telecom providers – Dhiraagu/Wataniya/ROL: provide internet connectivity for telemedicine and electronically linked information systems

- Media (state and private): ethical use of information; public health awareness and consumer awareness

5 KEY PLEDGES
Affordable and Quality Health Care for All

- Civil society organizations such as NGOs (Diabetes Society of Maldives, SHE, Care Society, Aged Care Maldives, Deaf Association, Thalassemia Association of Maldives, Live and Learn) and CBOs: creates awareness, provides care and services for community empowerment

- Maldives Red Crescent Society: provide emergency medical services and develop capacity at local level and communities for emergency services

- Departments and institutions under MoHF:

    - NSPA: administers social health insurance and safety nets

    - DGFPS: provides child and family protection services, institutional care, empowerment of vulnerable populations

    - DDPRS: provides drug prevention and rehabilitation services

VI. Local Governance System

- Provincial Health Directorates of MOHF will monitor performance and quality of health services, overseen by the province office

- Provincial Health Service Cooperation: will ensure delivery of preventive, curative and rehabilitative services at atoll and island levels

- Ministry of Home Affairs, Province Offices: facilitates functioning of provincial health and family directorates.

- Atoll and island councils - local Health services and public health measures for municipal functions by atoll and island councils, as per the national standards

Private (and civil society) Sector Involvement

Health services will be delivered through PPP approach and the establishment of legal frameworks will facilitate the environment for private investors. Health service corporations established at provincial levels will ensure delivery of these medical and public health services as per national standards and guidelines.

Cooperation with Other External Organizations

WHO, UNICEF, UNFPA, UNDP , UNAIDS, World Bank, IFRC, IDB, Kuwait Fund, Commonwealth and other International and Regional Health Care Institutions and Organizations and other donor agencies, International NGOs in the health field.

VII. Legal Framework

- A number of laws need to be developed and enforced to facilitate achievement of affordable, safe and quality health care. It has become more important and urgent now that private sector investments in health service delivery will be the norm.

- At present the tobacco bill is in the parliament. Health professionals bill and medicines bill has been drafted. Health service bill, public health protection bill, health insurance bill and medical negligence bill are other key legislations that are in different stages of drafting.

- Ensure other laws in the economic sector do not limit/ or are not in conflict with public health protection and access to health care. For example Intellectual Property law should ensure there are flexibilities allowed for access to medicines and public health protection.

5 KEY PLEDGES
Affordable and Quality Health Care for All

VIII. Cross-Cutting areas relevant to the sector

- **Human Rights:** protecting the health rights of clients, vulnerable groups (women, children, elderly, persons with disabilities) and the public.

- **Decentralization:** health service delivery is planned to be delivered by Health Service Corporations through PPPs at provincial levels and monitored through Directorates of Health and Family at provincial level. Local governance councils will have the authority to develop their local health service in alignment with national health policy and national standards.

- **Transport and connectivity:** transport network will assist in improving access to health care services including emergency and non-emergency referrals.

- **Gender:** mechanisms and processes will be established at health service facilities to respond to gender specific needs (as well as the needs of people with disabilities). Monitoring mechanisms will be instituted at provincial levels to monitor responsiveness of the health services to age, sex and disability needs of clients.

- **Social protection:** the provision of primary healthcare is pivotal in reducing risks and vulnerabilities of the population, especially of the poorer sections.

- **Environment:** adaptation to climate change and mitigation of the adverse human health effects arising from it are key actions to be implemented in partnership with stakeholder agencies for climate change in the country.

- **Private Sector Partnership:** health services will be delivered in partnership with civil society organizations and private sector.

VIII. Intervention List

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Policy 1: Strengthen health promotion, protection and advocacy for healthy public policies						
Develop and implement programmes to empower communities for promoting healthy public policies, settings and behaviours through networking and building capacity for health promotion, advocacy for enabling environment for practice of healthy behavior.	x	x	x	x	x	MoHF, CCHDC, MOE, Health Service Corporations, private sector, civil society
Strengthen vaccination, growth monitoring (including developmental milestones), IECD (Integrated Early Childhood Development), new born care and IYCF (Infant and Young Child Feeding) programmes in communities and expand child health and nutrition surveillance system	x	x	x	x	x	MoHF, CCHDC, MoE, Atoll and Island Councils, Civil society
Strengthen safe motherhood and reproductive health programmes, including age and sex appropriate ASRH (Adolescent Sexual Reproductive Health), RH cancers, gender based violence and provision of reproductive health commodities	x	x	x	x	x	MoHF, CCHDC, MOE, Health Service Corporations, private sector

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Strengthen policies and programmes for prevention and control of non-communicable diseases(NCDs), including mental health, injury and disability prevention, with risk factors surveillance of NCDs	x	x	x	x	x	MoHF, CCHDC, Health Service Corporations, private sector
Strengthen programmes for prevention and control of TB, HIV and other communicable diseases (including zoonoses) and address emerging diseases related to climate change through integrated vector management and improve entomological surveillance and integrated disease surveillance system	x	x	x	x	x	MoHF, CCHDC, MOE, Health Service Corporations, private sector
Policy 2: Provide access to affordable, equitable and quality health services including provision of universal health insurance						
Introduce and implement a universal health insurance scheme (Madhana)	x	x	x	x	x	MoHF, NSPA
Reorient national health policy towards revitalizing PHC and build a critical mass of PHC workers, resourced with essential public health commodities and sensitize decision makers at local levels	x	x	x	x	x	MoHF, CCHDC, MOE, Health Service Corporations, Provincial councils, Atoll councils, Island councils, private sector

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Support and facilitate establishment of community pharmacies through PPP, together with appropriate legal framework for ensuring safety and accessibility to medicinal products	x	x	x	x	x	MoHF, CCHDC, Attorney General's Office, Health Service Corporations, private sector, Civil society
Establish mechanisms such as telemedicine, referral systems, contingency supplies and social health insurance with PPP to ensure access to essential health services	x	x	x	x	x	MoHF, CCHDC, NCIT, Health Service Corporations, private sector
Develop the capacity of health facilities through PPP at provincial and atoll levels to deliver client centered, age and gender appropriate health services and provide outreach services to island communities	x	x	x	x	x	MoHF, CCHDC, Health Service Corporations, private sector, Civil society
Open up opportunities for the provision of complementary medicine with appropriate legal framework for quality and safety of services	x	x	x	x	x	MoHF, CCHDC, Health Service Corporations, private sector
Strengthen capacity for health system management and performance monitoring of health services delivered through PPP	x	x	x	x	x	MoHF, CCHDC, Health Service Corporations, private sector

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Policy 3: Build a competent, professional health service work force						
Develop a comprehensive health workforce plan, maximize training opportunities in country and abroad, and allocate adequate resources in national budget and donor projects	x	x	x	x	x	MoHF, MoHRYS, MoFT,International and regional institutions
Attract and retain competent local professionals in the health system through appropriate performance appraisal systems and providing incentives and job opportunities close to home	x	x	x	x	x	MoHF, Health Service Corporations, private sector, CSC
Strengthen in-country training capacity through developing skills of local lecturers, introduction of distance education mechanisms and facilitating establishment of training institutes through PPP	x	x	x	x	x	MoHF, CCHDC, Health Service Corporations, private sector
Develop capacity of health professionals to engage in academic and research work, including establishing linkages and networks between tertiary hospitals and international institutions	x	x	x	x	x	MoHF, CCHDC, Academic institutions, Hospitals, private sector

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Policy 4: Build a culture for evidence-based decision making within the health system						
Establish standardized medical record systems in hospitals and health centres and develop capacity of medical records officers for data analysis and data dissemination for decision making	x	x	x	x	x	MoHF, Hospitals and health facilities
Develop online vital registration system linked to all levels of health system and national registration authorities	x	x	x	x	x	MoHF, Health Service Institutions, DNR, NCIT
Develop local capacity for health research by health system development, development of laboratory facilities and strengthening capacity of FHS research training	x	x	x	x	x	MoHF, FHS, Health Service Institutions
Establish electronic archive and storage networks for health system correspondences, documents and information	x	x	x	x	x	MoHF, NCIT, National Archives, DNP, Telecom Providers

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Establish electronic online data flow system between different levels of the health system aligned with e-government policy in partnership with private sector, to enable data/information access for timely decision making	x	x	x	x	x	MoHF, NCIT, DNP, Health Service Institutions
Policy 5: Establish and enforce appropriate quality assurance and regulatory framework for patient and provider safety						
Develop legal framework and capacity of the health professionals' regulatory bodies for assuring competency of practitioners, together with tribunal for addressing medico legal issues and enforcement of relevant legislations	x	x	x	x	x	MoHF
Build institutional and professional capacity for quality assurance and accreditation of health service together with a health service responsiveness monitoring system	x	x	x	x	x	MoHF, Health care Institutions and Organisations

Strategies	2009	2010	2011	2012	2013	Implementing agencies
Policy 6: Enhance the response of health systems in emergencies						
Establish a national emergency medical services/ EMS (i.e. coordination centre, emergency transport, vessels and emergency departments) through capacity building, appropriate quality control mechanisms, equipment standardization and stakeholder awareness programs	x	x	x	x	x	MoHF, MRC, NDMC, MNDFHealth care facilities, private sector
Establish a nationally coordinated blood transfusion system through capacity building, stakeholder awareness programmes, appropriate information systems and quality control mechanisms	x	x	x	x	x	MoHF, MRC, NDMC, MNDF, Health care facilities
Strengthen public health emergency response through capacity building, quality control measures; and establish appropriate facilities and information systems.	x	x	x	x	x	MoHF, MRC, NDMC, MNDF, Health care facilities, NCIT