The Maldives

The Republic of Maldives continues to experience rapid development and economic growth. Poverty level in the country has declined from 31% in 2003 to 24% in 2010 (World Bank, 2014). According to Census 2014, total population of Maldives is 471,402 of which the Maldivians represent 84% while 16% are migrant population. Majority of these migrant populations are from SAARC countries. 40 percent of the population is under the age of 25.

The country enjoys a truly Universal Health Coverage with a health facility (PHC) with at least a qualified medical doctor, nurse, a basic laboratory and a pharmacy at every inhabited island. Health care is free of cost to Maldivians, which is unique. Communicable diseases persist at low transmission level. The prevalence of HIV and TB is very low. Vaccine coverage has been more than 95% against all antigens for decades. Maldives has celebrated elimination of malaria, lymphatic filariasis and Measles from 2017-2015. In 2017, the government announced increased tax on tobacco and tobacco products by 40% and 58% increase in energy and fizzy drinks.

Against this record of success, the country’s health sector faces significant challenges. Operational costs are high due to its dispersed geography. Noncommunicable diseases account for more than 80% of total deaths. There is rising demands of an agenced and informed population for quality health services. There is a heavy reliance on expatriate health professionals and the country is vulnerability to the impact of climate change. Dengue is emerging as a major public health problem. Addressing adolescent health, improving reproductive health and dietary practices, promoting physical activities and mental health, and fight against tobacco and substance use are a priority.

HEALTH POLICIES AND SYSTEMS

Government of the Republic of Maldives spends 9% of its GDP on health, the highest in the South East Asia Region. Health services in the Maldives are currently delivered by a four tier system comprising of island, atoll, regional and central level services. The Indira Gandhi memorial Hospital in Male’ serves as the tertiary public referral hospital. Maldives continues to rely heavily on expatriate health professionals, who accounted for 82% of physicians and 75% of nurses and faces the challenges of not high turnover but assuring the quality of health workforce. Managing logistics and supplies across the islands centres and hospitals is challenging and optimal use of information and communication technology is continuously explored.

National Health Master Plan (2025-2016) guides the health work in the country. It supports the Sustainable Development Goals and is being implemented through a multisectoral and one health approach. With access to health care for everyone, realized in the country, attention has shifted to quality of care. Quality of Care Framework for assessing and improving health facilities have been rolled out. The multi-sectoral NCD prevention and management plan and Mental Health Strategic plan are part of the strategic agenda. Improving access to health care for the migrants and prevent resurgence of diseases is a major area of work that is being undertaken. The country has made major strides to address emergencies and progress to IHR 2005 compliance. A number of recent policy initiatives are fructified with promulgation of National Mental Health Policy, Strategic and costed action plan, Health Care Waste Management Policy and plan and National Food Safety Policy by MOH.

COOPERATION FOR HEALTH

From the time of being the first UN agency to establish its office in the Maldives WHO continues to be a reliable and trusted partner in the national health development agenda. To address complex health issues and support the SDG agenda, WHO country office reached out and continues to collaborate with partners beyond the Ministry of Health. The drive towards achieving SDGs and Universal Health Coverage (UHC) is greatly enhanced by collaboration within the government bodies’ as well as multi-stakeholder collaboration amongst partner agencies, UN organizations and NGOs. To accomplish health targets “health beyond health sector” approach is practiced. In addition, to reish the goal of the Country Cooperation Strategy for 2022-2018 and Health Master Plan 2025-2016, major focus of the cooperation for health includes ensuring political commitment at the highest level, engaging multiple stakeholders, working with media and partners, working with non-state actors, partnership with academia, and fostering new partnerships. Efforts are continuing to mobilize more resources for the health work in the country.
WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2022)

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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Transforming Health Systems: Ensuring universal health coverage (UHC) and towards achieving the health-related Sustainable Development Goals (SDGs) | ● Health beyond health sector: Advocate for primary prevention of diseases by providing support to enhance intra ministerial and the multisectoral collaboration. Strengthen government’s oversight functions to adopt a broader view of different risk factors and diseases related to environmental and social determinants of health.  
● Strengthen governance and local stewardship: Scaling up capacities of the national regulatory authorities to develop and implement more efficient, equitable, evidence-based and gender-sensitive policies and procedures and ensuring effective delivery of the essential service package and implement the Quality of Care Framework.  
● Workforce excellence, evidence-based decision-making and knowledge management: Provide support to strengthen skill development processes of different cadres of health professionals especially frontline health workers and strengthen delivery of quality primary health-care services. Strengthen the use of appropriate digital platforms/tools for strengthening HMIS and facilitate informed policy decisions. Support to generate, utilize and disseminate local knowledge using innovative technologies on knowledge management and effective implementation of the National Health Research Policy (NHRP).  
● Financial protection: Advocate and support strengthening national capacity to develop equitable and efficient social, economic and health protection policies and frameworks. |
| **STRATEGIC PRIORITY 2:** Promote wellbeing - Empower people to lead healthy lives and enjoy responsive health services | ● NCD prevention and management: Reduce burden of NCDs through promotion of lifestyle change interventions, early detection, prevention and effective management through intersectoral collaboration. Provide support and advocate effective implementation of the national “Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (2016–2020)”. Provide support for effective implementation of the Framework Convention on Tobacco Control (FCTC).  
● Mental health: Strengthen national capacities to scale up mental health services to prevent, diagnose, treat and rehabilitate people with mental health problems and work with partners.  
● Migrant health: Increase access of migrants to health services and prevent introduction of noble or reintroduction of eliminated disease transmission in the country.  
● Road safety: Strengthen the nationwide road safety campaign through a multi-sectoral approach and build capacity on injury surveillance system and trauma care. |
| **STRATEGIC PRIORITY 3:** Ready to respond - Addressing the emergencies and accelerate efforts to eliminate priority diseases and promote surveillance | ● Emergency preparedness: Support the national and subnational level capacity building process on emergency preparedness by considering that the community will be first responders and implementation of the Emergency Response Framework.  
● AMR, IHR and food safety: Support implementation of the National Action Plan on AMR: 2017–2022 including advocating for implementation of one health approach. Enhance national capacity to attain and sustain IHR core capacity including effective implementation of recommendations of JEE. Strengthen institutional capacity to implement the National Food Safety Policy: 2017–2026.  
● Enabling advocacy platforms for disease elimination through accelerating progress towards the targeted elimination of rubella, TB, hepatitis, mother-to-child transmission of HIV and syphilis. |
| **STRATEGIC PRIORITY 4:** Protecting what matters the most: Create an enabling environment for safe and healthy living and address specific health issues of children, adolescents and women during reproductive age and beyond | ● Climate resilience: Raise public and policy awareness on the health impacts of climate change across the entire society, and strengthen national capacity in building health systems resilience to climate change. Advocate and initiate greening of the health sector by adopting environment-friendly technologies, and using energy-efficient services;  
● Health of young people: Increase health awareness, improve health-seeking behaviour and support preconception care and scaling up of adolescent- and youth-friendly health services through a multisectoral approach.  
● Reproductive, maternal and newborn health: Advocate and support quality of care through implementation of MPDSR, ENAP and sustaining birth defects surveillance, prevention and management. Enable reproductive choices for all women and men by supporting the implementation of the reproductive health policy and facilitating the provision of appropriate reproductive health services and information. Advocate introducing new vaccines for the well-being of people of Maldives. |