

Policy Note 10

Delivering Quality Healthcare, Promoting Healthy Lifestyles



Maldives
Partnership
Forum 2019

Investing in a Resilient & Sustainable Maldives

The broader mandate of the Government's health sector caters to health service delivery and regulation, public health protection, and enforcement of food and drug safety regulations.

Maldives' healthcare delivery is organised into a tier-based system, with island level primary health centers, followed by a higher level of health facilities and speciality care hospitals at the atoll level, and tertiary care facilities at the urban/city level. To ensure access to healthcare, health facilities are established in each inhabited island even if the population numbers are considerably low.

Statistics published by the Ministry of Health (MOH) in 2018 indicates that there are three tertiary hospitals in the country, two of which are privately owned, with the only Government tertiary care hospital being Indira Gandhi Memorial Hospital (IGMH). In addition, each inhabited island of Maldives, irrespective of population size has a hospital or health centers accessible generally within a ten minute walk. This includes six regional hospitals and 13 atoll hospitals. All regional hospitals and health centers do not offer the same cadre of services, and are graded accordingly by MOH.

Regulating food and drug safety is part of MOH's broader mandate. In line with this, the Public Health Laboratory (PHL) now known as the Maldives Food and Drug Authority (MFDA) was established in 1999 to ensure the quality of food, water and drugs imported into the country. In order to give accessible and efficient services, MOH liaises with the State Trading Organisation (STO), the state owned company tasked with the supply and provision of medicines to the country. With the initiation of this contract, every single inhabited island has a pharmacy that provides essential medicines according to the grade/level of service available on the island. According to statistics from 2018, number of pharmacies operated in the country increased from 218 in 2013 to 343 in 2018

Health indicators put Maldives ahead of its counterparts in the region. With Polio having been eliminated in 2014, Maldives was certified by WHO to have eliminated malaria and Lymphatic Filariasis (LF) in 2015 and 2016 respectively. Maldives is also considered a low-burden country for tuberculosis (TB) with an aim on eliminating the disease by 2022. Maldives is considered a low-prevalent country for HIV. According to MOH, by the end of 2016, cumulative HIV cases remained at 23.

The life expectancy trends in the population show marked improvement which indicates advancements in the health status of the population. However, owing to lifestyle changes associated with development and consequently high prevalence of risk factors such as tobacco use, consumption of sugary, fatty foods and drinks and sedentary lifestyles have led to an increase in non-communicable diseases (NCDs), which have emerged as the major cause of morbidity and mortality in the country.

The social health insurance scheme 'Madhana' was established in 2009 to protect the public from catastrophic health expenditure and to cover some of the cost of curative services. In 2011, the Social Health Insurance Act (Law 15/2011) was ratified which stipulated the state to establish a system to provide health insurance to its

citizens. Following which in 2012, the Maldives introduced a universal health insurance scheme called Aasandha, which was expanded to Husnuvaa Aasandha from 2014 as a financing mechanism provided by the Government. According to statistics published by MOH in 2018, out of pocket expenditure dropped from 49% in 2011 to 29.5% in 2014 as a result. Since all Maldivians are covered under Husnuvaa Aasandha, the population eligible for health insurance became 100% in 2014, a significant achievement from 30% in 2009 under the Madhana scheme, which required self-registration with a premium for everyone except Government employees.

Key Challenges

Health Service Delivery:

One of the main challenges in delivery of health services is due to the geographical nature of the country. Disruption of services due to unavailability of consumables and essential medicines due to difficulty in transportation. The increased cost of consumables and pharmaceuticals since there is no mechanism for bulk procurement contributes to the issue. An increase in the expatriate workforce within the health sector also results in high turnover and discontinuity of services.

Regulatory Framework:

While many laws and regulations have been formulated to fill in the gaps when it comes to healthcare delivery, few substantive areas still remain unaddressed. Regulations under the Public Health Act and Health Service Act needs to be in place. A law on medical negligence is critical, with many cases remaining unresolved, without redress for the families of victims.

Healthy Lifestyles and Preventive Care:

The rise of non-communicable diseases (NCDs) is one of the biggest challenges faced by health systems across the globe. Cardiovascular diseases accounted for 41% of the total deaths in 2015 as per statistics published by MOH. Cancers, diabetes and renal failure have also become commonplace. According to WHO, of the number of lives lost in Maldives due to ill health, disability, and early death, NCDs account for 78% of the total disease burden.

While Maldives has made tremendous progress in eradicating communicable diseases such as malaria and filaria, and reducing the burden of vaccine preventable diseases, vector borne diseases such as dengue and chikungunya continue to be a public health concern. Furthermore, MDHS 2016-17 shows that relative to the survey undertaken in 2009, the proportion of children aged 12-23 who received all basic vaccinations decreased, from 93% in 2009 to 77%, which increased the percentage of unvaccinated children from 1 to 8%. There is a need for more strategic action on vaccine hesitancy in light of this evidence. Tuberculosis, HIV and Hepatitis are at risk of flare up, with MOH reporting poor case detection and management. MOH also notes zoonotic diseases to be an emerging public health concern. Antibiotic resistance is a silent public health emergency and while efforts are in place, there is a need to strengthen and enhance interventions.

Thalassaemia is another key issue of concern in the Maldivian health sector. According to Maldivian Blood Services (MBS), Maldives has one of the highest known incidences of thalassaemia in the world, and is considered as a major socio-medical problem in the country. Statistics from 2017 published by National Statistics Bureau (NSB) puts the number of deaths attributed to the condition at 10, with 11 new cases being reported in the year out of which 8 cases were between the ages of 0 – 5 years. One-fourth of the Maldivian population is affected by some form of Thalassaemia.

Maldives is highly vulnerable to effects of climate change. The healthcare infrastructure and resources of Maldives are continuously exposed to the severity of climate change. Vulnerability is exacerbated because of limited ecological, socio-economical, and technological resources and capacities in the country.

Healthcare Accessibility:

Despite geographical dispersion being a challenge, basic health services are available in all inhabited islands. The delivery of services at primary health centers are challenged due to high turnover of staff, limited specialties, supplies, equipment, and management. High operational cost makes regular monitoring, evaluation and repeated training of health staff difficult. Means of transport by sea are affected by changing weather patterns, putting patients at risk when in need of transfers to regional or tertiary care facilities. Lack of a robust public transportation system contributes to the issue. According to statistics published by MOH in 2018, number of land ambulances increased from 148 in 2014 to 216 in 2018; while 31 islands were without land ambulances in 2013, this number reduced to four in 2018. Furthermore, a sea ambulance service was introduced in 2015, with 26 sea ambulances in operation in 2018. However, owing to the fact that tertiary care is only available within the Greater Male' region, health service accessibility is costly, especially for those living in the outer lying islands.

Emergency preparedness is an area which requires sectoral coordination, a challenge that is echoed across the spectrum of the Government in many forms. Maldives lacks a cohesive emergency response framework that can be brought into in the event of a disease pandemic. Solutions are usually ad-hoc when disease spread becomes rampant, especially in congested urban areas such as Male'.

According to MOH's Health Emergency Operations Plan published in 2018, current evacuation strategies in emergencies are coordinated by the Maldives National Defence Force (MNDF), with a host of supporting agencies such as the Maldives Police Service (MPS), Maldivian Red Crescent (MRC), Aasandha, airline and seaplane operators, and airports and seaports operators assisting on a need-to-basis.

Mental Health & Psychological Wellbeing:

Mental health has become the focus of many targeted interventions in the world, as societies grapple with the significant increase in morbidity and mortalities owing to mental health issues. While there is a huge gap in terms of recent data and research into the area, a survey conducted by MOH in 2003 paints a stark picture, whereby 29.1% of respondents reported to have a mental health condition. MOH also reports increasing numbers of suicides as a worrying trend, which requires further research as no formal research figures exist to shed light on the issue. A shortfall of trained mental health practitioners in the country is also noted by MOH, with 4.48 mental health professionals per 100,000 being reported in 2006. Lack of

adequate training, financing, and inability of existing mechanisms to cope with the demand puts patients at risk, requiring unnecessary re-admissions due to preventable relapses. Social stigma continues to be a factor in hindering service delivery.

Human Resources in Health:

Recruitment and retention of adequately trained health professionals remains a key issue hindering service delivery in all its forms, especially when it comes to the quality of care afforded to patients. Statistics published by MOH in 2018 indicates that there are 26 doctors per 10,000 people in the Maldives, and that by March 2018, there were 935 doctors and 2,859 nurses working in the country. WHO reports that 82% of physicians and 55% of nurses in the Maldives are expatriates, which translates to a heavy dependency on expatriates to fill the gap in service delivery, especially in outlying islands, and resulting in a high turnover which negatively affects consistency and quality of care. The fact that IGMH is the only Government run tertiary care hospital, results in it being overburdened with the increasing numbers of patients under its care.

Quality of Healthcare:

While MOH regulates healthcare facilities, pharmacies, healthcare professionals, and the registration of medicines and vaccines, challenges remain in terms of ensuring the quality of care owing to funding issues and human resource capacity. MOH reports that this issue is made difficult moreover due to the reliance on expatriate workforce which hinders maintaining consistency in use of standard guidelines and protocols.

Women's Health and Domestic Violence:

According to MDHS 2016-17, among women aged 15-49, 17% have experienced physical violence and 11% have experienced sexual violence. MDHS also shows that it is not common for women who have experienced physical or sexual violence to seek help from service providers such as lawyers, doctors/medical personnel, and religious leaders. This shows that there are huge gaps in the system, which prevent women from seeking assistance when required.

Health Information:

Information systems are an integral part of any health system. In Maldives there currently exists multiple, fragmented systems with varying levels of quality when it comes to data collection. The capacity for information collection, collation, analysis and reporting also varies widely throughout the system, with an urgent need in some areas to improve and upgrade capacity. The national ICT infrastructure needs upgrading and to be better utilized, and new technologies need to be integrated into the information system to gather data more easily. The health sector lacks the personnel required to bring about these changes. Retention of IT trained professionals within the civil service structure remains a considerable hurdle towards achieving progress.

Fiscal Health:

While Maldives has made significant improvements in financial protection of households against out-of-pocket spending over the past 5-10 years, the country has become a global outlier in health financing due to high and rising health spending. While the dispersed geographic nature of the country contributes to this increase in costs, health-spending levels of the country remains significantly higher than other small-island nations. According to the World Bank, Government expenditure on health has more than doubled during 2013-2017, with a shift in focus from spending on service delivery at the atoll level to Male'. Government budget on health as percent of total budget increased from 9.5% in 2011 to 15.78% in 2014 according

to statistics published by MOH in 2018. Several measures are needed to reap potential efficiency gains, including strengthening of the medicines procurement and supply chain system, pooled procurement mechanisms, and procurement of generics rather than brand name drugs.

Food and Drug Safety:

When it comes to regulating food and drug safety, MFDA in its National Food Safety Policy (2017-2026), highlights key challenges that are faced in the execution of its duties. These include weaknesses in legislation and enforcement, the fragmented nature of food safety activities in the country and the lack of clearly defined roles and responsibilities to avoid duplication of efforts and overlapping functions, lack of adequately trained personnel and infrastructure to ensure delivery of its mandate.

Policy Initiatives

Nationwide Promotion of a Healthy Lifestyle and Preventive Care:

Strategies are designed to address the rise of NCDs as the major contributing factor towards morbidity and mortality in the country, as well as communicable disease prevention.

The Government aims to increase the role of community health workers in engaging with the public in promoting healthier lifestyles. The Government also aims to strengthen identification and monitoring of trends of communicable and non-communicable diseases for better targeted interventions when and where required.

All-inclusive and Accessible Healthcare Services:

Owing to the geographical distribution of the country, accessing healthcare remains a challenge, especially specialist services which requires most from within the peripheries to travel to either regional hospitals or the Government tertiary hospital in Male'.

The Government aims to address these challenges through provision of a doctor in every island, strengthening medical emergency services, increasing the role of councils in healthcare management, ensuring proper transportation mechanisms from atoll to regional hospitals, strengthening policies addressing thalassemia and ensuring availability of medical services to all.

Through its legislative reform agenda, the Government also seeks to sustain specialist doctors service delivery in the islands through expansion of its guesthouse tourism policies, which seeks to offer specialist doctors holiday packages during which they would address community health needs requiring specialist care.

Sustainable Quality Assurance of Healthcare Services:

As indicated in the previous section, medical negligence remains an area left unaddressed through legislature. The Government seeks to address this gap by enacting required legislation on medical negligence.

It also seeks to address issues of quality and accessibility through strengthening of the medical council and other regulatory bodies, ensuring that all health facility services meets the required facility grading, ensure and assure that quality of pharmaceuticals meets international standards through strengthening of the Maldives Food and Drug Authority, development of monitoring mechanisms to ensure effectiveness of public health practitioners, and promotion

and strengthening of alternative and traditional medicine practices.

Train and Retain Quality Health Professionals:

As outlined, retention of quality health professionals remains one of the biggest obstacles to quality service delivery, especially in the outlying islands. Government interventions in this regard includes development of periodic training programs for health service providers for continuous capacity development, review of the salary structure of health professionals, provision of special needs care training to healthcare professionals, training of mental healthcare professionals to address the unmet needs of the population, and establishment of training facilities for required trainings.

Strengthening Mental Health Policy:

As outlined from the discussions in the previous section, mental health service delivery remains an area that needs strengthening, both in terms of capacity and range of services available to the public. State interventions in this regard include enacting of the mental health legislature, alongside with the development of a specialised centers for mental health patients in state care.

Strengthening Health Information Management:

Interventions in this regard include connecting all Government hospitals and health facilities through a single network, nationwide expansion of telemedicine to increase accessibility to health services in the islands, and development and integration of health data management systems for evidence based policy making and targeted interventions as required. One such activity is the implementation of the District Health Information System (DHIS2) for routine health information collection across Maldives. This system is interoperable with most systems and could serve as the national Health Management Information System in the future.

Strengthening Fiscal Health:

Government interventions are focused on identification and addressing leakages within the Aasandha system, alongside other strategies geared towards improving the quality of healthcare afforded at all levels in the country. MFDA recently entered into an agreement with a Singaporean company to establish mechanisms to ensure the quality of drugs imported into the country. This should undoubtedly help in reducing the cost borne by the state for provision of drugs for outpatient care in the long-term.

Strengthening Food and Drug Safety:

Government policies are geared towards strengthening the policies of MFDA to establish a monitoring and quality assurance mechanism for pharmaceutical drugs imported into the country. Furthermore, in terms of food safety, policy goals include ensuring safety and quality of supply throughout the food chain, strengthening the national food safety framework, promoting awareness, and building capacity to foster education and research on food safety.

Greening of Health Sector:

Includes development of health systems resilient to the effects of climate change and adopting Green Climate Smart Hospital Policy. This also includes supporting the health waste management plan using the autoclave model piloted in Laamu Atoll.

Migrant Health Policy:

One third of the country's resident population are migrants. Interventions seek to ensure their right to access to healthcare where needed, with a focus on addressing public health concerns related to the expatriate population.