Quality health care
Bridging the gaps

HEALTH MASTER PLAN
2006 - 2015

Ministry of Health, Republic of Maldives

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FOREWORD

The Maldives health sector initiated / embarked its first planning exercise in the beginning of the eighties with its three year medium term plan. Following the medium term plan, the first long term development plan, Health Master Plan 1996 to 2005 was developed and implemented for a decade. Adhering to the principles of primary health care approach, many achievements have been made. Improvements in health indicators such as infant and child mortality, maternal mortality and well as the control of many communicable diseases are noteworthy.

Despite such achievements, the health sector is facing new challenges. Diseases and conditions related to the so called effluent lifestyles are on the rise. In addition emerging and remerging communicable diseases such as dengue fever pose immense threat on the people and burden on the health system.

The year 2005 witnessed the end of the first health master plan. A mid term evaluation of the report showed achievement in many areas. However service quality improvement, human resource development, and nutrition are some areas that showed less achievement and need crucial intervention.

During this period, many global developments such as the Millennium development Goals, International Conference on Population and Development, international Conventions and Agreements have all set targets that need to be achieved.

This second Health Master Plan to be implemented from 2006 to 2015 thus emphasises on the lessons learnt from the implementation of the predeceasing Plan. The nine policy goals set in this Plan aims to address these issues while sustaining the achievements of the first Plan.

This Plan would not have come to life if it isn't for the hard work, dedication and enthusiasm of many people. I wish to take this opportunity to collectively thank all those individual people at the islands to the public, private and non governmental organisations who have contributed to the process of formulation. It was encouraging to see such support and valuable inputs to this collective process. I wish to specifically thank the hard working staff of the Health Systems Development Section of the Ministry. My gratitude and appreciation also goes to the dedication and energy of the Deputy Minister Dr Abdul Azeez Yoosuf, Director of Health Services Dr Sheena Moosa and Director Ahmed Afaal in making this Plan a reality.

I have confidence that the implementation of this Plan will take the Maldives health sector to new heights in serving the Maldivians and towards achieving many national, regional and international development targets.

Ilyas Ibrahim
Minister of Health

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Abbreviations and acronyms

ANC	Antenatal care
ARI	Acute respiratory infection
BCC	Behaviour change communication
BMI –	Body mass index
CBO	Community based organisations
CHW	Community Health Worker
DHS	Demographic Health Survey
EPI	Expanded programme of immunisation
FCTC	Framework Convention on Tobacco Control
FHS	Faculty of Health Sciences
HC	Health Centre
HDL	High density lipoproteins
HIV	Human Immunodeficiency Virus
HMP	Health Master Plan
HMIS	Health Management Information System
HRH	Human resources for health
HS	Health services/ health system
ICPD++ -	International Conference on Populations and Development
IEC	Information, education and communication
IHR	International Health Regulations
IMR	Infant mortality rate
ISO	International Standards Organisation
MAB	Maldives Accreditation Board
MCHE	Maldives College for Higher Education
MDG	Millennium Development Goal
MMR	Maternal mortality rate
MOH	Ministry of Health
MOV	Means of Verification
NCD	Non communicable diseases
NDP	National Development Plan
NEQAS	National External Quality Assurance Scheme
NGO	Non Government Organization
NHL	National Health Laboratory
ORS	Oral rehydration salt
OVI	Objectively Verifiable Indicators
PHC	Primary health care
RTI	Reproductive tract infection
SBA	Skilled birth attendant
SOP	Standard operating procedures
SPS	Sanitary and Phytosanitory Standards
STI	Sexually transmitted infections
TB	Tuberculosis
TT	Tetanus toxoid
VRS	Vital Registrations System

SECTION ONE: background

Introduction

Development planning in the health sector started in the late 80's. The first health sector plan was a 3 year medium term plan developed in 1980 which followed the principles of primary health care approach adapted at Alma Ata in 1978. The Health Master Plan (HMP) 1996-2005 was the first long-term plan which was developed in 1995 and implemented satisfactorily. During the period of implementation the HMP 1996-2005, a number of strategic plans for priority health issues were developed and implemented.

The purpose of this plan, HMP 1006-2015 is to inform the principles and objectives of the health policy and provide guidance to development of strategic and development plans within the sector and other sectors.

The process for development the HMP 2006-2015 was undertaken in a stepwise manner. These were situation analysis and needs assessment, stakeholder consultations through a series of workshops, drafting of the plan followed by a national consultation workshop with all stakeholders followed by final endorsement of the plan. The situational analysis and needs assessment included desk reviews; key informant interviews with in the health sector and other sectors, and focus group discussions with the community and health care providers. A special focus on the Millennium Development Goals (MDGs) was kept throughout the process of Development of this plan, as the timeline for this HMP 2006-2015 is congruent with that of the MDGs. Similarly close links were made with the Vision2020 for national development and the 7th National Development Plan to ensure health development policies were adequately harmonized at national level.

Current status

The health status of the people of the Maldives had improved significantly in the last decade. All health indicators had shown steady improvement (see Annex 1 for statistical tables). Major communicable diseases such as malaria and vaccine preventable childhood diseases are eliminated. Leprosy and Filaria have reached the regional elimination targets. Tuberculosis and HIV prevalence are low. Although mortality due to diarrhoea and acute respiratory infections are extremely low, they continue to cause significant morbidity to children and adults, indicating inadequate access to safe water and sanitation. Dengue and scrub typhus have emerged as major communicable diseases of public health concern.

Focus on prevention and public health aspects of health service together with access to primary health care at island level remain the main contributing factors to these achievements. High level of literacy and community participation were other significant contributors to these achievements.

SECTION ONE: background

With the control of communicable diseases and lifestyle changes associated with development, chronic non communicable diseases have emerged as the main cause of mortality in the country. Cardiovascular diseases, diabetes and cancer are the leading causes of death in the country. Thalassaemia and renal diseases are other common chronic diseases of concern. Added to this is the growing problem of accidents and injuries leading to death and disabilities.

Although this epidemiological transition has occurred in the disease pattern, the country is burdened with emerging communicable diseases and high prevalence of malnutrition. Environmental health problems continue to be of public health concern.

The re-organization of the health system into a 5 tier referral system, with the introduction of atoll hospitals at atoll level and placement of doctors at health centres has enabled increased access to curative services for the island communities. However, this has led to shift in health services from preventive and public health services to curative services. At the same time, due to high dependence on expatriates, there is frequent discontinuation of services. Access to medicines is another major concern as pharmaceutical services in the country operate on a fully corporate basis by the private sector. Due to the smallness and remoteness of the islands, the operation of a pharmacy at island level on a corporate basis is not viable. These constrains has led to a decline in satisfaction of the community with the health services.

The provision of curative services at island levels has almost doubled the cost of health service delivery. Attempts have been made to introduce cost sharing mechanisms such as subsidized user fees. Welfare assistance is the only mechanism where by most needy can obtain financial assistance for health care. A few private medical insurance systems have also emerged in the last decade and the government has initiated the process to develop social health insurance mechanism.

The partnership with the NGOs and International institutions operating in the country is reasonably good with their involvement in development of policy and strategic actions for health as well as their implementation. However, private sector partnership needs to be further enhanced, to ensure public and private sector provides services that complement each other in providing services that are of good quality. The necessary policy direction and regulatory and quality control mechanisms for enabling the development of such a partnership doesn't exist in the current system.

In year 2005, the first Health Master Plan which was implemented from 1996 to 2005 came to an end. Recognising the need for future strategic planning and also the need to address many new dimensions both nationally and internationally, this Master Plan process was initiated in year 2004. Compared to the preceding

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master plan, the priorities of this master plan are different. In the consultation process leading to this Master Plan, the main priority areas highlighted are as follows.

- Health promotion and healthy environments
- Human Resources for Health
- Access to health services and medicines
- Nutritional disorders
- Non communicable and chronic diseases including mental health
- Quality of health care and services
- Communicable diseases of public health concern
- Reproductive and maternal health
- Child and Adolescent health
- Disaster and Emergency preparedness and response
- Health information and research
- “Dhivehibeys” (Maldivian Traditional Medicine) and alternative forms of traditional medicine

Hence, this Master Plan, targets to address these priorities as well as many other issues that the country requires for further development of the Maldives health sector.

SECTION TWO: health policy

Vision

The Maldivian population is a healthy population who are health literate and practice healthy lifestyles, and have easy and effective access to quality health services in the region where they reside which is covered by a health care financing mechanism.

Mission

Protect and promote the health of the people and supportive environments for health and provide preventive, curative and rehabilitative services through an affordable and accessible health system.

Health Policy

The Government of the Maldives recognizes health as a *human right* and is committed to ensure *access* to *primary health care* to all citizens in an *equitable* manner at an affordable price. The provision of health services shall ensure there is no discrimination on account of the person's gender or socio economic status. Government shall put in place safety nets to ensure access to health care by the disadvantaged, through social health insurance and other social security mechanisms.

Health services shall be provided through a 4 tier health system, comprising of an effective referral system, in *partnership* with the community, private sector and international health facilities.

Government will provide a *defined package* of services for each level of the health system, utilizing the primary health care approach *decentralized* to atoll level. Health system will be *responsive* to the socio cultural situation of the country and the specific needs of women, children, and the elderly and people with special needs. Government will also take all preparatory steps to ensure health system at all levels is robust to respond to emergencies and disasters.

Government recognizes the critical role of adequately trained personnel for health service and will ensure appropriately trained personnel are placed and retrained for delivery of health care of accepted professional *quality*. The government will also ensure that proper mechanisms are in place for continuous professional development and the retention of professionals in the sector. Mechanism to ensure professionalism in health service will be put in place and necessary legislations enacted to protect patients and providers.

Government is committed to the implement targeted action to achieve the Millennium Development Goals and targets of ICPD++. Similarly close links shall be made to support Commitments of the Government in relation to other international agreements and conventions.

SECTION TWO: health policy

Government recognizes protection and promotion of health is central to health and wellbeing of the population, and action for health fall beyond the health sector. Thus Government is committed to address the social determinants of health that facilitate enabling environments that protect and promote health and safety through action in all sectors and through legislation, including implementation of international agreements and Conventions such as International Health Regulations and Framework Convention on Tobacco Control.

Government is committed to result based and evidence based policy and developmental planning and shall ensure harmonization with other national developmental policies and plans. Health information systems and research capacity will be developed to obtain appropriate evidence to facilitate this process. Government shall ensure that all information related health of the citizens, thorough health service and through research are maintained confidentially and used as per internationally accepted ethical and professional standards and guidelines.

Policy Goals

1. To ensure people have the appropriate knowledge and behaviours to protect and promote their health
2. To ensure safe and supportive environments are in place to promote and protect health and well being of the people
3. To prevent and reduce burden of disease and disabilities
4. To reduce the disparities in the quality of life and disease burden
5. To ensure all citizens have equitable and equal access to health care
6. To ensure public confidence in the national health system
7. To build partnerships in health service
8. To ensure adequate and appropriate human resources for health service provision
9. To ensure health system is financed by a sustainable and fair mechanism

SECTION THREE: policy goals

Policy goal 1:

To ensure people have appropriate knowledge and behaviours to protect and promote their health

The scope of this objective is to develop and implement health promotion strategies through a life course approach including neonatal, childhood, adolescence, pregnancy and childbirth and old age. Focus will be given to priority areas identified in this Plan, especially reproductive health, nutrition, risk factors for chronic non communicable diseases and emerging diseases. Strategic advocacy for addressing social determinants of health will be implemented through adoption of integrated multidisciplinary approaches in collaboration with NGO, community, public and private sector participation and community participation and partnerships. Capacity for health promotion will be developed and evidence based best practice will be utilized for development of awareness and behaviour change communication campaigns.

Targets

Child and adolescent health

Indicator	Baseline 2005	Target 2010	Target 2015
Percentage of mothers with correct knowledge on initiation of complementary feeding	76%[1]	80%	90%
Percentage of children breastfed exclusively up to 6 months	10%	25%	50%
Percentage of children who consume at least 1 portion of fruits and vegetables daily	29.5%	60%	75%
Percentage of coverage for all EPI vaccines maintained above 95%	97%	>97%	>97%
Percentage of caregivers using ORS for diarrhoea	NA	75%	90%
Percentage of mothers aware of signs and symptoms of ARI	NA	50%	75%
Percentage of households using iodized salt	71%	80%	95%
Percentage of adolescents with correct knowledge about contraceptives	16%	25%	50%
Percentage of adolescents with correct knowledge on preventing STIs and HIV	54%	65%	75%
Percentage of adolescents getting TT vaccination	65%	80%	95%
Percentage of adolescents using tobacco	24.7%	<15%	<10%

[1] IYCF, 2005

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Reproductive and maternal health promotion

Indicator	Baseline 2005	Target 2010	Target 2015
Contraceptive prevalence rate	39%	50%	65%
Percentage of women of reproductive age (16-45) given TT vaccination	49%	75%	>95%
Percentage of mothers who had a live birth receiving TT vaccination	65%[2]	80%	90%
Percentage of pregnant women receiving 4 ANC check ups by a trained health professional	91%	>95%	100%
Percentage of pregnant women consuming iron folic acid for at least 2 months during pregnancy	80%	90%	>95%
Percentage of pregnant women attended by a gynaecologist at least once during third trimester	NA	75%	>95%

Chronic non communicable disease prevention

Indicator	Baseline 2005	Target 2010	Target 2015
Percentage of adult population do daily physical activities for 150 min per week	Male: 64% Female 76%[3]	45%	65%
Percentage of adults with BMI between 18.5 – 24.9	48%	55%	65%
Percentage of males using tobacco	39%	30%	20%
Percentage of females using tobacco	12%	10%	<10%
Proportion of mentally ill with access to community based care from baseline	NA	Increase by 5%	Increase by 10%
Percentage of population with psychotic disorders seeking help from a mental health professional	NA	Increase by 50%	Increase by 75%
Percentage of population screened for thalassaemia before the age of 18 years	NA	Increase by 50%	Increase by 75%
Percentage of people above 35years screened for cholesterol, blood pressure, blood sugar	NA	Increase by 50%	Increase by 75%
Percentage of women above 35years screened for breast cancer	NA	Increase by 50%	Increase by 75%
Percentage of reproductive age women screened for cervical cancer	NA	Increase by 50%	Increase by 75%

Communicable disease prevention

Indicator	Baseline 2005	Target 2010	Target 2015
Percentage of people with correct knowledge on HIV/AIDS signs/symptoms	99%[4]	100%	100%
Percentage of people with correct knowledge on ways of transmission of HIV/AIDS	91%[2]	95%	>95%
Percentage of people with correct knowledge on STIs signs/symptoms	48%[4]	75%	>90%
Percentage of people with correct knowledge on ways of transmission of STIs	67%[4]	80%	>95%

[2] MICS 2004

[3] Baseline available only for Malé and targets are derived based on these figures for country

[4] Baseline 2004

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Indicator	Baseline 2005	Target 2010	Target 2015
Proportion of people with correct knowledge on TB from baseline[5]	NA	Increase by 10%	Increase by 25%
Proportion of people with correct knowledge on dengue from baseline[5]	NA	Increase by 10%	Increase by 25%

Healthy aging and disability prevention

Indicator	Baseline 2005	Target 2010	Target 2015
Increase the proportion of population over 40 years undergoing regular screening and check-ups from baseline	NA	by 5%	by 15%
Increase the proportion of ageing and disabled people involved in social activities from baseline	NA	by 5%	by 15%

Promotion of community partnerships

Indicator	Baseline 2005	Target 2010	Target 2015
Increase health promotion campaigns developed and implemented with community involvement from baseline	NA	by 50%	by 75%

[5] Baseline 2006

Health protection

Indicator	Baseline 2005	Target 2010	Target 2015
Existence of a comprehensive public health Legislation	none	in place	in place

Capacity for health promotion

Indicator	Baseline 2005	Target 2010	Target 2015
Trained person in place for health promotion	At regional level	in place at atoll level	in place at island level

Strategic approaches

1. Develop and implement national strategies and plans for promotion of healthy behaviours in priority areas such as child health, reproductive and maternal health, nutrition, chronic diseases, emerging communicable diseases, healthy ageing through adaptation of global best practice and global strategies
2. Develop and implement health promotion campaigns and IEC/BCC materials utilizing formative research and best practice targeting priority areas
3. Undertake skill building and behaviour change programmes for different target groups. For example: Mothers & caregivers on child care and feeding practices; including care during illness, pregnancy and family planning; adolescents and youth on reproductive health, substance abuse, gender based

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violence, nutrition and physical activity and mental health; and life skills education through school systems and informal networks

4. Improve capacity for health promotion at central level to enable support to regional and atoll level and other organizations and those at regional level as coordinating units for the region
5. Integrate health promotion and prevention as an integral part of hospital services at all levels, with special focus on Male' and Hulhumale'
6. Facilitate health promotion at atoll and island level by building and equip facilities at island level to enable health promotion, education and counselling
7. Establish knowledge management programme to facilitate sharing of best practice and support evidence based health promotion and services by the sector and other partners involved in health promotion
8. Improve health promotion skill base by developing and implementing capacity building / continuing education/ refresher training of PHC workers for health promotion
9. Develop, promote and implement primary and secondary prevention and screening programmes for early detection of health problems and disability prevention
10. Advocate for ensuring accessibility to health care at affordable prices and promote timely health care seeking behaviours
11. Advocate for accessibility to public places including roads and transport vehicles/vessels by aged and disabled persons
12. Strengthen collaboration with other sectors, both public and private, and NGOs for health promotion and addressing social determinants of health
13. Undertake programmes to increase social responsibility for health and social inclusion of aged and disabled persons
14. Strengthen community involvement and community mobilization and establishing networks such as health promotion network for sharing best practices
15. Orient health services to be baby friendly, youth friendly and sensitive to gender, aged and disabled people
16. Promote and develop plans for implementation of healthy settings such as health promoting hospitals, health promoting schools and health promoting atolls and islands
17. Support and collaborate with education sector to expand and strengthen school health programme
18. Develop and enforce legislations to protect and promote health (for tobacco control, breast feeding, safe food, health and safety at work, access to essential medicines and contraceptives)
19. Develop and establish mechanisms to implement obligations under international and regional agreements (Code of BMS; FCTC; IHR) that protect and promote health

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20. Study global best practice and develop mechanism to mobilize resources for health promotion

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Policy goal 2:

To ensure safe and supportive environments are in place to promote and protect health and well being of the people

The scope of this objective is to enable supportive and sustainable environments for health through mobilization of other government sectors, private sector and NGOs, through advocacy, coordination and building partnerships for health. Advocacy and facilitation of implementation of programs for safe water, environmental sanitation and hygiene to reduce emergence of disease transmitting vectors, and water borne diseases with emphasis on achieving the related Millennium Development Goals are key areas to be addressed. Necessary health and safety legislations, regulations and standards including occupational health and safety guidelines in all sectors will be developed and enforced to reduce risks and protect health and safety through multidisciplinary, multicultural approaches, private sector and community participation and partnerships. Special attention will be made to comply with international agreements and conventions to which Maldives is a party to, towards promotion and protection of health such as FCTC and International Sanitary and Phytosanitary (SPS) Agreement.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Access to safe water	76.5%[6]	85%	>95%
Access to sanitary means of excreta disposal	80.5%[6]	90%	>90%
Adherence of health facilities to minimum standards for health care waste management	NA	80%	100%
Occupations with health and safety regulations in place	NA	50%	80%
Percentage of hospitals and schools implementing health promoting initiatives	1 hospital 9 schools 2 islands	25%	50%
Proportion of islands implementing annual vector control activities	NA	50%	75%
Mortality due to road traffic accidents	NA	<1%	<0.5%
Mortality due to work related accidents and injuries	NA	NA	NA
Adherence of food establishments to food safety standards and regulations	NA	100%	100%
Percentage of schools and public buildings hand washing facilities	NA	80%	100%
Percentage of health facilities with universal precautions for infection control	1	All hospitals + Pvt sector	All health facilities
Percentage of islands developed based on land use plans with space allocated for physical activity and are accessible to disabled persons	NA	75%	100%

[6] Baseline 2001

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Strategic approaches

1. Establish both formal and informal coordination mechanisms with concerned authorities, private sector and NGOs
2. Develop plans and programmes for safe and environment friendly integrated vector control measures with community and inter-sectoral participation
3. Establish mechanisms for regular supervision and monitoring and audit for adherence to regulations/standards
4. Advocate for and ensure access to safe water and sanitation for all
5. Integrate environmental health as a key component of national environmental action plans, including health impact assessment as a component of environmental impact assessment
6. Develop preventive and adaptation measures to protect health from effects of environmental degradation and global warming.
7. Develop disaster preparedness and emergency response plans and procedures for the health sector in coordination with the national early warning system and disaster management plan.
8. Develop and enforce national standards and regulations/legislations related to public health protection, safe water, including recreational water, food safety, indoor and outdoor air, sanitation, waste management occupational safety, building codes, use of chemicals, pesticides & insecticides, road and sea safety and mechanism for enforcement of these legislations
9. Strengthen capacity to ensure quality control and adherence to the national standards and regulations by developing necessary skills and tools for monitoring enforcement
10. Develop and implement programme for health care waste management in collaboration with national waste management strategies
11. Expand healthy settings initiatives for healthy island & other healthy settings such as hospitals, schools, food outlets, parks etc
12. Develop and monitor IEC/BCC activities and campaigns to mobilize community and increase their involvement in promoting safe and healthy environments to enable injury prevention
13. Study, monitor and document health impact of developmental projects and environmental change and utilize as advocacy materials
14. Undertake programme to sensitize policy makers and infrastructure development partners on health impact of developmental projects and utilize health promoting designs for island development plans

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15. Develop and implement capacity building programme through continuous professional education and refresher trainings for all stakeholders
16. Establish and utilize community and NGO networks for healthy environments

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Policy goal 3:

To prevent and reduce burden of disease and disabilities

The scope of this objective is to develop and implement strategies for prevention, early detection, diagnosis and treatment of common and emerging communicable and chronic non communicable diseases with support of all stakeholders involved in the provision of health care. Facilities and mechanisms for accessing such services and medicines in an equitable manner for all groups will be developed in a planned and coordinated manner within the health system. Legal requirements and core capacities and mechanisms for implementation of International Agreements such as International Health Regulations 2005 (IHR) and TRIPS will be developed and sustained. Health information systems will be strengthened particularly surveillance and monitoring of disease burden to facilitate quality information for evidence based decisions. Necessary research will be undertaken to measure impact of interventions and obtain baselines for emerging conditions.

Among communicable diseases, focussed attention will be given to vaccine preventable diseases, epidemic prone diseases such as dengue, TB, HIV, STIs and other RTIs. Among chronic non communicable diseases, diseases with common risk factors such as cardiovascular disease, diabetes, renal diseases, chronic obstructive pulmonary diseases and selected cancers will be focused. Special attention will be given to implementation of Framework Convention on Tobacco Control (FCTC). Diseases such as thalassaemia and other chronic diseases of high burden and mental health will be focussed. Services for prevention and rehabilitation of physical and mental disabilities will developed in partnership with social services and private sector.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Proportion of babies born with birth weight less than 2500 grams	11%	<10%	<5%
Prevalence of anaemia among pregnant women	51%	35%	25%
Percentage of underweight children under 5 years	30%	25%	20%
Proportion of adults who are obese	Adults 46%	Reduce by 5%	Reduce by 15%
Proportion of children with Vitamin A deficiency	5.7%[6]	3%	1%
Prevalence of hypertension	10.5%	9%	7%
HDL prevalence (> 40 mg/dl)	69%	70%	75%
Prevalence of high blood glucose >120 mg/dl	7%	6%	5%
Prevalence of tobacco use	53%	35%	25%
Mortality due to cardiovascular diseases	41.88%*	35%	25%
Mortality due to cancers	4.01%*	3%	2%
Mortality due to renal diseases	2.54%*	2%	1%
Prevalence of neurotic disorders	22%	20%	15%
Prevalence of epilepsy	6%	5%	2%
Prevalence of physical disabilities	3.41	Reduce by 5%	Reduce by 10%

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Indicator	Baseline 2005	Target 2010	Target 2015
Sensory impairment	NA	Reduce by 5%	Reduce by 10%
Prevalance of thalassaemia major	0.38%	Reduce <10%	Reduce <5%
Mortality from dengue	0.2	0.1%	0. 5%
Prevalence of TB/'000 (sputum positive)	0.14	<0.10	Sustained at <0.10
Proportion of smear positive pulmonary TB cases cured under DOTS (cure rate)	100%	Sustained	Sustained
Prevalence of HIV	1	Sustained	Sustained
Prevalence of STIs	NA	1%	Sustained at <1%
Prevalence of filaria and leprosy	0.02	Eliminated	Eliminated
Prevalence of measles and rubella	0.059%	1%	eliminated
Incidenceof polio, neonatal tetanus, diphtheria, pertussis and malaria	zero incidence	Sustained	Sustained
Prevalence of diarrhoea	4%	2%	<1%
Prevalence of ARI	20%	15%	10%
Percentage of population with access to medicines	79%[7]	85%	95%
Health status information on key indicators for assessment and planning at atoll level	Gaps exist	Available	Available

Strategic actions

1. Scale up preventive health services at all levels of the health system by integrating health promotion and preventive health into services of all hospitals
2. Develop and provide health services focusing on priority health conditions such as maternal and child health, nutrition, chronic diseases, and communicable diseases of public health concern. Maternal and child health services include but not restricted to essential newborn care, immunization and management of childhood illnesses; growth monitoring and supplementation; antenatal, intranasal and postnatal care as well as emergency obstetric care; reproductive and family planning services.
3. Develop and strengthen necessary core capacities at the ports of entry and of the epidemiological surveillance system to implement International health regulations 2005
4. Establish basic health facilitates with trained staff and equipments to provide comprehensive primary health care (preventive, promotive, basic diagnostic and curative services) at island level
5. Develop standard management protocols and treatment guidelines at national level and conduct audits to assess compliance
6. Develop necessary national legislations to ensure access to essential medicines utilizing mechanism provided in the TRIPS agreements
7. Establish and monitor pharmacies with private sector and community partnership to make essential medicines available in all inhabited islands and levels of the health system at an affordable price

[7] VPA II 2004

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8. Strengthen supervision and monitoring of clinical and public health services and programmes
9. Develop additional human resources for health service and build capacity of health care staff by pre-service orientation of health professionals and continuous professional development and other refresher trainings for those in service
10. Strengthen mechanism to audit deaths at health facilities; especially maternal and infant deaths and suspicious deaths
11. Strengthen the referral system to ensure timely and efficient care through development of referral protocols
12. Establish services for emergency care and rehabilitation (physical and mental) at regional and atoll levels to reduce morbidity and improve quality of life
13. Integrate into health services, care for cases of gender based violence and abuse of all forms
14. Strengthen referral hospitals at regional and atoll level with adequate facilities and personnel to handle referred cases
15. Expand and improve services tertiary hospital in Male' and develop tertiary level hospitals in the northern and southern development region
16. Establish and implement an integrated disease surveillance and health status monitoring system
17. Strengthen health information system and hospital medical records system
18. Conduct research to obtain baselines and monitor progress on health status and disease burden

SECTION THREE: policy goals

Policy goal 4:

To reduce disparity in quality of life and disease burden among population

The scope of this object is to strengthen health services at all levels through decentralization and equitable expansion of health services. Capacity for decentralized planning and management will be developed and linked to a need and result based budgeting system that will increase atoll level responsibility and accountability for health services. Referral mechanism and outreach services will be made effective to provide necessary technical and skilled care for those at the periphery. Telemedicine and e-health services will be established and monitored to enable timely technical advice. Special attention will be given to implement pro-poor and gender responsive policies that respond to the legitimate needs of the community.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Life expectancy at birth for both sexes	71	75 years	>80 years
Maternal mortality/'00,000 live births	73	<70	<50
Infant mortality/'000 live births	14	10	Sustained <10
Under 5 mortality/'1000 live births	16	10	Sustained <10
Perinatal mortality/'1000 live births	19	15	10
Percent of health facilities with adequate personnel and facilities for defined level of service	NA	75%	90%
Access to a referral health facility in less than 1 hour by ordinary boat	NA	75%	95%
Percent of atoll level health services utilizing health information/data for strategic planning and management	NA	50%	100%

Strategic actions

1. Strengthen management of the atoll level health services by providing adequate training and guidance to the atoll level managers
2. Decentralize the planning and management of health services and programmes to atoll level
3. Initiate medium term strategic planning and result based budgeting up to atoll level
4. Develop capacity and establish regular outreach visits from atoll level to island level and regional to atoll level and central atoll regional and atoll level with trained personnel and basic equipments
5. Strengthen referral system and improve mechanisms to access transport for those requiring referral

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6. Establish e-health and telemedicine services to support health care providers at atoll and island levels from the referral hospitals
7. Strengthen health information systems and utilization of information for planning and management at regional and atoll levels
8. Define service levels and ensure adequately trained personnel and facilities, inclusive of infrastructure, supplies and equipments, are in place at health facilities at atoll and island levels
9. Strengthen medical supplies logistic system to ensure the supply and logistic system is efficient and responsive to the requirement of the atoll and island level facilities
10. Establish a mechanism to provided diagnostic services by sending samples to the central or regional level to support care at island level
11. Establish pharmacies at health facilities to enable provision of essential medicines in collaboration with private sector and the community

SECTION THREE: policy goals

Policy goal 5:

To ensure all citizens have equitable and equal access to comprehensive primary health care

The scope of this objective includes strengthening and monitoring of existing health care facilities and providing necessary physical resources and human resources to enable equitable access to comprehensive primary health care, through provision of preventive, diagnostic, curative services and rehabilitation and medicines for common diseases and health conditions, in partnership with the private health sector and communities. A systematic referral and medical evacuation mechanism will be established in partnership with the social security system and transport sector as well as utilising modern technology including telemedicine. Special attention will be made to ensure implementation of a pro-poor health care financing mechanism such as social health insurance that would include referral and/or evacuation to overseas for treatment.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Availability of PHC worker dedicated to PHC work	NA	all inhabited islands	sustained
Availability of a skilled birth attendant (SBA)	NA	all inhabited islands	sustained
Proportion of births attended by SBA	92%	95%	100%
Availability of health facility providing comprehensive primary health care(basic preventive, diagnostic, curative and rehabilitative services)	NA	all inhabited islands	sustained
Percentage of islands with a mechanism in place for medical evacuation and transport of referred emergency cases	NA	50%	100%
Percentage of emergency medical evacuations undertaken in less than one hour	NA	80%	100%
Percentage of population covered under health insurance	NA	70%	100%
Proportion of population with access to medicines	79%[7]	85%	95%

Strategic actions

1. Ensure availability of trained/skilled personnel for service delivery at different levels of the health system through training, continued professional development, recruitment and retention
2. Establish and health infrastructure in all inhabited islands to provide quality health care

SECTION THREE: policy goals

3. Establish and strengthen regular outreach services from higher levels of the health system to lower levels
4. Strengthen emergency medical evacuation facilities and mechanism to access transport for referral
5. Establish comprehensive primary health care services (preventive, promotive, basic diagnostic and curative services and rehabilitation) in all islands
6. Deploy PHC workers and skilled birth attendants to all inhabited islands
7. Establish a social health insurance scheme with a special focus on the poor in coordination with the social security system
8. Establish pharmacies at island level with private and community partnerships to enable access to essential medicines at affordable prices
9. Establish and strengthen public health services in urban settings utilizing primary health care approach

SECTION THREE: policy goals

Policy 6:

To ensure public confidence in the national health system

The scope of this objective includes development of patient centred safety systems within all health care institutions. All aspects of quality of care and patient safety will be addressed. Standard procedures and protocols will be developed and implemented and monitored. Accreditation of health care institutions will be ensured in collaboration with national and international professional regulatory bodies. Regular audit and monitoring mechanism for quality assurance, patient safety will be undertaken. Community involvement and feedback will be obtained through surveys and interviews.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Public confidence in health services increased	NA	by 25% from baseline	by 50%
Population awareness on services available at their local health facility increased	NA	by 25%	by 50%
Proportion of atoll level health facilities at all levels with quality management systems	0	25%	50%
Proportion of atoll level health facilities at all levels with quality management systems	NA	25%	50%
Proportion of health facilities where clinical services are audited	NA	25%	50%
Proportion of health facilities where administrative/managerial services are audited	NA	50%	100%
National external quality assurance scheme for health services established	NEQAS for laboratories	established	sustained
National Health Laboratory and tertiary hospitals accredited to ISO standards	none	NHL accredited	Tertiary hospitals accredited
Regulations and standards in place for quality control of existing forms of medicine and therapeutic goods in the country	In place for allopathic medicine	In place for all forms of medicine	In place for medicine and medical devices
Proportion of institutions providing alternative forms of medicine audited annually	None	25%	50%
Percentage of health facilities with total quality management programmes in place	None	At central level	At regional level

SECTION THREE: policy goals

Strategic actions

1. Develop and establish quality management in health facilities and managerial institutions of the health sector
2. Develop and establish internal and external quality assurance mechanisms for health services
3. Undertake client satisfaction/exit surveys and establish feedback mechanism in order to contribute to continuous improvement
4. Define services at different levels of the health systems and promote or market the services provided by the health facilities to the users
5. Develop programme for providing reliable information on health services to consumers for enabling informed health care seeking
6. Improve provider-client confidentiality by developing and establishing protocols and codes of practice
7. Strengthen professional bodies such as medical council, nursing council and health sciences board to enable develop and enforce medical/professional ethics and regulations
8. Strengthen monitoring and supervision and integrate service audits as a key component of monitoring and supervision
9. Develop patient safety programmes in hospitals and establish a system of community watch for improving services and patient safety
10. Strengthen quality control systems in health care facilities for patient safety and efficacy of different forms of health services, medicines and therapeutic goods
11. Develop necessary legislation and mechanism for protection of rights of the patients and providers

SECTION THREE: policy goals

Policy goal 7:

To build partnerships in health service

The scope of this objective includes laying down clear policy on participation of private sector in service delivery and management. Public private partnerships will be nurtured for the provision of quality services in a harmonized and complementary manner. Establishment and continuation of such partnerships will be promoted to expand and improve service delivery. Networks of institutions and NGOs and common interest community based organizations will be established to promote collaboration, exchange of information and best practice.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Proportion of collaborating programmes with NGOs and community groups	~10%	by 10%	by 25%
Proportion of multi-sectoral committees in health sector with non-government sector representation	~50%	75%	100%
Health services provided by non-governmental sector increased	NA	by 15%	by 25%
Proportion of islands with organised (formal and informal) community groups working for health increased	NA	by 10%	by 25%

Strategic actions

1. Establish partnerships with NGOs and private sector through joint planning for implementing public health services
2. Establish partnerships with other government sectors to address social determinants of health
3. Promote and develop appropriate health care financing schemes
4. Develop privatization policy and regulatory mechanism for delivery of private health care, including “Dhivehibeys” and alternative forms of medicine
5. Establish institutional mechanism within public health service for development of Dhivehibeys and its including traditional knowledge, in partnership with traditional practitioners and NGOs
6. Promote local and foreign investment in health care delivery with adequate safe guards
7. Develop partnership/networks with community groups-clubs/committees for social mobilization for health
8. Develop mechanisms and protocols for establishing public private partnership in health service management

SECTION THREE: policy goals

Policy goal 8:

To ensure adequate and appropriate human resources for health service provision

The scope of this objective covers all aspects related to workforce planning and management for health services provision and public health. Mechanisms for strengthening quality of training and education to meet the health sector needs, as well as ensuring continuing education and in service training will be developed. Strategies for improving human resource management including workforce planning, equitable recruitment strategies such as gender responsiveness, distribution of appropriate skill mix and retention of workers through appropriate incentives will be addressed through provision of appropriate incentives and opportunities. Focussed attention will be given to appropriate orientation to the health system, standards and protocols of care to expatriate health workforce prior to recruitment process. Standards and code of conduct and ethical practices for health care professionals to ensure professionalism, together with mechanisms of protection of workers will be strengthened in collaboration with the Maldives Medical Council, Maldives Nursing Council and National Board of Health Sciences.

Targets

Training

Indicator	Baseline 2005	Target 2010	Target 2015
Health workforce plan finalised by mid 2007 and updated every 4 years	Draft plan	Reviewed once	Reviewed thrice
Percentage of public health professionals, nurses, paramedical/allied health professionals trained as of requirement	NA	50%	>75%
Percentage of medical personnel trained as of requirement	NA	30%	50%
Proportion of health facilities up to atoll level managed by persons trained in health service/hospital management	0% at regional, atoll level	70%	100%
Proportion of skilled personnel in health service delivery who receive short term in-service training with in 5 years	NA	75%	100%
Proportion of FHS courses conducted regionally	NA	25%	50%
Proportion of formal courses accredited by MAB	All existing courses are accredited	Sustain for new courses	Sustained

SECTION THREE: policy goals

Retention of health professionals

Indicator	Baseline 2005	Target 2010	Target 2015
Proportion of incentives given to those who work in the atolls to that of Male'	Lower incentives	Equal	Sustained
Proportion of health care providers who receive opportunity to participate in at least one professional development programme in every five years	Irregular	70%	100%
Staff requirement defined for all health institutions and number of staff in place matching the minimum requirement	Defined but not matched to skills	Defined and matched to skill	Staff in place to match minimum requirement
Proportion of staff with clear job descriptions and responsibility assigned	Job descriptions not specific	100%	Sustained
Performance assessment mechanism implemented and linked to promotions	Not fully implemented and not linked to reward	Fully implemented	Linked to reward

Professionalism

Indicator	Baseline 2005	Target 2010	Target 2015
Medical council, nursing council and health sciences board strengthened with necessary legislative power and made independent	Councils and board under MOH	Legislative power given	Made independent
Medical nursing and public health service provision audited in central, regional and atoll level health facilities	No audits undertaken	Central and regional level	Central regional and atoll level
Organized comprehensive induction programme for expatriates in place	Not comprehensive	In place	Sustained
Staff proficiency testing for re-registration nursing staff established	None	In place	Sustained

Strategic actions

1. Develop, implement and update health workforce plan periodically
2. Strengthen collaboration with Faculty of Health Sciences (FHS) towards increasing training capacity at regional and central level as per health sector requirement and undertake periodic review of courses to match health sector needs
3. Increase training opportunities nationally through the health system and other faculties of college and distance education
4. Increase training opportunities abroad through earmarking of a need based proportion of national scholarships to health including exchange programs with international institutions
5. Develop national hospitals as teaching hospitals/ training centres and develop academia in health sector

SECTION THREE: policy goals

6. Develop a specific training unit dedicated for staff development and in service training in the Ministry of Health
7. Develop in service staff development programme for health professionals and support personnel in health service and collaborate with MCHE to develop such a programme for teaching faculty of FHS
8. Sustain accreditation of all formal courses to ensure quality of education
9. Develop incentive mechanisms for attracting and retention of health professionals in regional, atoll and islands than Male'
10. Create awareness among the students and young people and provide career guidance to encourage potential candidates to take up training for health sector requirements
11. Improve management and administration of health facilities by training a group of people in health management.
12. Develop minimum staff requirement with required skills for each health institutions in the medium term
13. Develop clear job descriptions and lines of hierarchical development/career pathways
14. Develop a strategy for recruitment and in-country transfers
15. Develop and strengthen pre-service orientation/induction programme for all new recruits inclusive of expatriates and locals
16. Develop mechanisms of performance assessments, protocols for reward, promotions and penalty and enforce these equally without discrimination
17. Develop links with external institutions to boost human resource capacity.
18. Ensure proper functioning of medical, nursing council, and health sciences board by making them independent bodies with adequate legal framework and staffing
19. Establish a supervision and audit mechanism for service delivery by health professionals such as medical audits, nursing audits etc
20. Establish a proficiency testing mechanism for skilled health professionals
21. Develop a strategy for partnership/collaboration for private sector financing of scholarships related to health sector
22. Develop strategies for intra and inter sectoral collaboration in developing health related professionals working in other sectors such as school health assistants, occupational therapists etc.

SECTION THREE: policy goals

Policy goal 9:

To ensure health system is financed by a sustainable and fair mechanism

The scope of this objective includes developing a pro poor and need based, universal sustainable financing mechanism. Mechanism such as financial risk pooling, appropriate mix of public private financing will be explored. Special attention will be given to implement a social health insurance scheme. Resource mobilization initiatives will be undertaken to increase investment in health through the government, private and donor sources.

Targets

Indicator	Baseline 2005	Target 2010	Target 2015
Proportion of the government annual budget allocated to health	11% (2004)	Increased to 20%	Sustained
Cost recovery mechanism established in health facilities	Cost recovery only in Malé	Up to atoll level	HC levels 1 & 2
Proportion of health facilities with trained person in financial management	NA	Atoll level	HC levels 1 & 2
Cost recovery ratio	33% in Malé only	50%	75%
Proportion of donor assistance to the country to health programmes	-	Increase by 5%	Sustained
Proportion of import duty on substances harmful to health increased and earmarked for health	None	Increased	Earmarked
Increase in expenditure on preventive measures	28%	Up to 33%	Sustained
Improve access to essential drugs	79%[7]	85%	95%
Social health insurance mechanism established	None	Established	Universal Coverage
Welfare assistance for health sustained till universal coverage for health insurance is achieved	Welfare net in place	Linked to the above indicator	Linked to the above indicator

Strategic actions

1. Increase and sustain high levels of government expenditure on health
2. Establish a cost recovery mechanism together with cross subsidy together with detailed protocols
3. Attract/increase donor assistance, both local and foreign including philanthropy to health projects
4. Increase and earmark a proportion of taxes from harmful products to health such as tobacco that is defined by the Ministry of Health, to preventive health programmes
5. Explore ways of reducing cost of service provision through implementation of cost effective interventions

SECTION THREE: policy goals

6. Establish social and private health insurance systems in collaboration with social security system
7. Establish partnerships with private sector and community by encouraging corporate social responsibility for health care
8. Establish welfare/social security nets to enable access to health care by the poor/unemployed until universal health insurance is established
9. Establish a donations policy
10. Strengthen financial management at all health institutions through decentralization and in-service training to develop capacity

SECTION FOUR: implementation

Implementation

The plan will be implemented through development and implementation of institutional strategic plans. All health institutions up to atoll level will develop 3-year strategic plans. These 3-year plans will be linked to the public sector medium term budgeting that is being introduced from this year. Complementary to these institutional strategic plans, strategic plans on priority public health issues will be developed and implemented.

Since eh HMP 2006-2015 is also linked to the 7th NDP, and subsequent NDPs during the period, the 3-year plans will prioritize implementation of NDP strategies on health.

Monitoring and evaluation

The implementation of the HMP will be monitored for implementation of the strategies and achievement of the targets by the Ministry of Health. The status of implementation will be monitored every 2 years by establishing institutional reporting mechanism on plan implementation.

A comprehensive mid-term review will be under taken to provide necessary mid-course redirection to the plan in the year 2010. A final evaluation of the plan will be undertaken at the end of the plan in 2015. These evaluations will be undertaken by a team on internal ad external evaluators.

The logical framework will guide the monitoring and evaluations of the Plan. The health information system will be the main source of information for the indicators. Research studies will also be undertaken during the period to obtain baseline for which information are not available and to measure achievement of the targets at mid term and end of the plan period.

SECTION FIVE: annexes

Annex 1:

Key indicators

Population indicators

Indicator	2000[8]	2001	2002	2003	2004	2005
Population	270,101	275,975	280,549	285,066	289,480	298,842
Male	137'200	140,100	142,357	144,599	146,799	151,769
Female	132,901	135,875	138,192	140,467	142,681	147,073
Sex ratio (males/100 females)	103	-	-	-	-	103
Urban population	27%	-	-	-	-	35%
Population growth rate	1.9%	-	-	-	-	1.7%
Dependency ratio (dependents per every 100 working age population)	88.7	81.8	78.6	72.4	66.7	63.9
Percent of population under 15 years	41	39	38	36	34	33
Percent of population 15-59 years	53	54	56	58	59	61
Percent of population 60+ years	6	6	6	6	6	6
Crude birth rate/'000 pop	20	18	18	18	18	19
Crude death rate/'000 pop	4	4	4	4	3	3

Health Indicators

Indicator	2000	2001	2002	2003	2004	2005
Infant Mortality Rate / '000 live birhs	21	17	18	14	15#	12
Under 5 Mortality Rate / '000 live births	30	26	23	18	22*	16
Maternal Mortality Rate / '100,000 live births	75.27	143.38	160.29	97.28	96.26	72.49
No. of maternal deaths	4	7	8	5	5	4
Total Fertility Rate (per women)	2.8	-	-	-	-	-
Life Expectancy at birth	71	72	73	-	NA	-
Male	70.7	72	73	70	71.13	71.66
Female	72.2	73	74	71	72.07	72.74
Adult Literacy Rate	98.0%	-	-	-	-	-

[8] Year 2000 and 2005 figures based on population census other figures based on projections from yearly statistical year books. Crude death and birth rates derived from VRS.

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Health Resources

Indicator	2000	2001	2002	2003	2004	2005
Facilities						
Health Expenditure as % of National budget	11	10	10	10	11	9(prov)
Per capita health expenditure *(in Rf)* as of National Budget	1124.4	1090	1129.2	1274.4	1476.1	1731.1 (prov)
No. of Hospitals *(total)*	7	11	12	16	19	19
Regional Hospitals	5	5	6	6	6	6
Atoll Hospitals	-	4	4	8	10	10
Health centers	-	-	-	-	65	68
Health psots	-	-	-	-	52	48
No. of Hospital beds	470	533	558	643	759	784
Population per hospital bed	577	518	503	443	381	375
Doctors per 10,000 popn.	8	10	9	11	10	13
Manpower						
No. of medical doctors	234	263	259	315	302	379
Percent of expatriate doctors	NA	NA	NA	NA	81	77
Population per practising doctor	1159	1049	1083	905	959	775
Population per practising staff nurse	760	693	651	603	534	486
No. of paramedical workers	232	501	519	454	449	564
No. of community health workers	83	63	106	119	172	207
No. of family health workers	318	281	329	333	343	341
No. of traditional birth attendants (foolhuma's)	504	424	417	409	404	386

Primary Health Coverage Indicators

Indicator	2000	2001	2002	2003	2004	2005
Vaccination coverage: (%)						
BCG	99.5	98	98.5	98	98	99
DPT3	98	98	97.5	97.5	96	98
Polio3	98	97	97.5	97	96	98
Measles	99	98	96.9	96	97	97

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Tetanus	97	97	94	95	95	92 (5th dose)
Hepatitis B 3	96	98	97.5	97.5	97	98
TT for reproductive aged women	-	-	-	-	-	-
Deliveries attended by trained personal	-	-	-	-	-	-
Doctors	-	-	-	-	56	64
Nurses	-	-	-	-	29	27
Health workers	-	-	-	-	1	1
Urban households with access to safe drinking water	-	100	-	-	-	-
Rural households with access to safe drinking water	-	72	-	-	-	-
Urban households with sanitary means of excreta disposal	-	100	-	-	-	-
Rural households with sanitary means of excreta disposal	-	77	-	-	-	-

Primary Prevalence Indicators

Indicator	2000	2001	2002	2003	2004	2005
TB incidence rate / '000 (sputum positive)	0.25	0.24	0.23	0.26	0.26	0.26
TB Prevalence rate / '000 (sputum positive)	0.1	0.12	0.1	0.14	0.14	0.14
TB Incidece rate / '000 (sputum negative)	0.24	0.28	0.23	0.25	0.18	0.1
TB Prevalence rate / '000 (sputum negative)	0.12	0.14	0.13	0.16	0.11	0.16
Leprosy Incidence rate / 000	0.10	0.90	0.10	0.07	0.03	0.06
Leprosy Prevalence rate / 000	0.78	0.56	0.07	0.02	0.20	0.04
Incidence rate of Diarrhoel diseases / '000	30.02	30.83	65.23	51.00	49.67	79.06
Case fatality rate / 000	0.62	0	-	0.07	0.07	-

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Financial indicators

Indicator	2000	2001	2002	2003	2004	2005
GDP per capita (US$) at 1995 constant prices	1986	2021	2118	2262	2440	2271
GDP growth rate	4.8%	3.5%	6.5%	8.5%	7.8%	-4.6%[9]
Health expenditure as a percentage of GDP	-	-	-	-	-	6.5%
Health expenditure as a percentage of national budget	11%	10%	10%	10%	11%	9%[10]
Per capita health expenditure as of national budget	Rf1124.4 US$87.5	Rf1090.0 US$84.8	Rf1129.2 US$87.9	Rf1274.4 US$99.2	Rf1476.1 US$114.9	Rf1731.1[10] US$134.7

[9] Reflects the economic impact of the December 2004 tsunami on the country
[10] Provisional figure

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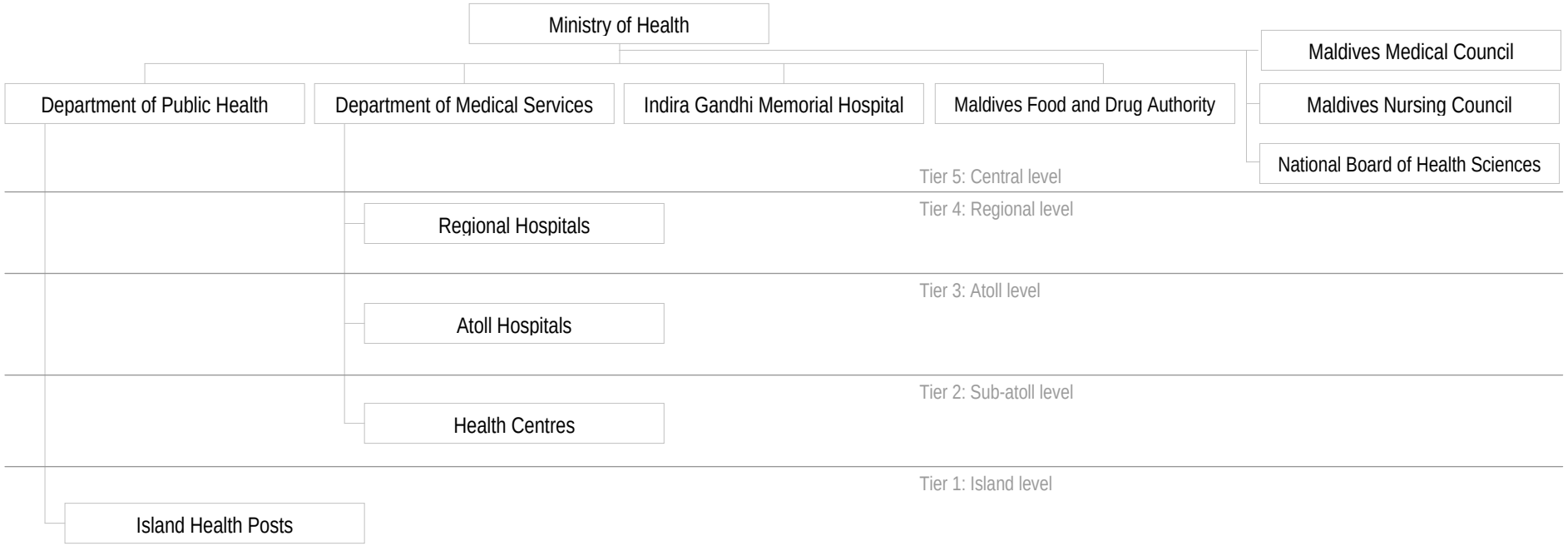
Annex 2:

Organisation of health system



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Annex 3:

Logical framework

Policy goal 1: To ensure people have the appropriate knowledge and practices to protect and promote their health

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
People have the appropriate knowledge and practices to protect and promote their health	• Proportion of mothers with correct knowledge/practice on complementary feeding • Prevalence of exclusive breast feeding up to 6 months • Proportion of children consuming at least 1 portion of fruits and vegetables daily • EPI vaccines coverage • Proportion of caregivers using ORS for diarrhoea • Proportion of mothers' awareness about signs and symptoms ARI • Proportion of households using iodized salts • Proportion of adolescent with correct knowledge about conception/pregnancy • Proportion of adolescents with correct knowledge about preventing STIs and HIV • Proportion of adolescents consuming tobacco • Contraceptive prevalence rate(all methods& modern methods) • TT vaccination coverage among the women of reproductive age (16-45) • Proportion of pregnant women receiving 4 ANC check ups • Proportion of pregnant women consuming iron and folic acid during pregnancy • Proportion of adult population(15-65) doing daily physical activities for >10 min at a time • Proportion of adults with BMI between 18.5 – 24.9 kg/sqm • Prevalence of tobacco use • Prevalence of high blood pressure • Proportion of population with HDL > 40 mg/dl • Prevalence of high blood glucose level >120mmol • Proportion of mentally ill receiving home care • Proportion of population with psychotic disorders seeking counselling	• Population based surveys (DHS); • Annual reports; • HMIS; • Hospital records; • Government Gazette/Legislation documents; • Training records	• Collaboration of all partners in health development; • Adequate human and financial resources; • Community involvement Inter sectoral support; • Media support; • Legislations passed

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Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
	• Proportion of population undergoing thalassaemia screening • Proportion of population with correct knowledge on HIV/AIDS (at least 3 ways of transmission & 3 signs/symptoms) • Proportion of population with correct knowledge on TB (at least 3 signs and symptoms and ways of transmission) • Proportion population with correct knowledge on dengue • Proportion of population under going regular screening and check-ups • Proportion of ageing(>65yrs) and disabled people involved in social activities • Proportion of health promotion campaigns developed with community partnership • Number of legislations passed by the Peoples Majlis and enforced • Number of persons trained in health promotion at each health facility		
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
National health promotion strategic plans with education & skill building programmes on priority & areas developed implemented	• Number of strategic plans developed • Number of education and behavioural skill development programmes implemented in all priority areas	• Strategic plan documents; • IEC/BCC campaign materials and documents	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Advocacy programmes for health protection and promotion implemented	• Number of advocacy activities implemented for promotion and protection of health of the public and service providers • Number of legislations passed	• Records of advocacy meetings; • Legislation documents;	
Capacity for health promotion built & strengthened	• Number of training programmes conducted	• Training records; • Trainee lists	
Health promotion integrated into health service at all levels	• Proportion of health facilities implementing health promotion activities	• Annual plans and reports of facilities, schools, islands	

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Policy goal 2: To ensure safe and supportive environments are in place to promote and protect health and well being of the people

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Safe and supportive environments are in place to promote and protect health and well being of the people	• Proportion of population with access to safe water • Proportion of population with access to sanitation • Proportion of health facilities adhering to minimum standards for health care waste • proportion of occupations having health and safety regulations • Proportion of hospitals and schools implementing health promoting initiatives • Proportion of islands implementing vector control activities • Mortality due to road traffic accidents • Proportion of food establishments adhering to food safety standards and regulations • Proportion of newly developed land use plans allocating space for physical activity and are accessible to disabled	• Population based Study (VPA, Census, DHS); • Annual reports; • Monitoring and audit reports; • HMIS; • Land use plans;	• Adequate financial resources; • Environmentally safe and sustainable technologies utilized; • Inter sectoral collaboration and commitment; • Regulations enforced;
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Every household have safe water supply connection or storage tank	• Number of households with water tanks or supply connection	• Official records; • Environmental health information system	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
System for safe excreta disposal available in all inhabited islands	• Proportion of islands with system for sanitary disposal of excreta	• Official records; • Environmental health information system	
Healthy schools, hospitals and islands established	• Number of schools, hospitals and islands implementing healthy setting initiatives	• Action plans for healthy settings; • Monitoring and review reports;	
Standards and regulations enforced for environmental health protection	• Standards and regulations for waste management developed and implemented • Standards and regulations for chemical use developed and implemented	• Standards documents; monitoring reports	

SECTION FIVE: annexes

Policy goal 3: To prevent and reduce burden of disease and disabilities

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Reduced burden of disease and disabilities	• Proportion of low birth weight babies • Proportion of under weight and obese children <5 yrs • Prevalence of micronutrient deficiencies (Anaemia, Vit A, iodine deficiency) • NCD mortality (as % of cause of death- heart disease, , cancers, mental disorders, • Prevalence of physical disability; sensory impairment) • Thalassaemia incidence • Mortality due to dengue • TB prevalence • HIV prevalence • Prevalence of diseases being eliminated (filaria, leprosy, malaria)	• HMIS; • Surveillance reports; • Hospital records; • VRS, • Programme records	• Adequate resources and facilities; • Easy access to health care at affordable cost; • Adoption of healthy lifestyles
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Comprehensive primary health care accessible at island level	• Proportion of islands providing basic preventive, diagnostic, curative services	• HMIS, facility records, inventories, personnel records	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Core capacities for responding to public health emergencies and implementing IHR 2005 established	• National epidemic and pandemic preparedness and response plans developed and SOPs tested • Facilities for early diagnosis of outbreaks available at central level	• Plan document; • Records of testing of SOPs • Inventories;	
Capacities developed for implementation of FCTC	• Number of articles of FCTC implemented	• Action plan for FCTC, • Annual reports	
Disease surveillance system and HMIS strengthened	• Integrated disease surveillance system in place up to atoll level • Functioning and updated HMIS& patient information system in place up to atoll level • Number of research conducted	• Databases; • Survey reports; • Registration records for research	
Health service at regional and atoll level strengthened to provide preventive and curative services for priority health problems and emergency care	• Proportion of hospitals at atoll level with emergency response plans and SOPs in place • Proportion of atolls with laboratory facilities for early diagnosis of common diseases and outbreaks • Proportion of hospitals at atoll level with emergency and critical care facilities	• Plan document and records of testing of SOPs • Laboratory equipment inventories • Facility records and inventories	

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Outputs	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Central referral hospital strengthened to provide preventive and comprehensive curative tertiary level services	• Health promotion services institutionalized into IGMH • Number of hospital services upgraded with necessary technology and professionals to provide tertiary care	• Organization chart; • Action plans; • Estate records and inventories	
Referral system strengthened	• Referral protocols and procedures developed and used at all levels	• Protocol documents	
Community pharmacy established at islands without a pharmacy	• Number of islands with a community pharmacy or dispensing mechanism	• Pharmacy registration records	
National legislations on intellectual property developed protecting right to access medicines	• Legislation/Act	• Government Gazette, Peoples majlis records	

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Policy goal 4: To reduce the disparities in the quality of life and disease burden

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges

Reduced disparity in life expectancy and mortality rates among atolls and Male'	• Disparity between atolls of
	  • Life expectancy ,
	  • MMR
	  • IMR
	  • under 5 mortality
	  • Perinatal mortality
	• Proportion of health facilities have adequate personnel and facilities for defined level of service
	• Proportion of population with access to health service in < 1 hour
	• Proportion of atolls utilizing atoll level data for planning
		• VRS;
		• HMIS;
		• Atoll level HMIS;
		• Annual reports;
		• Strategic plans;
		• Maternal and perinatal death audit reports;
		• Personnel and human resource records
			• Increased investment to atolls health services;
			• Trained managers at atoll level;
			• Policy commitment to decentralize management

Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Outreach services to from higher levels to lower levels of the health system institutionalized	• Proportion of atolls implementing regular outreach services to island level • Proportion of regions providing outreach specialist services to atoll level • Number of specialty camps to atolls from central level annually	• Outreach service plans; • Annual plans of action & reports; • Patient records	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Telemedicine and e-health services established	• Number of atolls connected to Male' through telemedicine link	• Consultation records through telemedicine link	
Need based and result based budgeting implemented	• Proportion of atolls with independent budgets and medium term strategic plans • Proportion of atolls planning and implementing need based priority public health programmes	• Annual budget and accounts; • Atoll level strategic plan documents;	
Adequate facilities and trained personnel defined for that level available	• Proportion of health facilities short of required personnel and facilities defined in the standards	• Personnel records; • Standards document;	

SECTION FIVE: annexes

Policy goal 5: To ensure all citizens have equitable and equal access to health care

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
All citizens have equal access to comprehensive primary health care	• Proportion of islands with a CHW • Proportion of islands with a skilled birth attendant • Proportion of Islands with a health facility • Proportion of emergency referral cases access to health facility in <1 hr • Proportion of medical evacuation within one hour of referral • Proportion of population covered by a health insurance scheme • Proportion of population with access to medicines	• HMIS; • Hospital records; • Population-based surveys	• Sustained policy commitment; • Retention of staff at island level; • Improved sea/ air transport services; • Community & private sector collaborations
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Outreach services to from higher levels to lower levels of the health system institutionalized	• Proportion of atolls implementing regular outreach services to island level • Proportion of regions providing outreach specialist services to atoll level • Number of specialty camps to atolls from central level annually	• Outreach service plans; • Annual plans of action & reports; • Patient records	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners

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Policy goal 6: To ensure public confidence in the national health system

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Public confidence built in the national health system	• Proportion of population satisfied with service provided from the health facility • Proportion of population aware of services available at and activities undertaken by the health facility • Proportion of health facilities with quality management system in place • Proportion of health facilities where external service audits are undertaken for quality assurance • Accreditation of national health laboratory and tertiary level hospital to ISO standards • Proportion of existing services and therapeutic goods within set standards and regulations for practice	• Exit surveys; • Monitoring and audit reports; • Published standards and regulations	• Managers responsive to management reform; • Development of corporate culture in public service management
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Quality management implement and NEQAS established in health services	• Proportion of health facilities with a quality manual • NEQAS established	• Quality manual; • External audit report	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Regulations and standards in place and enforced to ensure professionalism and ethics	• Patient and provider protection regulations in place and enforced • Standards and codes of practice for health professionals in place	• Legislation • Regulations • Documents of codes and standards	
Health service auditing institutionalized	• Proportion of hospitals where clinical audits are carried out	• Audit report	
Information on user satisfaction available	• User satisfaction surveys undertaken	• Survey report	

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Policy goal 7: To build partnerships in health service

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Partnerships built in health service provision	• Number of partnership /ventures initiated with the non government sector • Number of partnership /ventures initiated with the other government sector • Proportion of multisectoral committees with representation of nongovernmental sector • Proportion of non governmental service delivery points/facilities • Number of networks in place	• Annual reports • Programme reviews • Official records • Registration records	• Sustained policy commitment; • Collaboration of other sectors, private and NGO organizations
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Formal and informal networks established	• Number of programmes implemented in partnership with private sector and with community	• Action plans • Reports • Activity reports	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Privatization policy developed	• Privatization policy developed and disseminated	• Policy documents	
Private financing for health initiated	• Number of projects financed by private sector	• Annual budget and report	

SECTION FIVE: annexes

Policy goal 8: To ensure adequate and appropriate human resources for health service provision

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
National reliance in human resource for health service provision	• Frequency of HRH plan updates • No of persons trained annually in formal courses locally • Percent of skilled staff who received trainings within 5 years • Percentage of atoll level health facilities with a trained manger • Proportion of courses by FHS conducted at regional level • Proportion of formal courses conducted locally accredited MA • Ratio of incentives given to health professionals in male and atolls • Proportion of health professionals participating in continuing education within 5 years • Proportion of health facilities with defined minimum requirement of staff • Proportion of staff having clear job descriptions • Performance assessments undertaken annually • Legislation empowering medical and nursing Councils and HS board to be independent • Proportion of health facilities where service delivery is audited • Proportion of expatriates who underwent the full induction programme • Proportion of service providers with a valid license to practice	• HRH plan; • Annual reports of FHS and health service and Councils & HS Board; • Staff development plans; • Job descriptions; • Audit reports; • Standards, regulations relating to professional practice	• Adequate resources and investment; • Availability of trainable candidates coming out of school system;
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Updated health workforce plan	• Review and revision of the workforce plan conducted	• Workforce plan document	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
FHS courses quantity and quality matching health sector need	• Number of reviews of curriculum carried out to match the need • Ratio of training areas required by the sector as to that offered by FHS	• Review reports • Training records • Workforce plan	
In-service staff development programme implemented	• Staff development plan in place • Number of staff trained annually according to plan	• Staff development programme plan document • Training records database	
Clear job descriptions available for all staff	• Proportion of staff with clear job descriptions	• Personnel records	
Incentive and reward system established linked to working conditions and performance	• Ratio of incentives received by staff working in atolls as to those in Malé • Proportion of promotions linked to performance	• Official records of incentives offered; • Performance assessment reports and personnel records	

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Outputs	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Medical Council, nursing Council and Health Sciences Board functioning effectively	• Legislation empowering independent functioning of the councils and the board	• Legislations • Regulation documents	
Comprehensive pre service induction programme established	• Proportion of new recruits who had received full induction programme	• Records of induction programme	

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Policy goal 9: To ensure health system is financed by a sustainable and fair mechanism

Outcome	Objectively verifiable indicators (OVIs)	Means of verification (MOVs)	Assumptions, risks and challenges
Health system financed by a sustainable and fair mechanism	• Percentage of annual government expenditure on health • Cost recovery ratio • Proportion of donor assisted health projects • Proportion of health budget spent on prevention • Proportion of islands with community pharmacies • Proportion of population covered with health insurance • Proportion of population receiving welfare assistance for health	• Annual government budget; • Health sector budget; • Statistical year book; • HMIS; • Population based survey (DHS; VPA)	• Sustained political commitment; • Collaboration with private sector
Outputs	**Objectively verifiable indicators (OVIs)**	**Means of verification (MOVs)**	**Assumptions, risks and challenges**
Eleven percent of annual government budget allocated for health	• Percentage of annual government budget approved for health	• Annual budget document	• Adequate human and financial resources available; • Collaboration of all stakeholders, including government sectors, private sector, NGOs, CBOs, and international partners
Proportion of taxes from tobacco & alcohol earmarked for health	• Legislation approving earmarking of tax revenue to health	• Legislation documents	
Welfare nets in place for the poor	• Number of welfare programmes in place	• Welfare assistance records, • Annual reports	
Health insurance schemes established	• Government health insurance scheme in place • Social health insurance scheme in place	• Insurance scheme launching reports, • Annual reports	