

Maldives

The Republic of the Maldives comprises twenty-six atolls, administratively divided into 19 atolls in the Indian Ocean oriented north-south off India's Lakshadweep Islands. The Maldives, which became a republic in 1968, is the smallest country in Asia in both population and land area and its low lying geography places the nation at high risk from rising sea levels. The official language is Dhivehi and Islam the official religion. The country has 7 provinces or administrative divisions and is currently experiencing a fragile political situation. The Ministry of Health and Family (MHF) is the main policy making body responsible for health planning development and surveillance. The Centre for Community Health and Disease Control is responsible for implementing preventive and promotive health programmes and for delivering basic healthcare services to the atolls and islands. Reform processes have resulted in decentralization and greater NGO and private sector involvement in service delivery with plans afoot for formal agreements. A National health insurance scheme is currently in place with every Maldivian citizen having health insurance coverage for up to MRF 100,000 irrespective of their socio economic status.

Key Country Indicators

Total population	309,000 ¹
Age under 15 yrs. (%)	28 ¹
Annual growth rate	1.4 ¹
Total health expenditure (% of GDP)	13.7 ¹
General Government expenditure on health as % of total expenditure on health	61.2 ¹
Private expenditure on health as % of total expenditure on health	38.8 ¹
General government expenditure on health as % of total government expenditure	13.8 ¹
World Bank income level	LMI
HDI ranking	109

MDG 5 Indicators

Maternal Mortality ratio (per 100,000 live births) 2005	72 ⁴
Proportion of birth attended by skilled personnel (%) 2009	94.8 ⁴
Contraceptive prevalence rate (modern methods) (%) 2009	34.7 ⁴
Adolescent fertility rate (births per 1,000 women aged 15-19) 2008	15.5 ⁴
Antenatal care coverage (%) 2009: At least 1 visit	99 ⁴
At least 4 visits	85 ⁴
Unmet need for family planning (%) 2009	28.1 ⁴
MDG 5 very likely to be achieved, on track ⁸	

Other Maternal Reproductive Health Indicators

Total fertility rate a (per woman) 2010	1.8 ⁴
Ratio of urban-rural births attended by SBA	1.1 ¹
Births by caesarean section (%) 2008-2010	26.61 ²
Stillbirth rate (per 1000 total births) 2009	13 ⁴
All deliveries conducted by provider type (%) 2010 ²	
Doctor	59
Nurse	31.6
CHW	0.18
FHW	0.07
TBA	0.71
Live births by facility (No. 2010) ²	
National hospital	2655
Regional hospitals	1839
Atoll Hospitals	1120
Health Centres	267
Health Posts	5
Home	19
Private Hospital	1072
Low birth weight (% < 2500grams 2010) ²	9.83
Contraceptive prevalence, women aged 15-19 (%) 2009	15 ⁴
Married women age 15-49 knowledge(modern methods)	98 ⁹
Legal status of abortion	Illegal

Maternal and Reproductive Workforce Density*

Doctors General Practitioners (total no.2010)	330 ²
Doctors Specialists (total no.2010)	195 ²
Doctors Expatriate (total no.2010)	428 ²
Doctors (total no.2010)	525 ²
Doctors density (per 10 000 population 2010)	17
Nursing and midwifery (total no. 2010)	1868 ²
Nurses Expatriate (total no.2010)	1125 ²
Nursing and midwifery density (per 10 000 population 2010)	36
Staff nurse total no. (2001)	353 ³
Assistant Nurse Midwives total no. (2001)	16 ³
Assistant nurses (2001)	286 ³
Family Health Workers (FHWs) total no. (2010)	313 ²
Community Health Workers (CHWs) total no. (2010)	278 ²
Traditional Birth Attendants (TBAs) total no. (2010)	214 ²

HRH Shortages A major constraint with expatriate health workers reported to make up 84% of health personnel in public and private sector ⁵ with 79% of doctors expatriates ⁶

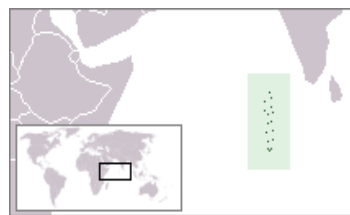
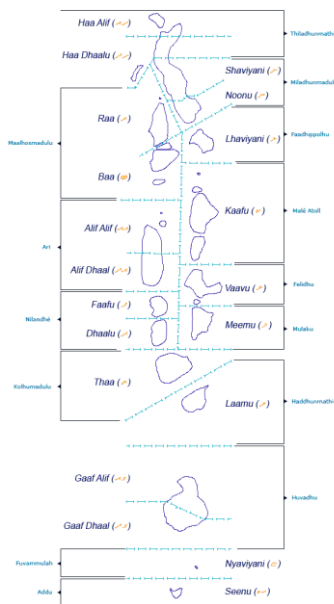
Task Shifting / Task sharing activities

The assistant nurse midwife cadre numbers have been increased to assist with the growing trend of facility based births.

Admissions for childbirth account for 14 per cent of all in-patient admissions and, overall, at the regional hospitals. Ante- and post-natal care together represent a sizeable portion of the ambulatory care workload of all hospitals, health centres and health posts ³.

TBAs or Foolhumai work alongside staff under the health promotion section of Atoll Hospitals to provide post natal and antenatal care and information in clinics and in homes. They also conduct home visits and participate in community initiatives as part of the child spacing programs. TBAs, CHWs and FHWs conduct normal deliveries in contexts where there are no nurses or midwives. This has declined since 2004 ^{2,7}.

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http://en.wikipedia.org/wiki/File:Locati_Maldives.png

Maternal and Reproductive Health policies

Key MRH indicators ¹⁰	baseline 2005	Target 2015
■% adolescents with correct knowledge about contraceptives	16	50
■% adolescents with correct knowledge on preventing STIs and HIV	54	75
Contraceptive prevalence rate	39	65
■% women of reproductive age (16-45) given TT vaccination	49	>95
■% of mothers who had a live birth receiving TT vaccination	65	90
■% of pregnant women receiving 4 ANC check-ups by a trained health professional	91	100
■% pregnant women consuming iron folic acid for at least 2 months during pregnancy	80	>95
■% of pregnant women attended by a gynaecologist at least once during third trimester	NA	>95

Human Resources for Health Policy and Plan

National Health Workforce Plan¹¹ (revised 2009^{3,12})

Specifically addresses midwifery workforce	yes
Attention to MRH demographic trends	yes
Task shifting / task sharing	no
Community engagement	no

Service Delivery

State Sector National hospital: Indira Gandhi Memorial Hospital (IGMH) major tertiary referral hospital, 236 beds ¹³	1
Regional hospitals: varies between 35 and 50 beds, provide curative in patient and outreach services for atoll hospitals and health centres, supervise the health activities within the region. Each attached to a Public health Unit that coordinates preventive services within the respective region ¹³ .	6 ¹⁰
Atoll Hospitals: provide specialized obstetric and gynaecological and general consultation and laboratory services as well as health promotion and prevention ¹³	10 ¹⁰
Atoll Health Centres: staffed with a general doctor, a community health worker (CHW), nurses and administrative staff who provide basic curative services. Some centres also have laboratory and blood transfusion services ¹³ .	68 ¹⁰
Island Health Posts: staffed with a Community Health Worker, Family Health Workers and TBAs. They provide simple curative and preventive services ⁶ .	48 ¹⁰
Community level: Island Development Committees, Women's Development Committees, and Atoll Development Committees (under review) have set up drug coops, raised funds for nutritional activities, and providing finances and labour for construction of health facilities, Community-based organizations also deliver health promotion. ⁶	
Non-State Sector	
ADK Hospital 50 beds and ObGyn services ²²	1
Private Clinics: 17 operate in the in atolls. Consist of one doctor or group practices usually owned and run by public sector doctors on a part time basis ⁶	30
NGO: Society for Health Education (SHE) provides SRH clinic, counselling, family planning contraceptives ²³	

Key Maternal and Reproductive Health Programs

The reproductive health programme has developed standard guidelines to be followed by all service providers at all levels of health care delivery¹³.

WHO UNFPA country support resulted in the nationwide introduction of a Home Based Maternity Record Card¹⁴.

A SafeMotherhood programme was introduced in early 2000⁶.

The provision of speedboats to all peripheral hospitals coupled with the establishment and proper implementation of outreach obstetric care and evacuation is expected to lead to further reduction in maternal mortality¹⁵.

A Contraceptive Logistic Guideline has been introduced and a Family Planning Quarterly Report recording contraception and sterilization by date and type¹⁶.

HRH Education and Training

Nursing and Midwifery

Maldives National University offers a certificate (1yr), Diplomas (2 yrs.) and a Bachelor degree (3 yrs.) in Nursing and midwifery¹⁷. Auxiliary Nurse Midwife training - 6 months course conducted at regional hospitals for nurse aides³

Medical: All local doctors who practice in the Maldives are trained overseas but there are plans to introduce a 5 yr. MBBS with an annual intake of 50 students¹⁸ Clinical placements are a concern in midwifery use of simulations, regional and Atoll hospital and internships are under consideration³

Allied Health: The Maldives National University offers Diplomas to certify laboratory technicians, pharmacists and pharmacy assistants, CHWs, FHWs and TBAs¹³.

A survey indicated poor health worker STI knowledge¹⁹

HRH Registration

Maldives Nursing Council in consultation with the Minister of Health sets and monitors the standards for nursing care, through the development of a "Code of Ethical and Profession Conduct for Nurses". The Council manages the registrations of nurses²⁰ Midwives must have a minimum of 6 months accredited training²¹. Maldives Medical Council is the regulatory authority for setting standards and accreditation for continuing medical education and the development of pre-service education with the MoHF¹⁸.

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*The World Health Report 2006 suggests the threshold staffing levels needed to provide a minimum desired level of coverage is 2.28 (usually rounded up to 2.3) doctors, nurses and midwives per 1,000 population. The need is comprised of 0.55 doctors, based on Scheffler et al.²⁴ arcsine-log regression model, resulting in 1.73 nurses and midwives.

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