

HEALTH SYSTEM RESPONSE TO COVID-19



The document is intended to update viewers on health system response to COVID-19 pandemic in Maldives by efforts in breaking transmission chain, enhancing capacity for diagnosis and case management while maintaining essential health services



HEALTH SYSTEM RESPONSE TO COVID-19

Republic of Maldives



Overview

The Government of Republic of Maldives is committed to provide universal access to Quality Healthcare to all citizens. The Constitution of Maldives mandates progressive realization of the rights including “good standards of health care, physical and mental”. The health master plan re-affirms availability of “good quality of health services, responsive to changing health needs of the population” as one of the national level outcome. The Master plan mandates strengthening of the regulatory frameworks, for which, the country has enacted the Health Services Act and Health Professional Act, which provides enabling regulatory framework for good quality of care. The act states “Establish quality standards for establishing and delivering different health care services and build capacity to audit them” as an input to achieve desired outcome.

Maldives have made progress towards achieving Global Goals (SDGs) and Universal Health Coverage (UHC), by ensuring everyone have access to healthcare without enduring financial hardship. There is an ongoing effort to tackle social determinants of health and identifying those being left behind and putting them at the very forefront. Moreover, to ensure provision of safe and quality of care, government have prioritized on building the skillset of health workforce.

COVID-19 Situation Update

- On 07 March 2020, Maldives reported its first positive cases “imported cases” from 2 foreign nationals holidaying at a resort.
- On 12 March, Maldives declared a public health emergency under Section 33 of the 7/2012 Public Health Act for a period of 30 days and it has been extended since then.
- As of 10 June 2020, 32,391 samples have been taken for testing, out of which **1962 have tested positive**, 8 reported deaths and 1,121 have recovered.

Country Overview



Population:

557, 426

(Resident population, 2020)

Gross Domestic Product (GDP)

USD 5.80 (in billions)

(World Bank, 2019)

No of inhabited islands:

187

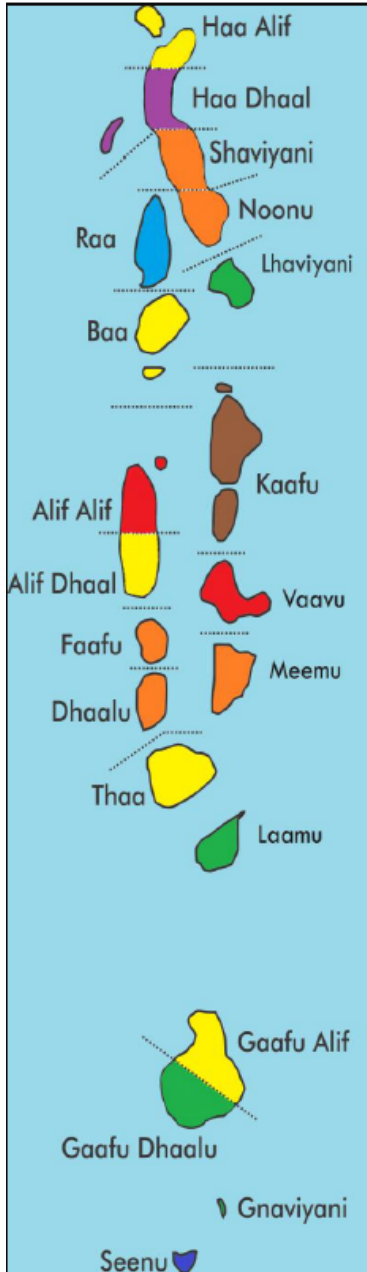
Life expectancy:

77

National Bureau of Statistics, 2020



Healthcare System



The health financing structure of Maldives have undergone significant changes due to the roll out of government funded universal health insurance scheme. With the rise in funding (10% of GDP spent on health), government was able to expand its coverage of operations by purchasing services from both government and private health care providers through a universal tax funded health insurance system (Husnuvaa Aasandha). With an open-ended coverage, this insurance scheme provides benefits to every Maldivian for free and cashless involving comprehensive care (outpatient services, inpatient care, medicines and consumables, emergency evacuations, and cover costs for patients to access care abroad at empaneled facilities for services unavailable in Male').

Service Delivery

The majority of healthcare services are provided by the public sector which operates in a centralized hierarchical system, where health service delivery is organized into a four-tier system with island level Primary Health Centres graded into Grade 1, 2, 3 and 4 based on their operating house, a higher level of health facilities graded as Hospital Grade 1, 2 and 3 with respect to provision of maternal and new-born care at the atoll level, specialty care hospitals at the regions (usually consist of a group of 2-4 atolls). Apart from providing curative care these hospitals and health centres provide public health services through [Public Health units](#). The sole provider for Tertiary care services in [public sector](#) is [Indira Gandhi Memorial Hospital \(IGMH\)](#) at the central level in capital city Male'. The healthcare system is arranged to follow a referral pathway from island level through to central level, however patients can enter the system at any point of preference. The private health sector has grown rapidly in the past few years at the central level with 2 tertiary hospitals and several private clinics with capacity to perform laboratory investigations, diagnostics and provides a wide range of specialist outpatient care.



COVID-19 Health System Response

To ensure health security while maintaining essential health services

1. Governance

Developing strategic policies, that combined with effective oversight, regulation and attention to coalition-building and accountability.

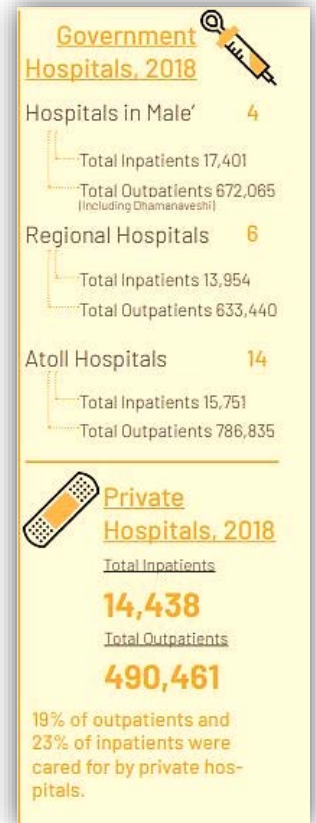
- Clarity in roles, relationships and coordination mechanisms in health system governance and across government to complement response protocols
- In early March, National Emergency Operations Centre was established (co-chaired by Min of Health with Defense Minister) to oversee the activities of stakeholder agencies and National Emergency Preparedness, Readiness and Response Plan for COVID19 was developed.
- The government of Maldives activated the emergency plan and decided to grade the COVID19 emergency in to 4 levels nationally (color coded based on transmission scenario). Currently the Public Health Alert Level Nationally is color coded as Yellow (Level 2), whereas in the capital city Male' the Alert level is Red (Level 4).
- The country itself was divided into 6 different zones, each zone to be graded individually for engagement, preparedness and response.
- A multi-sectoral Technical Advisory Group (TAG) is established to provide technical guidance for COVID19 response with WHO as a member. WHO plays a prominent role in providing technical expertise and holds membership various technical committees established by the government and have been providing continuous technical expertise.
- On 3 March, the government of Maldives designated the National Disaster Management Authority (NDMA) and Health Protection Agency (HPA) to coordinate nationwide multisectoral effort to safeguard the population from COVID-19 as mentioned above.
- HE President of Maldives regularly review COVID19 situation at daily task force and Cabinet Meetings and continues to guide and reassure that Government will take all measures and actions to protect Maldives with all possible safeguards
- Designated spokesperson was identified by NEOC, and press conferences were held twice daily and now daily to ensure access to timely information from government authorities.



2. Health Service Delivery

Efficient use of limited resource to deliver safe and quality health care services to the entire population

- Scaling up of emergency response and public health services during the current community transmission scenario. Health care provision is determined by the emergency levels set for transmission scenarios (continuation of routine services or provision of only essential health services).
- The government has identified 3000 bed capacity for quarantine and 2000 beds for isolation centers, which can be activated across Maldives as per the need.
- Establishing effective patient flow (screening, triage and referral system) at all levels for COVID-19 and non-COVID19 patients
- Designated hospitals to receive COVID-19 patients and prepare to mobilize acute and ICU surge capacity for severe case management
- Infection Prevention Control (IPC) measures in place to ensure healthcare workers and patients safety in several health care delivery situations
- Activate online platform with chatbots to ease burden on triage personnel in call centers (Hotline) and physical locations (e.g; Flu clinics, Hospital triage team)
- Identifying essential health services and development of EHS plan for the country based on disease burden and transmission scenario (e.g; essential prevention and treatment services for communicable diseases including vaccination, RMNCAH, managing chronic diseases including mental health conditions, access to safe blood, emergency care) for Greater Male area and other islands/atolls.
- To limit service provider encounter, optimize service delivery platforms (e.g; outreach mechanisms, teleconsultations, e-prescription renewal and delivery of medicines for long term elderly care, management of chronic care diseases) based on disease burden and country context (e.g; identifying elective care and essential care) in Greater Male area.



National Bureau of Statistics, 2019



- Online mechanism has been established through which Individuals who are on long term medication can request and get prescription delivered to home (prescribed medicines are covered under health insurance scheme).
 - **Tele-consultations** to ensure continuity of care for non-COVID-19 patients who require specialist care, and for patients under long term medications requiring follow-up
 - Postponing all non-essential elective procedures and surgeries and directed for only emergency life-saving surgeries.
 - With primary care approach the service delivery at island/atoll level for early detection and to preserve the functional capacity to ensure ongoing health care provision for all conditions.
 - As early as in early February, laboratory capacity to detect COVID-19 cases using WHO approved test kits was established in the country. Currently with the support from WHO work is ongoing for expansion of laboratory capacity throughout the country.
 - Provision of key trainings on management of time-sensitive conditions
 - Support offered to migrant population with the help of the Maldivian Red Crescent (MRC) and Ministry of Economic Development. Crowded residence of migrant persons was identified and placed under monitoring while efforts to shift them to transient residences were initiated. Samples were collected from persons with COVID19 like symptoms, placed in isolation and quarantine as needed.
 - Numerous flights continue to repatriate migrants including non-documented ones back to their home countries over the past 3 months.
- ❖ To ensure quality and safety:
- Ensure safety of patient and healthcare workers by implementing infection control measures in health facilities.
 - Provision of psychosocial support services to patients and healthcare workers to ensure mental wellbeing and extending these services to general population during the lockdown.
 - Implement quality of care initiatives (daily technical team meeting to monitor and adjust health care delivery and case management modality)
 - WHO has been providing continuous technical support and guidance in areas of WASH, Health Care Waste Management, Occupational Safety and health in the context of pandemic



3. Health Information System

Production, analysis, dissemination and optimal use of reliable and timely information on health status, systems performance, and other determinants of health.

- Utilizing web-based platforms/digital health tools to;
 - both screen (triage) and treat patients with COVID-19 to help limit the virus spread
 - use of WHO **supply/forecasting tools** (such as ESFT, and HWF bed capacity tool) for projections and plan efficient use of limited resources
 - **covid19care system** was developed in collaboration with IGMH (government tertiary hospital) and Ministry of Health to ensure timely collection and management of accurate data and enable exchange of medical records related to suspected/confirmed COVID-19 patients receiving inpatient care in any health facility across Maldives.
 - Integrated COVID-19 into **ARI/ILI surveillance system** for ensuring effective community surveillance for early detection of cases.
 - For routine surveillance of communicable disease (SIDAS), outbreak investigation and visualize chains of transmission through field data collection and contact followup (Go, Data) and for managing health information system data (DHIS2)
 - **Tracing contacts** of potential positive cases through a mobile application (TraceEkee) which detects other users of the app through Bluetooth signals
 - Effective risk communication, use of social media platforms as means to disseminate timely information and advocacy materials to the population (Viber community, chat-bot, twitter, Facebook). Advocacy materials are developed in multiple languages to reach a wider audience (including foreigners) and regular analysis of media posts to inform the emerging communication need or issue.
 - provide timely update to the public through a dedicated website by the government for COVID-19 response (government measures, national guidelines and other essential information)
- Research and Information dissemination
 - Due to high number of positive cases within the expatriate population, a research on understanding prevalence of COVID19 among migrant workers by conducting Antibody tests is ongoing.
 - Case Report published on the management of the first severe case of COVID-19 in the Maldives (available on Science Direct).



4. Health Financing

COVID-19 pandemic has resulted in decrease of government revenues, hence adequate funds for health is being mobilized, to protect the population from financial catastrophe and impoverishment associated with use of health care services

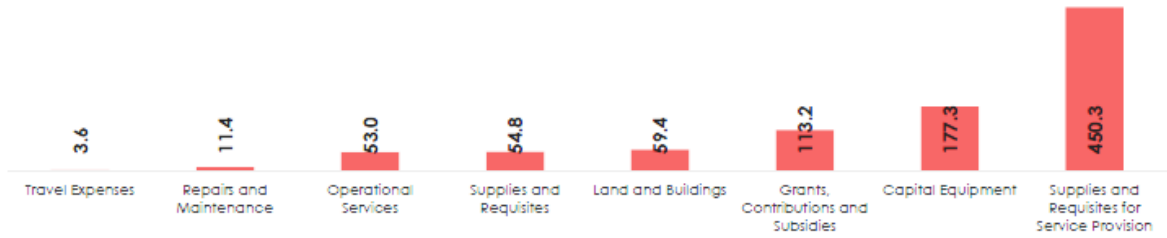
- With the declaration of State of Public Health Emergency;
 - a contingency budget of MVR 212 Million (USD 14 Million) was allocated by the Ministry of Finance and the emergency reserve funds were mobilized.
 - relaxed selected procurement and hiring rules related to the emergency response (while maintain transparency in decision making)
- As the budget deficit could be higher than the approved national budget for 2020, Foreign Aid has played an integral role in COVID-19 response
 - Resource mobilization through; International Financial Institutions (USD 64.1 million), Bilateral Partners and UN Agencies (in the form of grants, technical support and in-kind contributions)
- Ensure financial protection for all (health insurance scheme)
 - The medical care cost for Maldivians is covered under the health insurance scheme.
 - Introduced tele-consultation services with Amrita Hospital to facilitate review for cancer patients and patients with other long-term illnesses
 - Providing financial aid for people under Aasandha scheme and NSPA seeking medical treatment abroad.
 - Ongoing discussions with Ministry of Foreign Affairs to facilitate travel of patients to India/Srilanka for immediate treatment which is unavailable in Maldives
 - Medical transfer introduced for essential transfers between islands for services such as chemotherapy, blood transfusions, giving birth and dialysis (As of April, 161 have been transferred). Under emergency evacuation services 339 people have been transferred
 - For expatriates/tourists who are suspected/positive for COVID19 all mechanisms for medical evacuation to isolation/quarantine facilities is arranged by the government of Maldives
 - Ministry of Finance provides weekly update on COVID19 response expenditure of the government. The total government expenditure on COVID-19 response (as of June 2020) is approximately MVR 923.2 million (USD 59.4 million)

HEALTH SYSTEM RESPONSE TO COVID-19



By Type of Spending

in millions MVR

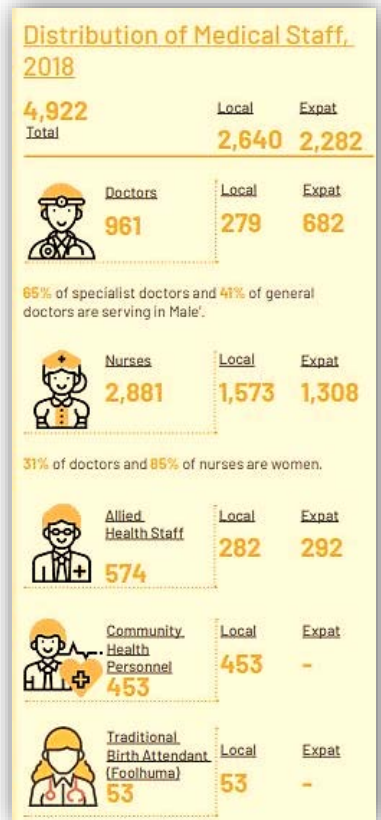


Ministry of Finance, 2020

5. Health Workforce

Using the limited health workforce most efficiently with the available resources to achieve the best health outcomes

- Mapping of health workforce requirements based on transmission scenario and developing a contingency plan for re-purposing/re-distribution of health workforce to cater for the increased demand on HCW (for both COVID19 and essential health services)
- Mobilizing non-government/private sector health workforce, licensed retirees, medical trainees and volunteers
- Under supportive supervision, fast tracking medical/nursing graduates licensing process and providing provisional license
- Developing a training plan for enhancing professional skillset of health workforce
- Optional accommodation arrangements for frontline health workers
- Government Incentives; Introduced risk allowance for civil servants who are working at the frontline in COVID19 response
- Conducting trainings (through practical sessions/web-based sessions) for priority services (critical care, clinical case management, IPC, waste management, contact tracing, laboratory testing, risk communication, PSS). WHO have facilitated multiple webinars and



National Bureau of Statistics, 2019



consultation with experts to establish proficiency in COVID19 case management and IPC.

- WHO and other UN partners have assisted government through various capacity building activities, training and additional support staff for COVID19 response.

6. Access to medicine, medical products and supplies

Ensuring equitable access to essential medicines and technologies of assured quality and safety

- Maintaining access and availability of essential medicines, equipment and supplies by engaging in regular stock management and forecasting and at all level (regional and central).
- Fast-tracking necessary import license and permits for essential medicines through Maldives Food and Drug Authority.
- Supply and logistics are coordinated by Maldives National Defense Force (MNDF) and Maldives Police services under the guidance of Health Protection Agency (HPA).
- WHO is supporting procurement of controlled drugs which is currently in limited stock and crucial for drug withdrawal patients and for the treatment of mental health conditions to ensure availability and continuity of service.
- WHO have facilitated joining the Solidarity Call for Action initiative by Government of Costa Rica with WHO partnership to support making tests, vaccines, treatments and other technologies to fight for COVID-19 equitable accessible to all. Currently efforts are ongoing for enabling Maldives participation in Solidarity Clinical Trial for COVID19 treatment.

❖ Key Challenges

- Lack of COVID19 diagnostic/infrastructure capacity at peripheral level.
- Due to geographic dispersion of islands difficulty in sample transportation and some delay in supply of essential medicines and equipments
- Delay **and restrictions** in accessing tertiary level care which is based in central level owing to lockdown.
- Health Workforce burnout and limited staff for health response.
- Integrated health information system needs to be made fully functional to provide up to date data for monitoring essential health service indicators.



- High dependence on imported medicines/equipment
- Need for strengthening online supply and logistics management platform
- Extensive use of government emergency fund could impact resource availability for routine programmes

❖ Overall of Support from WHO

- ✓ Technical guidance on COVID19 response (case management, IPC, WASH, waste management etc.) and continuity of essential services.
- ✓ Procurement of Diagnostic Kits, essential medicines, consumables and PPEs.
- ✓ Expansion of laboratory capacity both in Male other atolls
- ✓ Support for operationalization of Medical Isolation facilities and set up of 2 Intensive Care Unit (ICU) in the Atoll level.
- ✓ Strengthening country efforts for forecasting and projections through WHO applications (ESFT, HWF/bed capacity tool). Moreover, country capacity for case identification and surveillance heightened through use of digital platforms such Go. Data
- ✓ Technical and financial support for conducting capacity building trainings across a range of programmatic areas
- ✓ Partnered with UN Agencies and participation in Socio-Economic Assessment
- ✓ Support for improving Medical Preparedness of State Care Institution; *Home for People with Special Needs* (HPSN) for mitigating COVID-19 and beyond and provision of care items for Elderly and people with disabilities.
- ✓ Support to facilitate hand hygiene practices through expansion of hand washing facilities, provision of PPE for support staff and training for routine disinfection and sanitization including in schools.
- ✓ Resource mobilization of USD 2 million from WHO own sources, USD 1 million from European Union and USD 192, 000 from The UN COVID-19 Response and Recovery Multi-Partner Trust Fund.

❖ Initiatives by the Government to reduce Socio-Economic Impact

- Reduce government recurrent spending by MVR 1 billion (USD 65 million) as a precautionary measure to compensate for projected economic issues as a fallout of the spread of COVID-19.
 - Salaries of all political appointees, including and Senior Heads of SOEs, to be reduced by 20%
- Use of some inoperative resorts as possible alternative isolation facility locations that can be utilized with minimal restoration



- Developed an economic stimulus package to ensure the continuation of jobs and survival of businesses. (To be eligible for this package will require to avoid large-scale lay-offs and wage reductions)
 - Efforts to ensure capital arrangements for SMEs at concessional rates and conditions.
 - Bank of Maldives (BML) revealed that changes have been brought to loan eligibility requirements and announced a special promotion for customers applying for BML Lui Micro Loan, BML Vehicle Loan, BML Islamic Personal Financing and BML Islamic Vehicle Financing
 - Bank of Maldives (BML) also introduced short-term financing solutions in collaboration with the Ministry of Tourism and the Maldives Association of Tourism Industry (MATI) to counter the economic impact of Covid-19 on the Maldives' tourism sector. Resorts and guesthouses can request funding up to USD two million to be repaid within three years.
- To minimize the direct impact to the citizens, an Economic Recovery Package was developed;
 - Arrangement of working capital for businesses through banks.
 - To subsidize utility bills (40 % from electricity bill and subsidize 30 % from water bill) from the month of April and May
 - Principal and interest amount of loan repayments to BML to be deferred by 6 months to businesses and people who have been negatively impacted as a direct result of Covid-19
 - Reduction of the oil price sold from State Trading Organization (STO)
- The Income Support Allowance (for 3 months) has been rolled out to provide a safety-net to affected and displaced workers due to COVID-19.
- Financial Aid for Maldivian students abroad for maximum of 2 months