



Ministry of Health



MALDIVES HEALTH RESEARCH BULLETIN

VOLUME III

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FOREWORD

The Ministry of Health published the second volume of the Maldives Health Research Bulletin in the World Health Day of 2015 with the key objective of sharing information acquired through research conducted by Maldivian researchers and those related to Maldives. Other objectives of publishing a health research bulletin includes (1) to create a common platform in which health students, health researchers and those who are interested to pursue health research can gain easy access to quality health research materials relevant to Maldivian context, (2) to provide technical support to health students, health researchers and those who are interested in Maldivian health research by providing information related to existing and ongoing research as well as by highlighting the health research priority areas and (3) to ensure that research is conducted in line with national health research priority areas in accordance with legislation of Maldives and the standards of World Health Organisation.

This third volume of the Maldives Health Research Bulletin includes 07 abstracts of health research conducted in Maldives along with information about ongoing research, the most recent health research priority list and an overview of the functions and procedures of the National Health Research Committee. Also, this bulletin includes an overview of the ongoing surveys conducted by Ministry of Health (Maldives Demographic Health Survey and Rapid Assessment of Avoidable Blindness Survey). It is anticipated that these research studies will facilitate to develop, monitor and evaluate policies and programs in the field of health.

The Ministry of Health would also like to acknowledge the contributions of the Maldives Health Research Bulletin development team of the Health Information Research Section of Planning and International Health of Ministry of Health.

Additionally, the Ministry of Health highly appreciates and acknowledges the efforts of health researchers including those researchers who had contributed to this bulletin.

It is hoped that these research would contribute to the development of the health sector of Maldives and would contribute to the strengthening of interventions and programs in the health sector.

Ms Iruthisham Adam
Minister of Health, Maldives

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ABSTRACTS

BASELINE SURVEY REPORT - YOUTH HEALTH AND WELLBEING PILOT PROJECT

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SofooraKawsar Usman & Team

RESEARCH DURATION:

03rd April 2014

OBJECTIVES

The survey objective is to collect data to provide information required to support implementation of 'Save a Mate' program in

Youth Health and Wellbeing project carried out by Maldives Red Crescent (MRC). Save a Mate (SAM) helps build skills and knowledge of young people to provide support to their peers on these issues aiming to build resilience, increase knowledge and support networks and to prevent the uptake of harmful behaviours. It is involved in providing education, training and first aid services and health promotion initiatives related to drug use.

RATIONALE/ JUSTIFICATION

It has been decades since the introduction of drugs into Maldives. In spite of work carried out by government, civil society and international organizations, the rate of substance use and the health issues that comes with it has increased over the years. Global school-based student health survey

indicated that among students who had ever tried drugs, 67.7% were 13 years old or younger when they first tried drugs (MOE, 2009). Furthermore, among students who ever drank alcohol or smoked cigarette, 71.5% of students had their first drink before the age of 14 years (MOE, 2009, p. 6). Hence, it clearly indicates that specific interventions and strategies need to be designed to cater this population group such as educating general public and drug users to help out their friends in emergencies. Thus, this survey aims to assist MRC in developing and implementing one such program.

METHODOLOGY

Baseline survey was carried out in four locations, capital city Male', Villimale', N.Manadhoo and N. Holhudhoo. A mixed-method approach was adopted including both quantitative and qualitative data collection techniques to carry out the survey. A total of 364 respondents completed the questionnaires.

RESULTS/FINDINGS

Findings of this baseline concluded that young people aged 15-24 years have met drug users

more often, drug users did not know why and how someone can go through an over dose (OD), majority of the respondents did not know how to identify and OD and how to respond to OD, majority of youth felt comfortable to share information on prevention of OD and majority of people believed that MRC should get involved in OD prevention and preventing other drug related emergencies.

IMPLICATION

While implementing SAM program, it is important to involve young people in the trainings. Although the program is aimed to be implemented in N.Manadhoo and Holhudhoo, it was highly recommended by stakeholders that this program needs to be implemented in N. Velidhoo because of increased drug use among children and youths in the island.

Findings from the survey also indicated in case of an OD situation given the prominent presence of police and their vehicles in the

community, the target population needs to be encouraged to call the police for help.

Since a lot of drugs users were not very clear on signs of OD and proper approach to respond to OD, it is important to design training to convey these topics very clearly. A referral system should be established to coordinate services; this will also support data collection for programme needs. It is suggested that MRC explore the possibility of setting up a helpline and an online portal for discussion and guidance on issues around drug related harm.

CONCLUSION

The result of the survey confirms that there is a need and scope for a project to minimize drug related harm. Therefore, Youth Health and Wellbeing project can be implemented and accepted by the target communities.

TO ACCESS FULL ARTICLE EMAIL TO:

info@redcrescent.org.mv

FACTORS ASSOCIATED WITH POST-NATAL CARE UTILIZATION AMONG MOTHERS IN MALDIVES

AUTHOR(S)/ CONTRIBUTOR(S):

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RESEARCH DURATION:

03rd May 2015 - 25th May 2015

PUBLISHED IN:

Journal of Public Health and Development/Mahidol

OBJECTIVES

To determine the prevalence of postnatal care utilization and factors associated with PNC among mothers in Maldives islands.

RESEARCH QUESTION

What is the prevalence of Postnatal Care (PNC) utilization among mothers in atoll, region and central level of health facilities in Maldives? Which factors are related to postnatal care utilization?

RATIONALE/ JUSTIFICATION

To find out the factors associated with postnatal care utilization. To identify the factors in utilization of PNC. To improve utilization of PNC for betterment of mother and child health. Postnatal care is very important to prevent mother and baby from deaths.

However, still postnatal care utilization is very less throughout the world. Also, research studies in Maldives about the associated factors of PNC utilization are limited. Many factors such as predisposing factors, enabling factors and need factors are associated with PNC utilization.

METHODOLOGY

This study was a community based cross sectional study under taken in three different communities with primary secondary and tertiary hospital in Maldives. Samples of 253 mothers were drawn from the study population. Information was collected using self-administered questionnaire based on the factors from Andersen's health care utilization model and Donabedian quality of care model.

RESULTS/FINDINGS

The study results showed that 34% of the mothers were utilizing the PNC service. Multiple logistic regressions showed that cost of transportation, mental health status and health insurance were the significant predictor for PNC utilization. Mothers who perceived cost of transportations expensive had more chance of utilization of PNC service than the people who perceived as the transport cost is low. Mothers who perceived that the national health insurance scheme is very good had more chance of PNC utilization. And mothers who had mental health problems had increased the chance of utilizing the PNC service.

IMPLICATION

Strengthening the primary health care by promoting PNC utilization at primary level health facilities. Improve the patient care by monitoring the patient condition at house hold level. Enhance the public transport system with better facility.

CONCLUSION

Improve the provision of PNC service by strengthening the national health insurance scheme. Establishment of a good public transport system would be a supportive factor for the utilization of PNC service. Reassurance of easy access to the health service by enhancing the national health insurance scheme and close monitoring to

support the mothers with frequent home visiting. Increasing the utilization of PNC service will improve the health of mother and child.

TO ACCESS FULL ARTICLE:

Journal of Public Health and Development/
Volume 13. No. 3 September –December 2015

THE ECONOMIC BURDEN OF MEDICAL TREATMENT OVERSEAS: A CROSS SECTIONAL STUDY OF MALDIVIAN TREATMENT

AUTHOR(S)/ CONTRIBUTOR(S):

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RESEARCH DURATION:

15th June 2013 - 31st December 2013

PUBLISHED IN:

BioMed Central Health service research

OBJECTIVES

The purpose of this study was to estimate the costs of overseas medical treatment incurred by the households of medical travellers from Maldives and assess the burden of medical treatment overseas on the government and on households.

RATIONALE/ JUSTIFICATION

Access to tertiary care is a problem common to many small states, especially island ones. Although medical treatment overseas (MTO) may result in cost savings to high income countries, it can be a relatively high cost for low and middle income source countries. The focus of many of the existing studies on MTO is on the supply side of the industry. Empirical findings on the demand for MTO and its effects on the resource constrained economy

are essential to guide better policy responses. The key features that differentiate the setting from other countries facing similar problems are its remoteness and smallness that limit the opportunities for economies of scale and competition, which increases the cost of inputs for the provision of health care.

METHODOLOGY

A survey was conducted of inbound Maldivian medical travellers who travelled during the period June – December 2013. Participants were stratified by the source of funds used for treatment abroad. 344 subsidized and 471 privately funded Maldivians were interviewed. Self-reported data on the utilization and expenses incurred during the last visit abroad, including both expenses covered by the government and borne by the household, were collected using a researcher administered structured questionnaire.

RESULTS/FINDINGS

The median per capita total cost of a medical travel episode amounted to \$1,470. 48% of the cost was spent on travel. 26% was spent on direct medical costs, which were markedly higher among patients subsidized by the government than self-funded patients ($p = <0.001$). The two highest areas of spending for public funds were neoplasms and diseases of the circulatory system in contrast to diseases of the musculoskeletal system and nervous system for privately funded patients. Medical treatment overseas imposed a considerable burden on households as 43 % of the households of medical travellers suffered from catastrophic health spending. Annually, an estimated \$68.9 million was spent to obtain treatment for Maldivians in overseas health facilities (\$204 per capita),

representing 4.8 % of the country's GDP.

CONCLUSION

Overseas medical treatment represents a substantial economic burden to the Maldives in terms of lost consumer spending in the local economy and catastrophic health spending by households. Geographical inequality in access to public funds for MTO and the disproportionate travel cost borne by travellers from rural areas need to be addressed in the existing Universal Health Care program to minimize the burden of MTO. Increased investment to create more capacity in the domestic health infrastructure either through government, private or by foreign direct investment can help divert the outflow on MTO.

TO ACCESS FULL ARTICLE:

<http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1054-2>

CHANGES IN ACCESS TO AND COSTS OF OVERSEAS TREATMENT AFTER THE INTRODUCTION OF UNIVERSAL HEALTH COVERAGE IN THE MALDIVES: FINDINGS FROM SURVEYS AND THE ANALYSIS OF CLAIMS DATA

AUTHOR(S)/ CONTRIBUTOR(S):

Mariyam Suzana, Virasakdi Chongsuvivatwong

RESEARCH DURATION:

15th June 2013 - 31st December 2013

PUBLISHED IN:

Health Services Management Research

OBJECTIVES

This study aimed to assess the changes in access to treatment overseas and its disparities before and after universal health care was introduced in 2012 in the island state of Maldives.

RATIONALE/ JUSTIFICATION

Access to health services, especially tertiary care is a problem for dispersed populations living in remote areas. The Republic of Maldives, situated in the Indian Ocean presents this unique geographic setting that poses critical challenges to accessing tertiary health care. Delivery of health care is a daunting job in the Maldives because of the extensive dispersion of the population, with limited public transport and a large expatriate health workforce with high turnover. Estimates of 2009 showed both geographic and economic inequities in health service utilization and mortality in the Maldives. Although social disparities in utilization of health services has been analyzed using secondary data, neither the changes in access to overseas treatment nor the disparities associated with use of MTO has been assessed.

METHODOLOGY

Using primary and secondary data, two analyses were performed: 1. Analysis of beneficiary data on public subsidy for medical treatment overseas 2010–2013; 2. a comparative analysis of two independent cross-sectional surveys conducted in 2010 and 2013. Public subsidy, financial protection, usage, and costs of medical treatment overseas were analyzed using descriptive

statistics and the concentration curve and index.

RESULTS/FINDINGS

Number of beneficiaries subsidized for treatment overseas has increased by 199% and the average expenditure per beneficiary has increased by 49.7% during 2010–2013. Average number of visits abroad in a year has slightly decreased from 1.6 in 2009 to 1.4 visits in 2013, but among travellers who made more than one trip abroad, average visits remained at 2.7 per year. Median medical costs have increased by 26.9% and the proportion of household spending on overseas treatment in annual household spending has remained around 20% over the years. The proportion of travellers belonging to average households (household spending below \$650) has increased by 107%, and the concentration index decreased from 0.08 in 2009 to 0.04 in 2013 indicating a change towards a more uniform distribution of MTO use.

IMPLICATION

Despite the fact that the objectives of the two surveys differed which may have led to differences in measurements, it can be concluded that UHC has narrowed the gap between the rich and poor in utilizing medical treatment overseas. However, median out of pocket spending on MTO has increased over the years indicating the need to broaden the

benefit package of the UHC program. Further research is needed on the most deprived populations who have not accessed care abroad despite the change in the health financing system in the country.

TO ACCESS FULL ARTICLE:

<http://hsm.sagepub.com/content/28/3-4/47>

EFFECT OF EFFICACY ON NURSING PERFORMANCE IN INDIRA GANDHI MEMORIAL HOSPITAL, MALDIVES 2015

AUTHOR(S)/ CONTRIBUTOR(S):

Jeeza Hassan, Hongkailert Nate and SillabutraJutatip

RESEARCH DURATION:

March 2015 - August 2015

PUBLISHED IN:

Journal of Public Health and Development

Vol. 13 No. 2 May - August 2015

OBJECTIVES

Aim of the research was to study the effect of self-efficacy and collective efficacy on nurse job performance and as well as to examine the relationship between self-efficacy, collective efficacy and nurse job performance in tertiary care hospital, IGMH, Maldives.

RESEARCH QUESTION

What is the level of self-efficacy and collective efficacy among nurses in the tertiary care hospital, (IGMH), Maldives?

Is there any relationship between self-efficacy, collective efficacy and over all nurse job

performance among nurses in the tertiary care hospital, (IGMH), Maldives?

What are the factors that influence on nurse job performance in tertiary care hospital, (IGMH), Maldives?

RATIONALE/ JUSTIFICATION

Positive psychology is a new approach to human resource management and in terms of performance, self-efficacy and collective efficacy agency are one of the major factors that may affect nurse job performance at individual and in group level. In the literature review conducted, it's not identified that such a study is done in Maldives. Overall in the Maldives there are few published studies on nursing job performance. Hence, this study was conducted as a mean to better understand nurse's professional development and how psychological aspect of human behavior affects the nurse performance in

their working environment or in hospital, and to study the joint effect self-efficacy and collective efficacy on nurse job performance in tertiary care hospital, Maldives.

METHODOLOGY

A descriptive cross sectional study was conducted among registered nurses working in IGMH, Maldives. The following formula was used to determine the sample size

$$n = \frac{Z^2 N \sigma^2}{Z^2 \sigma^2 + (N-1)E^2}$$
 by using stratified

random sampling data was collected from registered nurses working currently in 14 different wards/units. Data was collected using self administered questionnaire and total of 238 registered nurses participated in this study. Descriptive statistics, Pearson correlation coefficient, and stepwise multiple regression were used for data analysis

RESULTS/FINDINGS

The result shows that overall task performances as perceived by nurses were at higher level and overall contextual performances were at moderate level. There were correlation between nursing performance and self-efficacy ($p < .01$). The optimism and

competency significantly predicted nurse job performance ($p < .01$) and job autonomy and decision making ($p, .05$).

IMPLICATIONS

With regard to identified factors that strongly predicts overall nurse job performance. It was recommended hospital administration and nursing administration formulate policy and interventions to improve nurse optimism and competency, commitment, social support, job autonomy and decision making and in addition nursing administration should take intervention to improve individual and group level efficacy especially take collective efficacy into consideration in improving overall nursing and organizational performance.

CONCLUSION

The results suggested that optimism and competency, commitment, social support and job autonomy and decision making were used to explain overall nurse job performance (p -value < 0.05)

SCHOOL HEALTH SURVEY 2015

AUTHOR(S)/ CONTRIBUTOR(S):

MNDF Medical Services

RESEARCH DURATION:

10th February 2015 - 29th April 2015

OBJECTIVES

- (1) Identify health problems in grade one school children in greater Male'.
- (2) Identify the prevalence of pre-existing health conditions among grade one children in greater Male'.

RATIONALE/ JUSTIFICATION

Health related problems, if not detected and treated, can limit the ability of a child to learn. Healthy students are better learners. School health screenings are often the best way to detect these problems. When a health concern is identified early through a regular school health screening, steps can be taken to access health care needs in order to improve educational as well as health outcomes.

METHODOLOGY

All the children currently studying in grade one of greater Male' was eligible for the survey. Out of the 2415 students in grade one of 16 schools in Male', 2104 were screened giving coverage of 87.12%. Face to face interview and clinical examination was carried out in a clinical setup at schools.

For the process of data collection every child had to undergo several stages of clinical examination. A reliable parent/ guardian was requested to attend for clarification of child health issues and past medical history. The information obtained from these three stages were gathered into the health record sheet.

RESULTS/FINDINGS

The majority of children were seven years of age with 50.4% (1061) followed by six-year age group with 48.6% (1023) among all the children screened. Body Mass Index (BMI) among the screened children shows 41% (857) of the students are in normal weight while 22% (472) of children are overweight and obese only 37% (775) showed to be underweight. The leading problem noticed in this survey was poor oral health. 26% (554) of children had dental problems and mostly dental caries. Out of these 554 children, 45% of the cases were newly identified during the health screening program. There is a high number of visual acuity problem observed, accounting 16% (343) among all screened students. Out of these 343 children, 42% of the cases were newly identified during the health screening program. Most importantly, male children out numbers females in all disease conditions. Furthermore, 896 (43%) out of 2104 students were identified of having pre-existing medical conditions and referred

to specialists for further care and management. Most of the referred students were having dental conditions which comprises of 48% of the total referrals.

IMPLICATION

The data collected in this survey includes useful information which pursued the team to process, analyse and to come up with a broader picture of the general health of the screened population. The findings obtained

from this survey would be helpful in planning and implementing policy decisions within the educational and health sector.

CONCLUSION

This survey although went onto find out some of the existing medical problems with grade one students of Male' schools, it did not divulge into the causative factors of these causes. Future studies may be undertaken to establish cause and effect which would help policy makers to target their intervention.

EVALUATION OF CRITICAL SUCCESS FACTORS FOR TELEMEDICINE IMPLEMENTATION

AUTHOR(S)/ CONTRIBUTOR(S):

MariyamNazviya

RESEARCH DURATION:

June 2009 -August2009

PUBLISHED IN:

International Journal of Computer Applications – Jan 2011, Vol 12, No.10

OBJECTIVES

To critically evaluate factors affecting the success of telemedicine projects in Maldives.

SPECIFIC OBJECTS

(1) To synthesise on available literature and previous telemedicine projects to find the factors affecting telemedicine in Maldives.

(2) To carry out interviews and discussions with relevant people to understand and analyse the common barriers hindering successful implementation of telemedicine and to identify the success factors for implementing telemedicine.

(3) To provide recommendations for implementing telemedicine successfully in Maldives by reviewing existing standards and correlating to findings of this research.

RESEARCHQUESTION

(1) What factors mostly affect implementation of telemedicine in Maldives?

(2) What are the common barriers and challenges faced by the users and

administrators with regards to implementing telemedicine in the Maldives?

RATIONALE/ JUSTIFICATION

Although, there is a significant potential in Maldives to utilise telemedicine for delivery of health services, attempts in the past have not been very successful. Short evaluations on the past telemedicine projects by various external consultants have identified to some extent some of the reasons that contributed to the past failure of the projects. However, no comprehensive study has yet been done to analyse the critical success factors for implementing telemedicine. Furthermore, triangulation and relating to the previous experience of telemedicine will be valuable for the health sector of the Maldives especially as the government of Maldives is in the process of reviving telemedicine projects.

METHODOLOGY

This research study is designed to be an exploratory qualitative study. As the primary purpose of this research is to identify the factors which critically impact on the implementation of telemedicine it was thought to adopt an exploratory research design as this method provides valuable insights, and allow to ask questions which shed light to the phenomenon being studied in a useful way. As such, the main data collection method approach and analysis

have been done based on the information derived from the transcripts of interviews, focus group discussion and past reports relevant to the topic.

RESULTS/FINDINGS

The findings of the research indicate that the critical success factors that were identified for successful telemedicine projects in Maldives include:

- a) Supporting government regulations and policies,
- b) Adopting standardised project management practices,
- c) Increasing public acceptance,
- d) Increased political commitment and support,
- e) Availability of technological infrastructure,
- f) Availability of financial support,
- g) Clear definition of legislation,
- h) Clearly defined protocols and referral mechanisms,
- i) Trained personnel, and
- j) Communication among stakeholders.

The analysis of the data also assisted to identify the key stakeholders for telemedicine projects in Maldives and these were noted to be (a) Policymakers and managers (including those in rural islands), (b) Clinical staff (doctors, nurses, community health workers) (c) Information Technology support staff, (d) Internet service providers and (e) End-users or public.

The common barriers and challenges for telemedicine implementation in Maldives were identified to be financial constraints, limitation of technological infrastructure, limitation of human resource capacity in the rural areas, lack of public awareness and community sensitisation on telemedicine, limitation of trust within the health system, commitment from politicians, commitment from other stakeholders and limitations on the legislative support for telemedicine.

IMPLICATION

- a) Financial constraint: advocate the use of telemedicine and the potential benefits to the Maldivian society so that external donors and funding agencies will be justified in investing telemedicine activities.
- b) Technological infrastructure: explore options that are most feasible and involve the ISP to understand and to get an overview of technological infrastructure such as the e-government network or other such networks which can be shared to generate cost effective results.
- c) Human resource capacity: allocating budget specifically for short term and long term training and sending committed staff to take part in these trainings.
- d) Community or public sensitisation: having awareness programs through the

public media, conferences and workshops on the benefits with telemedicine.

- e) Building trust within the health system: this is a challenge that will take time to accomplish as people's perception and trust can be built over a period of time, given that quality system exists in practice.
- f) Political commitment: steadfast commitment from ministers and other political people has to be in place by the government so that it reflects on the existing policies of the health sector.
- g) Commitment from all stakeholders: commitment can be increased by active participation of all stakeholders and making them more involved in the Systems Development Life Cycle.
- h) Legislative support: legal experts need to be involved from the beginning to formulate legislations pertaining to telemedicine and include the relevant components in legal documents such as The Health Act or Patient Confidentiality Act

The study provides and insight into the situation of the Maldives and identification of the factors is intended to help in future planning of such project.

CONCLUSION

This qualitative exploratory research carried out on implementing telemedicine in

Maldives has identified several CSF namely supporting government regulations and policies, adopting standardized project management practices, increasing public acceptance, increased political commitment and support, availability of technological infrastructure, availability of financial support, clear definition of legislation, clearly defined protocols and referral mechanisms, trained personnel, and communication among stakeholders.

Although it will take a lot of commitment, time and effort to address these critical success factors, the long term benefit of increased accessibility and improving the health status of the country maybe worth the investment. Long term cost benefits are also expected to be seen with proper implementation and success of telemedicine projects.

TO ACCESS FULL ARTICLE:

<http://www.ijcaonline.org/volume12/number10/pxc3872304.pdf>

ONGOING RESEARCH/SURVEYS CONDUCTED BY MINISTRY OF HEALTH

RAPID ASSESSMENT OF AVOIDABLE BLINDNESS (RAAB) SURVEY IN MALDIVES

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INTRODUCTION

RAAB study conducted in Maldives will provide the first population based baseline survey of eye health in Maldivians aged 50 years and over. The survey will provide

information that can be used to align existing programs and policies in this target population. This may include policies related to provision of eye care services, health insurance and health promotion and ageing policies. It is also in line with World Health Assembly resolution WHA66.4 supporting the creation of a national baseline in this area.

OBJECTIVES

The overall objective of this study is to evaluate magnitude and cause of blindness and impact of eye care services in Maldives. This would include:

SPECIFIC OBJECTIVES

- (1) Estimating the prevalence and causes of avoidable blindness and visual impairment in people aged 50 and above.
- (2) Assess cataract surgical coverage
- (3) Identify the main barriers to the uptake of cataract surgery
- (4) Measurable outcome after cataract surgery

METHODOLOGY

The latest population and household data were used to create 768 study clusters, with population of 325 to 500 per cluster, covering 341,848 people in 20 atolls and the capital Male. The sample size was calculated with the assumed prevalence of blindness at 4.2% among people aged 50 years and above with 20 % tolerable error, 95 % confidence interval, and 90% response rate. The team was trained

in the survey methodology and inter observer variation was measured. A pilot study was done to enrolling and examining eligible participants in a door-to-door visit using RAAB5 protocol and the PEEK android smart phone version 1.24

STATUS OF THE RESEARCH/SURVEY

The RAAB survey protocol received approval from National Health Research Committee in early February this year. A training workshop was conducted thereafter to train two survey teams. Survey was piloted in K. Huraa on 10 February 2016. Following the piloting, field data collection was started on 13 February 2016 in Male region as well as atolls. Data collection was completed in all of the selected 62 clusters in Maldives on 28 March 2016.

Data collection of RAAB survey has been completed on 28 March 2016. RAAB survey data is presently undergoing analysis and survey results are expected to be disseminated by the end of April 2016.

MALDIVES DEMOGRAPHIC AND HEALTH SURVEY 2016

AUTHOR(S)/ CONTRIBUTOR(S):

Ministry of Health with technical assistance from ICF International

INTRODUCTION

The first Demographic And Health Survey (DHS) was conducted in Maldives in 2009 with the main objective of obtaining

internationally comparable data on key demographic rates and to capture the health situation of specific subgroups of the population such as women, children (especially under 5 year olds), men and youth.

Maldives Demographic and Health Survey 2016 is being conducted by Ministry of Health with technical support from an international expert agency known as ICF International. ICF International is the main implementing agency of the worldwide Demographic and Health Survey Program

OBJECTIVES

- (1) To provide standard comprehensive socio-demographic & health indicators.
- (2) Establish a system of data availability for trend analysis and measure progress.
- (3) Fill in data gaps in monitoring program efforts and contribute to monitor developmental goals and strategies.

METHODOLOGY

The research design utilized for this survey will be a cross-sectional survey design where all the relevant demographic and health indicators from the targeted survey population group will be obtained during the same period of time.

In order to achieve the objectives of the 2016 MDHS, a stratified national sample of about 8000 households will be selected.

All women age 15-49 and all men age 15-49

the individual interview. A sample of 266 clusters consisting of enumeration areas (or census blocks) as delineated for the 2014 Population Census will be selected in the first stage.

The MDHS 2016 involves three questionnaires: 1) a household questionnaire (which includes biomarker measures (height and weight) and recording of anaemia testing results), 2) A questionnaire for individual women aged 15-49 years, and 3) a questionnaire for individual men aged 15-49 years. These questionnaires have been originally developed for the international DHS Program, but they have been adapted to the Maldivian situation and needs.

STATUS OF THE RESEARCH/SURVEY

The survey was pre-tested in Male' and K. Guraidhoo during the month of October 2015. This was followed by a 5 weeks of intense training of around 47 enumerators in the month of February 2016. After the training, the enumerators have been operationalized and are currently involved in data collection. This data collection will take place for the coming 5 – 6 months during which the enumerators will visit around 147 islands throughout Maldives to complete data collection.

It is expected that the results of this survey will be disseminated in 2017.

NATIONAL HEALTH RESEARCH PRIORITY AREAS

Priority setting for health research is an important task undertaken to meet the needs of the health seekers as well as the health system. During this process the policy makers and other key decision makers can give guidance to the areas of health that need to be researched in a particular area/ country. Health research priority list also facilitates the effective utilization of resources and pools these resources to health issues that are most significant for a particular community and/or country. The list below is the most recent health research priority list, which was compiled through a rigorous process of prioritizing by relevant stakeholders. This list will be routinely updated to meet the demands of health issues that need to be researched within the Maldives.

1. Cardiovascular diseases
2. Non Communicable Diseases / NCDs
3. Thalassaemia
4. Infertility
5. Cancer
6. Expenditure of Health Care delivery
7. Pattern of local trend health professionals in system
8. Social issues and its burden on Health
9. Kidney diseases
10. Sustainability of universal health insurance scheme
11. Communicable Diseases / CDs – emerging and re-emerging infectious diseases
12. Obesity in Maldivian population (adult and childhood obesity)
13. Diet and nutrition
14. Challenges to successful implementation of health policy
15. Health care quality management
16. Retention of Local trained health professionals in health sector
17. Mechanism of providing quality health care and essential medicine to Maldivian population
18. Maternal and child health including birth defects
19. Contraceptive use
20. Adolescent health

NATIONAL HEALTH RESEARCH COMMITTEE AND PROCEDURE

The National Health Research Committee (NHRC) was established in 1999. It was established as per a strategy outlined in the Health Master Plan 1996-2005 in order to strengthen the development and implementation of research relating to the health sector, and also with the recommendation of WHO to develop and establish ethical and research guidelines. The Health Information and Research Section of Planning and International Health of Ministry of Health is the secretariat of this Committee.

Since the establishment of the NHRC, the government decided that all research related to health be submitted to the NHRC and its approval be sought before implementation. In this regard, the Ministry of Health issued a circular (23-C3/99/C-24) on August 15, 1999 to implement this strategy effective from September 01, 1999. With effect from this date, the NHRC received several research proposals for approval. A guideline was developed to assist researchers such as medical and nursing practitioners, programme managers and students in developing research proposals for submission to the NHRC.

APPLICATION FOR RESEARCH REGISTRATION AND APPROVAL

Each proposal submitted for approval should have a Research Registration Form completed with it. The Research Registration Form and copies of the guideline can be obtained from the Health Information and Research Section of Planning and International Health, Ministry of Health and it is also available via the Ministry of Health website (www.health.gov.mv).

Proposals should be submitted to the Ministry in print and in electronic form. One copy of the printed proposal should be submitted to the Health Information and Research Section. Proposals can also be mailed to ppd@health.gov.mv. In addition, students need to submit their supervisor's endorsement letter along with the proposal.

Application forms can be downloaded from:

http://www.health.gov.mv/forms/20_Research%20Approval%20From.pdf
National Health Research Committee,
Health Information and Research Section,
Planning and International Health,

Ministry of Health:

00 960 32 8887

Email:ppd@health.gov.mv

Representatives in the National Health Research Committee

1. **Ministry of Health /**
Director General of Health Services
2. **Ministry of Health /**
Planning and International Health
3. **Ministry of Health /**
Maldives Food and Drug Authority
4. **Ministry of Health /**
Health Protection Agency
5. **Ministry of Health /**
Quality Assurance Division
6. **Ministry of Health /**
Maldives Blood Services
7. **National Bureau of Statistics**
8. **Faculty of Health Sciences**
9. **Indira Gandhi Memorial Hospital**
10. **Ministry of Law and Gender**
11. **Ministry of Education**
12. **Ministry of Islamic Affairs**
13. **Attorney General's Office**

NATIONAL HEALTH RESEARCH COMMITTEE APPROVED RESEARCHES 2015/ 2016

Perception of Perinatal women towards the care given by midwives in Indhira Gandhi Memorial Hospital, Labour room Maldives (Researcher: Asiya Ibrahim)

Effectiveness of the iPad application, "MageyAdu", in enhancing communication in Autistic children (Researcher: MariyamNazviya)

Level of patient's satisfaction and perception on quality of nursing care in the Hemodialysis unit, Male' Maldives (Researcher: Aishath Hamid)

Study of screen based media usage and associated negative health conditions among the adolescents of Maldives. (Researcher: Mohamed Najeeb)

Knowledge, attitude and practice of folic acid/ folate consumption among primigravid women attending RHC/ IGMH (Researcher: AminathNahooda)

Factors leading to prolonged mechanical ventilation in intensive care unit of Indira Gandhi Memorial Hospital: A qualitative study (Researcher: AishathShifaly)

An investigation of the relationship between attachment styles and wellbeing and factors which may influence this relationship among male and female Maldivian university and college students (Researcher: AishathJinanee Ibrahim)

Maldives demographic and health survey 2015/16 (Researcher: Ministry of Health with technical assistance from ICF International)

Reasons for non-compliance with iron chelation therapy among adult thalassaemia patients who are living in Male': A case study (Researcher: GulisthanEasa)

Rapid Assessment of Avoidable Blindness (RAAB) Survey in Maldives Study Protocol and Study Guidelines (Researcher: UbeydullaThoufeeq)

Nonfatal Road Traffic Injuries among Young Adult Motorcyclists In Addu City, Maldives (Researcher: Shifaza Adam Shareef)

Patterns of bullying and victimization among grade 6 and 7 public school students in Male' City (Researcher: Aishath Hassan)

Maldivian student nurses' experiences of their clinical learning environment (Researcher: AminathShiuna)

A Study on Exploration of the reasons why Traditional Chinese Medicine (TCM) is used in Maldives (Researcher: Aishath Ibrahim)

If you wish to contribute to future editions of this publication,
Please contact
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Ministry of Health