



Friends of Maldives

Report from visit to South Huvadhu Atoll (Gaafu Dhaalu)

Executive Summary

July 20th to August 3rd 2009

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Background to this report

Two experienced British health workers visited the Gaafu Dhaalu Atoll in the Republic of the Maldives from July 20th to 3rd of August 2009. Over this period of time they had an opportunity to study in detail the currently established health services on this one Atoll (Gaafu Dhaalu), and discuss health and environmental issues with a wide range of people, including health professionals, Government officials, students and young people as well as many other ordinary citizens. They visited four different islands Thinadhoo, Madaveli, Nadellaa and Vaadhoo in order to inspect the health facilities, check the medical records and talk to staff at all levels.

The purpose of the visit, and of this report, is to explore possibilities for future volunteer health worker placements from the United Kingdom through the auspices of Friends of the Maldives. This visit was a preparatory visit to prepare the way for a more substantive study by members of Sheffield University School of Health and Allied Research (SCHARR), during November 2009.

Please note that this report is the personal opinion of Tom Heller and Gwen Wilson. It represents our impressions and suggestions based on a short visit. It should not be taken as an authoritative document from Friends of Maldives or the International Volunteer Programme. It is our contribution in good faith to the debates that need to take place to improve the health of people throughout the Republic.

The role of this initial health-related visit was not to make comments on the wider situation within the Republic of the Maldives, but certain general features became inescapable during the visit:

- The introduction of a new government seems to have given fresh impetus to many features of life within this atoll in the Maldives, particularly within the service sector. People who were interviewed almost unanimously expressed positive feelings about changes that would occur in the near future – although they were cautious about the rate of change and the need for realism and patience.
- The health of people within this atoll of the Republic of the Maldives is, in general, very good and is apparently improving. There are no major health problems that threaten to overwhelm the health service. The major health problem within the islands remains febrile illness, some of this is non-specific but a proportion of this is Dengue fever, Chikungunya and some scrub typhus. The majority of these recorded episodes are transmitted by mosquitoes and other controllable vectors.
- The visit focused on one atoll and although four different islands were visited within the atoll it is not to be assumed that the conditions that were found on this atoll are necessarily the same as those on other atolls, although there is no reason to suppose that very different conditions exist elsewhere outside the capital city. However the health and public health concerns in Malé may be different to those found in other regions.

Within this context it soon became apparent that further incremental improvements to the health of the people of the Maldives would come about not simply through further development of the health service, but through changes to the physical environment:

- Improved standards of refuse collection and waste disposal
- Sewerage treatment before discharge into the surrounding water
- Cleansing of domestic rainwater supply and storage mechanisms
- Targeting mosquitoes through breeding site reduction, selective killing of adult mosquitoes and community level health education and involvement in vector control activities

The health services throughout this atoll in the Maldives are of overall high quality and should be a source of pride within the Republic. The hospitals and health centres are kept in an immaculate state and the standard of management seems high. Most importantly people throughout the atoll can get access to a wide range of high quality services although transport from remote islands remains a problem. As we understand it most of these services are largely free to the population at the time of use. This situation has come about through investment in the development of health services throughout the Republic for many years. Naturally there are problems associated with the widely distributed population and difficulties associated with transport between the

islands on occasion. However, consideration for longer-term, sustainable development of the service should be given to the following issues:

1. Further development of the education and training of Maldivian nurses, midwives, traditional birth attendants and community health workers. This large cohort within the health service is currently under-developed. With further training this group of Maldivian health workers could incrementally replace the (expensive?) nurses recruited from other countries (mainly from the Indian sub-continent).
2. Although there are problems associated with the scattered nature of atolls and islands the supply of medical materials (medication, bandages etc.) to outlying islands could be improved through implementation of more modern logistical supply/ demand techniques.

A wider view of health

Although the health of the children on the islands that were visited during the course of this short study period appeared to be good, the visiting team became aware of some underlying health-related problems, for example in nutritional status, reported by UNICEF and others:

“Poor local soil and a lack of space for agriculture cause islanders to rely heavily on imported food for survival. Although the staples of rice and fish are readily available on most islands, as are a wide variety of local edible plants, getting fresh fruit and vegetables is problematic. People are simply not used to including them in their diet.”

UNICEF 10/10/2008

For this reason we would recommend further detailed research on the nutritional status of children in particular in the Republic with the possibilities of the placement of volunteers specifically to address nutritional problems that may be uncovered by the further research.

Expatriate doctors and nurses

It was not within the remit of this initial visit to consider in detail the situation with regards expatriate doctors and nurses. However the health services throughout the Republic continue to rely very heavily on the employment and deployment of doctors, dentists and nurses from the Indian subcontinent and from other countries including Russia. Several issues regarding these health workers became apparent during the visit:

- The doctors and other health workers typically come to the Republic of the Maldives for three or four years and then leave to pursue their careers

elsewhere. Mostly they are of high quality and give a good service to the people of the Maldives.

- In the Regional Centres these doctors are employed as specialists. Although much of their routine work would be undertaken at the level of general practice in most other countries they are available to use their specialist skills as the need arises.
- In the smaller hospitals and health centres on more remote islands the doctors and nurses themselves remain quite isolated. They have few opportunities for further study or career advancement and are hampered by difficulties in communication with local people whose language they may find hard to understand or communicate in. A poor relationship between the islanders and the expatriate doctors does sometimes happen and this is made worse when the health centre runs out of even basic medical supplies. Few facilities for personal or family recreation are available on these islands. Apparently there is a high turnover of expatriate doctors on more remote Island health centres for all these reasons.

During the study visit a consistent pattern of consultation and treatment emerged:

- Doctors felt under pressure to prescribe medication, even when this would not necessarily have been their only option in other situations. This seemed to be an expectation of the people visiting the doctor, and eventually of the doctors themselves.
- There was a tendency to refer up the chain of command for conditions that the doctor could have treated themselves.

The health service of the Republic of the Maldives will be dependent on the services of expatriate health workers (mainly doctors and nurses) for some years to come. In an ideal future, however, Maldivian people themselves could provide the majority of health professionals to staff their own health service and potentially avoid some of these patterns. Currently Maldivian doctors and nurses, having trained abroad, appear to be working largely in Malé. Consideration could be given to contractual ways of ensuring longer periods of service in outlying atolls in return for sponsorship of their studies abroad.

Possible specialist placements from Friends of the Maldives to Gaafu Dhaalu atoll and elsewhere.

Preamble

Friends of the Maldives organization has been in discussion with various people in the new government in order to identify possible areas of support for the health service throughout the Republic. Some volunteer doctors and nurses have already expressed an interest in health service placements in the Maldives. However a strategic decision needs to be made with regards possible future placements so that external sources of expertise are best utilized. In particular it is important that lessons should be learnt from the previous reliance on expatriate health workers. In all future placements it is vital that Maldivian people are trained so that reliance on expatriate workers is reduced, not enhanced or re-enforced.

Although there has been a suggestion that specialist clinical workers from the UK could fill some of the gaps in specialist provision that occur from time to time in the Maldivian health service the authors of this report do not support the use of Friends of the Maldives resources for this objective within the Gaafu Dhaalu atoll or elsewhere.

Specialist input into the health service, however, should be considered in the following areas. These are our top ten recommendations:

1. Senior nurses with some educational training to work at the further education campus in Thinadhoo (and possibly in Malé, Addoo and Kulhudhuffushi), to work alongside current tutors. The development and further education of local nurses is considered critical to the future sustainability of the health service.
2. Nurse education specialist(s) to work at a policy level within the Ministry of Health focusing on the development of the role of local nurses within the Maldivian health service. This might involve:
 - Planning to increase the number of venues in the Maldives where registered nurses can be trained (currently only in Malé)
 - Possible development of highly trained public health nurses with more autonomy within local communities
 - Developing continuing professional development (CPD) resources and mechanisms for nurses in post throughout the Maldives
 - Developing the role of nurses with a family support responsibility and increased autonomy to give advice to families
3. Drug abuse. A substantial problem with drug abuse was mentioned by many people during the Friends of the Maldives visit to Gaafu Dhaalu and on our

return to Malé. This seems to have become a major and comparatively recent problem throughout Maldivian society and is thought to affect large numbers of young men and women... often starting at school age.

Following discussion with Hussain Zamir (Health Ministry consultant on drug abuse problems) as well as workers in NGOs (Journeys and SWAD), doctors in the methadone clinic and visits to the drug detox centre and the drug rehabilitation facility the following possible specialist placements have been suggested:

- Strategic and policy advisor to work with current decision makers at a senior level. How can this major health and social problem best be tackled with limited resources? Which services should be developed throughout the islands? What can be learnt from the experience of dealing with this problem in other countries? Are there external sources of finance or other resources that could be mobilized to help the problem in the Maldives?
 - Training of drug counselors to work within existing drug facilities. NGOs need support and specialist help to assist training programs for local people and the families of drug users as well as workers in the projects.
4. Specialists in public and environmental health to support local initiatives in sanitation, refuse disposal, safe drinking water supply and vector control. Are there examples where other countries with similar problems have been able to develop effective and cost-efficient systems?
 5. Logistics expert involvement to work alongside local Maldivian people to develop improved systems of supply of medical supplies to more remote island health centres in the Gaafu Dhaalu atoll and throughout the Maldives.
 6. People who can teach practical skills of maintenance to Maldivian people (and perhaps particularly young people who need skills and an employment path to travel through life). Many bits of expensive gear lies un-maintained and fallen into dis-repair. The hospital boats and much hospital equipment. This could be easily brought back into use instead of lying idle and eventually thrown away.
 7. Possible specialist public health research secondments might include:
 - ... the study of viral fevers and how they should be treated within the Maldives. Analysis of data that has already been collected regarding communicable diseases. Development of protocols for investigation, management, symptom control and treatment of febrile illnesses. To offer support to doctors throughout the Maldives concerned to offer evidence-based treatment of viral fevers and reduce unnecessary prescribing.

- ... specialist nutritional surveys and focused work on the nutritional status of people throughout the Maldives. Where nutritional problems are apparent could specific policies and programs be developed to help?
8. Health promotion specialists / graphic designers to help in the production of engaging health education material for distribution throughout the Republic. Possible subjects might include:
- How to deal with fevers at home
 - You don't always need antibiotics...
 - Appropriate use of the available health services (you don't have to travel to the regional hospital or to Malé for simple treatment)...
 - Reduce, re-use and re-cycle messages
 - Rubbish disposal is important and is the responsibility of everybody
 - How to keep your roof clean for rainwater/ drinking water collection
 - Control of insects, rats and other vectors _ you don't need to use just chemicals other methods may be more effective
 - Eating more fruit and vegetable will keep you and your family healthy
 - Grow some of your own vegetables and fruit for yourselves – here's how to do it...
 - How to recognize drug abuse in a member of your family
 - How to deal with drug abuse if you think a family member is involved
9. Senior manager with health service management experience to work within the Health Ministry and possibly at the level of regional hospital to look at the work and budgets of various health service units, including atoll level health services. Are there ways that could be learned of tighter budgetary control over remote facilities? Is the current budget being used to its best advantage?
10. Specialist physiotherapist to work with the Manfaa project for keeping older people healthy and active in their own environment.

A possible resource for the development of Maldivian public health awareness: The Presidential Yacht

The President's Yacht currently lies idle, at moorings near Malé. It represents the conspicuous consumption and elitist practices of the previous, corrupt regime. How about something like this:

As an act of political signaling the President declares that the yacht should become a teaching and training venue for health issues, particularly public health messages throughout the Maldives. He has already proposed a symbolic and practical change of use for the President's Palace in Malé and this proposal would become the marine equivalent. There are only a few changes that would be needed to be made to the yacht itself to equip it as a state-of-the-art teaching venue. Perhaps a sponsor can be found to donate the necessary teaching equipment.

A simple syllabus could be developed for local community health workers, nurses and birth attendants as well as local leaders responsible for the implementation of public health measures. The yacht visits each of the seven regional centres in turn, spending one month at each venue. During the first three weeks 15 –20 local, selected health workers and people responsible for public health measures learn about community development and health concepts; simple health needs assessment – producing teaching materials themselves. In the final week key people and local school aged children from the locality are invited on board the boat and the newly empowered health workers have an opportunity to deliver health promotion messages to their invited visitors. Special sessions are held on board the yacht for local school aged children to learn public health messages and how to take responsibility for themselves and their environment. A powerful political gesture a strong, visible commitment from the very highest authority to public health and the health of people throughout the Maldives... and a practical solution to the development of the role of community health workers, nurses and birth attendants and an expansion of their skills...

At the end of each of the yacht's visits prizes and certificates are awarded from the President himself and delivered to local people by significant government or local leaders:

- Who has worked hardest to protect their local environment?
- Who has helped to develop the best plans for the future protection of public health in their community

- Who has developed the best local teaching aids for helping people understand about public health issues?
- Who has started to produce their own fruit and vegetables?
- Who has collected the most plastic rubbish for re-cycling?