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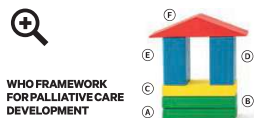


General data

POPULATION, 2023
525,994
SURFACE, KM², 2022
300
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
90
GDP PER CAPITA (US\$), 2023
12530,36
HEALTH EXPENDITURE (% GDP), 2021
10,03
UNIVERSAL HEALTH COVERAGE, 2021
61



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



LEVEL OF DEVELOPMENT

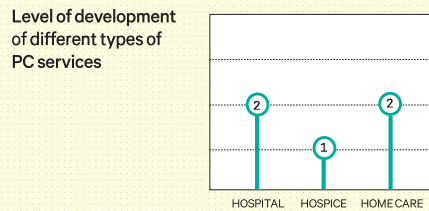
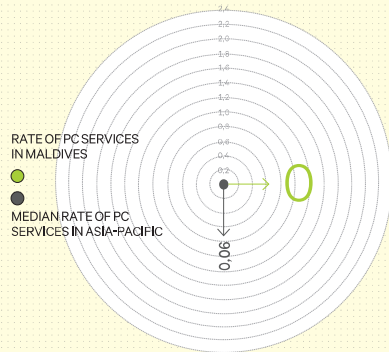
- 1 EMERGING
- 2 PROGRESSING
- 3 ESTABLISHED
- 4 ADVANCED

Maldives

F Provision of PC (Specialized Services)

Total number of Specialized PC services **0**
Rate of PC services per 100,000 inhabitants **0**

Maldives in the context of Asia-Pacific regions



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**
TOTAL NUMBER **0**

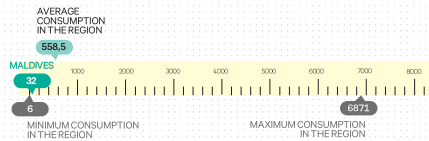
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Maldives

D Use of essential medicines

Opioids consumption (excluding methadone) **32**
S-DDD/MILLIN-HABITANTS/DAY

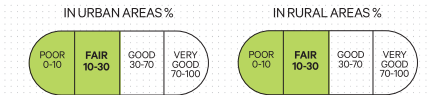
Maldives in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**
Existence of PC congresses or scientific meetings **2**

National Association: -
Consultants: Aishath Lubana Labeeb; Abdulla Muaz Adam.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **1/1**

Nursing schools with mandatory PC teaching **0/2**

Recognition of PC specialty **2**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**



Inclusion of PC in the basic health package at the primary care level **2**

A Empowerment of people and communities



Groups promoting the rights of PC patients **3**
Advanced care planning-related policies **1**

AP Maldives

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>There are groups that cover palliative care in a more integrated way or over a wider range of disease/program areas. They usually collaborate with hospitals, clinics, and home health agencies to ensure these facilities have the necessary resources and training to incorporate palliative care services into their existing care frameworks.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>At present, there are no documents, national policies, or guidelines in place that address advance care planning regarding medical decisions related to life-sustaining treatment or end-of-life care.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	<p></p> <p>Actualized in the last 5 years, but not actively evaluated or audited.</p>	<p>Although the Maldives does not currently have a specific national palliative care plan or dedicated palliative care policy, the Health Master Plan 2016-2025 aims to improve access to essential health services, indirectly supporting palliative care. The National Cancer Control Plan (NCCP) 2022-2026, however, directly addresses palliative and supportive care, aiming to expand services to referral centers and atoll hospitals. The NCCP outlines indicators for tracking progress in areas such as early diagnosis, access to cancer treatment, and palliative care coverage, though these measures are yet to be implemented.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p></p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NCDs, or HIV.</p>	

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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>A plan is underway to establish palliative care services at both tertiary and atoll-level health facilities, specifying the services that will be offered at each level, along with the required steps and procedures for their implementation.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	<p></p> <p>There is no authority defined.</p>	
<p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are some sporadic conferences that include palliative care topics. Including the International Conference on Medical and Health Sciences (ICMHS). However, there are no specific national congresses or scientific meetings focused solely on palliative care.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

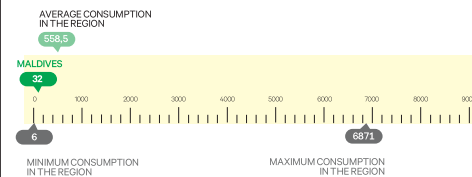
Ind8

Reported annual opioid consumption – excluding methadone – in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 32 S-DDD



COUNTRY VS REGION



AP Maldives

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

According to the National Essential Medicines List 2023 palliative care medicines are available at the primary healthcare level, including opioids, though morphine is reserved for secondary and tertiary levels. The Maldives Food and Drug Administration (MFDA) under the Ministry of Health authorizes a list of controlled substances eligible for import. Pharmacies authorized by the MFDA can procure these medicines.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

In the Maldives, access to immediate-release oral morphine, in both tablet and liquid forms, is limited due to strict regulations surrounding its use as a controlled substance. Its availability is limited to tertiary hospitals in urban areas and regional hospitals, with primary healthcare facilities generally lacking access to this essential palliative care medication.


10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).




Fair: Between 10% to 30%.

AP Maldives






Education & Training

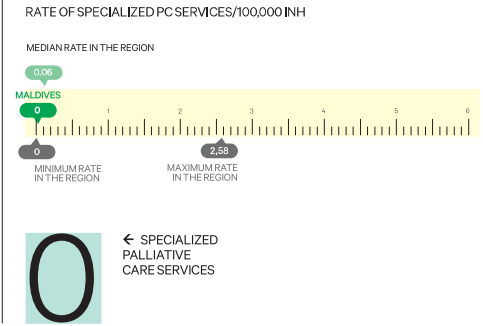
<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	1/1	 <p>The Maldives has one medical school, where palliative care is integrated into oncology and cancer modules rather than offered as a standalone subject. Of the two nursing schools in the country, neither includes palliative care formally in the core undergraduate curriculum, but related content is embedded in other subjects. Additionally, elective palliative care training modules are available for nursing students and primary health-care providers.</p>
	0/1	
	0/2	
	2/2	



<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	 <p>There is no process on specialization for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).</p>	<p>There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition.</p>
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AP Maldives

Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	 <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p>	<p>Palliative care services, including pain management for cancer patients, are offered at four tertiary hospitals in the Greater Malé Region and some atoll-level facilities. While these public services provide some level of palliative care, they do not involve specialized palliative care teams. There are not free-standing hospices dedicated solely to palliative care, but a home visit program launched in 2015 provides care for bedridden elderly patients over 65 in the Greater Malé area. This program aims to improve home-based care quality, especially for those with limited mobility.</p>
	 <p>Ad hoc/ in some parts of the country.</p>	
	 <p>Not at all.</p>	
	 <p>Ad hoc/ in some parts of the country.</p>	
	 <p>0</p>	



<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	 <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>While public palliative care services lack specialized teams, they provide basic support at four tertiary hospitals in the Greater Malé Region and some atoll-level facilities, including pain management for cancer patients and pediatric care.</p>
 <p>0</p> <p>PPC TEAMS</p>		