



BACKGROUND INFORMATION ON **HEALTH PROMOTION**

Health promotion is a unifying concept, which combines curative health control measures with changes in the ways and conditions of living in order to improve nation's health. It is defined by the Ottawa charter as "the process of enabling people to increase control over and to improve their health". Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.

The development of Health Promotion as a concept

The concept and practice of health promotion has progressively evolved since 1974 when it was first conceived.

In 1974 Marc Lalonde the Canadian Minister of Health and Welfare, in a report "A New Perspective on the Health of Canadians" coined the Term when he underlined the need for a positive approach to healthy living habits.

Between 1974 and 1997 the World Health Organisation in an attempt to encourage the shift in emphasis from Medical Care to Primary Health Care focussed on developing global recognition of preventive and promotive health services.

In 1977 the goal of "Health for All 2000", enunciated in the "Alma Ata declaration" by the World Health Assembly, underscored the importance of health education for health



development citing health education as the first of the eight elements of Primary Health Care (PHC).

In 1986, the International Conference on Health Promotion recognised Marc Lalonde's ideas on Health Promotion (1974) and in the Ottawa Charter identifies three main strategies for health promotion namely:

- Advocacy
- Enablement
- Mediation

These strategies are supported by five priority action areas as outlined by **Ottawa Charter** for Health Promotion viz:

- Building healthy public policy
- Creating supportive environments for health
- Strengthening community action
- Developing personal skills, and
- Re-orienting health services

Since then three subsequent WHO international conferences on health promotion have reiterated the need for greater emphasis on preventive/promotive vis-à-vis curative services within the larger context of health development.

In 1988 the Adelaide Conference recommendations emphasized the need for healthy public policies as the catalyst for the creation of supportive environments for health, focussing on sustainable environment for health promotion.



In 1991 the Third Conference in Sundsvall , Sweden (1991) highlighted the settings and locations for health promotion – schools, work-places, hospitals, communities and market places.

Finally the Conference in Jakarta, Indonesia (1997) after reviewing the progress of Health Promotion activities since the 1986 Ottawa Charter moulded a new package of activities in prioritizing the strategies for Health Promotion as the 21st Century approaches viz:

- Promote social responsibility for health
- Increase investments for health development
- Expand partnerships for health promotion
- Increase community capacity and empower the individual, and
- Secure an infrastructure for health promotion.

Health Education and Health Promotion in Maldives

The foundation for health education in the Maldives was set by the Media Production Unit of Allied Health Services Training Centre (now known as Institute of Health Sciences). The main focus then was the production of low cost educational materials such as pamphlets, leaflets, posters, radio and TV programs in the format of dramas, interviews with experts in the field, panel discussions, and songs. A mobile health education team was also established to disseminate information on diseases that require public attention particularly during times of outbreaks. Radio was used widely as Maldives has a nationwide coverage, reaching the whole population. The health education programmes have focussed on a range of topics such as family planning, maternal health, immunization, diarrhoea prevention and control etc.



The guiding principle has been to provide adequate information for informed choices. Through the use of both mass and interpersonal communication techniques communities are educated and equipped with the necessary skills to prevent infections and diseases as well as to promote healthy lifestyles.

Significant to the development of health education in the country is its incorporation into all the public health programmes after the implementation of the first Country Health Programme in 1981.

In 1994, the Department of Public Health took over the responsibilities and began to coordinate the health education activities. In April 1995 a health promotion unit was formed at the Department charged with health education responsibilities. With the assistance of an expatriate Health Educator and a graphic designer the Unit began to expand the already initiated health education activities. Health promotion activities carried out by the Department however were not significantly different from those undertaken under health education. Modern methods of health promotion, such as advocacy, building supportive environments, targeting specific population groups, audience analysis and segmentation and social marketing have only been applied in a limited way.

Major achievements and Constraints.

Uses of health education and communication have been one of the most successful measures undertaken by the government to bring about behavioural changes and for creating healthy lifestyles. Significant achievements have been recorded in the promotion of the following areas among the public.

- Immunization
- Malaria Control



- Good Sanitation
- Leprosy Control
- Family Planning and
- Vitamin A deficiency control

However, a lot of health problem areas still need to be addressed in a planned, systematic and integrated manner in order to effect behavioural changes and promote the adoption of healthy lifestyles by the public. In the face of emerging challenge of non-communicable diseases, the need to recognise and adopt a more holistic and healthy public policy directed health promotion interventions becomes more obvious.

The Context for Health Promotion

The last two decades have witnessed tremendous changes in the various spheres of life of the Maldivian people, social, economic and health. But most significant perhaps has been the drastic and positive changes seen at the health front. From a humble beginning of only one modern facility in the country, in the early sixties, Maldives can now boast of a well developed chain of interlinked health infrastructure from the national to the atoll level.

Actions taken in sixties towards the development of human resources for health have resulted in the availability of a critical core of different categories of trained and skilled manpower at various levels of the health care infrastructure. Supported with sustained health education people are more health literate than before and utilisation of health services has increased. The collective impact of these actions has been significant decreases and elimination of certain communicable diseases. Malaria once a dreaded disease in the country has been eliminated while poliomyelitis neonatal tetanus and diphtheria are on the verge of being eliminated. Filariasis is under control and leprosy has declined to zero transmission levels. Improvements in women's health, child survival, population control and life expectancy have also been significant.



Despite these achievements the country faces numerous health challenges as it moves into the next millennium. Changes in lifestyle due to prosperity, urbanization and stress have contributed to the emergence of non communicable diseases such as cardio-vascular diseases, mental and physical disabilities, cancers and hypertension. With increase in life expectancy, health of the aged and related chronic health problems are priority problems. Malnutrition and ARI continues to affect many children while diarrhea significantly contributes to morbidity and mortality among children under five. HIV/AIDS has already made inroads into the society while thalassaemia has emerged as a major public health problem in the country. The health of adolescents calls for immediate attention in order to respond efficiently to related future social and health issues.

Coupled with these, are emerging problems related to urbanization. Pressures on social facilities such as water and environmental pollution are becoming a focus for attention. The need for housing, water and sanitation as well as health services are steadily increasing in Male' with these facilities being stretched to their limits as more people move into the city. Addressing these health problems and related determinants requires a coordinated and collective action by all relevant sectors. Health Promotion presents a unique opportunity to make this collective effort backed by favorable policies a reality.

The National Health Promotion Plan: The proposed health promotion plan recognizes the current health situation in the country, efforts by the Health Education Unit towards health promotion and the need for a more comprehensive intersectoral action towards health promotion development in the country.

Advocacy for appropriate policies regarding priority areas such as the health of adults and children and improving the social-cultural, economic and environmental determinants of health would be intensified. Promoting social responsibility requires a better understanding of sectoral roles and the capacity to implement these roles. Intersectoral mechanisms based on mutual partnerships and alliances as well as training would need to



be enhanced. Communities and individuals would need to be empowered to ensure their active participation and ownership of health activities.

Operational research would also need to be institutionalized to provide the necessary back up data for planning and evaluation of specific health promotion interventions as methods and strategies are refined. Monitoring and evaluation of health promotion interventions and the documentation of success stories would be pursued more vigorously to legitimize the interest in health promotion. Existing institutions both within and outside the Ministry of Health would be strengthened to improve joint health promotion planning and implementation. Resources for health promotion would be enhanced through purposeful partnership and alliances with other sectors, NGO's and bilateral donors.



NATIONAL HEALTH PROMOTION GOALS ,OBJECTIVES AND STRATEGIES.

The HMP for 1996-2005 outlined comprehensively the goals and objectives for health promotion.

GOALS AND OBJECTIVES

The Goals of the Health Promotion Program are to be:

- Improve knowledge and understanding of health and its determinants
- Create social, economic and environmental conditions that are conducive to health
- Encourage public policies that are supportive to health
- Foster healthy lifestyles and
- Empower people to participate fully in national and community health actions

THE SPECIFIC OBJECTIVES OF THE PROGRAMME ARE:

1. To advocate and promote health as an economic and political asset with the view of placing it high among priorities for development.
2. To increase investment in health through appropriate share of national resources for health development both within the allocation of health sector and other sectors.
3. To promote healthy lifestyles among all population groups with special emphasis on the practice of safer sex, good nutrition, reduction in smoking and substance abuse and increase regular exercise.



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4. To reduce in the number of thalassaemic couples who get married
 5. To increase the number of couples who use a method of family planning
 6. To reduce the number of teenagers who get married

THE STRATEGIES FOR HEALTH PROMOTION INTERVENTIONS ARE:

1. Advocacy for health to be directed at

- policy makers and decision makers at various levels
- professionals, public figures and service providers
- the public

2. Empowerment of specific groups of people for health action

- Women
- Young people
- School age children

3. Providing technical support for health through strengthening

- Community organizations and institutions that encourage healthy lifestyles as a social norm and foster community action for health
- Systems that provide the infrastructure for health care services and related development activities that have influence on health



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4. **Expansion of the ‘settings’ approach** including health promoting schools, hospitals and workplace.
 5. **Strengthen national capacity and capability for health promotion and strengthening and expansion of Information, Education, Communication (IEC) programs** through training and teaching/learning material development.
 6. **Development and promotion of legislative and fiscal measures to reinforce promotion of healthy lifestyles** , including tobacco control regular exercise and physical fitness
 7. **Enhancing intersectoral action and NGO involvement in all health education and health promotion programs**
 8. **Improve research, documentation and dissemination of health promotion success stories to legitimize the cause of health promotion.**
 9. **Establishment of a mechanism for the monitoring and evaluation of health education programs**
 10. **Development of mechanism to ensure standardisation of Health Education messages**
 11. **Introduction and Implementation of a patient education programme at IGMH and the Regional Hospitals.**



ENTRY POINTS FOR HEALTH PROMOTION DEVELOPMENT.

The HMP 1996 - 2005, identified the following areas for focus in the development of Health Promotion Program in the country . These are .

- Safe motherhood
- Child survival
- Prevention of Thalassaemia and other non-communicable diseases
- Prevention and control of HIV/AIDS and STDs
- Family planning and reproductive health
- Prevention of substance abuse and the reduction of the use of tobacco and tobacco products
- Healthy dietary habits and regular exercise.



OBJECTIVES OF HP for 1999 – 2001

The objectives of the current Plan of Action is in accordance with the objectives of the Health Master Plan on Health Promotion.

1. To make health a priority for national development and recognized as an economic and political asset.
2. To promote healthy lifestyles with particular emphasis on active living, good dietary habits, tobacco and drug use and safer sex among all sections of the population.
3. To promote reproductive health based on the life span approach
4. To promote the control of emerging and re-emerging infectious diseases through community empowerment and mobilisation.
5. To promote prevention and effective management of non-communicable diseases
6. To promote the concept of healthy settings with emphasis on schools islands, hospitals, workplaces and atolls.
7. To promote the prevention of accidents, environmental and occupational hazards
8. To improve health promotion planning implementation and evaluation

To achieve the above objectives the Plan of Actions is detailed in attachment - **A**.



Objective 1: To make health a priority for national development and be recognised as an economic and political asset

Target: All sectors would have included health promotion components in their Plan of Actions which address the health aspects of their programmes

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1	Organise a workshop on national health status and health determinants and the role of health promotion in health development and partnership for policy makers, private sector & NGOs	Health Promotion components to be addressed by each sector identified.	DPH/MOH/NGOs/ Of Health Sciences Inst.	X				
2	Develop and distribute to all relevant sectors advocacy package (video, information kit and audio) on health promotion and health development	Advocacy packages available and utilized by in all relevant sectors.	DPH/TV/VOM/PRESS/NGO's	X				
3	Include health promotion on the agenda of policy meeting eg: the biannual meeting for atoll chiefs.	Recommendation for implementation of Healthy Atolls concept & a time frame	MOAA/DPH/MOH/MOE/MOTI/MOFA		X			
5	Mount a multimedia advocacy campaign including quarterly radio programmes on health promotion and health development.	Awareness regarding healthy promotion concept and practice created.	DPH/TVM/VOM/PRESS	X	X	X		
6	Establish Health Promotion Committee in every sector including public & private sector, for the promotion of health of their employees.	Committee established and terms of reference outlined	MOH/MOTI/MATI/MCC & Pvt. Agencies. All Govt.	X		X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
7	Review and establish intersectoral mechanisms with clearly outlined terms of reference for promoting health promotion in the country.	Mechanisms established and terms of reference outlined.	DPH	X				
8	Train Health Promotion Committees	All members of Health Promotion Committee training	MOH/DPH/sectors	X				
9	Train management level staff of relevant sectors on the concept of health promotion and their respective role.	Management level staff trained.	DPH/ Inst. Of Health Sciences.	X	X	X		
10	Organise presentations on health development and health promotion to parliamentarians and line ministries at least twice in a year.	Parliamentarians and line Ministers aware of Health Promotion aspects	MOH/DPH/People's Majlis	X				



Objective 2: To promote health lifestyle with particular emphasis on active living, good dietary habits, tobacco and drug use and safer sex among all sections of the population.

- Target :**
- (1) 10% of people living in urban areas would be exercising regularly.
 - (2) Tobacco use especially among children, adolescents and women would have decreased by 1% of 1998 figures.
 - (3) 10% of people in the atolls would be using more fruits iodized salt and more vegetables.
 - (4) Marriage among teenagers marriage would have reduced by 10% of 1997 figures.

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Active Living Develop and mount a multimedia campaign to promote healthy lifestyles	Significant increase in number of persons adopting healthy lifestyles related to active living.	DPH/VOM/TVM/PRESS	X				
2	Create oportunites and facilities for physical activities through clubs, sports competitions and holiday package.	Significant increase in oportunities avaialable for physical activities	MOYS/CLUBS	X	X	X		
3	Launch a National Physical Activity Day, once a year.	At least 50% of population participates in a Physical Activity avery year.	MOYS/MAA/MATI	X	X	X		
5.	Conduct monthly Physical Activity days in the Atolls	At least 50% of island population participates in a Physical Activity	IDCs/Clubs & Associations	X	X	X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
6.	Conduct health promotion awareness sessions on active living, healthy diet, stress management and other healthy lifestyle related issues, as part of the in house Staff Development Activity	Sessions conducted at least four times a year	Health Promotion Committee of each office/DPH	X	X	X		
7.	Include active living and stress management in the curriculum and in service training programmes of all sectors.	All curriculums to contain active living and stress management	ALL TRAINING INSTITUTIONS both public and private.	X	X	X		
8	Collect and disseminate desegregate data for health promotion planning. E.g: accidents, occupational hazards, food safety and cardio vascular diseases.	Information Available for planning and advocacy campaign.	DPH/MOH/NSS/MPND	X				
	<u>Dietary habits.</u>							
1.	Monitor implementation of the nutrition education component in school curriculum.	Nutrition education component implemented in every school	MOE/EDC/ITE	X	X	X		
2	Intensify media programmes on healthy nutrition in support of national nutrition programme.	Improved dietary habits in the general population.	TVM/VOM/PRESS	X	X	X		
3	Include nutrition education and promotion of balanced diet into the activities of Atoll and women committees.	Awareness on balanced diet created among women and Atoll leaders.	MOAA/MOWSS	X	X	X		
4	Promote cultivation of fruits and vegetables on the island.	At least 50% increase in availability of fruits and vegetables on the island.	MFAg/Schools/WCs/IDCs		X			



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
5	Train a core group of people in the proper use & cooking of fruits and vegetables	Every island to have a core group of at least three persons trained	Hotel School/MAA/MWASS		X			
6	Conduct demonstrations for the use and cooking of locally available foods.	At least 25% of island adult population aware of the proper use and cooking of locally available food	NGOs, Womens Groups, Schools			X		
7	Develop & distribute dietary guidelines on locally available foods	Guidelines available in all schools and Health Facilities	DPH		X			
8	Introduce & implement Healthy Tea shops and Healthy Restaurants	50% of tea - shops and restaurents declared as "healthy"	DPH. Min Trade, Municipality	X	X	X		
9	Promote availability and utilisation of iodized salt as well as iodine containing foods.	Iodized salt available in all shops	MOTI/MTA/STO	X	X	X		
<u>Small family Norms</u>								
1.	Monitor implementation of the small family norms component of school curriculum	Small family norms component of school curriculum implemented in all schools	Min Ed/EDC/ITE	X	X	X		
2.	Activate school clubs to undertake activities to promote small family norms and responsible parenthood	At least two activities during the year conducted in all the schools	Schools/Clubs/MOE	X	X	X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
3.	Integrate small family norms and responsible parenthood into adolescents and youth programmes.	One day sessions on small family norms and responsible parenthood activities conducted in all youth and adolescent training programs	MOYS		X			
1.	<u>Tobacco and Drug abuse</u> Make available information on adverse effects of tobacco and drug abuse to children and adolescents through schools and youth clubs and health facilities & NGOS	School children and the youth aware of health and social hazards of tobacco and drugs.	DPH/NCB/MinEd/MOYS/NGOs	X	X	X		
2.	Establish Community Rehabilitation Services for tobacco and drug abuse	Community Rehabilitation services available to at least 25% of those who seek the service	NCB & NGOs	X	X	X		
3.	Strengthen linkages between tobacco and drug control programmes	Linkages established	DPH/NCB	X				
4.	Promote more no-smoking islands.	At least 10 more islands declared as non smoking islands	DPH		X			
5.	Restrict easy availability of tobacco products through fiscal and legislative control policies.	Taxes on tobacco increased. Cigarettes sold only to over 20 years, upon production of ID cards.	MOTI			X		



Objective 3: To promote reproductive health based on the life span approach.

- Target :**
- (1) Adolescent health programmes initiated as critical and essential component of reproductive health programmes.
 - (2) Health of the elderly incorporated in national health programmes.
 - (3) Coverage of safe motherhood and family planning increased in all atolls by 15%

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Adolescent health Mount awareness campaign on adolescent health and the psychosocial and physiological requirements of adolescents.	Encourage adolescents adapt healthier and better lifestyle.	MOYS/CHILDRENS UNIT /MOE		X			
2.	Include issues related on adolescent health in the programmes of Ministries of Women's Affairs and Youth and Sports.	Programmes of Ministries focus on adolescent health.	MOWASS/MOYS	X				
3.	Initiate counseling and specific treatment services for adolescents.	At least 2 people (male & female) trained in counselling & specific needs of adolescents available on 50% of islands.	DPH/NGOs		X			
4.	Initiate health education programme on adolescent health for PTAs, the atoll chiefs and community leaders.	20% of PTA members and community leaders & teachers aware	DPH/SCHOOLS/ MOAA/ Med		X			



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
6.	Promote implementation of existing laws and regulations regarding age at marriage and the protection of children, adolescents against violence and assault.	Crimes of child sexual abuse seriously prosecuted. Criminals committing child sexual abuse not to be banished or house arrested. Reduce incidence of mental and physical abuse and ensure secure childhood. Raise the age of marriage to at least 18 years.	MOJ/NSS	X				
7.	Organise meetings with Youth Committee members on adolescent health and social mobilisations.	Regular meetings held	DPH/MOYS	X	X	X		
	<u>Safe motherhood</u>							
1.	Organise awareness of maternal and child health services and causes campaign on maternal and infant mortalities.	All people aware of maternal and child services available. 70% of adolescent and adult population aware on the causes of maternal, infant mortalities	DPH/TVM/VOM/Press/NGOs/Schools	X				
2.	Increase utilisation of health services by family through community motivations activities.	50% increase from current level	DPH/Pvt.&Pub hosps/Pvt. Clinics/			X		
3.	Train and provide refresher courses for FHW and Foolhumaas to improve detection of risk factors and referllas.	All FHWs and Foolhumaas trained on family health	DPH/IHS			X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
4.	Promote transport system for referral services through community supports.	Low cost community initiative set up for transport of maternal related referrals, in 4 Atolls	ADC/WCs/NGOs/Pvt. sector			X		
5.	Promote the establishment of obstetric care at HC.	Obstetric care except for Caesarians available from all Health Centers.	DPH			X		
6.	Promote food security for pregnant mother. through intensive education on retention and utilisation of home produced food and greater access to imported food.	Reduce malnutrition, and anaemia among mothers.	MOFAMR/MOTI/MoH				Addressed under dietary habits	
7.	Strengthen screening treatment services to protect all pregnant women at risk	Services for identifying high risk pregnancies available at all islands.	DPH			X		
8.	Promote increased utilisation of contraceptives using social marketing approach.	50% increase in number of couples using contraceptives	DPH/NGOs/Pharmacies/Pvt. Clinics			X		
9.	Promote good weaning practices along with breast feeding.	50% increase in number of mothers who exclusively breast feed. 50% increase in number of families who adopt proper weaning practices.	DPH/NGOs			X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
10.	Promote supplementary nutrition for under nourished children.	Program for supplementary nutrition available in 50% of islands.	DPH/NGOs/WCs			X		
11.	Maintain high immunisation coverage for under five and increase coverage for pregnant women.	Immunization coverage for under fives maintained above 95% and for pregnant women increased to 90%.	DPH		X			
12.	Strengthen social development programmes towards empowerment of women.	All social development programs to include womens empowerment activities.	MOWSS			X		
<u>Health of the elderly</u>								
1.	Collect information on current situation of the elderly including population size, health and pscho-social problems and available health services to cater for the needs of the elderly.	Report on elderly health distributed.	DPH/MOH/MoPND/MoWASS/MAA/MoHH&E			X		
2.	Mount awareness campaign on the issues of the elderly.	Increase in awareness of various levels.	DPH/TVM/VOM/ PRESS/NGOs			X		
3.	Initiate specific active living and health promotion programmes for the elderly.	Program initiated in every island	DPH/NGOs/WCs			X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
4.	Train and support care providers for the elderly.	At least two persons (one male & one female) trained as a care provider in every island	DPH/IHS/NGOs			X		
5.	Strengthen social and family systems which support the elderly	Existing social and family system adopt activities to support the elderly.	MOWSS/NGOs			X		
6.	Incorporate care of the elderly into PHC programme.	PHC workers trained in care of elderly	DPH/IHS/NGOs			X		
7	Introduce outreach service for elderly	Service established	NGOs/Pvt. sector			X		
1.	Disabled Collect information on disability causes and mount educational campaign on disability, prevention and rehabilitation.	Information collected and report produced. Education campaign launched	MOWSS/NGOs/MoPND			X		
2.	Incorporate disability prevention and rehabilitation into PHC and social programme.	PHC workers trained in disability prevention and rehabilitation. Social programmes focus on disability prevention.	DPH/IHS			X		



Objective 4: To promote the control of emerging and re emerging infectious diseases through community empowerment and mobilisation.

Target: Communities would be empowered to prevent infectious diseases and respond effectively to outbreaks of infectious diseases.

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
	<u>Urban planning and communicable diseases control.</u>							
1.	Mountain awareness campaign about the relationship between diseases transmission and urban planning, housing, water and sanitation.	A greater awareness of relationship among the public.	DPH/MOAA/MWSC	X	X	X		
2.	Develop and implement appropriate regulations on (a) ventilation in home (b) clean and healthy homes and islands.	Established norms enforced by urban planning department.	MOH/MOHAHE/MOAA	X	X	X		
3.	Promote of mechanisms for waste disposal.	Outbreaks of epidemic reduced and to promote clean environment established an urban areas.	MHHE	X	X	X		
	<u>Diseases Outbreaks and Response</u>							
1.	Promote construction of the household water tanks.	Safe drinking water	COMMUNITY/ISLAND COMMITTEES	X				



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
2.	Develop public water tanks and improve utilisation.	Increase availability of safe drinking water, reduce risk of water borne diseases	MWSA	X				
3.	Install desalination plants in bigger islands and improve maintenance system.	Ensuring availability of safe water throughout the year	MWSA/MWSC/PRIVATE SECTOR	X	X	X		
4.	Train and support atoll teams / committees to provide surveillance and rapid response to diseases outbreaks.	Improved epidemics control mechanisms.	DPH	X	X	X		
5.	Improve availability of transportation and strengthen communication response to disease outbreak.	Increased access to treatment during outbreak.	DPHMOT	X	X	X		
<u>Vector borne disease control</u>								
1.	Mount awareness campaign on the extent of the problem causes, and prevention.	Reduce incidence of disease	DPH/TVM/VOM/PRESS	X	X	X		
2.	Promote mechanisms to utilise utilization of anti larval chemicals safely.	Prevention at an early stage	DPH	X	X	X		
3.	Institute vector control as a component of island /Women committees activities.	Prevention of outbreak at the atoll levels	MOAA/MOWSS	X	X	X		
4.	Promote the culture of early treatment, prevention and health promotion.	Help control disease/ more healthier nation	DPH/MOE			X		
5.	Conduct meetings with Atoll women / ward committees on community mobilisation for vector borne disease control.	Efficient prevention and management of outbreak of vector borne disease	DPH/MOAA	X	X	X		
6.	Develop and implement regulations on rational use of drugs and quality of drugs.	Prevent drug abuse and vector resistance.	MOH	X	X	X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
7.	Improve accessibility of essential drugs to islanders by opening drug stores to every island.	Early treatment and reduce risk of complication	MOH/MOTI/STO	X		X		
	Food Safety and Security							
1.	Develop a national Food Safety Plan of Action.	Improved systematic control of food borne diseases.	DPH/MOTI/STO/MOFAMR	X	X	X		
2.	Mount media campaign on food safety.	Increased public.	DPH/TVM/VOM/PRESS					
3.	Training of food handlers and relevant staff on food safety.	Improved safety of food products	DPH	X	X	X		
4.	Establish and enforce proper standards for food safety.	Supply of good quality and safety of food.	DPH/MOT/STO/MOFAMR	X	X	X		
5.	Enact legislation / regulations on food safety, and improve surveillance.		MOH/DPH/MOFAMR	X		X		



Objective 5: To promote prevention and effective management of non-communicable diseases.

Target: Establish risk assessment services for non-communicable diseases control in all hospitals.

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Introduce a certificate on Health Promotion for health care personnel course in both private and public sector.	Course started	IHS		X			
2.	Integrate health education on non-communicable diseases into women's health programmes as well as programmes of the private sector, organised groups and NGOs.	All programs include session on non communicable diseases.	MOE/DPH/MOWSS/ NGO's/MTI/MATI/MCC			X		
3.	Strengthen existing clinics to incorporate activities to control life style related diseases.	Clinics established	IGMH/RHS		X			
4.	Promote awareness and promote utilisation of health services.	50% increase in service utilisation	DPH/MOH/Pvt Hospitals & Clinics/NGOs			X		
5.	Improve compliance with management and treatment of non-communicable diseases.	50% decrease in defaulters	MOAA/DPH/Hospitals Pub & Pvt./Clinics/NGOs					
	Cancers							
1.	Create awareness of the problem, causes and prevention.	50% increase in awareness among the public.	DPH/IGMH-NCD UNIT/Media/NGOs			X		
2.	Institute training on palliative care to workers.	At least one persons in 50% of health facilities trained.	IGMH/IHS			X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
3	Promote screening services for cervical cancer & breast cancer	Breast cancer screening at all islands. Cervical cancer facilities at RHs	DPH/IGMH-NCD UNIT			X		
4.	Institute self screening services and programmes to various target groups.	Self screening services established	NGO's/IGMH/Regional Hosps			X		
5.	Improve liasion among and with regional cancer centres.	Liasing mechanism set up	IGMH/NCD UNIT		X			
	Mental health							
1.	Collect data on the epidemiology of mental health.	Data collected and report disseminated for planning	DPH/MWSS/MPAND/MAA/ Pvt Clinics and Hosps.			X		
2.	Create awareness about the early detection and preventive measures of mental health.	Increase in awareness among the general population.	DPH/Media/NGOs			X		
3.	Establish a community initiative for early detection and management of mental health	Initiative launched	NGOs/WCs/health sector			X		
4.	Strengthen rehabilitation services for mental health patients	At least one trained person available in 50% of health facilities.	IGMH/DPH/PVt sector/NGOs			X		
5.	Provide premarriage and marriage counseling through the PHC infrastructure NGOs, religious bodies, organised women and man groups.	Counseling service available in 25% of islands	HC/NGO's/DPH/ COMMITTEES WOMEN'S			X		



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
Renal diseases								
1.	Promote adequate intake of water and fluids by various age group.	Increase in number of people aware of the use of waters and fluids in renal diseases prevention.	DPH/IGMH/Media/NGOs			X		
2.	Establish and vigorously implement quality standards for drinking water.	Standards enforced	MOH/MWSA	X				
3.	Institute a CAPD programme.	CAPD program started	NCD UNIT/IGMH		X			
4.	Institute educational and preventive programmes on renal diseases as part of pre-service and inservice training of health workers.	Renal disease included in curricula	IHS/DPH		X			
5.	Train health workers to improve detection and management of renal diseases.	50% of HCs, all Regional Hospitals, IGMH and Private Hospitals to have trained people	IHS/DPH			X		
Thalassaemia and other haemoglobinopathies								
1.	Improve awareness creation and strengthen preventive programs	Reduction in number of carriers getting married.	DPH/NTC/SHE			X		
2.	Strengthen premarital counseling and screening for adolescents.	Counselling services available	NGO's/NTC			X		
3.	Strengthen counseling services for parents of children with thalassaemia.	Counselling services available	NGO's/NTC			X		
4.	Strengthen blood donation campaign.	A core group of donors established at each blood centre.	NGO's/NTC/IGMH/TVM/VOM/PRESS			X		



Objective 6: To promote the concept of healthy settings with emphasis on schools, islands, hospitals, workplaces, eating establishments and atolls.

Target: Health promoting settings fully established in all the atolls.

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Mount advocacy on the "setting" approach with relevant sectors, NGOs, private sector and Atoll Ministry.	Setting approach launched	MOE/MOAA/NGO's/MOH/MTI/MATI/MTA			X		
2.	Develop and disseminate advocacy and educational packages on healthy settings for policy makers and executive directors.	Concept well disseminated and promoted at all levels.	DPH		X			
3.	Include health promotion settings on the agenda of policy meetings such as the biannual meetings of atoll chiefs, MOTIL and executive directors of industries etc.	Healthy settings approach adopted by Atoll Chiefs, MATI, MTA & MTI	MOAA/MATI/MOTI		X			
4.	Organise training for staff of MOH and other sectors on health promoting settings schools, islands, workplace, hospitals, market places, atolls.	Staff trained	DPH/IHS	X				
5.	Develop and promote standards in supporting of pollution free fishing harbours, air and environment e.g: improve regulations on transport vehicles.	Standards adopted by relevant sectors.	MOH/MOFAMR/MOHHE/NSS		X			



No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
6.	Institutionalise tree planting as national event.	Tree planted every year.	MOFAMR/MILLION TREE PROGRAMME	X				
7.	Develop an environmentally sound sewerage system and improve maintenance.	Sewerage system causes minimum impact on environment	MWSA			X		
	Health Promoting Schools							
1	Develop national plan for Health Promoting Schools	Plan endorsed	MOE	X				
2	Establish pilot health promoting schools and training of personnel.	Pilot schools declared and personnel trained.	MOH/DPH/IHS/MoE	X				
3	Launch Health Promoting School Initiative	Project launched	MOE		X			
	Health Promoting hospitals							
1.	Establish pilot health promoting hospitals.	Pilot project launched	DPH/MOH	X				
2.	Contract training for hospital staff in patient education and health promotion.	Staff trained	IHS/IGMH/MOH	X				
3.	Establish mechanisms for routine patient education and health promotion at hospital level.	Mechanism established and reports made to MoH	HOSPITALS		X			



Objective 7: To promote the prevention of accidents, environmental and occupational hazards.

Target: National policies for the control of accidents and environmental and occupational hazards

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Document and disseminate information on causes and contributing factors for accidents, environmental and occupational hazards.	Awareness of accidents, environmental and occupational hazards among the public.	DPH/NSS		X			
2.	Mount a multimedia campaign on household accidents, environmental and occupational hazards.	Redction of accidents environmental and occupational hazards.	DPH/NSS	X				
3.	Organise an intersectoral meeting to define priority actions for control of accidents, environmental and occupational hazards.	Implementation of a plan for the prevention of accidents, environmental and occupational hazards	DPH			X		
4.	Develop and implement legis action/regulation to enforce minimum standards to the control of accidents / occupational hazards.	Control of accidents, environmental and occupational hazards through legislation	MOHREL		X			
5.	Establish a monitoring and evaluation mechanism to improve implementation and compliance of legislation.	Control of accidents, and occupational hazards monitored.	MOHREL/NSS		X			



Objectives 8: To improve health promotion planning implementation and evaluation.

Target: Health promotion Interventions will be evaluated at national, regional and community levels regularly

No.	Activities	Target/Output Indicators	Executing Agency	TIME-FRAME				
				2000	2001	2002	2003	2004
1.	Develop and utilise appropriate monitoring and evaluation protocols and tools.	Evaluation protocols and tools utilized at all levels.	DPH	X				
2.	Establish an intersectoral mechanism for monitoring and evaluation.	Establish monitoring system and continue monitoring	DPH	X				
3.	Strengthen the Ministry's capacity for socio-cultural and behaviour research and data analysis.	- Trained personnel and Established database Ongoing operational research and analysis	MOH/DPH	X				
4.	Document and disseminate success stories in health promotion.		DPH	X				
5.	Utilise research data information for planning of health promotion interventions.	Re-plannig based on research data.	DPH		X	X		