







Policy Planning Division
Health Information & Research Section

Last updated: February 2013

BACKGROUND:

Priority setting is one of the most important issues in a health research system, and no health system, especially in developing countries, can afford to pay for every research they want to do. Difficult decisions must be made as the gap increases between the need for health system research and the amount of money available to provide them.

To compose this priority setting, the Policy Planning Division of the Ministry of Health (MOH), contacted all the Departments, Divisions, Sections and other stakeholders under the MOH. All stakeholders were requested to propose their priorities. These areas were then ratified formally by the MOH.

Composing a priority list for research enables research and development agencies, funding bodies and other international actors to respect these priorities in funding and conducting research.

The Research Priority list will be updated regularly.

No	Research Areas	Division/Department for technical input
1	Telemedicine	Policy Planning Division
2	Quality of care in hospitals	
3	Patient provider relationship, improve quality & save money	Health Service Division
4	Root case analysis	
5	Specific blood groups in Maldives.	
6	Thalassemia and other hemoglobinophathies	Maldives Blood Services
7	Socio-economic aspects of Thalassemics	
8	Hemoglobin level among blood donors in Maldives.	
9	Tuberculosis (TB) risk	
10	Biological and behavioral survey on HIV/AIDS+ qualitative in-depth study component on social risk behavior	
11	Impact of social determinants of health on non-communicable diseases.	
12	Mental health	
13	Obesity among Maldivian adults	
14	Tobacco seeking and consumption behaviors.	
15	Road traffic injuries and fatalities.	Health Protection Agency (HPA)
16	Vector identification	
17	Health care waste management in Maldives	
18	Use of mercury thermometers and BP (blood pressure) apparatus in the hospitals	
19	The relationship between Climate variability and dengue fever in Maldives.	

	The relationship between air-
20	population and increased ARI in
	Maldives.
2.4	Knowledge Attitude Practice (KAP)
21	study among the agricultural
	workers with regards to the safe use of pesticides
	Knowledge Attitude Practice (KAP)
22	study among the garage workers
	with regards to the safe use of
	chemicals
22	Adolescent health issues including
	mental health
23	Healthy ageing
24	Sexual and reproductive health
	Serial and reproductive nearth
	Child health and nutrition -Infant
25	and Young Child Feeding (IYCF),
	mental nutrition
	Immunization and related issues
26	
27	Immunization data quality audit
	(DQA)
	Vaccine refusal, vaccine
28	movement/missed immunization
	opportunities.
29	Pneumococcal disease burden.
30	Community Immunity threshold
	estimates for selected vaccine
	preventable diseases.
31	Effectiveness of treatments for
	substance abuse in Maldives.
2.2	Effectiveness of Methadone
32	Maintenance Treatment (MMT) in Maldives.
	maiures.
33	"Methadone plus" of Methadone
	Maintenance Treatment (MMT) in
	Maldives.
	"Drug Law" in Maldives, how
2.4	Maldives has moved ahead in
34	combating substance abuse by establishing "Drug Law" when
	compared to Asia-Pacific region and
	SAARC countries.
35	"VANUVAA", the unknown drug of
	abuse.
36	Co-occurring disorders among
	substance abusers in Maldives.

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37	Relapse rates in Maldives. Why? A comparative study with other countries.	
38	Substance abuse in Maldivian prison population.	
39	Adolescents on substance abuse in Maldives. Why more and more of them are resorting to substance abuse? A comparative study with	
40	A correlative study on school dropouts and substance abuse.	
41	Detoxification (Inpatient/Outpatient) in island health center settings.	
42	Treatment of Benzodiazepine addiction in various clinical settings.	
43	Polysubstance abuse among pregnant women.	
44	Women and substance abuse in Maldives.	
45	Increase in the prevalence of Intravenous Drug Users (IDUs) in Maldives.	
46	Effectiveness of Non-Governmental Organizations (NGOs) operated Drop-in Centers (DICs) in Maldives. Effectiveness of Non-Governmental	
47	Organizations (NGOs) operated Voluntary Counseling and Testing (VCT) and Voluntary Testing Centers (VTCs) in Maldives.	
48	Long term treatment options for substance abuse in Maldives-Best Practices.	
49	Comparative study on drug abuse in Maldives and neighboring countries.	
50	Maldives attitude towards substance abuse.	
51	Various street drugs in Maldives.	
52	Benzodiazepine abuse in Opioid Substitution Treatment (OST).	
53	Additional Opioid Substitution Treatment (OST) programs-a feasibility study in Maldives.	
54	Drug peddling in Maldives	
55	Heroin withdrawal seizures.	
56	Identification and development of Diagnosis Related Groups (DRGs) for health Services	National Social Protection Agency (NSPA)

57	Analysis of unit cost of providing Outpatient (OP)/Inpatient (IP)/Accident & Emergency (A&E) (health services) in the country by region	
58	Development of Monitoring and Evaluation (M&E) frameworks for health systems performance and universal health coverage	
59	Analysis of total expenditure on health (time series/sources of financing, etc)	
60	Socio-economic and health impact of vulnerable group of population who are eligible for government allowances	
61	Different types of food import	
62	Quality of food imports and exports	
63	Total diet study - monitoring the Maldives food safety supply	
64	Identification of levels of health metals on sword fish and other fishes	
65	Chemical analysis of fish caught around Thilafushi	
66	Histamine trends in export of Tuna from Maldives (including alerts)	
67	Mechanism of quality control of 'Hikikandumas'	Maldives Food and Drug Authority
68	Dietary exposure assessment of contaminants and toxins in food	(MFDA)
69	Generation of food contaminant data	
70	Consequences of unsafe food	
71	Climatic change and food safety	
72	Study on waste management on Thilafushi and impact on food safety	
73	Quality of food at the fish market and local market	
74	Pattern of good agriculture practices and its impact on quality of local products	