

ASSESSING POLICY RELEVANCE IN PRACTICE

Experience from SAI Maldives

Case Study: Performance Audit of the National Health Insurance Scheme

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- 02 — Assessing Relevance in Practice
- 03 — Applying DFOG Analysis
- 04 — Key Findings
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Why did relevance become an audit question?

Public Investment

Significant government resources were committed to healthcare assistance.

Growing pressure

Demand and costs were increasing.

Changing context

Healthcare needs and service delivery had evolved.

Multiple interventions

Several healthcare assistance mechanisms operated in parallel.

AUDIT OBJECTIVE

Assess whether the current policy framework for healthcare assistance remains relevant in addressing citizens' healthcare needs.

The policy response had evolved significantly

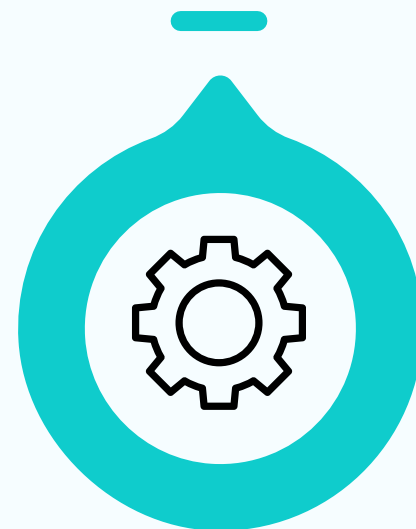


Establishment

Launched in 2012 as a universal health insurance scheme with an annual cap of MVR 100,000 per person.

Expansion

Expanded in 2014 under Husnuvaa Aasandha to provide healthcare access to all Maldivian nationals without financial limits.



Funding

Fully funded by the Government

Scope

covers key healthcare services such as treatment, medicines, diagnostics, surgeries, and emergency transport.



How we assessed relevance

01 CONTINUING NEED

Does government intervention continue to address an important healthcare need?

02 POLICY ALIGNMENT

Do current arrangements remain connected to the policy's stated intent and objectives?

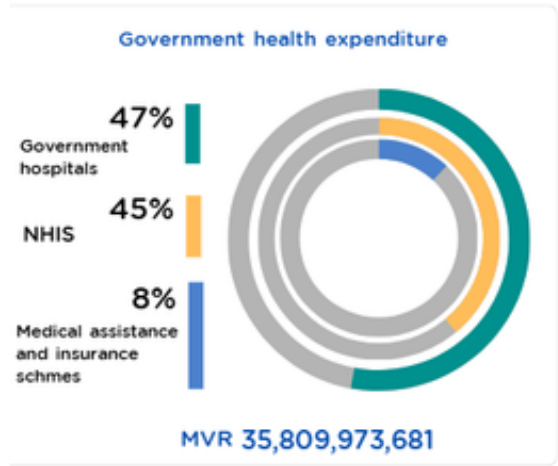
03 POLICY COHERENCE

Do different government interventions operate as a coherent response to the need?

GAPS / UNMET NEEDS • Are important healthcare needs insufficiently addressed?

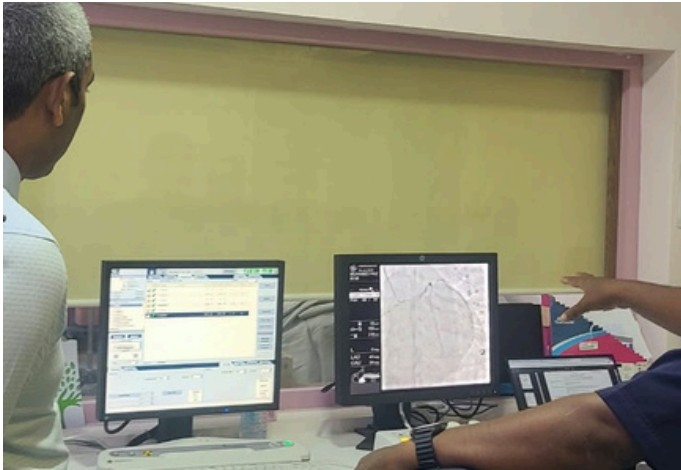
How we built the evidence

DATA



Scheme data and expenditure trends

IMPLEMENTATION



Inspections of results of policy decisions

TRIANGULATION

COMPARISON



Support under different healthcare assistance schemes

POLICY & LEGISLATION

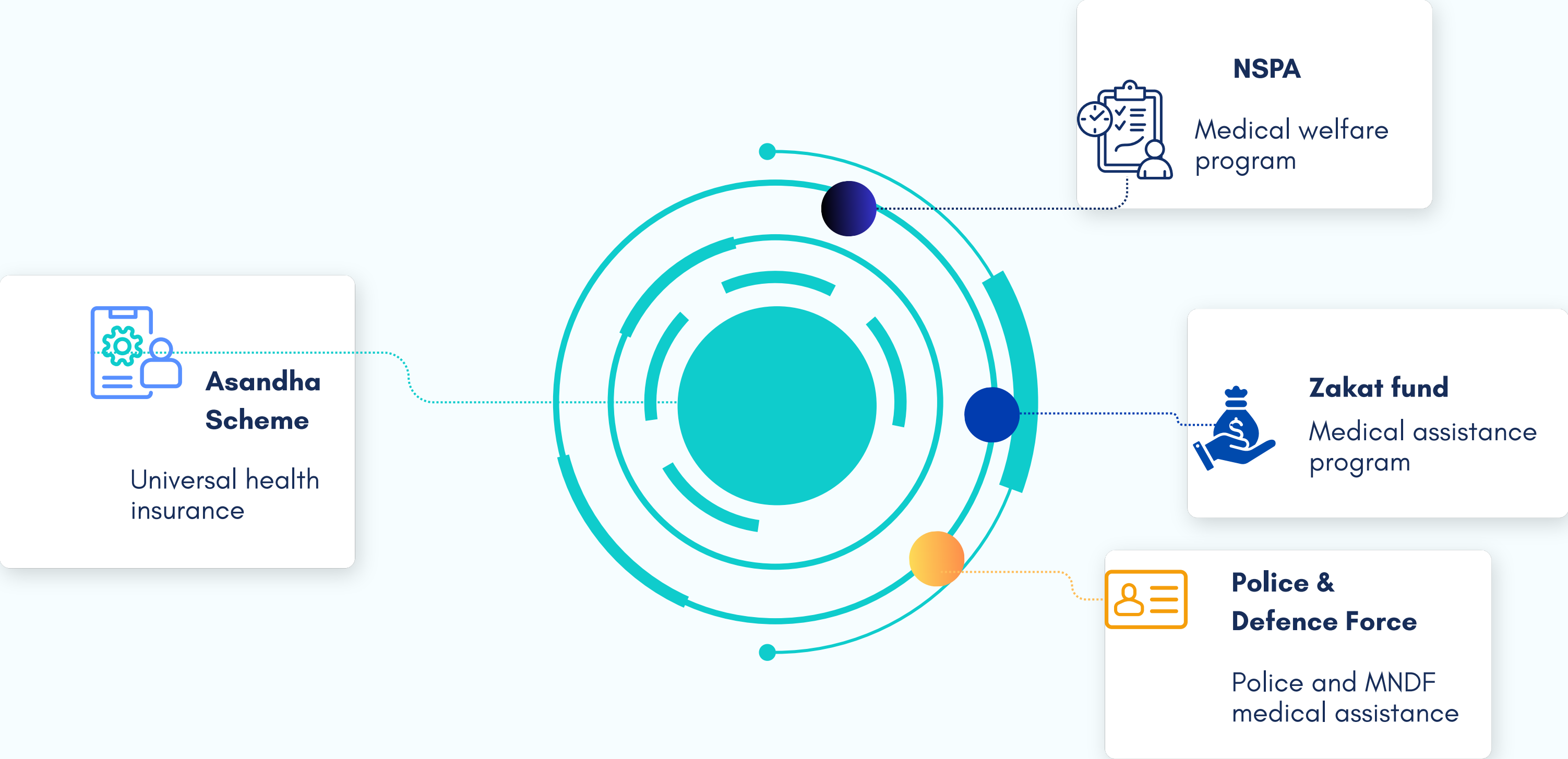
Legislation, policies and programme documents

INSTITUTIONS

Interviews with relevant government institutions

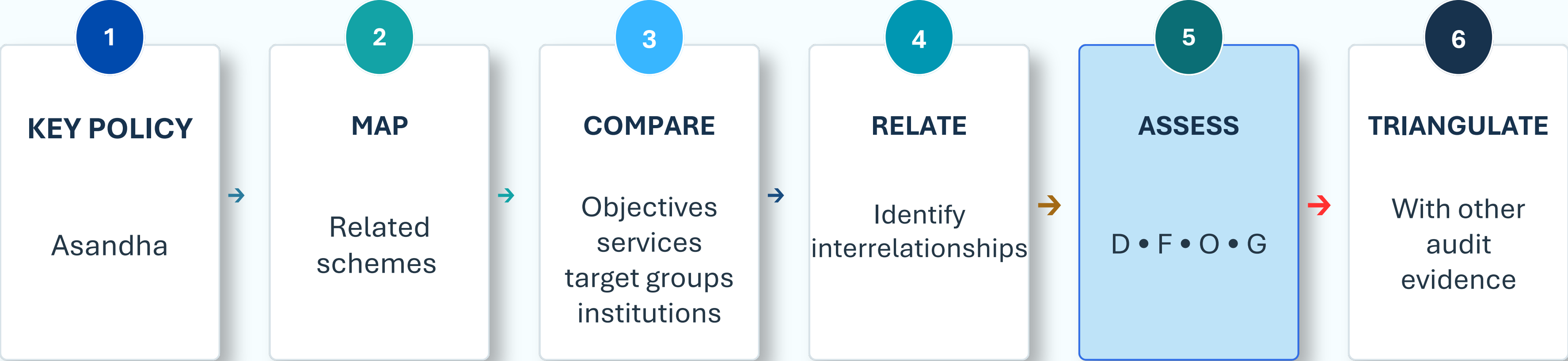


Looking beyond Aasandha (NHIS)



Other insurance schemes

How we examined policy coherence



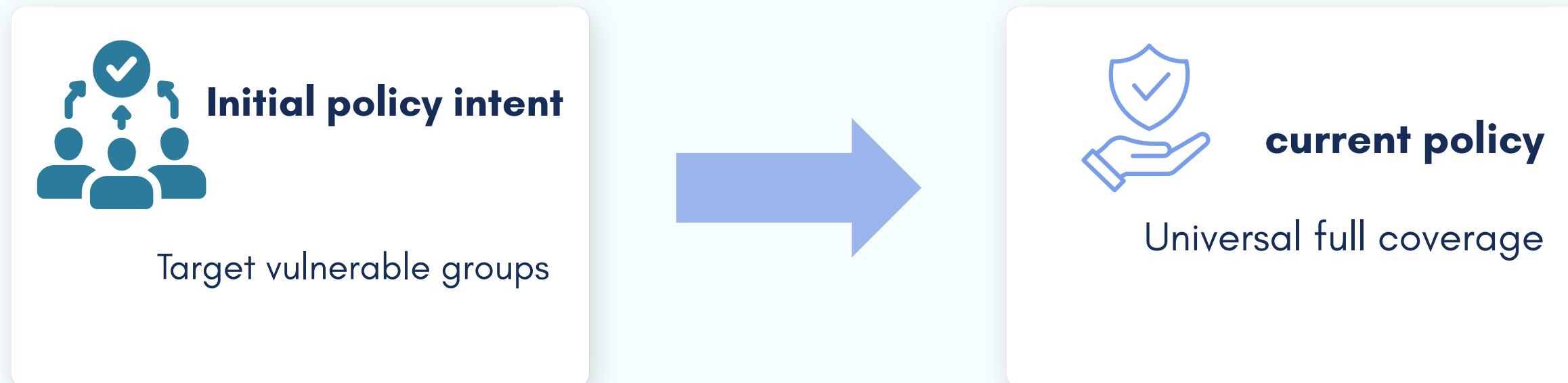
Source: DFOG Practical Guide, TCU-Brazil / OLACEFS, 2023

Government intervention in healthcare assistance continued to address an important public need.

BUT

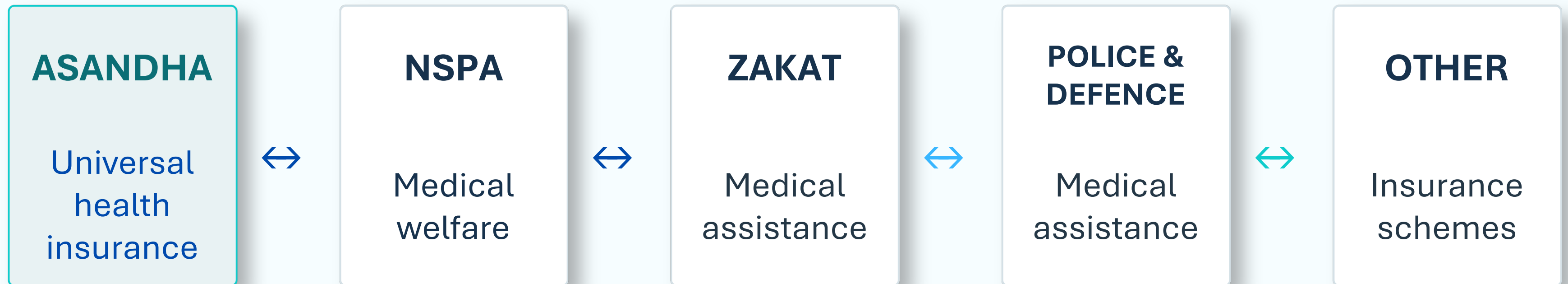
The policy response required better alignment and coordination.

The policy evolved from its original design



The audit identified a divergence between the current arrangement and the insurance model prescribed in the governing law, which had not been amended.

Healthcare assistance extended beyond Asandha



Several mechanisms were addressing related healthcare assistance needs through different institutions and arrangements.

What did the wider policy landscape reveal?

D **DUPLICATION**

Several schemes existed in parallel and shared the objective of providing financial assistance for healthcare services not covered or excluded from NHIS.

F **FRAGMENTATION**

Similar support was administered by different institutions under separate policies and application / assessment processes.

O **OVERLAP**

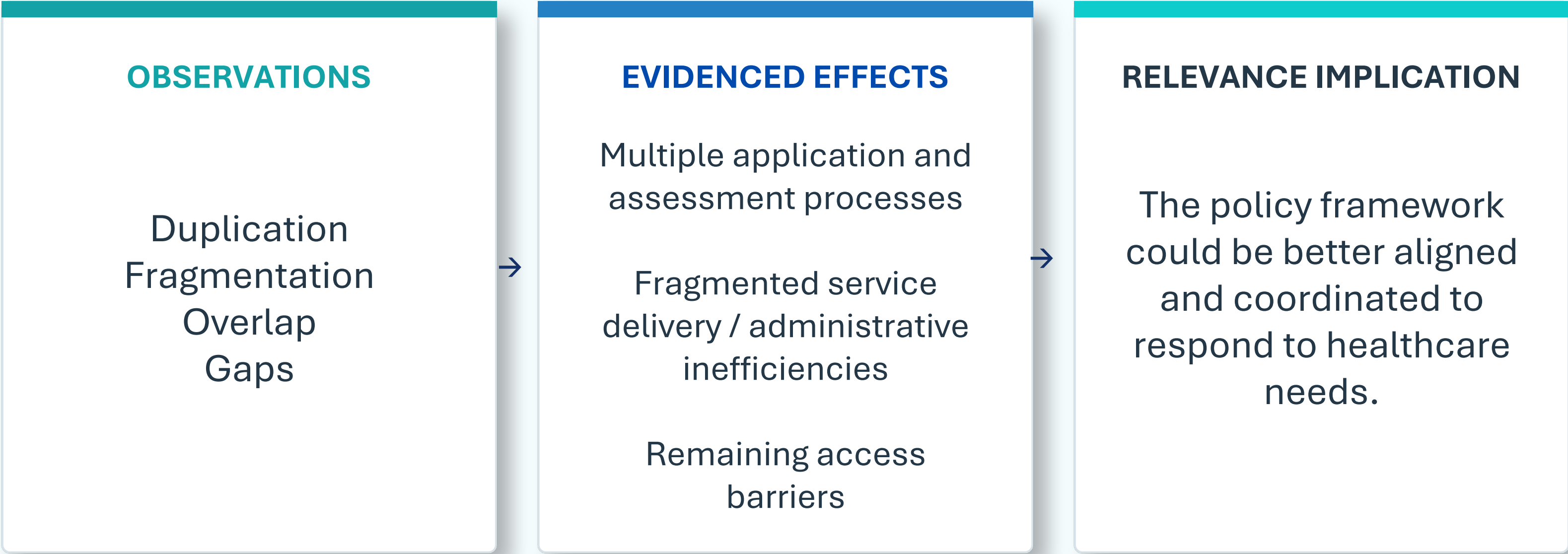
NSPA medical welfare and Zakat medical assistance had similar objectives, target groups and benefits.

G **GAPS**

Some treatments remained unavailable or inaccessible; some vulnerable groups continued to face barriers.

Multiple interventions could coexist with unmet need.

How we used DFOG to derive relevance implication



Source: DFOG Practical Guide, TCU-Brazil / OLACEFS, 2023

Conclusion

NEED

✓ **REMAINED**

Government healthcare assistance continued to be necessary.

ALIGNMENT

△ **EVOLVED**

Current arrangements had moved away from original policy intent.

COHERENCE

△ **COULD IMPROVE**

Multiple interventions created fragmentation and overlap.

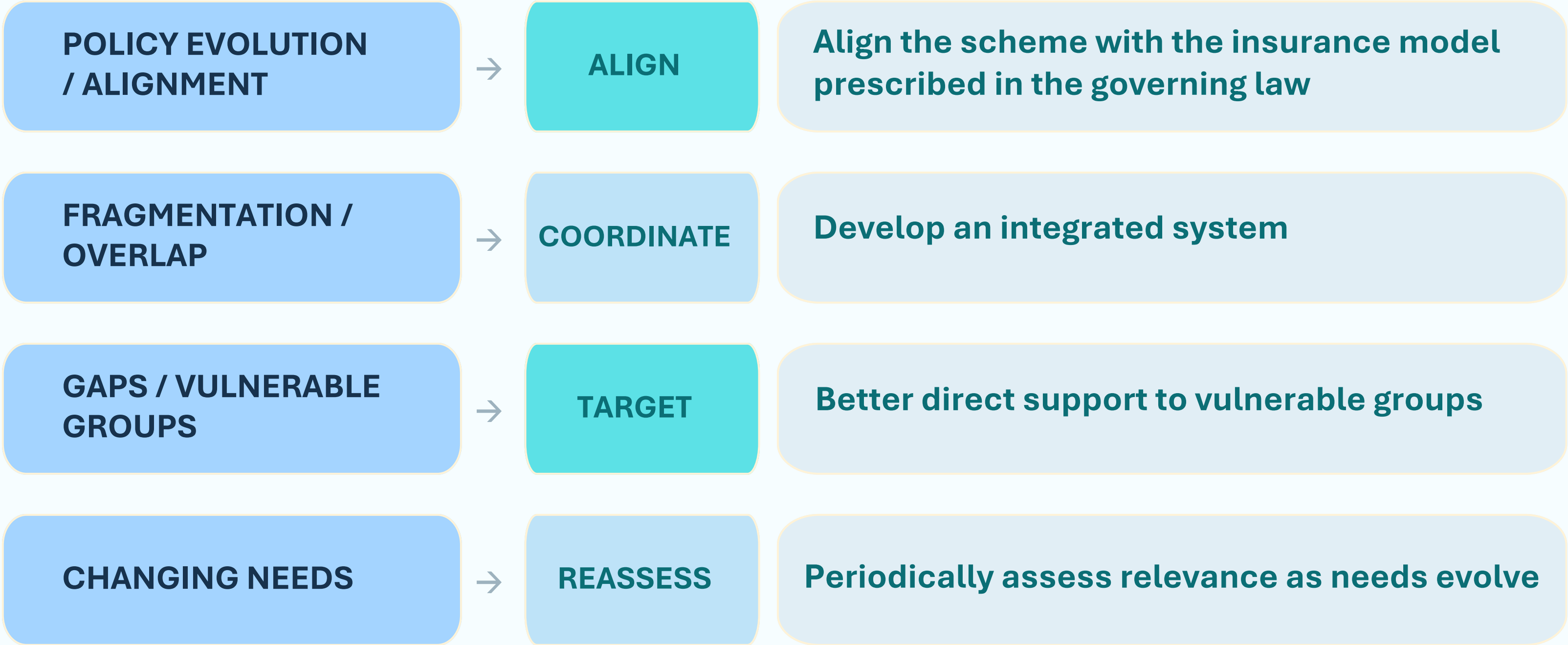
GAPS

△ **REMAINED**

Some healthcare needs were still insufficiently addressed.

Government intervention remained relevant, but the healthcare assistance framework required better alignment and coordination to remain responsive to citizens’ needs.

From relevance findings to recommendations



Reactions and emerging impact

Government

Government has subsequently begun making changes in areas addressed by the audit recommendations.

Media

The audit findings and recommendations received media coverage and public attention.

The response indicates that the audit raised issues that resonated with both decision-makers and the wider public.

Social media

The recommendations generated discussion and engagement on social media.

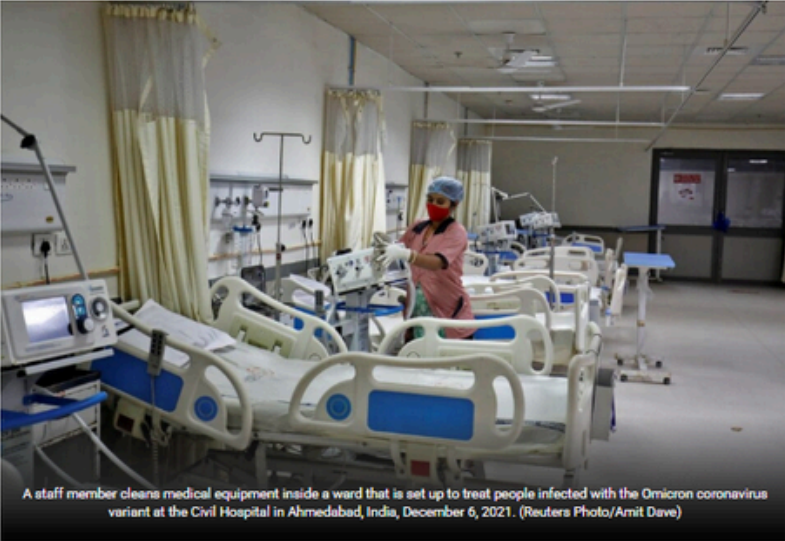
CSOs, NGOs

Findings and recommendations were positively received.

Audit Impact and Public Response

Audit recommends introducing co-payment for Maldivians receiving Aasandha treatment abroad

By Azhaar Abdul Azeez
Jan 06, 2026 18:19



A staff member cleans medical equipment inside a ward that is set up to treat people infected with the Omicron coronavirus variant at the Civil Hospital in Ahmedabad, India, December 6, 2021. (Reuters Photo/Amit Dave)

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The audit proposes several corrective measures, including:

- Introducing a targeted subsidy system for those who require state support to access healthcare
- Setting maximum retail prices for medicines
- Implementing a co-payment system for patients seeking treatment abroad
- Strengthening preventive healthcare to reduce long-term costs

The report comes at a time when the Maldives faces significant fiscal pressure. The country is due to repay USD 1 billion in debt this year, including a single USD 500 million payment. Credit rating agencies have downgraded the Maldives to “junk” status, making it harder to secure foreign financing at affordable rates.

Audit findings and recommendations presented and well received by public civil organisations and NGOs



OVERSEAS TREATMENT COSTS

INCREASE IN SPENDING ON OVERSEAS TREATMENT FROM 2019 TO 2023

ANNUAL INCREASE	TOTAL INCREASE
31%	69%

- Increase in number of empanelled centres
- Visiting doctors being authorized to refer patients overseas.
- Increase in number of cases referred abroad for treatments available locally



Aasandha to be cut for people earning MVR 60,000

News Sep 7, 2026

Aasandha Scheme Amended: Overseas Treatment Now Accessible for Locally Available Procedures Based on Patient Condition

Ahmed Shurau Jun 2, 2026, 3:01 PM

#Aasandha



According to the Health Ministry, 16 services previously administered under NSPA’s Medical Welfare Scheme have now been transferred to Aasandha. These include specialized diagnostic procedures, medical equipment, and follow-up care for Thalassemia patients who have undergone bone marrow transplants. In addition, the "Merana" scheme, which supports Maldivian students living abroad, has been further expanded.

Audit recommends giving Aasandha benefits only to those who need state assistance

By Azhaar Abdul Azeez
January 06, 2026 06:03 PM



Aasandha coverage board outside a pharmacy. (Sun Photo/Ibrahim Naish)

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