Millennium Development Goals

MALDIVES

Country Report 2005

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Ameer Ahmed Magu
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Tel : +960 3323919
email: admin@planning.gov.mv
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Foreword by President Maumoon Abdul Gayoom

6 September 2005

In the first millennium, prominent Arab travellers spoke of a people who were entrepreneurs, versatile in their business activity, and skilful in regional trade. Later, Ibn Battuta described the homeland of these people as one of the wonders of the world. A millennium later, we are assessing how the descendents of those people have flourished in what later became known as the Maldives, against expectations laid out in the Millennium Development Goals (MDGs) drawn from the United Nations Millennium Declaration.

At the September 2000 United Nations Millennium Summit, world leaders promised to halve extreme poverty, provide universal primary education, promote gender equality, combat HIV/AIDS and ensure environmental sustainability. This progress report plots the progress attained by the Maldives in achieving the targets of the MDGs, and the work that lay ahead.

This report is encouraging. It shows that the Maldives has already achieved the goal of halving extreme poverty and providing universal primary education. The country is also on course to reducing child mortality and improving maternal health. However, the remaining challenges of achieving environmental sustainability and gender equality can only be met with innovative and effective policies.

It is my strong conviction that the Maldives will go far beyond the MDG targets. This is a conviction based on the strength of the country's most valuable capital social harmony, which has been the driving force behind the flourishing social and economic development of the Maldives over two Millennia.

In the aftermath of the December 26th tsunami, the spirit of cooperation and unity that we saw across the country was one of its key strengths on the road to recovery and reconstruction. It is these human qualities that will no doubt help the country achieve the MDG targets and beyond.

Maumoon Abdul Gayoom

Message from Minister of Planning & National Development

Millennium Development Goals Maldives Country Report 2005 provides a brief initial assessment of the status of the MDGs in the Maldives. The Maldives is on track to achieve 5 MDGs by 2015 and we realize that 2 of the goals cannot be achieved with a "business as usual" approach. Concerted efforts are being made to realign policies and infuse a sense of urgency in the areas of environment and gender.

The Government of the Maldives is enhancing commitment to ensure that adequate public financing is channeled to achieve all the MDG targets across all the atolls of the Maldives. The seventh National Development Plan (7NDP), the Public Sector Investment Programmes (PSIP) and the Medium Term Expenditure Frameworks (MTEF) will be directed at achieving the MDGs. Priority will be given to investments that are designed for economic empowerment of the people and consolidation of population and development.

Many individuals and organizations contributed to this report. Ministries, UN agencies, non-governmental organizations and professional groups participated in the consultative process and provided insightful advice and useful information. We are grateful to all of them. I also thank the staff of the Development Planning Section and Statistics Section of the Ministry of

Planning and National Development particularly Mr Ahmed Mohamed the Director Development Planning for coordinating the data analysis and consultative process.

I would also like to express our appreciation to the continuous support we receive from Mr Patrice Coeur Bizot, the UN Resident Coordinator and his staff. The UN MDG Task Force played a very dedicated and active role in the preparation of this report and their contributions are acknowledged. I would also like to thank Mr Ahmed Afaal, Ms Dheena Moosa and Mr Simad Saeed for producing the draft report, and Professor Hans de Kruijk for his technical advice.

At a time when the Maldives is recovering from the devastating impact of the tsunami it will be exigent for the Maldives to meet the human development goals without continued external support. We look forward to working with our international development partners to make the islands of the Maldives more safe, the society more resilient and the economy more vibrant.

Hamdun Hameed
Minister of Planning and National Development

Message from United Nations Resident Coordinator to Maldives

In September 2000, the Maldives, together with all 189 United Nations member states signed the Millennium Declaration, committing to halving poverty across the globe by 2015.

Five years later, this report gives an account of the progress made towards fulfilling this promise in the Maldives. There have been many impressive successes. Since 1990, there has been a significant reduction in income poverty, maternal and infant mortality has declined and more children are enrolled in school. On 20 December 2004, one week before the tsunami struck - Maldives was set on track to graduate from "Least Developed Country" status. This is a clear manifestation of the leap in economic, social and human development in the Maldives over the last decades.

The tsunami was one of the worst disasters in recorded history and the Maldives did not escape lightly. It may be some years before we understand the full impact on development targets, however, we do know that over one third of the population were severely affected, losing homes, livelihoods or essential infrastructure. Even with the recovery effort well underway, it is clear that the tsunami will have impacted on the progress towards achieving the MDGs. Therefore there is a need to re-double efforts to get the country back on-track to development and to use the opportunity of tsunami recovery to "build-back-better."

As this report points out, key challenges remain in other areas as well, such as the widening income differences between Male' and the Atolls, the high prevalence of underweight children, and the need to reduce gender disparities. Also, much remains to be done to safeguard the environment and to continue improving access to safe water and sanitation.

While the MDGs are universal goals, they need to be localised. In practice, this means not only setting goals that are relevant to the Maldives both at national and local level, but making sure that communities are fully involved and aware of the challenges ahead and commitments made by their government and the international community. While this report has made a first attempt at setting targets specific for the Maldives, further work and consultation with communities is needed to ensure relevance and ownership.

It is important that this country pursues human-development centred policies in meeting the challenges posed by the Millennium Declaration. In this regard, the United Nations notes the government's moves towards reform in order to strengthen fundamental political and civil rights in the Maldives.

Achieving the MDGs will not be an easy task, even for the Maldives, which by regional and international standards is developing at an impressive rate. The country needs the support of its development partners, and as MDG goal eight states, the entire developed world. Both rich and poor countries alike signed the Millennium Declaration. Everyone is therefore responsible for helping to meet the challenges posed by poverty.

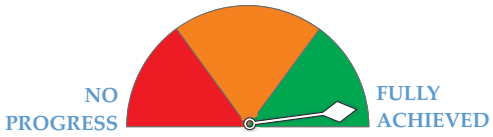
This report is not only a reporting tool. It is our hope that it will stimulate a national dialogue on the development challenges facing the Maldives as well as on the way forward to reaching the MDGs. The timing is excellent with the Maldives currently preparing its 7th National Development Plan. This is a great opportunity to develop - with the people of the Maldives - the priorities, policies and strategies to make the MDGs a reality.

Patrice Coeur-Bizot
United Nations Resident Coordinator

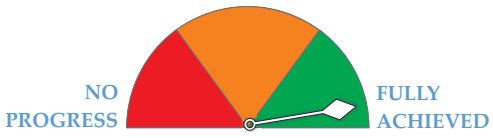
Contents

Overall Progress Towards Achieving MDGs

Goal 1: Eradicate Extreme Poverty and Hunger

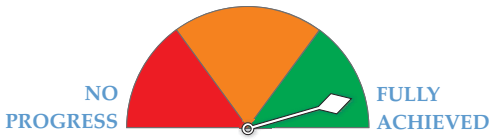


Goal 2: Achieve Universal Primary Education

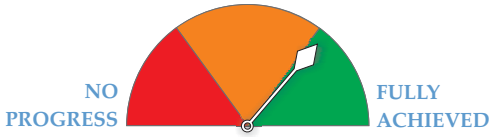


Goal 3: Promote Gender Equality and Empower Women

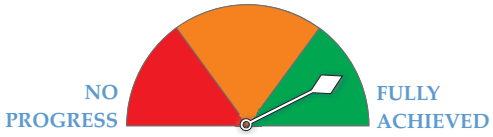
Goal 4: Reduce Child Mortality



Goal 5: Improve Maternal Health



Goal 6: Combat HIV/AIDS, Malaria and other Diseases



Goal 7: Ensure Environmental Sustainability

Introduction

On 8 September 2000, the Maldives adopted the United Nations Millennium Declaration which embodies eight broad goals and 18 specific targets to be met by 2015. The eight goals are: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development. A total of 48 indicators were suggested to measure progress towards the goal. This report presents a preliminary assessment of the progress of the Maldives towards the achievement of the eight Millennium Development Goals (MDGs).

The Maldives had remarkable human development from 1990 to 2004. Before the tragic tsunami that swept across the island chain on the 26th of December 2004, less than one percent of the population lived on less than a dollar a day. Net enrolment ratio in primary schools was near 100 per cent. Literacy rates were above 98 per cent. Maldivian girls outnumbered boys in lower secondary education. Infant mortality and under five mortality rates showed exponential decline. Maternal mortality was declining at

a rapid pace. Prevalence of HIV/AIDS was very low and malaria had been eradicated. Use of solid fuels was declining. Access to safe water was improving. The people and the leaders of the Maldives were globally recognised as strong advocates for global environmental protection.

On the fateful and catastrophic 26th December 2004, one out of every three residents was affected by the tsunami. More than 29,000 residents were displaced and 12,000 were made homeless. Homes, schools and hospitals were destroyed. Livelihoods were lost. Essential infrastructure was damaged on 69 out of 199 inhabited islands. The damage amounted to more than 60 per cent of GDP.

This preliminary assessment of progress towards achievement of MDGs provides a snapshot of the Maldives prior to the impacts of the tsunami. Then the Maldives was en route to achieve almost all the MDG targets by 2015. The tsunami waves mercilessly exposed the inherent special vulnerability of the Maldives and the obstacles to sustainable development faced by the country. The social and economic development was totally shattered in many islands and the resilience of the Maldivian society was severely tested. The people of the nation have bounced back from the shock and are committed to live better and safer lives than before. Yet it will take time to assess the full magnitude of the impact of the tsunami on the human development of the Maldives and where the society now stands in achieving the MDGs.

What follows is an assessment of the millennium development goals progress for the Maldives based on data collected before 26th December 2004. Constructive consultative processes were followed in preparation of the report.

Goal 1

Eradicate Extreme Poverty and Hunger

Target 1: Halve, between 1990 and 2015, the proportion of population whose income is less than one dollar a day.

Halve between 1990 and 2015, the proportion of people who suffer from hunger

Target 1:

Halve, between 1990 and 2015, the proportion of population whose income is less than one dollar a day.

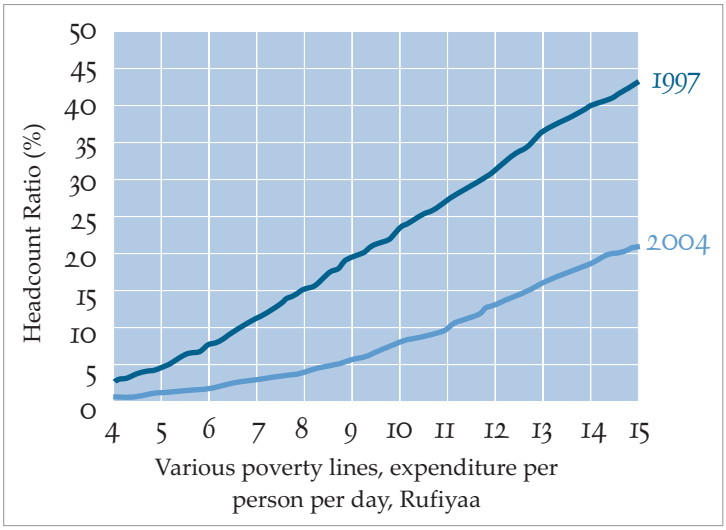
Status and Trends

Maldives has already achieved MDG target 1. Although there are no data for 1990, the Vulnerability and Poverty Assessments clearly show that the proportion of people whose income is less than one dollar a day has been more than halved during the period 1997-2004. In 2004, less than one per cent of the population had less than one dollar a day compared to three per cent in 1997.

Headcount Ratio

There is no single national poverty line in the Maldives. Instead, analyses are based on the theory of poverty dominance, which considers a continuum of all reasonable poverty lines. Figure 1 shows that all headcount ratios for the complete spectrum of reasonable poverty lines have been more than halved during the period 1997-2004.

Figure 1: *Headcount ratios according to all reasonable poverty lines, Maldives, 1997 and 2004*



Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

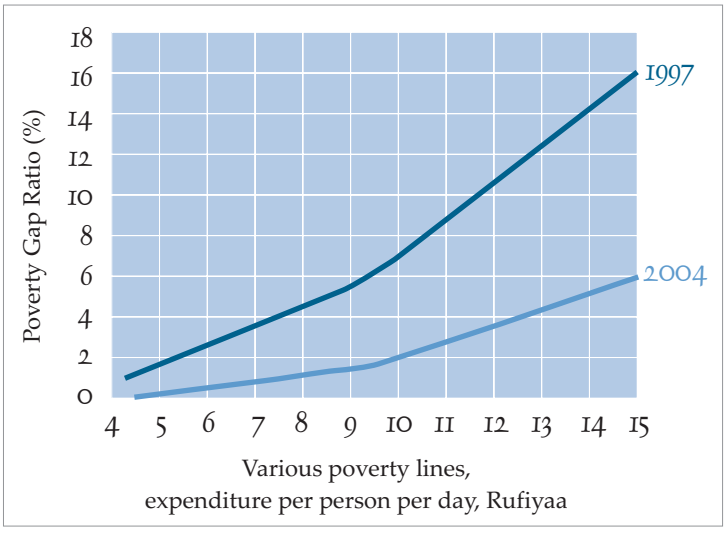
The spectrum of all reasonable poverty lines begins with Rf 4.34 (the equivalent of a dollar a day in 1993 purchasing power parity (PPP) terms) at the low end. At the high end is Rf 15 - the median per capita household income of the atoll population in 1997. Target 1 has not only been achieved at the national level but also in Male' and the Atolls. Table 1 confirms this finding.

Table 1: *Headcount ratios according to various poverty lines, Maldives, Male' and the Atolls, 1997 and 2004*

Poverty Line		Maldives		Male'		Atolls	
Rufiyaa	PPP$	1997	2004	1997	2004	1997	2004
4.34	1	3%	1%	1%	0%	4%	1%
7.5	1.7	13%	3%	5%	0%	16%	5%
10	2.3	23%	8%	8%	0%	28%	11%
15	3.5	44%	21%	19%	3%	52%	28%

Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

Figure 2: *Poverty gap ratios according to all reasonable poverty lines, Maldives, 1997 and 2004*



Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

Povert Gap ratio

Poverty gap ratio counts not only the poor but it also considers how poor the people are. Figure 2 shows a sharp decline in the poverty gap ratio by more than fifty per cent during the period 1997-2004 for all poverty lines. This further confirms that target 1 has already been achieved in the Maldives.

The notable achievement of the sharp decline in poverty gap ratio has taken place throughout the country, not only in Male' but also in the atolls as is shown in Table 2.

Table 2: *Poverty gap ratios according to various poverty lines, Maldives, Male' and the Atolls, 1997 and 2004*

Poverty Line		Maldives		Male'		Atolls	
Rufiyaa	PPP$	1997	2004	1997	2004	1997	2004
4.34	1	1%	0%	0%	0%	1%	0%
7.5	1.7	4%	1%	1%	0%	5%	1%
10	2.3	7%	2%	2%	0%	9%	3%
15	3.5	16%	6%	6%	1%	19%	8%

Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

Income Inequality

Both within Male' and within the Atolls, income inequality has declined. The income share of the poorest 20 per cent has increased from six per cent in 1997 to seven per cent in 2004. However, because income inequality between Male' and the Atolls has increased, the overall share of the poorest 20 per cent at the national level has remained at six per cent over the last seven years.

Challenges

Although the Maldives has achieved the MDG target 1 and significant progress had been made in reducing both income and non-income poverty in the Maldives, key challenges still remain. The foremost challenge is reducing disparities between Male' and the atolls and within atolls. Not only is income inequalities between Male' and the atolls on the increase, the northern atolls are becoming poorer relative to the southern atolls as well.

A second key challenge is addressing the gender dimension in poverty. According to the VPA2 findings there are higher percentages of women in the income poor households than the non-poor households. Furthermore, there are

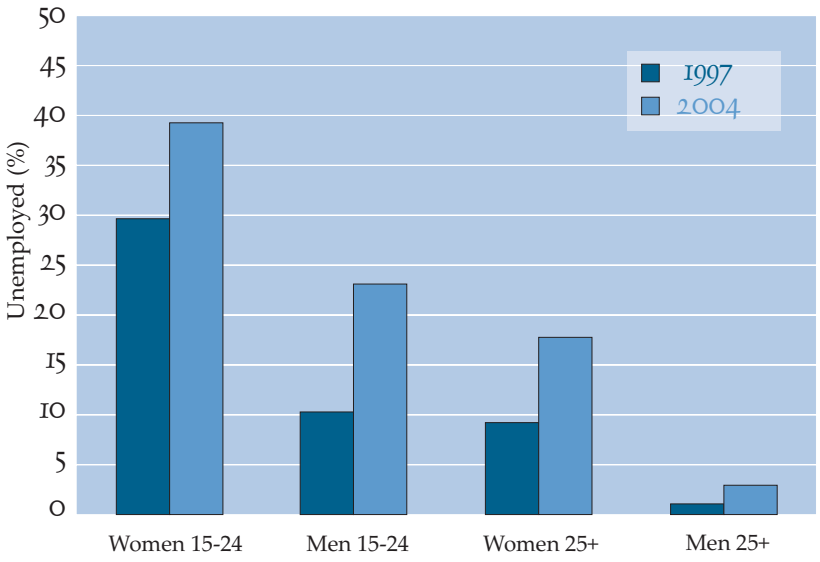
more female-headed poor households than male-headed poor households.

While 32 out of the 49 per cent of the poor managed to escape income poverty (poverty line of Rf15) during the period 1997-2004, 10 per cent of the non-poor fell back into income poverty. The falling back of a considerable part of the non-poor into poverty highlights the high level of dynamism in income poverty. It shows the vulnerability of the society to change. Ensuring that those who escape from poverty do so on a sustainable basis is a tough challenge.

A fourth challenge is youth unemployment. Figure 3 shows that youth unemployment is substantial and has been increasing during the period 1997-2004. About 40 per cent of the young women and over 20 per cent of the young men are presently unemployed.

Although the Maldives has already achieved the MDG target 1 there is no room for complacency. High and increasing youth unemployment coupled with increasing income inequalities between Male' and the atolls may lead to unfulfilled expectations, disillusion and increasing tension in the country.

Figure 3: *Unemployment by age group and sex*



Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

Target 2:

Halve between 1990 and 2015, the proportion of people who suffer from hunger

Status and Trends

Prevalence of Underweight Children

The level of malnutrition amongst under five years children as measured by prevalence of underweight children is not available in the Maldives for 1990. However, recent studies on nutritional status of children indicate that the Maldives is likely to meet the MDG target of halving the prevalence of underweight children by 2015.

The 1994 National Nutrition Survey estimated underweight as measured by 2 standard deviations below the universal weight for age measurements to be 43 per cent. The 1997 Vulnerability and Poverty Assessment estimated the prevalence of underweight in children under five years of age slightly higher at 45 per cent. Four years later, the 2001 Multiple Indicator Cluster Survey revealed that 30 per cent of children were underweight. The 2004 Vulnerability and Poverty Assessment showed that the prevalence of underweight in children under five years of age had further reduced to 27 per cent.

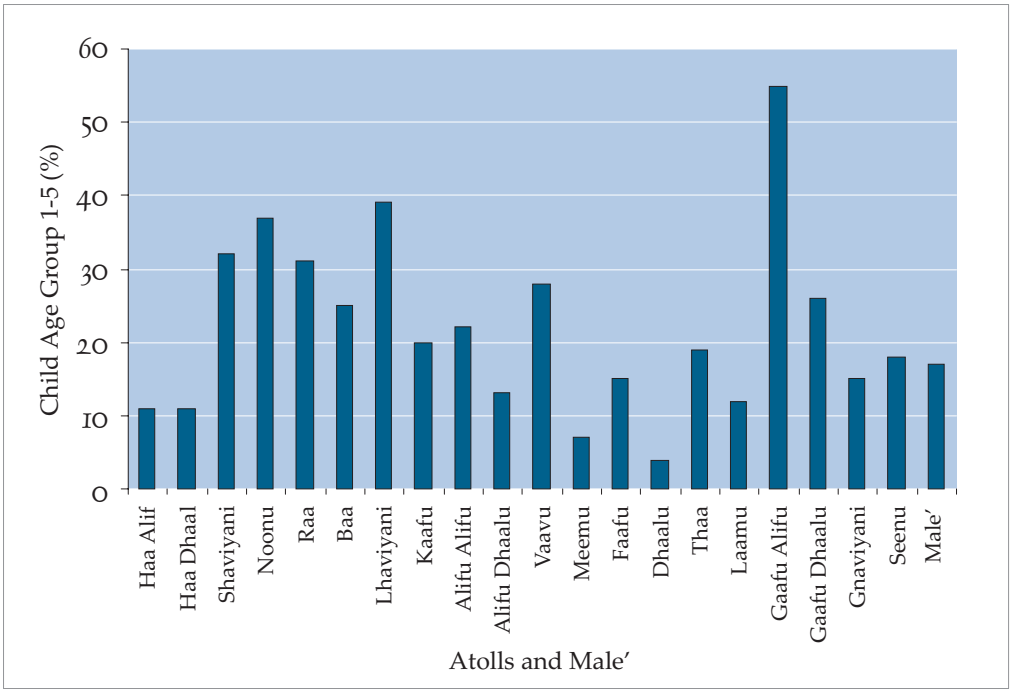
The analysis points to a steady decline in the prevalence of underweight children in recent years. It can be reasonably assumed that the prevalence rate of underweight children would have been between 46-52 per cent in 1990.

Thus the target of halving the proportion of underweight children implies a prevalence rate of about 23-26 per cent by 2015. Since the 2004 Vulnerability and Poverty Assessment indicates an underweight prevalence rate of 27 per cent, it can be reasonably concluded that the country is on schedule to meet the target of 23 per cent by 2015.

Challenges

Although Maldives is on track to reach the MDG target to reduce child malnutrition, the prevalence of underweight, stunting and wasting is still very high in the atolls of the Maldives. In 1997 VPA1 raised alarm bells that the nutritional situation in the country then was worse than that of Sub-Saharan Africa. The present estimates indicate that 1 in 4 children may be underweight even by 2015. Improving the nutrition status of children is a highly significant challenge.

Figure 4: *Extent of Stunting by Adminisrative Atolls*



Source: Primary data of the Vulnerability and Poverty Assessment, 2004

There also exist apparent atoll variations in levels of malnutrition. As an example, the extent of stunting by atolls is given in Figure 4 as stunting is considered to be the more useful indicator of the nutritional status of children across the atolls.. Stunting is defined as the proportion of children with height for age under two standard deviations from the norm of the world average.

Figure 4 reveals that stunting is more prevalent in some atolls than others. The highest observed rates of stunting are among children in Gaafu Alif at (55%), Lhaviyani (39%), Noonu (37%), Shaviyani (32%), and Raa (31%). The lowest observed incidence of stunting are to be found among children in Dhaalu (5%), Meenu (7%), Haa Alifu and Haa Dhaalu (11%), Laamu (12%) Alifu Dhaalu (13%) Faafu and Gnaviyani (15%). Male' shows a higher prevalence of stunting than that of these low prevalence atolls at 17%.

Goal 2

Achieve Universal Primary Education

Target 3: Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling.

Target 3:

Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling.

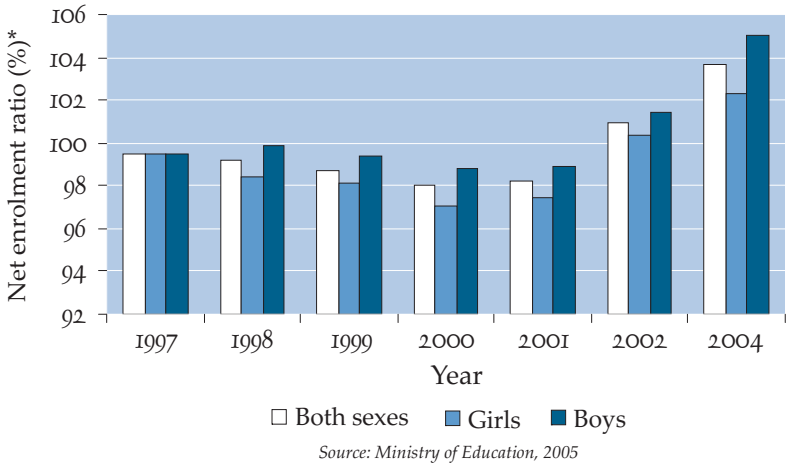
Status and Trends

Maldives is on track to achieve the goal of universal primary education by the year 2015. All the indicators for this goal are well on track. Over the last 15 years public expenditure has been targeted to expanding primary education and by 2004 primary education was available in all the 199 inhabited islands.

Net Enrolment Ratio

A net enrolment ratio of 100 per cent has been achieved for both girls and boys in the Maldives. There is no significant gender disparity in net enrolments in primary education as shown in Figure 5. The 2004 net enrolment ratios* for boys and girls were 105 and 102 per cent respectively. Between 1995 and 2004 the number of primary schools teaching grades 1-7 in the atolls increased from 98 to 187.

Figure 5: *Net Enrolment Ratio in Primary Education*



Source: Ministry of Education, 2005

*Net enrolment ratios over 100% indicate a mismatch in population projections.

Literacy Rate of 15-24 Year-olds

Maldives has achieved very high literacy as evident from the censuses of 1990 and 2000. Literacy rate for 15-24 year olds was 98 per cent in 2000. As can be deduced from Table 3, there are no significant regional or gender disparities in literacy rates among this age group.

Table 3: *Literacy rates for 15-24 year age group, Maldives, Male' and Atolls, 1990 and 2000*

	Maldives		Male'		Atolls	
	1990	2000	1990	2000	1990	2000
Both sexes	98%	98%	99%	99%	97%	98%
Female	98%	99%	99%	99%	98%	99%
Male	97%	99%	99%	99%	97%	98%

Source: Ministry of Education, 2005

Challenges

The key challenge in universal primary education in the Maldives is improving the quality of education. Some of the key concerns in this area include: one third of the teachers in the atolls are still untrained; no reliable data to ascertain the quality of primary education in Maldives; lack of basic infrastructure facilities such as libraries, science laboratories and equipment; and shift systems in schools due to lack of adequate classroom space.

A second challenge in achieving universal primary education is in providing access to primary education for children with special needs. Children with special needs are dispersed across 200 islands, making provision of primary education to the disabled population difficult and costly.

Goal 3

Promote Gender Equality and

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2015 and at all levels of education no later than 2015.

Target 4:

Eliminate gender disparity in primary and secondary education preferably by 2015 and at all levels of education no later than 2015.

Status and Trends

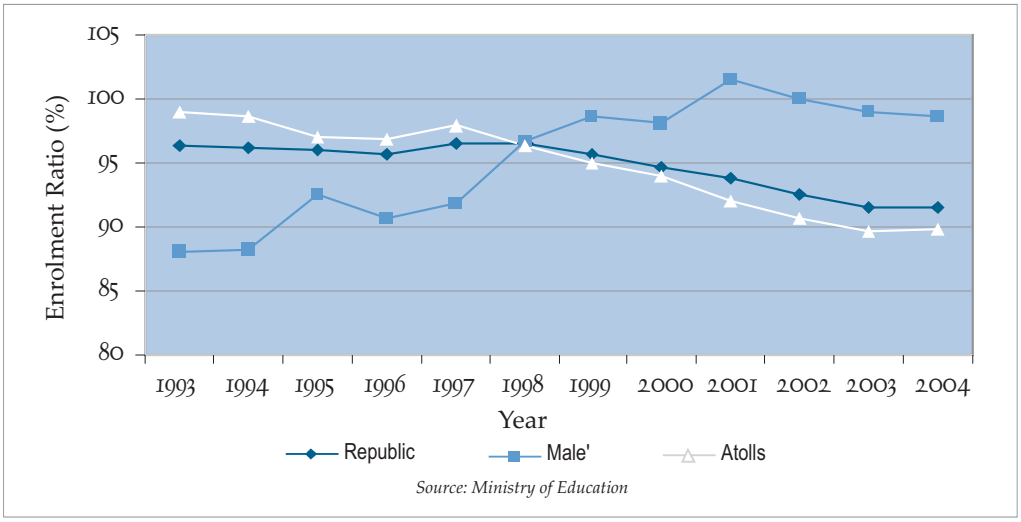
In comparison with other countries, the MDG indicators on gender equality and empowerment of women show mixed results. There is no significant gender disparity in primary education and lower secondary education. However, disparity exists in higher secondary and tertiary education. There is also a significant gender disparity in labour force participation and in the proportion of seats held in national parliament.

Ratio of Girls to Boys in Education

Near gender equality in enrolment in primary education was achieved in 1993 with 49 per cent girls compared to 51 per cent boys in grades 1-7. Since then there has been a declining trend in the gross enrolment ratio of girls to boys in primary education from 96 per cent in 1993 to 91 per cent in 2004. As Figure 6 shows, the decline is also evident in the atolls, where the ratio declined from 99 per cent in 1993 to 90 per cent in 2004. However, in Male' the reverse trend is observed. In Male' the ratio increased from 88 per cent in 1993 to 99 per cent in 2004.

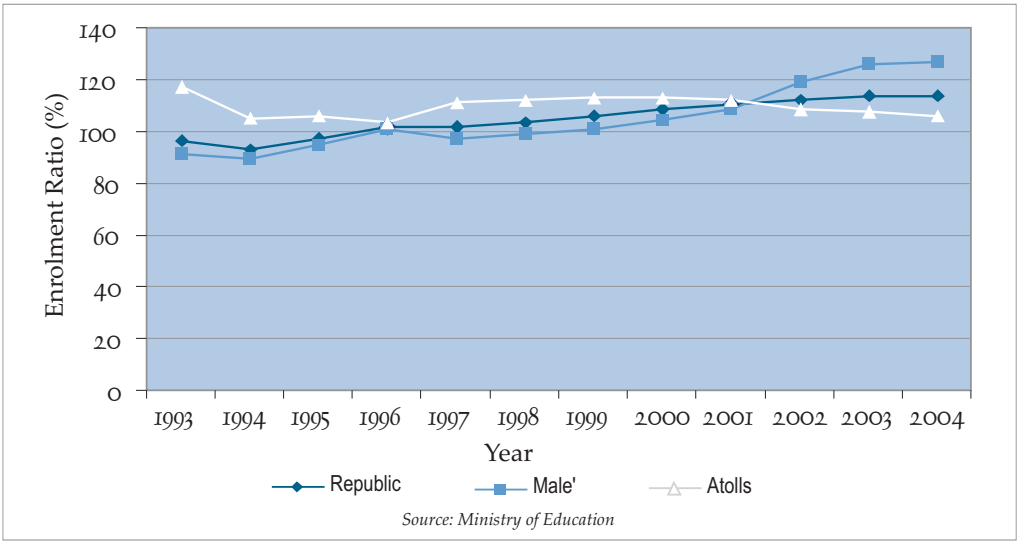
There are more girls than boys in lower secondary level. Figure 7 shows that the gross enrolment of girls to boys in lower secondary education increased from 96 per cent in 1993 to 113 per cent in 2004.

Figure 6: *Girls to boys enrolment ratio for primary level*



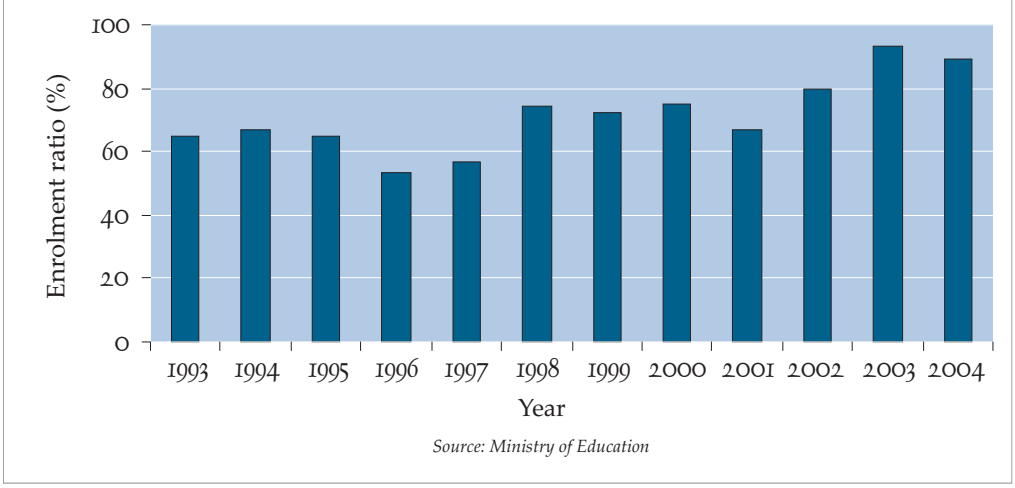
Source: Ministry of Education

Figure 7: *Girls to boys enrolment ratio for lower secondary level*



Source: Ministry of Education

Figure 8: *Girls to boys enrolment ratio for higher secondary level*



Source: Ministry of Education

The gender gap in higher secondary education has been declining over the last ten years. Figure 8 shows that while the girls to boys enrolment ratio stood at 65 per cent in 1993, the ratio has notably improved to 89 per cent by 2004.

In tertiary education, there is still a disturbing gender gap. The ratio of women to men with tertiary qualifications in 1990 was 33 per cent compared to 45 per cent in 2004.

Labour Force Participation

Between 1990 and 2004, the labour force participation rate (LFPR) of women (ages 15-64) in the Maldives increased by 23 percentage points from 20 per cent to 43 per cent. The LFPR for women in Male' increased from 19 per cent to 38 per cent and in the Atolls from 21 per cent to 45 per cent. While the share of women in the labour force has increased, men still continue to dominate with almost twice as much presence in the labour force relative to women.

Proportion of Seats Held by Women in National Parliament

In 1990, out of a total of 48 seats in the national parliament, two seats were held by women. Out of these two seats, one was held by a parliamentarian elected by the people of the respective atoll and the other by a parliamentarian appointed by the President. In 2005, out of a total of 50 seats, six seats were held by women. Although the proportion of seats held by women in national parliament increased from four per cent in 1990 to 12 per cent in 2005, it is worthwhile noting that in 2005 four out of the six parliamentarians were appointed by the President.

Challenges

The direct and indirect opportunity costs of female labour supply are high resulting in significant gender gaps in the labour force.

Providing proper grievance redressal mechanisms for women on domestic violence, child support, and divorce procedures.

Increasing the participation of women in the political development of Maldives to ensure the legal, economic, and political rights of women are guaranteed.

Goal 4

Reduce Child Mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Target 5:

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Status and Trends

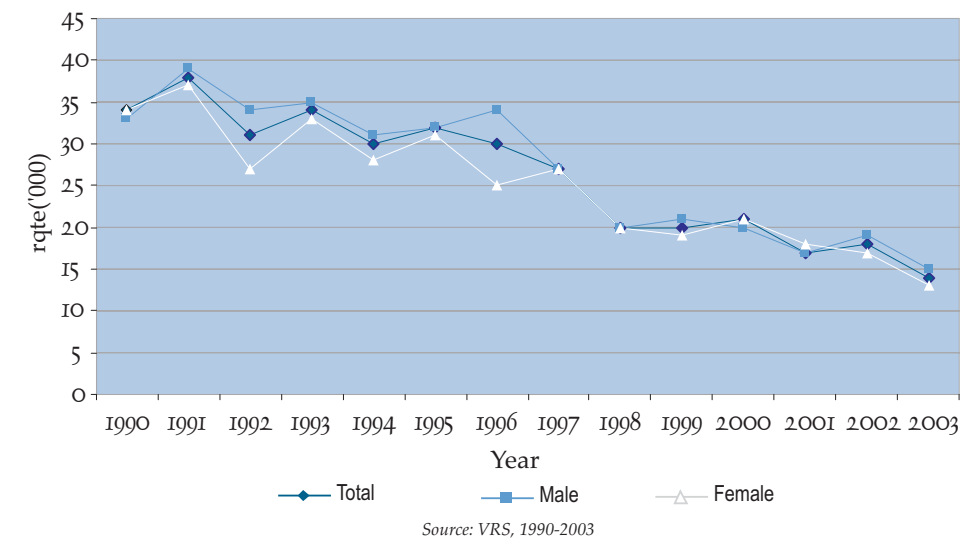
During the last 10 years Maldives has achieved commendable progress in reducing child mortality relative to other least developed countries. It is highly likely that the Maldives will achieve the MDG target to reduce by two thirds the under five mortality rate of 1990 by 2015. At present, the key challenge is in reducing new born deaths in the Maldives.

Under Five Mortality Rate

The under five mortality rate stood at 48 per 1000 live births in 1990. By 2003 the rate has been reduced to 18 per 1000 live births. The MDG target 5 as applicable to the Maldives is to reduce the under five mortality rate to 16 per 1000 live births by 2015.

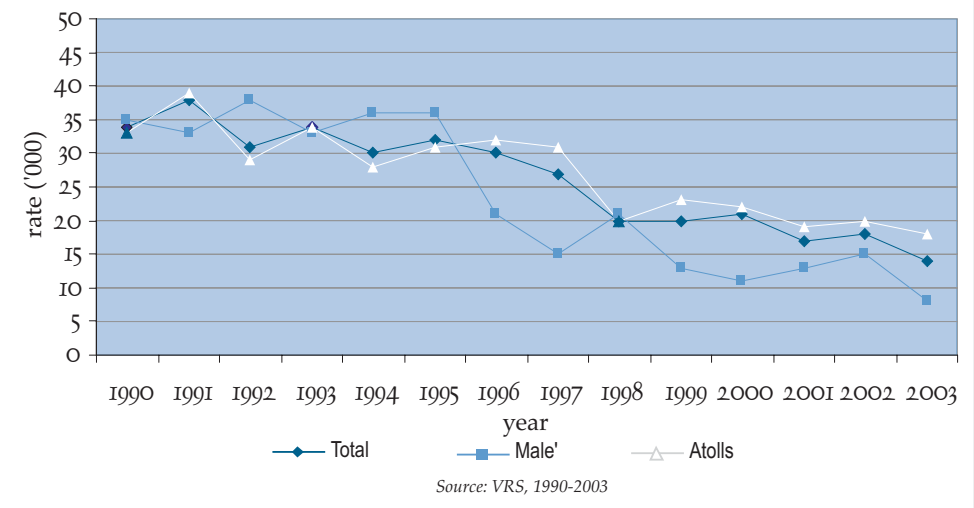
Closer examination of the decline in under five mortality shows that there is virtually no difference between the rates among the sexes (Figure 9). However, there is a significant gap between the rate of reduction between Malé and the atolls (Figure 10). At the same time, it can be seen that both the Malé and the atoll rates are also on course for achieving the target.

Figure 9: *Under five mortality per 1000 live births by sex - 1990 to 2003*



Source: VRS, 1990-2003

Figure 10: *Under five mortality per 1000 live births by Male' and Atolls 1990 to 2003*



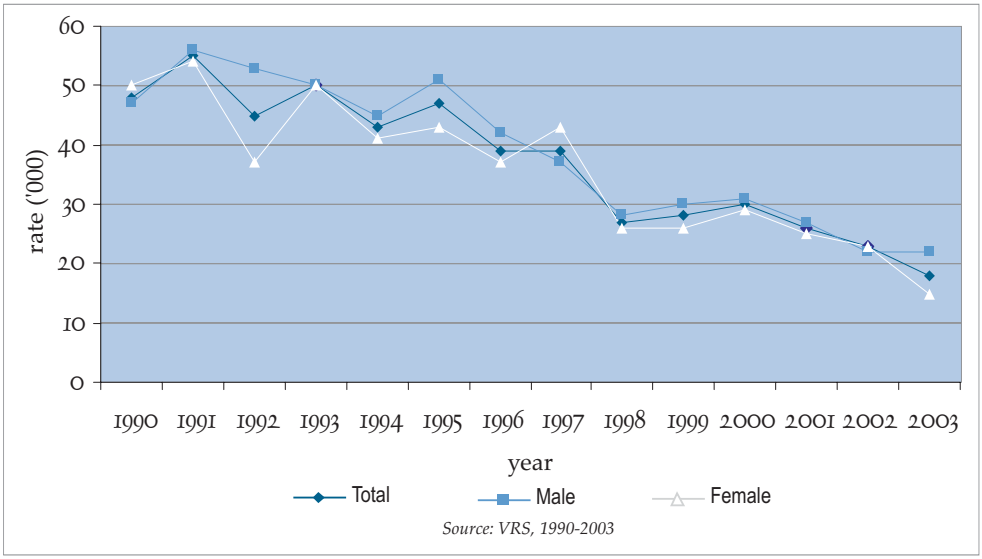
Source: VRS, 1990-2003

Infant Mortality Rate

Achievements in reducing the infant mortality rate (IMR) can be regarded as the key factor that has contributed to the reduction in child mortality rate. Significant progress has been achieved over the past 15 years in reducing the IMR. From 34 per 1000 live births in 1990 IMR has been reduced to 14 per 1000 live births by 2003. Figures 11 and 12 show the progress made in reducing the infant mortality rate.

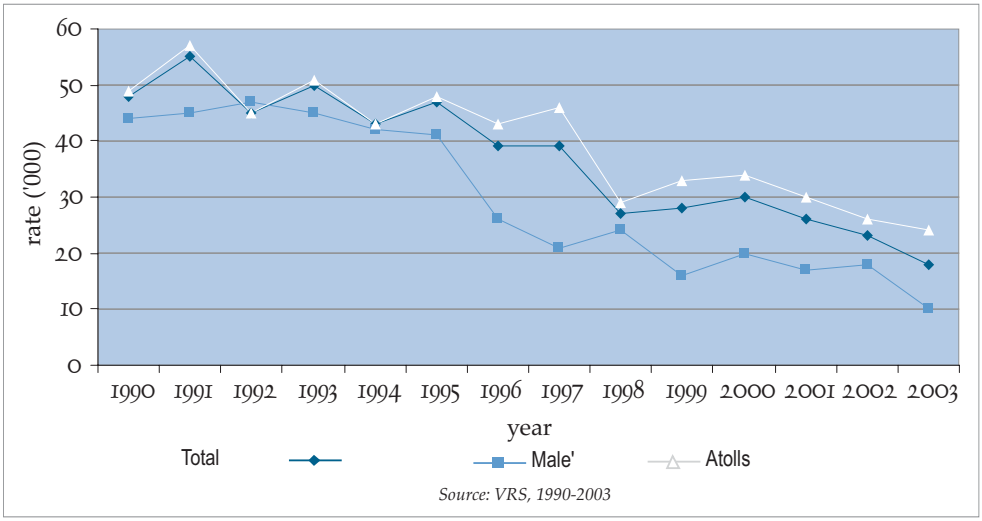
Once again it is a remarkable achievement that there is virtually no difference between the IMR of girls and boys. However, the gap between the rates between Malé and the atolls is still pronounced.

Figure 11: *Infant mortality per 1000 live births by sex 1990 to 2003*



Source: VRS, 1990-2003

Figure 12: *Infant mortality per 1000 live births by Male' and Atolls 1990 to 2003*



Source: VRS, 1990-2003

Proportion of One-year old Children Immunized Against Measles

The Maldives has maintained close to universal vaccination for Expanded Programme of Immunization (EPI) for over 10 years and has one of the highest vaccine coverage within the South Asia region. Furthermore, the country has attained self procurement of all EPI vaccines thus further strengthening the immunization programme. According to the Multiple Indicator Cluster Survey conducted in year 2001, it was shown that the Maldives has achieved close to universal coverage for vaccines in the EPI programme. For measles, the total coverage stands at 92 per cent with 92 per cent coverage for males and 93 per cent coverage for females. The full immunisation coverage stands at 85 per cent for the country.

Challenges

The progress in reducing child mortality can be regarded as a success. The strategies implemented by the health sector have worked efficiently over the last 15 years. However, the gap between the rate at which child mortality is reduced between Malé and the atolls is increasing, both for infant as well as under-five mortality. A major challenge remains to reverse this trend.

There is also a need to reconsider the implementation of some strategies. For instance, the adoption of standardised protocols for acute respiratory infections (ARI) treatment in health facilities is open for question. Anecdotal evidence suggests that prescription of cough syrups and the indiscriminate use of antibiotics are high in both public and private health facilities. On the other hand reduction in mortality from childhood diarrhoea and successful home management would have contributed largely to the reduction in child mortality in the country.

A key challenge though remains due to the fact that implementation of preventive programmes has weakened in the past ten years. This is mainly due the human capacity constraints in the public health fields. Vigorous efforts are needed to ensure that capacity is built, both at central and peripheral levels in the area of prevention in order to sustain the implementation of proposed strategies.

Goal 5

Improve Maternal Health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Target 6:

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

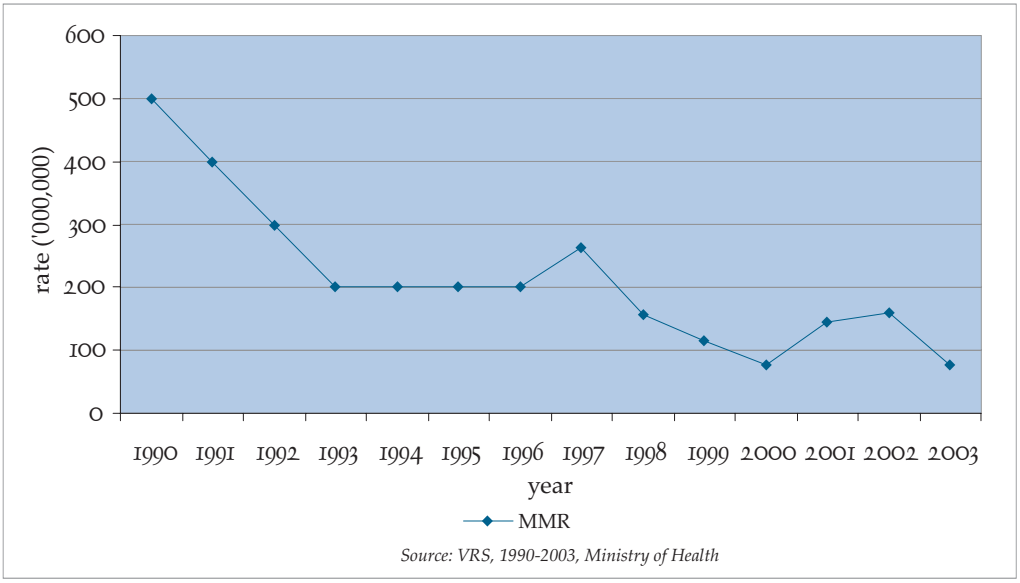
Status and Trends

Maldives appears to have already achieved the MDG target 6 to reduce maternal mortality. The policies which contributed to this achievement include: providing easy access to services for all groups of people; special emphasis on under privileged people; focussing on awareness creation on high risk pregnancies; antenatal and postnatal care; all pregnant women to receive minimum of 3 antenatal checkups; and all deliveries to be conducted by trained personnel.

Maternal Mortality Rate

In the past few years the MMR has remained stable. Reliable data for MMR for the baseline year 1990 are not available and for the period 1990 to 1997, the available data should be interpreted cautiously. With the introduction of a maternal death audit in 1997, more reliable data on MMR are now available. In 1990 the maternal mortality rate stood at around 500 per 100,000 live births. By 2003 the rate has gone down to 78 per 100,000 live births (Figure 13). The target for 2015 based on 1990 baseline is to reduce the MMR to 125 per 100,000 live births. The MMR had been lower than this target in the years 1999, 2000 and 2003 but lacks consistency. Thus, it cannot be said with confidence that this target has been achieved until lower figures are recorded consistently for a few years.

Figure 13: *Maternal mortality per 100,000 live births*



Source: VRS, 1990-2003, Ministry of Health

Proportion of Births Attended by Skilled Health Personnel

There are no baseline data on the proportion of births attended by skilled personnel for 1990. According to the Multiple Indicator Cluster Survey of 2001, 48 per cent of the deliveries are conducted by doctors and 22 per cent by nurses. The 2004 routine vital statistics (Table 4) show that 55 per cent of deliveries were conducted by doctors, 30 per cent by nurses, 1 per cent by a health worker and 13 per cent by a traditional birth attendant.

Table 4: *Deliveries Conducted by Type of Professionals, 2004*

Delivery conducted by	Live births		Still Births		Total births	
	Number	Percent	Number	Percent	Number	Percent
Doctor	2897	56%	22	38%	2919	56%
Nurse	1542	30%	23	40%	1565	30%
Health worker	75	1%	0	0%	75	1%
TBA	661	13%	12	21%	673	13%
Other	14	0%	0	0%	14	0%
Not stated	16	0%	1	1%	17	0%
Total	5205		58		5263	

Source: VRS, 2005 - Ministry of Health

Challenges

In maternal health there still remain challenges in quality of care and accessibility. Although many of the islands have a safe institution for deliveries, the personnel conducting these deliveries do not necessarily have the adequate training or equipment. At island level few deliveries are still conducted by traditional birth attendants or in few cases by a family health worker, none of whom are adequately trained to deal with complications during birth.

Improving the contraceptive prevalence rate remains a challenge. Especially among married women there is an unmet need for contraception that stands at 37 per cent. Furthermore, there is evidence that an increase in unwanted pregnancies in unmarried youth is increasing. Thus expanding knowledge and use of contraception through increased accessibility and affordability will be important.

Births should be attended at least at the level of a community health worker or a nurse trained to take deliveries. One of the primary health care goals of the Health Master Plan is to ensure that all islands get the service of a community health worker, which remains yet to be achieved. Detection of high risk pregnancies and their referral to higher levels of the health system are also identified in the Health Master Plan as priorities. According to the maternal death review synthesis report, late referrals and non compliance to referrals may have led to maternal deaths in the country.

The main challenge though is the diseconomies of scale in the very small islands and inaccessibility to transport when needed urgently. Mobile services to improve emergency evacuations are an absolute necessity.

Goal 6

Combat HIV/AIDS, Malaria and Other Diseases

Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS.

Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

Target 7:

Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

Status and Trends

Maldives is a low prevalence country for HIV/AIDS and malaria had been eradicated in the Maldives. The challenge is to maintain the current level of vigilance and policy attention to ensure that the achievements are sustained.

HIV Prevalence Among 15-24 Year Old Pregnant Women

Since 1991 when screening for HIV was initiated, 13 local cases of HIV have been reported till 2003. However, over 100 cases were screened positive among foreign nationals posing a real threat to the increase spread of HIV in the country. There are no cases of HIV reported among pregnant women. However, large group of adolescents and young people as well as many men working overseas are subject to higher risk.

Condom Use Rate of the Contraceptive Prevalence Rate

Comparisons of the condom use rate of the contraceptive prevalence rate are available for 1999 and 2004. This shows that there is an increase of condom use rate from six per cent in 1999 to nine per cent in 2004. However, the limitation in this figures are that these rates are for married women in the country. Condom use data for the high risk groups such as the resort workers and sailors are not available.

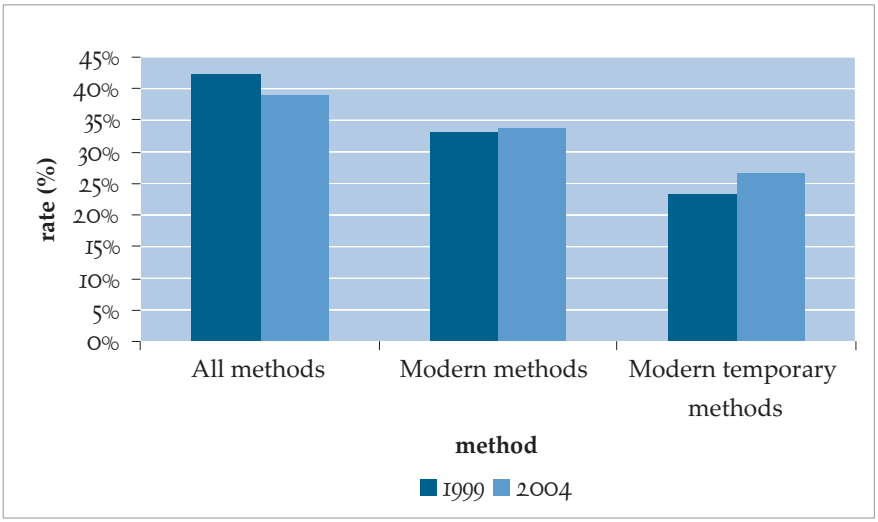
Condom Use at Last High-risk sex

Condom use rate for last high risk sex are also not available for most high risk groups. In 2004, the reproductive health survey collected information on sexual behaviour of unmarried youth 15 to 24 years of age. The results show that nine per cent of the youth have had sexual intercourse of whom 14 per cent were men and five per cent women. Some 62 per cent of these young people reported to have had sex before the age of 18 years. Among this sexually active high risk group, 45 per cent of them are subject to risk of HIV infection since they do not use condoms during intercourse, while 12 per cent reported that they always use a condom during intercourse.

Percentage of Population Aged 15-24 with Comprehensive Correct Knowledge of HIV/AIDS

Knowledge about HIV/AIDS among youth is quite high. Some 97 per cent of unmarried youth know about HIV/AIDS. Four per cent of the youth do not know any preventive measures that could be taken to avoid HIV infection. Knowledge on avoiding HIV infection is high among young women than in men.

Figure 14: *Contraceptive Prevalence Rate*



Source: RH Survey 1999, 2004.

Contraceptive Prevalence Rate

The contraceptive prevalence rate (CPR) is available for years 1999 and 2004. The CPR has reduced to 39 per cent in 2004 from 42 per cent in 1999. On closer examination though there is encouraging trends in the mix of contraceptive use. The use of modern contraceptive methods has increased from 33 per cent in 1999 to 34 per cent in 2004. Use of pills and injectables has remained unchanged, while condom use rates have increased. Over all CPR is higher for the atolls when compared with Malé with 40 per cent in the atolls and 37 per cent in Malé respectively. Figure 14 shows these results.

Challenges

The main challenge will be to ensure sustained low prevalence of HIV/AIDS in the country. Efforts are required to further strengthen the awareness programmes and to continuously measure the impact of these programmes. Timely intervention would be required for any adverse findings of the continuous assessments. Overall, the programme can be regarded to perform reasonably well.

There is a scarcity of evidence on sexual behaviour of high risk groups such as resort workers, sailors and adolescents. Hence planning and implementing targeted interventions remain a major challenge for the sustenance of low HIV/AIDS prevalence in the country.

Target 8:

Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

Status and Trends

Effective Malaria Prevention and Treatment Measures

Malaria has been eradicated and no indigenous cases have been detected since 1984. Notable achievements have been gained in the control of communicable disease in the Maldives.

Prevalence and Death Rates Associated with Tuberculosis and Cases Cured Under DOTS

Tuberculosis prevalence has also been reduced in the past decade. In 1995 the case fatality rate from tuberculosis stood at 5 per cent and has been reduced to zero by 2002. The incidence of TB has also been reduced 0.2 per 1000 population. TB patients are registered at the Chest Clinic and Directly Observed Treatment Short course (DOTS) is initiated to 100 per cent of detected cases. Furthermore, there are no cases of TB reported in the under five population. This may be a real decline in childhood TB due to high BCG vaccination coverage.

Challenges

The performance of communicable disease control has been commendable in the Maldives. High immunisation coverage has ensured low prevalence and elimination status of many diseases. However, a major challenge would be to sustain these achievements over time. Since incidence of disease such as TB and other secondary infections are increased with high prevalence of HIV/AIDS, efforts on HIV/AIDS control as well as other communicable disease control activities has to be sustained further.

The overcrowding in Malé remains a major threat to spread of diseases such as TB. Furthermore, many of these diseases are still stigmatised and there is hesitance to seek early treatment. Thus open cases remain untreated in the community posing a major risk to further spread of these diseases.

Despite the achievements, epidemic prone disease such as diarrhoea, acute respiratory infections, dengue and other emerging diseases such as scrub typhus pose a major risk to public health. A further challenge is the unavailability of essential medicines on many of the small islands. It is important that each island should have at least one person authorised to prescribe essential drugs. A presence of a community health worker in each island would solve this problem. At the same time, the government should also ensure that essential medicines are made available on all islands.

Goal 7

Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Target 10: Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Target 11: Have achieved, by 2020 a significant improvement in the lives of at least 100 million slum dwellers

Target 9:

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Status and Trends

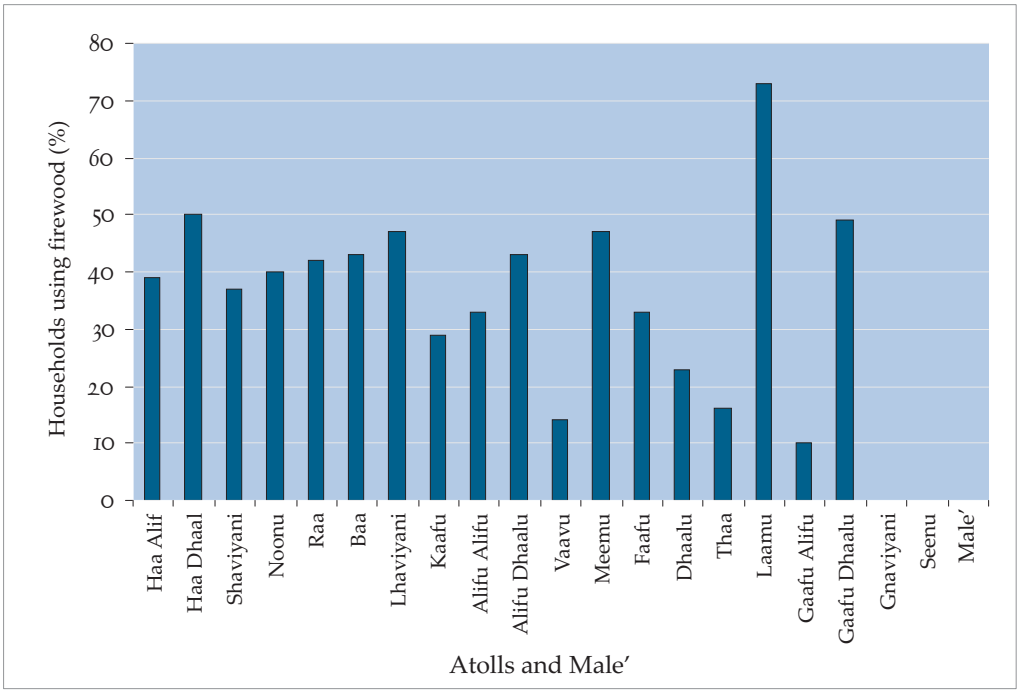
The Government of Maldives recognises the special vulnerability of the nation and places a high priority on mainstreaming environmental sustainability and environmental protection into the national development planning process. The Government defines this role as one that will uphold socio-economic development, which is economically efficient, socially equitable, and improve the quality of human life while living within the carrying capacity of the supporting ecosystems.

Since the Earth Summit in 1992, the government has developed and adopted a number of strategies and plans aimed at sustainable development of the Maldives that conform to the principles outlined in the Rio Declaration and Agenda 21. Furthermore, these strategies and plans pave the way to engage the community in meaningful dialogue to contribute to the successful implementation of sustainable development.

Proportion of Population Using Solid Fuels

In the Maldives the only solid fuel used is firewood and there has been a remarkable decline in the use of firewood since 1990. According to the 1990 Census, 79 per cent of the households used firewood for

Figure 15: *Households using firewood for cooking, 2004*



Sources: Primary data of the Vulnerability and Poverty Assessments 1997 and 2004

cooking. The proportion of households who use firewood had declined to 24 per cent by 2004 (VPA2).

However, Figure 15 shows that there are significant inter atoll variations in the use of firewood as the main source of energy for cooking. The switch from firewood to kerosene and gas is particularly pronounced in Male' and Seenu Atoll. In Male' only 2 per cent of the households used firewood in 2000. In Seenu 33 per cent of households used firewood for cooking in 2000 compared with an estimated 90 per cent of the households in 1990. In 2004 except for Laamu atoll, the proportion of households using firewood has been reduced to 50 per cent or less. In Laamu atoll, 73 per cent of the households use firewood, while large populations such as Malé, Gnaviyani and Seenu atolls do not use firewood for cooking any longer(VPA2).

It is noted that there are islands where fish is cooked or smoked as an economic activity and these islands would tend to have a higher use of firewood compared to those islands that do not specialise in fish processing.

Target 10:

Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Proportion of Population with Sustainable Access to an Improved Water Source

Maldivians traditionally depended on shallow wells to provide access to islands freshwater lenses for drinking water. These lenses are susceptible to pollution. As a result of declining quality of water in many islands, high priority has been given to the construction of rainwater tanks and rainwater collection schemes. The aim is to ensure that the total population has access to at least 10 litres of safe water for drinking and cooking per person per day. This policy has greatly facilitated the shift from well water to rain water in many islands. In the atolls, 90 per cent of the households used rainwater as the principal source of drinking water in 2004. However, 30 per cent of the atoll population reports a drinking water shortage in 2004. At the moment rainwater is considered the most sustainable improved water source for the atolls, although there are no measures of how safe the stored rainwater is.

In Male' 100 per cent of the population has access to an improved source of drinking water. The five wards of Male' have access to desalinated treated piped water supplied by Male' Water and Sewerage Company. However, it has to be noted that desalinated water is extremely costly and the dependency on imported fuel for

desalination is an issue that needs consideration from a sustainability perspective.

Proportion of Population with Access to Improved Sanitation

In Male', all households are connected to a conventional gravity flow system with pumping stations to dispose the untreated sewage to the deep sea. In the atolls, the percentage of the atoll population without access to toilet facilities decreased from more than 60 per cent in 1990 to 6 percent in 2004. Although the sanitation situation in the atolls show marked improvement over the last fifteen years, most households are still dependent on septic tanks. Ground water contamination from leakages caused by improper construction of septic tanks is a significant problem in the atolls. Many toilets still discharge sewage and human waste direct into the ground water. This ground water is used in many islands for cooking, washing and even for drinking water.

Target 11:

Have achieved, by 2020 a significant improvement in the lives of at least 100 million slum dwellers

This target is not applicable to the Maldives as there are no slum dwellers in the Maldives. However, following the tsunami in December 2004, over 12,000 people were made homeless.

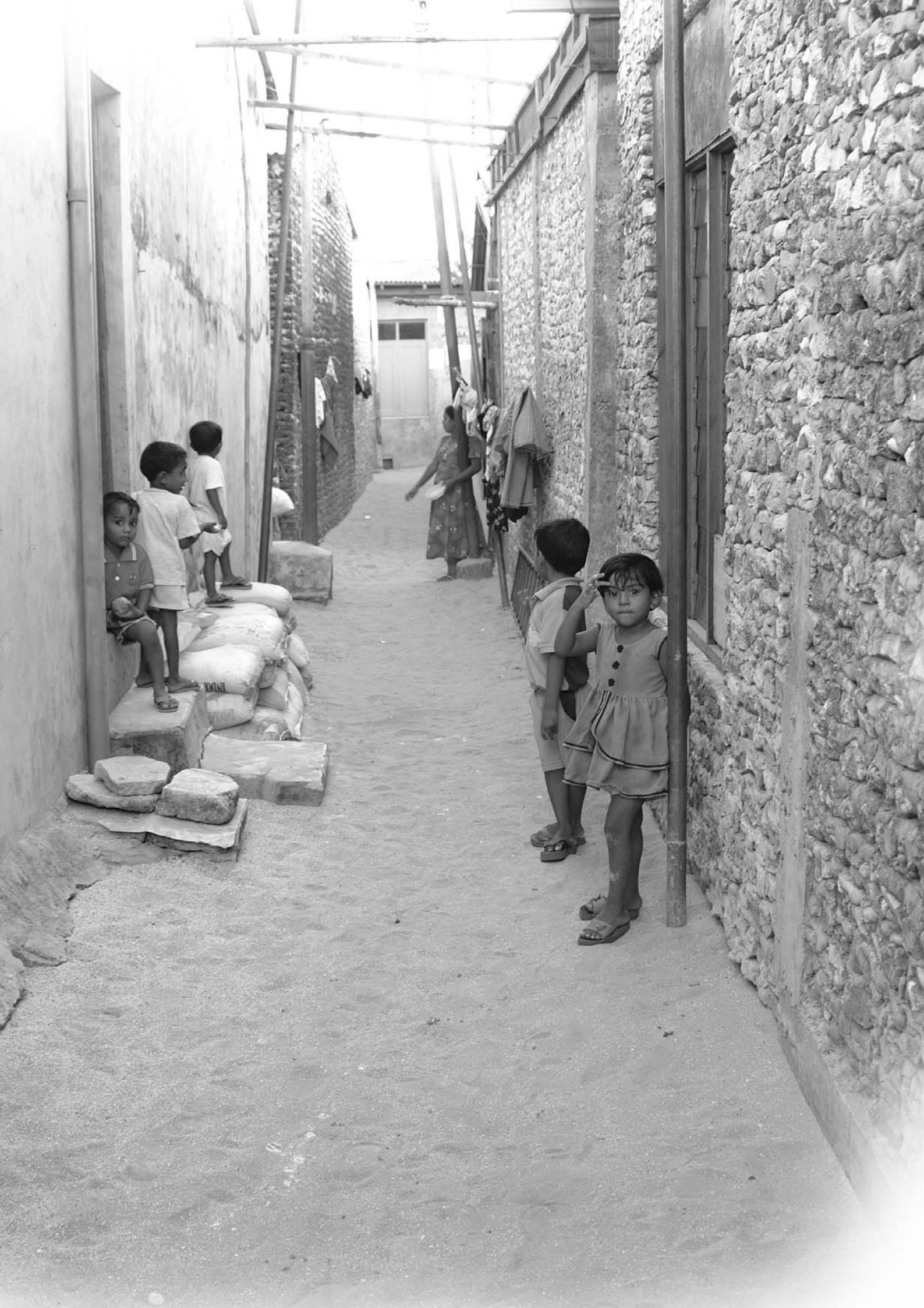
Challenges

There are several challenges to ensure environmental sustainability in the Maldives. Addressing climate change and sea level rise, protection of the coral reefs, and preserving biological diversity are challenges of global significance.

At the national level, supplying safe drinking water and meeting the reported shortages, providing adequate sanitation facilities to protect the groundwater, management of solid wastes, and mitigating the environmental impacts from coastal zone developments remain key issues.

The lack of legal framework for the preparation of development plans is a major constraint for the sustainable development of Maldives. Though land use plans have been prepared for some islands, such plans are not fully implemented. Maldives does not have a town and country planning act or a land use planning act and thus land use planning is carried out on a very ad hoc basis.

In the Maldives the work on sustainable development indicators needs to be further strengthened through human resource development and establishing a good networking mechanism among the key agencies involved in the process. It is important to use indicators that measure the special vulnerabilities of the Maldives being a small island developing state. The economic, social as well as environmental vulnerability has to be reduced and emphasis should be given to identify or develop indicators that will measure level of vulnerability. The areas of vulnerability identified include climate change and sea level rise, high dependency on imported oil, marine oil pollution, over reliance on tourism development for economic growth, migratory fish stocks and seasonal nature of fisheries as well as the high dependency of Maldives on imports.



Localization of MDGs

Localisation of MDGs

The proposals for localising the MDGs are as follows. These indicators are obtained from national consultations.

Goal 2: Achieve Universal Primary Education

- Proportion of pupils starting grade 1 reaching grade 7
- Proportion of trained teachers to untrained teachers in primary schools

Goal 3: Promote Gender Equality and Empower Women

- Proportion of women employed in executive level posts in the public and private sector
- Ratio of girls to boys who pass 5 subjects at GCE Ordinary Level Examination
- Ratio of girls to boys who pass 3 subjects at GCE Advanced Level Examination

Goal 4: Reduce Child Mortality

- Incidence of thalassaemics
- Still birth rate
- Neonatal death rate
- Proportion of children under 24 months fully immunised for all expanded programme of immunisation vaccines.
- Proportion of 15-25 year olds engaging in unprotected sex

Goal 5: Improve Maternal Health

- Proportion of maternal mortality due to direct obstetric causes
- Proportion of mothers who receive post natal care within 2 weeks of delivery by a skilled health professional
- Proportion of pregnant women who are anaemic
- Contraceptive prevalence rate for modern temporary methods
- Proportion of 15-25 year olds engaging in unprotected sex

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

- HIV prevalence in 15 - 25 year old population
- Proportion of young people engaging in unprotected sex
- Mortality due to dengue and scrub typhus
- Proportion of health facilities with epidemic response preparedness capacity
- Tobacco prevalence rate
- Prevalence of obesity

Goal 7: Ensure Environmental Sustainability

- Proportion of land covered by natural vegetation
- Proportion of renewable energy consumption to total energy consumption
- Proportion of energy consumption for transport to total energy consumption
- Proportion of population with sustainable access to safe water source, urban and rural
- Proportion of population with access to sustainable sanitation
- Available floor area per person

Impact of Tsunami on Achieving MDGs

Impact of Tsunami on Achieving the MDGs

Enormous devastation and suffering was caused by the tsunami that hit the Maldives on the 26th of December 2004. Waves ranging between one and five metres high were reported in all parts of the Maldives. Since 80 per cent of the land area in the Maldives is less than one metre above sea level the waves caused widespread damage to the islands.

Poverty Reduction

Economic growth is a necessary condition for alleviating poverty. Joint Needs Assessment undertaken by World Bank, Asian Development Bank, UN System and the Goverment of Maldives estimated that the tsunami could slow GDP growth in 2005 to 1 per cent compared to a pre-tsunami forecast of 7.5 per cent. It was also estimated that the impact of the tsunami could double the country's current account deficit to 25 per cent of GDP and widen the fiscal deficit to 11 per cent of GDP. Adequate financing for reconstruction, transport and labour all represent potential bottlenecks. If the tourism sector recovers then the International Monetary Fund has projected economic growth to rebound between 2006-2010 at 6-10 per cent per year.

Tourism is the key driving force behind the economic growth of the Maldives. Tourism accounts for more than 33 per cent of the country's gross domestic product and is a key source of employment as well. Tourism also provides benefits to the

communication, transport, fishing, imports, agriculture and skilled labour sectors.

The tsunami had a profound negative impact on the tourism sector. Initially 19 resorts were closed. Approximately 1,200 hotel beds sustained serious damage and will remain closed for 2005. Seventy-four resorts are currently operational. The rebuilding of the resorts will cost $100 million and business losses for the sector are forecasted at more than $250 million. The Joint Needs Assessment predicted that the resorts would experience 25 per cent fewer bed nights in 2005 than in 2004. Tourist arrivals during the first quarter of 2005 were 44 per cent lower than during the same period in 2004.

Fishing is critically important for sustainable livelihoods and as a significant contributor to economic growth. Pole and line tuna fishing and fish processing units suffered losses during the tsunami. Damages included the loss or destruction of 120 fishing vessels, partial damage to 50 vessels, damage to several boat sheds, as well as losses of reef fishing equipment and cages. Overall, nearly 400 small scale fish processors lost equipment.

Fishing activity has improved steadily following the tsunami. In the first quarter of 2005, fish catch had exceeded levels recorded during the first quarter of 2004. This was

mainly due to high volume of fish catch in the sourthern atolls.

The agriculture sector was one of the worst hit by the tsunami. Salinization of soil and salt water intrusion into the aquifer severely damaged crops, trees and plants on all of the impacted islands. Salt is highly soluble, mobile and can be easily absorbed through the root system causing damage to plants. They can also destroy the structure of soil thus causing longer term impacts. Foremost amongst plants killed were fruit trees and agricultural crops. Thus the tsunami could have long term negative impacts on livelihoods of the poor and on the nutrition status of the population.

Education

Damage to the physical infrastructure caused by the tsunami is limited to the atolls; Malé's facilities were spared, but are experiencing increased immigration from displaced atoll communities and the resultant overcrowding. In the atolls, 63 per cent of schools have been spared, with minimal or no damage but 14 per cent of these schools require provisions for displaced students. Displaced families have relocated to neighboring islands ("host islands"). These islands will require additional classrooms for this influx of additional students. The number of displaced households is still indicative as displaced families continue to move from one island to another.

While residences have collapsed in most islands, the basic structure of school buildings is intact. The damages in these cases include collapsed boundary walls, toilets, and septic tanks, among others. Although some buildings may be intact, they may have developed cracks or their foundations made unstable. The greater damage on school provisions and equipment

(textbooks, stationery, uniforms, blackboards, library books, computers and printers), school records, and teaching and learning materials due to flooding is across the board. If these were not swept away, these were observed in the visited islands to be completely damaged by the flooding and rendered unusable.

A significant impact of this disaster could be the loss of a large number of trained, expatriate teachers who have been the backbone of the schools in the atolls. There are 5,239 teachers, 35 per cent (1,830) of whom are expatriates; in secondary schools, expatriates comprise about three-quarters. These teachers, who are largely from India and Sri Lanka, were away at the time of the tsunami and at the time of school opening on 25th January, only about 60 per cent of expatriate teachers reported to work.

A significant impact of the disaster is psychological trauma, particularly among the vulnerable children and adolescents. The communities are showing remarkable resilience, even in situations where they had lost their lifetime savings; however, there will be long term behavioral problems related to anxiety and insecurity.

Gender Dimension

The lack of access to clean water, adequate shelter, food, and sanitation and health infrastructure pose a great threat for disease and infection, especially for pregnant women and children to contracting diseases such as diarrhoea, typhoid, hepatitis, viral fever and dysentery. Currently it is estimated that there are 1,800 pregnant women scattered across the 200 islands who have been affected by the disaster. Safe delivery conditions are a major concern as health and infrastructure and services have been severely disrupted and in some cases destroyed. Malnutrition, which is a common problem in the Maldives, is expected to increase as food becomes more expensive and, certain staples, less available. In addition to the destruction of many small businesses that provided staple foods, 30 per cent of agricultural land and many home gardens have been damaged. Nutritional supplementation for pregnant and lactating women as well as children is in urgent need.

With many health facilities damaged or destroyed, women, men and adolescents who depend on health facilities for reproductive health care and family planning methods have no choice but to go without. This could lead to an increase in unsafe deliveries, maternal deaths, unplanned pregnancies and the transmission of STIs, including HIV/AIDS. Given that pre-Tsunami contraceptive use was already low (CPR 34%), a possible increase in the number of pregnant women could cause serious medical problems for pregnant women as prenatal and postnatal health services would not be accessible to all women and medicine would be scarce. Anaemia affects 51 per cent of the female population; this nutritional deficiency is great risk for pregnant women as anaemia is an indirect cause of maternal mortality. Furthermore, the economic constraints on the family and the emotional implications of unplanned pregnancy could fuel social problems.

Health

The Joint Needs Assessment suggests that about 30 facilities (including one Regional Hospital, two Atoll hospitals; eight health centers and 11 health posts) have been damaged to varying degrees. Infrastructural damage has occurred in some health facilities, and essential medical equipment and supplies have been destroyed in almost all of these facilities.

Maldives had good coverage of reproductive health services prior to the disaster, maternal mortality had declined and skilled attendance at birth was high at 85 per cent. Currently, there are 1,800 pregnant women scattered across the 200 islands who have been affected by the disaster. These women will deliver regardless of the health facilities available. Safe delivery conditions are a major cause of concern as is nutrition for pregnant women. In addition, ensuring contraceptive availability for users in also important.

Environmental Impact

A major impact of the tsunami was the creation of approximately 300,000 cubic metres of demolition waste. This amount combined with an estimated 50,000 cubic metres of pre-existing household waste that had not been properly managed.

Waste deposited on the soils and beaches threatens to contaminate the groundwater supplies and the marine environment.

Freshwater lenses were significantly affected by the tsunami throughout the impacted islands. The tsunamis high waves and flooding caused sea water to intrude and infiltrate groundwater resources horizontally, due to increased sea level, and vertically into the ground in flooded area. Freshwater was forced up and out of some wells, whilst others were inundated by the flood water. Groundwater supplies experienced high levels of salinity and faecal coliform contamination.

Housing

Over the total of 200,000 persons living on the islands, 29,000 persons were displaced the day following the event, and, 6,681 people were homeless in their own islands and 5,801 were displaced to other islands. In addition to these displacements, other families whose houses have suffered extensive damage have been sheltered at friends' or relatives'.

Wastewater and Sanitation

Emergency water and sanitation requirements were initially identified for 2,200 affected households in 69 islands. 90 per cent of the toilets may have been lost on highly impacted islands. As the groundwater is highly contaminated with faecal matter there is an urgent need to establish proper sewage treatment and disposal facilities in the reconstruction of heavily impacted islands.

Priorities for Action

Priorities for Action

Goal 1: Eradicate Extreme Poverty and Hunger

- Speed up the population and development consolidation process
- Reduce the isolation of small pockets of population through establishing a proper inter-atoll transport system
- Remove disparities in costs of basic services across the Maldives
- Ensure secure property rights and access to credit for women
- Discourage voluntary unemployment through building values and work ethics among youth

Goal 2: Achieve Universal Primary Education

- Improve access to education for children with special needs
- Provide additional incentives for teachers to work in the atolls
- Improve access to quality education through population consolidation and better inter-atoll transport systems
- Develop performance targets and identify reliable and trackable indicators to measure quality of education in schools

Goal 3: Promote Gender Equality and Empower Women

- Develop and implement a national policy on gender
- Study the obstacles to women's employment in formal and informal sector
- Develop policy to implement family friendly work practices across all sectors
- Promote equal access and opportunity to property and credit
- Ensure proper enforcement of legislation on domestic violence, child support and divorce procedures
- Allocate more public funding for the empowerment of women
- Integration of life skills education into the school system
- Establish vocational training opportunities at schools
- Conduct targeted training for women candidates to contest in parliamentary elections
- Increase public awareness on women's rights to contest in elections

Goal 4: Reduce Child Mortality

- Improving access to quality health care services through population consolidation and establishment of a proper transport mechanism
- Provide minimum level of maternal and child health services at island level through a trained person such as, at least, a community health worker/nurse practitioner
- Improve access and affordability to essential medicines through community pharmacies and/or provision by the government
- Advocate to policymakers and parliamentarians for preventive health and public awareness on role of public health and also increase investment in public health and health promotion
- Integrate preventive health and health promotion into medical services and build institutional capacity

- Prioritise training of public health professionals including institutional capacity for local training and establish partnerships with NGOs and CBOs
- Develop national standard protocols for procedures and management of childhood illnesses and conditions, with special focus on prenatal, neonatal care and supervise application of these protocols
- Strengthen prenatal diagnosis for congenital malformation and inherited conditions such as thalassaemia

Goal 5: Improve Maternal Health

- Establish regular mobile team visits with specialists and necessary equipments for investigation and essential medicines at atoll level
- Improving access to quality health care services through population consolidation and establishment of a proper transport mechanism
- Provide minimum level of maternal and child health services at island level through a trained person such as, at least, a community health worker/nurse practitioner
- Improve access and affordability to essential medicines through community pharmacies and/or provision by the government
- Improve access to contraceptives by reduced cost and increase availability by allowing general sales other than pharmacies and also by introducing social marketing

- Conduct targeted awareness and behaviour change communication focusing on men and adolescents through education system
- Develop national standard protocols for procedures and management of pregnancy and maternal health conditions, and supervise application of these protocols
- Conduct regular maternal death audits
- Improve advocacy on legal issues related to unwanted pregnancies and improve healthcare seeking behaviour for people with unwanted pregnancies
- Introduce targeted interventions to improve maternal nutrition

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

- Maintain and strengthen active surveillance system for communicable and non communicable diseases at international accepted standards
- Improve access to condoms by reduced cost and increase availability by allowing general sales other than pharmacies and also by introducing social marketing
- Institute screening of pregnant women for early detection and prevention of mother to child transmission
- Conduct targeted awareness and behaviour change communication to high risk groups
- Promote voluntary counselling and testing (VCT)
- Advocate and create awareness for health promoting public policy in sectors other than health, especially housing development
- Institutional strengthening and capacity building for outbreak preparedness and response

- Strengthen laboratory surveillance
- Invest and strengthen public health and preventive programmes
- Conduct targeted awareness to reduce stigma on TB to improve case detection and continue successful implementation of directly observed treatment short course (DOTS)

Goal 7: Ensure Environmental Sustainability

- Speed up the implementation of the population and development consolidation process and ensure effective public participation in the decision making process
- Implement the "safer island" philosophy in development consolidation
- Increase the use of renewable energy and explore solar desalination technologies
- Nationwide capacity building in areas of environmental legislation, environmental assessment and monitoring
- Allocate more public financing for water and sanitation
- Develop land use plans for all islands and strengthen the implementation of the plans
- Establish and implement sanitation standards for the country
- Adopt policies to reduce the vulnerability of the Maldives to climate change and natural disasters

Ministry of Planning and National Development
Male', Republic of Maldives