

## Maldives



This map is an approximation of actual country borders.

The Maldives is a group of atolls located southwest of the Indian subcontinent stretching 860 km north to south and 80-129 km east to west. There are nearly 1 200 coral islands, of which 198 are inhabited. Only 33 have a land area greater than one square kilometer. One third of the inhabited islands have a population of fewer than 500, and 70% have a population of fewer than 1 000. The country faces two main geographic challenges: the absence of a significant land mass and the low altitude of the islands, just above sea level. As a small island nation, the Maldives faces special challenges. These include climate change and rise in sea level; beach erosion; high dependency on imported oil, foods and essential daily goods; oil pollution of marine life; overreliance on tourism development for economic growth; migratory fish stocks and the seasonal nature of fisheries. The government policy on health expenditure has remained steady for the past decade. The expenditure on health as a percentage of the national budget was 9% in 2005 (or about 7% of GDP). Per capita health expenditure was US\$ 135.8 in 2005.

### HEALTH & DEVELOPMENT

**Achievement of health-related Millennium Development Goals:** Maldives has made considerable progress toward the MDGs, especially in the area of child and maternal mortality. The focus on prevention and on the public health aspects of health service, together with access to primary health care at the level of the individual islands, remain the main factors contributing to these achievements. Nevertheless, the remoteness of some islands and the difficulty and cost of transportation makes it a challenge to sustain these achievements.

**Control of communicable diseases:** Maldives has also achieved remarkable successes in communicable disease control. Malaria was eradicated in 1984, leprosy and filaria have been reduced to elimination levels and tuberculosis remains under control. High immunization coverage has ensured the low prevalence or elimination of vaccine-preventable diseases. No transmission of the indigenous wild polio virus has been reported since 1981 and neonatal tetanus has been eliminated. However, the real test will be to sustain these achievements over time.

**Reorganization of the health system:** The major challenge for the Ministry of Health (MoH) is the provision of services on an equitable basis to populations scattered over many islands. The reorganization of the health system with the introduction of atoll hospitals and placement of doctors at health centres has increased access to curative services for the island communities. All curative facilities were brought under the purview of the newly created Department of Medical Services. The Department of Public Health (DPH) is responsible for development and monitoring of all preventive health programmes.

**Health-care financing:** Maldives is in a period of transition in health-care financing. The Government is committed to establishing a universal health insurance scheme for its entire population, to be implemented in stages, starting with the introduction of a health insurance scheme for government employees and their dependants. Expansion of either public or private health insurance would then cover private-sector employees and their dependants and, subsequently, the rest of the population.

**Stewardship role of the Ministry of Health:** The Government of the Maldives recognizes health (including mental health and well-being) as a basic human right of every citizen and is committed to ensuring access to primary health care to all citizens in an equitable manner at an affordable price. The provision of health services will ensure that there is no discrimination on account of a person's gender or socioeconomic status. The Government will put in place safety nets to ensure access to health care by the disadvantaged, through social health insurance and other social security mechanisms. The Government's policy goals as outlined in the Health Master Plan 2006-2015 are to ensure that people have the appropriate knowledge and practices to protect and promote their health; ensure that safe and supportive environments are in place to promote and protect health and well being; ensure adequate and appropriate human resources for health service provision and that the health system is financed by a sustainable and fair mechanism; and ensure that all citizens have equitable and equal access to health care. In addition, the Government is committed to preventing and reducing the burden of disease and disabilities, as well as reducing the disparities in the quality of life and disease burden.

Total population (2006) <sup>1</sup>	298,842
% population 0-14 years old <sup>2</sup>	33
% population in Male (capital) <sup>1</sup>	35
Life expectancy at birth (years) <sup>1</sup>	72.7 (women) 71.7 (men)
Mortality rate among children <5 years per 1000 live births <sup>3</sup>	16
Maternal mortality ratio per 100 000 live births <sup>3</sup>	73
Total expenditure on health as % of GDP (2005) <sup>2</sup>	6.5
General government expenditure on health as % of general government expenditure <sup>2</sup>	7
Human development index, among 177 countries (2007/2008) <sup>4</sup>	100
GDP per capita (USD) <sup>1</sup>	2271
Adult (15+) literacy rate <sup>2</sup>	98.9
% population with sustainable access to an improved water source <sup>5</sup>	83
% population with sustainable access to improved sanitation <sup>5</sup>	59

**Sources:**

<sup>1</sup>Statistical Year Book, 2006, Ministry of Planning and National Development, Maldives

<sup>2</sup>Ministry of Health, Health Master Plan 2006-2015

<sup>3</sup>Maldives, Ministry of Health, Vital Registration System, 2005

<sup>4</sup>Human Development Report 2007/2008. United Nations Development project  
<http://hdr.undp.org/en/media/hp2-hdr07-hdlist-e-final.pdf>

<sup>5</sup>World Health Organization and United Nations Children's Fund. Joint Monitoring Programme for Water and Sanitation. Meeting the MDG drinking water and sanitation target - A mid-term assessment of progress. Geneva, 2004.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Clear policy goals identified in the Health Master Plan 2006-2015</li> <li>• Strategic health documents have been developed</li> <li>• Primary health care systems strengthened with the introduction of atoll hospitals and placement of doctors at health centres</li> <li>• National Medicine Policy highlights the commitment of Maldives to a vision of safe, effective, high-quality essential medicines being available at affordable cost at all times to the entire population</li> <li>• Acknowledgement of vulnerability to climate change and commitment to prepare and implement mitigation and adaptation plans</li> <li>• Government commitment to establishing a universal health insurance scheme for its entire population</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing population expectations from the health system</li> <li>• Meeting the rising costs of health care (remoteness of some islands and difficult costly transportation)</li> <li>• Vulnerability to climate change</li> <li>• Limited national health workforce (high dependence on expatriates - 77% of practicing doctors are expatriates)</li> <li>• Increase in the disease burden for noncommunicable diseases and prevalence of tobacco use/substance abuse</li> <li>• Strengthening regulatory bodies (Medical Council, Nursing Council and Board of Health Sciences) in updating their legislation, regulations and tools for ensuring quality of human resources for health</li> </ul>

## PARTNERS

Maldives has long-standing collaboration with United Nations agencies involved in health, and WHO's role as the longest-standing partner in the national health development of Maldives is well recognized. The priority areas are based on issues identified in the Country Population Assessment and the United Nations Development Assistance Framework (UNDAF); they are also aligned with national priorities and the MDGs. The Government recognizes that community organizations and NGOs are useful partners in development. With UN assistance, there is an initiative to enhance coordination of NGO activities and to facilitate their collaboration with the Government.

## WHO STRATEGIC AGENDA (2007-2011)

The WHO strategic agenda outlined in the Country Cooperation Strategy (2007-2011) includes eight priority areas: Strengthening health systems, including human resource development; integrated communicable disease surveillance; noncommunicable diseases, mental health and health promotion; newborn health; emergency preparedness and response; food safety; environmental health; and information and research.

- **Strengthening health systems.** Action to strengthen health systems comprises assisting MoH in the implementation of the Health Master Plan (2006-2015) and in development of strategic plans in communicable and noncommunicable disease control, as well as periodic updating of the health workforce plan at central and atoll levels; and increasing capacity for managers of health services and programmes on effective management, with special focus on atoll hospital and health centre levels.
- **Strengthening integrated communicable diseases surveillance and control.** This area includes support to Implement the Action Plan for integrated disease surveillance; implementation of the International Health Regulations (2005) and develop necessary core capacities at the ports of entry; building up of country capacity in surveillance, response and management of HIV/AIDS/STI, endemic and/or emerging communicable diseases; strengthening of management of programme implementation including supervision to overcome the major challenge in sustaining its achievement; and strengthening of capacity for research in communicable diseases.
- **Noncommunicable diseases, mental health and health promotion.** This area comprises strengthening surveillance and analysis of the disease burden for noncommunicable diseases and mental health, including key risk factors; implementing, assessing and updating strategies and action plans for prevention and control of NCDs; developing, implementing and assessing intersectoral interventions for injury prevention and occupational health; planning and implementing healthy settings practices, especially for island/atolls communities, schools, markets and hospitals; and assisting in the development, planning and implementation of appropriate community mental health programmes and programmes for prevention of substance abuse.
- **Newborn health.** Action for newborn health involves technical assistance for developing health promotion programmes and campaigns focusing on priority areas, including maternal and newborn health, as well as training and developing human resources for maternal and newborn health.
- **Emergency preparedness and response.** This involves assisting the MoH to develop the health sectoral component of the National Disaster Preparedness and Response Plan; Build country capacity by training health professionals in triage, mass casualty management, first aid, management, administration etc. Train public health staff in epidemic alert and response during disasters and Support training in the areas of logistics management (SUMA or the Humanitarian Supply Management System), damage assessment and coordination at central and peripheral levels.
- **Food safety.** This area comprises assisting the MoH in assessing food safety risks and developing appropriate strategies to reduce the risks, emphasizing intersectoral collaboration; reviewing and revising food safety standards, regulations and legislation; and strengthening the capacity of the National Health Laboratory to detect food contaminants and quality of food products.
- **Environmental health.** Action for environmental health comprises support for the development of a water and sanitation master plan for the country; improving technical capacity of Ministry of Environment, Energy and Water, Maldives Water and Sanitation Authority and MoH staff for more effective programme coordination, management and implementation; assisting in the implementation of strategies for health-care waste management; and assisting health sector to assess the vulnerability to climate change, and prepare and implement mitigation and adaptation plans.
- **Information and research.** This area comprises support in institutionalizing health system and public health research, including the development of ethical guidelines for research; development of training materials and support training for potential researchers in conducting health system and public health-related research; support development and implementation of Internet and intranet-based health information systems linking central and atoll levels; strengthening the health management information system, including the hospital medical records system to ensure effective collection, analysis, dissemination and utilization of information in decision-making; and provide technical assistance and software/hardware to strengthen e-health and telemedicine services at the central and atoll levels.

## ADDITIONAL INFORMATION

WHO country office website

<http://www.who.org.mv>

South-East Asia Regional Office Country (Maldives) Health Information profile

<http://www.searo.who.int/EN/Section313/Section1521.htm>

WHO country page

<http://www.who.int/countries/mdv>

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