Maldives

**HEALTH SITUATION**

Health status of the people of Maldives has improved in the past few decades. Life expectancy at birth has increased from 46.5 years (in 1977) to 74 years (in 2011). Child and maternal mortality and morbidity has reduced, malaria has been eradicated, polio eliminated and communicable diseases such as tuberculosis and lymphatic filariasis controlled. Vaccine preventable diseases have been controlled to such an extent that diseases like poliomyelitis, neonatal tetanus, pertussis and diphtheria are non-existent in the country. Despite these achievements Maldives is facing a changing disease epidemiology with non-communicable diseases (NCDs) causing 70% of all deaths. Life style risk factors such as tobacco use, imbalanced nutrition, obesity and lack of exercise are on the rise in the region. Thalassemia and mental health also receive priority attention. Some of the major determinants of health are living standards, poverty, malnutrition, drug abuse and environmental factors. Dengue, scrub typhus and toxoplasmosis have re-surfaced as an effect of environmental changes. Diarrhoea and acute respiratory infections continue to cause significant morbidity among children and adults.

Maldives has achieved 5 out of 8 Millennium Development Goals and with the remaining 3 being on track it is a shining example in WHO’s South-East Asia Region for its development milestones and achievements in public health over the past few decades. The government is committed to implement commitments of the State in relation to international conventions and other such agreements, to achieve MDGs and other multilateral and regional targets. Maldives is obliged to comply with the IHR and the assessment of IHR core capacities was made in March 2012.

Maldives is facing resilience to environment and climate change challenges. There is increasing threats of tsunami, sea level rise and routine heavy rain fall resulting in acute disruption of infrastructure, clean water supply and sanitation in islands. Rapid urbanization, development and urban construction, increase in travel, traffic, migration carry significant risks to human health.

**HEALTH POLICIES AND SYSTEMS**

With the new constitution, a decentralization and privatization policy is being addressed in Maldives to ensure equitable access to health care for all. Within the reform context, the review of the Health Master Plan (HMP) 2006-2015 redirected the policies and strategies, based on national development priorities, the emerging needs and the lessons learnt. A focus on the Millennium Development Goals (MDGs) was kept throughout the process as the timeline for the HMP is congruent with that of the MDGs.

The mission of the government as outlined in the HMP 2006-2015 is to protect and promote the health of the population with enabling policies and healthy environment; provide social health insurance, develop an efficient sustainable health system and provide need-based, affordable and quality services in partnership with the private sector and communities. Some health-related national legal instruments, such as the Social Health Insurance Act and Health Protection Act, have passed through the parliament and are being enforced. A number of other legal instruments, such as the Health Professionals Bill and Medicines Bill, the Health Services Bill and the Medical Negligence Bill are either being developed or awaiting the parliament’s approval. Maldives ratified the WHO Framework Convention on Tobacco Control in 2004 and passed the Tobacco Control Act in August 2010. Furthermore, the IHR 2005 are being implemented. However, advocacy for adherence, legal backing in the country, and continued core capacity-building are crucial challenges ahead.

The Ministry of Health and Gender (MoHG) provides comprehensive public health services; primary, preventive and curative care services through its facilities. The MoHG highly subsidizes health care services for the entire population. Almost 90 per cent of inpatients and 70 per cent of outpatients’ services were provided by the public sector health facilities in 2011.

There is only one tertiary facility located in Malé while others are smaller clinics. Except for the pharmacy operated by a public Government Company, all pharmacies in the country are community-based organizations to establish community pharmacies.

**COOPERATION FOR HEALTH**

Maldives has long-standing collaboration with UN agencies involved in health, and WHO’s role as the longest partner in the national health development of the country is well recognized. The other key partners are South Asian Association for Regional Cooperation (SAARC) and its health institutions, the World Bank, Islamic Development Bank and Asian Development Bank. The GFATM grant on HIV/AIDS was closed in 2012 and currently work is on-going to develop a new proposal for funding. Health issues are incorporated in the UN Development Assistance Framework (UNDAF). WHO serves as the lead agency for several outcomes of UNDAF, with access to UN multi-trust funds from 2013.

Furthermore, several joint initiatives are undertaken by UN agencies in Maldives including: Strengthening of the Human Rights Commission, Strengthening Response to Prevention and Elimination of Gender Based Violence Against Woman and Children in Maldives and Maldives Low Emission Climate Resilient Development Programme.

Maldives also has strong bilateral relationships with China, India, Japan, Kuwait and the Islamic Development Bank, alongside international agencies such as the UN Agencies and the International Financial Institutions.

Sources of data:
Global Health Observatory, April 2014
http://apps.who.int/gho/data/node.cdo

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
</tr>
</thead>
</table>
| **STRATEGIC PRIORITY 1:** Strengthening the health system towards universal health coverage based on the primary health care approach. | • Support strengthening of health systems policy, legislation and health care delivery for universal coverage  
• Promote improving access to medicines and health care technologies based on primary health care  
• Support strengthening of health financing towards universal coverage  
• Support strengthening of health information systems  
• Advocacy and technical support in monitoring and evaluation  
• Provide technical support to strengthen health research                                                                 |
| **STRATEGIC PRIORITY 2:** Preventing and controlling diseases and disabilities.      | • Provide technical support for strengthening national capacity in prevention and control of communicable diseases  
• Provide policy and technical support to prevent and reduce disease, disability and premature death from chronic NCDs, lifestyle risk factors, mental disorders, injuries and visual impairment, and to orchestrate a coherent response across societies to address interrelated social, economic and environmental determinants |
| **STRATEGIC PRIORITY 3:** Enhancing public health interventions at national and subnational levels to sustain achievements in health-related UN MDGs and beyond. | • Strengthening public health programmes related to the lifecycle  
• Strengthening food safety, water and sanitation and occupational health |
| **STRATEGIC PRIORITY 4:** Promoting all-inclusive health governance and maintaining WHO’s coordinating role and country presence to support health reforms and national health priorities. | • Fostering partnership with UN and other international partners, government sectors and civil society at national and subnational levels  
• Policy advice for public health management, emergency preparedness and response  
• Mobilizing resources for sustainable development of health |

© World Health Organization 2014 - All rights reserved.
The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

WHO/CCU/14.03/Maldives Updated: May 2014