



Millennium Development Goals

Maldives Country Report 2007



Government of Maldives

Ministry of Planning and National Development

Millennium Development Goals

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October 2007

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Ministry of Planning and National Development

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Foreword by the Minister of Planning and National Development

This report updates and extends the analysis presented in the first Millennium Development Goals (MDG) Report of the Maldives and identifies the present areas of high concern. Using the latest data from Census 2006 and other reliable sources, the report tracks the progress of Maldives on 13 MDG targets and assesses whether the Maldives will achieve the targets by 2015. The results are highly promising. Rapid progress has been made on poverty, education and health targets. Significant improvement is seen on empowerment of women as well. The tough challenges are in sustaining the achievements, and in reaching the nutrition target and environment targets.

I am confident that this update provides useful information for policy debate on priorities for achieving the MDGs. I trust this report will also help policy makers to sustain the momentum in pursuit of goals.

This report places emphasis on Population and Development Consolidation as the way forward. Substantial investments are needed to bring further reductions in neo-natal mortality and address high risk pregnancies. To improve the quality of education the shift system in schools needs to be phased out and requires significant human as well as physical resources. To eradicate extreme poverty we have to create new job opportunities and build human resources to embrace those opportunities. Sustained investments at such magnitude will not be feasible and effective unless population is consolidated in larger and safer islands where economies of scale exist.

On the nutrition front, transaction costs are making fruits and vegetables highly expensive. The high cost of nutritious food coupled with present dietary habits makes addressing child malnutrition a particular challenge. However, the experience we have gained through achieving progress in other areas makes us confident that with careful policy analysis and diligent commitment we can overcome the nutrition challenge by 2015.

The environmental sustainability goal presents us an entirely different set of issues. The causes of the significant environmental threats we face are beyond our control and occur outside our national boundaries. The option for us to tackle global climate change and sea level rise is adaptation. I believe that Population and Development Consolidation is a key avenue to make our islands safe and resilient against climate change. As highlighted in the Maldives Partnership Forum held in June 2007, the Government of Maldives needs substantial additional assistance to make the islands of the Maldives safe against future sea level rise.

This report presents a comprehensive national picture of where we stand now in achieving MDGs. I extend appreciation and special thanks to Mr. Partice Coeur Bizot, the UN Resident Coordinator and the members of the United Nations System in the Maldives for their continuing support to make the policy makers and the public informed and inspired about MDGs. I hope this report will be an important resource to mobilize further support and efforts for MDG achievement.

I call upon all to reenergise the successful strategies, realign policies, and build up synergy in the implementation of development programmes. As we enter the second half of our journey towards Millennium Development Goals, let us work together to revive the spirit of optimism, commitment and national unity in achieving these goals.

A handwritten signature in black ink, appearing to read 'Hamdun', with a long horizontal line extending from the bottom of the signature.

Hamdun Hameed

Message from the United Nations Resident Coordinator to the Maldives

The Second MDG Progress Report is significant as it comes after the country has experienced the devastation of the tsunami and it is mid-point into the global target of achieving the goals by 2015.

The Report shows that while the country was able to recover quickly from the impacts of the disaster, the tsunami exposed the extreme vulnerability of the country. There is, therefore, the need to build the capacity of the country to cope and manage emergencies so as to be able to achieve the MDGs by the target date.

Mid-point to the target date, the country is generally on track in achieving the MDGs, although challenges remain to achieve the goals on gender and environment. According to the Report, the poorer are now less poor, but income inequality is rising and, alarmingly, one out of four children is still malnourished. Universal primary school enrolment has been met, but achievement levels fall short of expectation. While gender parity has been achieved in education and proportion of women in paying jobs is increasing, men still dominate decision-making.

The challenge is also to sustain the goals that have been met, such as child mortality, since data shows slipping from the target; or in reducing maternal mortality, since focus on adolescent reproductive health needs is required. Further, the country is on track in the eradication of communicable diseases such as malaria and TB, but there are emerging diseases that have to be addressed.

Meeting the environment goals is especially critical to the country, considering the heavy reliance of the Maldivian economy to its environmental resources. Vulnerability of the country to the effects of climate change is becoming more pronounced. The rapid urbanization of the capital Male' surely poses another challenge for the future.

The Second MDG Report emphasizes the urgent attention needed to improving global partnerships for development. The country's graduation from LDC to middle-income country status, debt sustainability, and expansionary budget policies have to be seriously considered.

The Report is also commendable for attempting to identify other relevant local indicators to make a more thorough analysis of the country's MDG progress, and for recognizing that adequate monitoring systems for key indicators, such as tracking contraceptive prevalence rate for unmarried women, need to be in place.

Finally, UN Maldives congratulates the MPND for drafting the second MDG report in collaboration with stakeholders. The Ministry should be commended for its continuing MDG monitoring, especially with the use of the MaldivInfo.

The 7th National Development Plan containing the country's roadmap to meeting the MDGs, confirms the Government's commitment to achieving the MDGs. The Report highlights NDP implementation, particularly the Population Consolidation policy and development of regional centers, to meet the goals.

The Report launching also coincides with the new harmonized programming cycle for the UN system in the Maldives. The Millennium Declaration/MDGs is the fundamental framework of our programming documents - the UN Development Assistance Framework 2008-2010, Country Programme Documents, and Country Programme Action Plans/ Assistance Strategies.

We hope that this Report will stir debate, dialogue and, importantly, inform decision-making and action among all sectors. Meeting the goals requires multi-sectoral commitment – government, business, NGOs, and international development partners. And we, in the UN system, remain steadfast in our support to sustain the gains and address the challenges to meeting the MDGs.



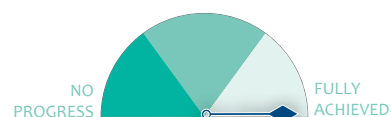
Patrice Coeur-Bizot

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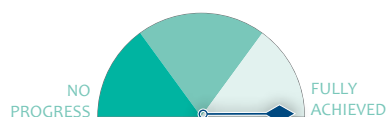
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Overall Progress Towards Achieving MDGs

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



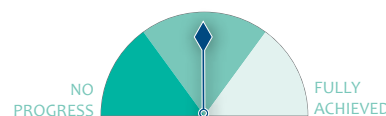
Goal 6: Combat HIV/AIDS, Malaria and other Diseases



Goal 7: Ensure Environmental Sustainability



Goal 8: Develop a global partnership for development



Introduction

This is the second Millennium Development Goals (MDGs) report of the Maldives. It updates and extends the data and analysis presented in the initial assessment of the progress of the Maldives towards achievement of MDGs released in 2005. This report is based on the latest available data and updates the relevant indicators using the key findings of the Maldives Population and Housing Census conducted in April 2006.

The United Nations Millennium Declaration adopted by the Maldives and other members of the United Nations on 8 September 2000 was a strong commitment to the right to development, peace and security, gender equality, environmental sustainability, human development and eradication of poverty. Eight broad goals and 18 specific targets were developed to realise the objectives set in the Declaration. A total of 48 indicators were suggested to measure progress. The eight Millennium Development Goals are:

- 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
- Goal 8 — Develop a global partnership for development

The Millennium Declaration set 2015 as the target date to achieve the eight goals. This report presents the status of MDG achievement for the Maldives in mid 2007, the halfway into the 15 year period. The data used for this assessment of progress towards MDGs were presented by the Ministry of Planning and National Development; Ministry of Education; Ministry of Health; Ministry of Gender and Family; Ministry of Environment, Energy and Water; and the Ministry of Finance and Treasury. This report was prepared with technical and financial support provided by the United Nations System in the Maldives.

What follows is an assessment of the MDGs progress for the Maldives based on 13 out of the 18 MDG targets. The assessment is structured to follow the eight MDGs.

Goal 1

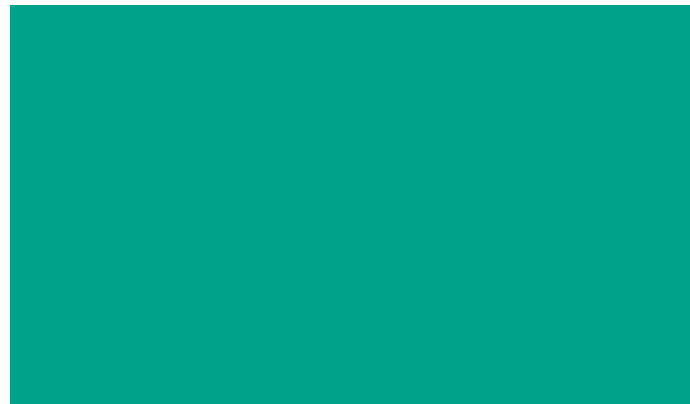
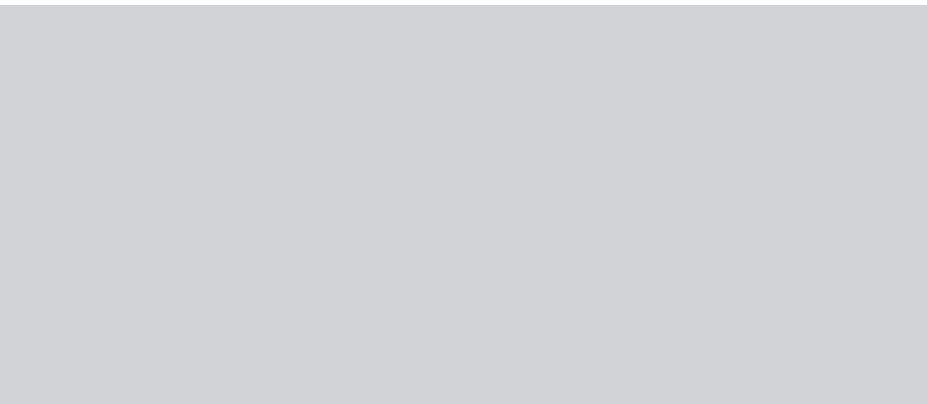
Eradicate Extreme Poverty and Hunger

Target 1

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

Target 2

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

MDG POVERTY REDUCTION TARGET 1 ALREADY ACHIEVED

The Maldives has already achieved MDG Target 1. The international poverty line used for assessing progress towards Target 1 is \$1 PPP per day (US dollars adjusted for purchasing power parity between different countries). In 1997, the proportion of people whose income was less than \$1 a day was three percent (MPND 1998). By 2004, the proportion of people whose income was under this poverty line was reduced to one percent of the population (MPND 2005).

Even when higher poverty lines are applied, significant reductions in poverty was achieved over the period 1997 to 2004 (Figure 1.1) In 1997, the proportion of the population with less than Rf10 (\$2.3 PPP) per person per day was more than 20 percent, whereas in 2004 it had come down to less than 10 percent. Similarly, in 1997 the proportion of

the population having less than Rf15 (\$3.5 PPP) per person per day was around 45 percent, while by 2004 it had come down to around 20 percent.

The poverty reduction target has been achieved for Male' as well as the atolls (Table 1.1). In Male', the proportion of people whose income was less

Figure 1.1: Headcount ratios for all reasonable poverty lines, Maldives, 1997 & 2004



Source: Primary data from the Vulnerability and Poverty Assessments 1997 and 2004

than Rf15 per day declined from 19 percent in 1997 to 3 percent by 2004. Over the same period, the proportion of people whose income was less than Rf15 per day declined from 52 percent to 28 percent in the atolls.

THE POORER ARE NOW LESS POOR

The poverty gap ratio which shows the depth of poverty as well as its incidence had a sharp decline by more than 50 percent during the period 1997 to 2004 for all reasonable poverty lines (Figure 1.2). This further confirms that MDG Target 1 has already been achieved in the Maldives. The poverty gap ratio is defined as the product of the proportion of the population below a certain poverty line and the average income shortfall of the poor to the poverty line as a proportion of the poverty line.

These significant declines in the poverty gap ratio have taken place throughout the country, not only in Male' but also in the atolls as is shown in Table 1.2.

Over the last decade, not only have the poor become less poorer in Male' and the atolls, but also per capita income increased for all deciles (Table 1.3). For the poorer deciles of the atoll population the increase was about 50 percent while the incomes of the poorer deciles in Male' almost doubled.

INCOME INEQUALITIES ARE RISING

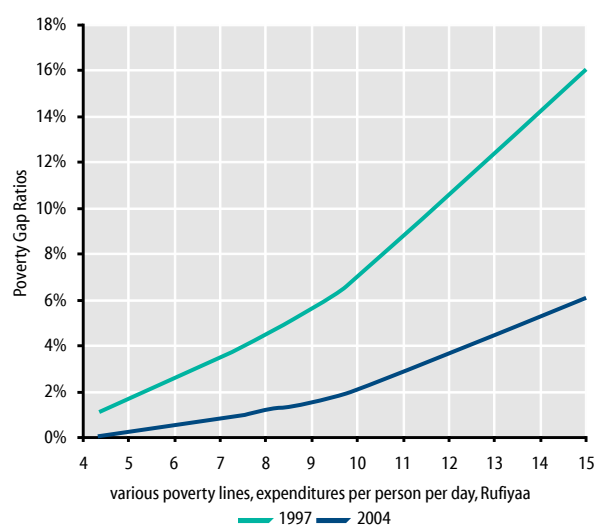
Although incomes in all the atolls and in all income deciles including the poorest have increased, the reduction in income poverty is accompanied by rising inequality. Although there have been some declines in income inequality within Male' and within the atoll regions over the period 1997 to 2004, inequalities between atoll regions and especially inequalities

Table 1.1: Headcount ratios for 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%

Source: Primary data from the Vulnerability and Poverty Assessments 1997 and 2004

Figure 1.2: Poverty Gap Ratios, Maldives, 1997 and 2004



Source: Primary data from the Vulnerability and Poverty Assessments 1997 and 2004

Table 1.2: Poverty Gap Ratios, 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%

Source: Primary data from the Vulnerability and Poverty Assessments 1997 and 2004

Table 1.3: Expenditures in Rufiyaa per person per day, 1997 and 2004

	Maldives		Male'		Atolls	
	1997	2004	1997	2004	1997	2004
Poorest 10%	5	8	8	16	4	7
Decile 2	8	13	13	24	7	11
Decile 3	10	16	17	30	9	14
Decile 4	13	20	20	37	11	17
Decile 5	15	23	24	44	13	19
Decile 6	18	28	28	53	16	22
Decile 7	23	34	34	62	19	26
Decile 8	28	44	41	74	23	31
Decile 9	38	59	55	91	31	39
Richest 10%	74	106	105	136	59	73
Average	23	35	34	57	19	26

Source: Primary data from the Vulnerability and Poverty Assessments 1997 and 2004

between Male' and the atolls have increased significantly. Between 1997 and 2004, the Gini coefficient between Male' and the atolls increased from 0.12 to 0.18 (MPND 2007). Furthermore, there is evidence of emerging income inequality between southern and northern atolls. Average income levels increased from Rf21 to Rf32 per person per day in the southern atolls over the period 1997 to 2004 while income level remained unchanged at Rf21 in the northern atolls (MPND 2007). The Northern and North Central region now contain more than 60 percent of the country's poor (World Bank 2006).

Apart from the evident spatial patterns in income inequality, there is also evidence of socio-economic patterns (MPND 2007). An analysis of the characteristics of income poverty shows that compared with the non-poor households, the poor live in larger households. They are also likely to have a higher proportion of people with bad health, a larger share of women, and household members are likely to have less education. Households are also more likely to be poor if they are female

headed. The poorest households tend to be those in which fewer household members are employed and which do not receive remittances from family members working in tourist resorts or in Male'. The probability of belonging to the poorest households is higher when engaged in agriculture, fishing and local manufacturing and lower when working in tourism, trade and transport, or government. The poor households also participated less in voluntary community activities than the non-poor. As might be expected, they also made fewer investments.

RECOVERY FROM EFFECTS OF TSUNAMI WAS FAST

In the immediate aftermath of the tsunami, the economic conditions for the Maldivian population, especially on the islands, looked grim. In addition to the loss of life and property and the resulting psychological stress for the affected population, the physical infrastructure on many islands was severely damaged. Half a year after the tsunami, more than 10,000 persons on the 14 most affected islands, equivalent to about five percent of the total island population, continued to live in temporary accommodation (MPND 2006). About two-thirds of the women and more than half the men on these islands reported to have difficulties with sleeping or eating. Such symptoms are indicative of significant psychosocial problems lingering in the population.

The support received from the international community, local donors and the government helped the affected households to re-establish themselves. The repair and reconstruction activities following the tsunami created additional job opportunities in construction and transport, which compensated partially for the losses in other sectors such as agriculture and manufacturing.

Further, the relocation of the population from the four most affected islands to the ten major host islands resulted in considerable increase in economic activity on those islands, where incomes for the original population went up by about one third. The incomes of the externally displaced persons, which had been reduced significantly immediately following the tsunami, was back up to about 80 percent of their pre-tsunami levels by the middle of 2005 (MPND 2006). The knock-on effects of the disaster through reduced trade and disturbances in the property markets saw incomes in Male' fall by about 10 percent.

In the other areas of the country, covering most of the atoll population, incomes had initially gone down, but recovered very quickly. In June 2005, incomes were even higher than before the tsunami (MPND 2006). Fish catches were very high and the capacity of the industrial operations, mainly Maldives Industrial Fisheries Company Limited (MIFCO), was stretched to the limit. At times, not all fish that was landed could even be processed. On average, household incomes were found to be about seven percent higher in June 2005 than they were in September of the previous year (MPND 2006).

It may be noted that some of the impacts described above are short-term in nature while others have longer-term implications. For instance, the positive effects on the population of the host islands will largely be reversed when the displaced people are resettled in their permanent locations, the booming construction sector and its related transport sector will not last for ever, and fish catch varies over time. However, improvements in infrastructure brought about by the rebuilding after the tsunami will generally have longer term effects.

Income poverty has actually gone down significantly since June 2004. For instance, at that time, about one-third of the island population had an income lower than Rf15 per day (MPND 2006). One year later, only about 20 percent of the island population had such a low income.

Households that fell into income poverty after the tsunami generally had a higher percentage of people injured by the tsunami (MPND 2006). Their adult members also were more likely to be working in the sectors of agriculture and manufacturing both before and after the tsunami. The effect of the latter characteristic can be explained by the fact that these two sectors have been hit most. Agricultural fields were destroyed on many islands while manufacturing equipment and tools were damaged or lost. Places of work were often also damaged or destroyed.

Important characteristics of households that prevented them from falling into income poverty after the tsunami include residing on host islands; receiving remittances from family members working in resorts or in Male'; having a high percentage of labour income earners in the household; and having a higher percentage of employers or employees (MPND 2006). The change from agriculture to another activity also reduced chances of falling back into poverty. A change from own account worker to employee, which often was complementary to the change in activity away from agriculture also helped in preventing households falling into poverty. The same was the case for households where most workers were engaged in government, fisheries, trade and transport or construction.

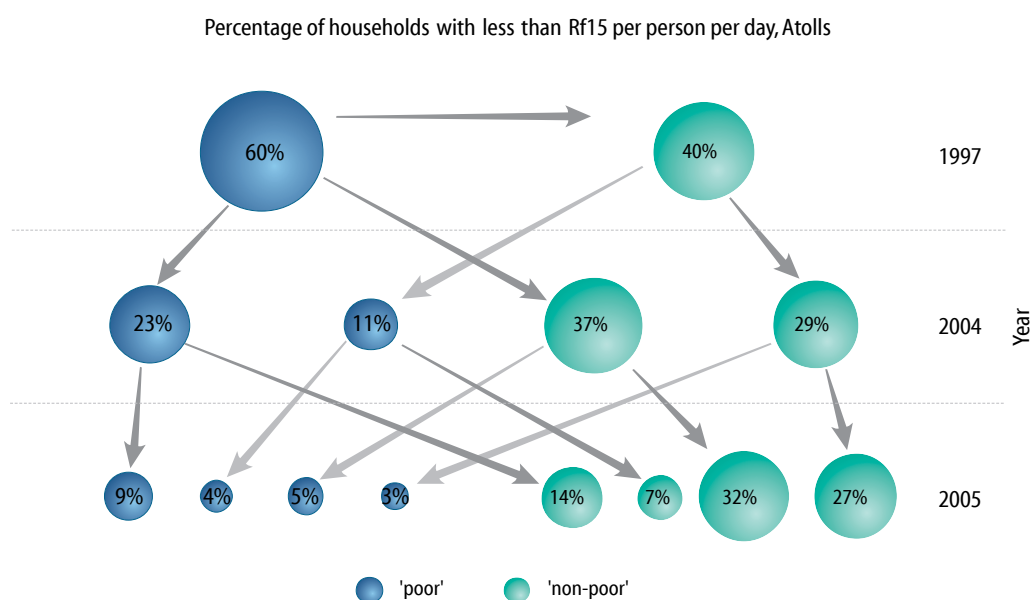
HIGH DEGREE OF VULNERABILITY TO INCOME POVERTY PREVAILS

One of the more disturbing findings of the sequence of poverty status surveys from 1997 onwards (MPND 1998; MPND 2005; MPND 2006) is that the population seems to be much more vulnerable than has been assumed. This is depicted in Figure 1.3 that shows the dynamics of movements between the richer and poorer income groups. It is based on panel data, and is restricted to the atoll population. Using the Rf15 poverty line, 60 percent of the population was poor and the remaining 40 percent was non-poor in 1997. The fortunes of these individuals were followed over time and while poverty had been reduced very much by 2004, about one third of the poor at that time had been non-poor seven years before. Similarly, there was substantial poverty dynamics from 2004 to the following year. Over the period of

the three surveys, only nine percent of the original 60 percent poor remained so throughout. In 2005, they made up less than half of all the poor, with the others moving in and out of poverty, and back again sometimes, over this period. Only two out of three non-poor in 1997 remained so throughout. Taken together, this means that two out of every three persons had moved between poverty classes at least once during this period. This indicates a high level of vulnerability of the population to income poverty.

The most important determinant of escaping from poverty is the level of education. In the case of falling into poverty, among the most important factors were having a large number of household members, particularly young ones. Regional factors were also important; people were more likely to fall into poverty if they lived in the North or North Central regions.

Figure 1.3: Income Poverty Dynamics 1997, 2004 and 2005



Source: Tsunami Impact Assessment Survey Report 2005

Challenges

The growing income disparities between Male' and the atolls are an increasing cause for concern. At a minimum, these increases in inequalities may cause a further acceleration of migration to the capital worsening the existing congestion and related social issues in Male'.

The poverty dynamics analysis showed that there is a substantial dynamism in poverty in that many of the currently non-poor had fallen back into poverty. Policies to reduce the falling back of the highly vulnerable non-poor should go hand in hand with poverty alleviation measures. An effective social safety net scheme needs to be established to protect the chronically very poor families and the transitorily poor households from sudden shortfalls in income caused by shocks beyond their control.

Although labour force participation rates have increased from 1997 to 2004, there are rising problems of unemployment. The proportion of people unemployed increased from 10 to 14 percent over the same period. Here, a person is considered to be unemployed if he or she is not studying, and is unable to find suitable work, but willing to work and available to do so at short notice.

One of the most worrying aspects of the current employment situation is the level of youth unemployment. About 40 percent of the young women in the 15 to 24 year age group and over 20 percent of the young men in the 15 to 24 year age group are presently unemployed. The situation is acute in Male': one out of five young women is unemployed, and for young men, the proportion is one in six. The problem is even worse in the atolls where one-third of young people are without work while willing and available to work.

Target 2

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

Status

ONE OUT OF FOUR CHILDREN ARE STILL MALNOURISHED

Malnutrition in children contributes to more than 50 percent of child deaths in the world. Malnutrition is not only caused by lack of food, but also by infectious diseases and lack of care.

There are three indicators of child malnutrition that are commonly used: general malnutrition, or low weight for age; chronic malnutrition, or low height for age, reflected in stunting; acute malnutrition, or low weight for height, reflected in wasting. Weight for age is an important indicator of nutritional status while height for age is an indicator of linear growth retardation. Wasting could be attributable to the failure to receive adequate nutrition in the period immediately preceding a survey and may also be the result of a recent illness or a seasonal deficiency in food supply. The MDG indicator is prevalence of underweight in children.

The National Nutrition Survey conducted in 1994 estimated prevalence of underweight in children at 43 percent (MoH 1995). Ten years later, the 2004 Vulnerability and Poverty Assessment showed the prevalence of underweight in children under five years of age at 27 percent (MPND 2005).

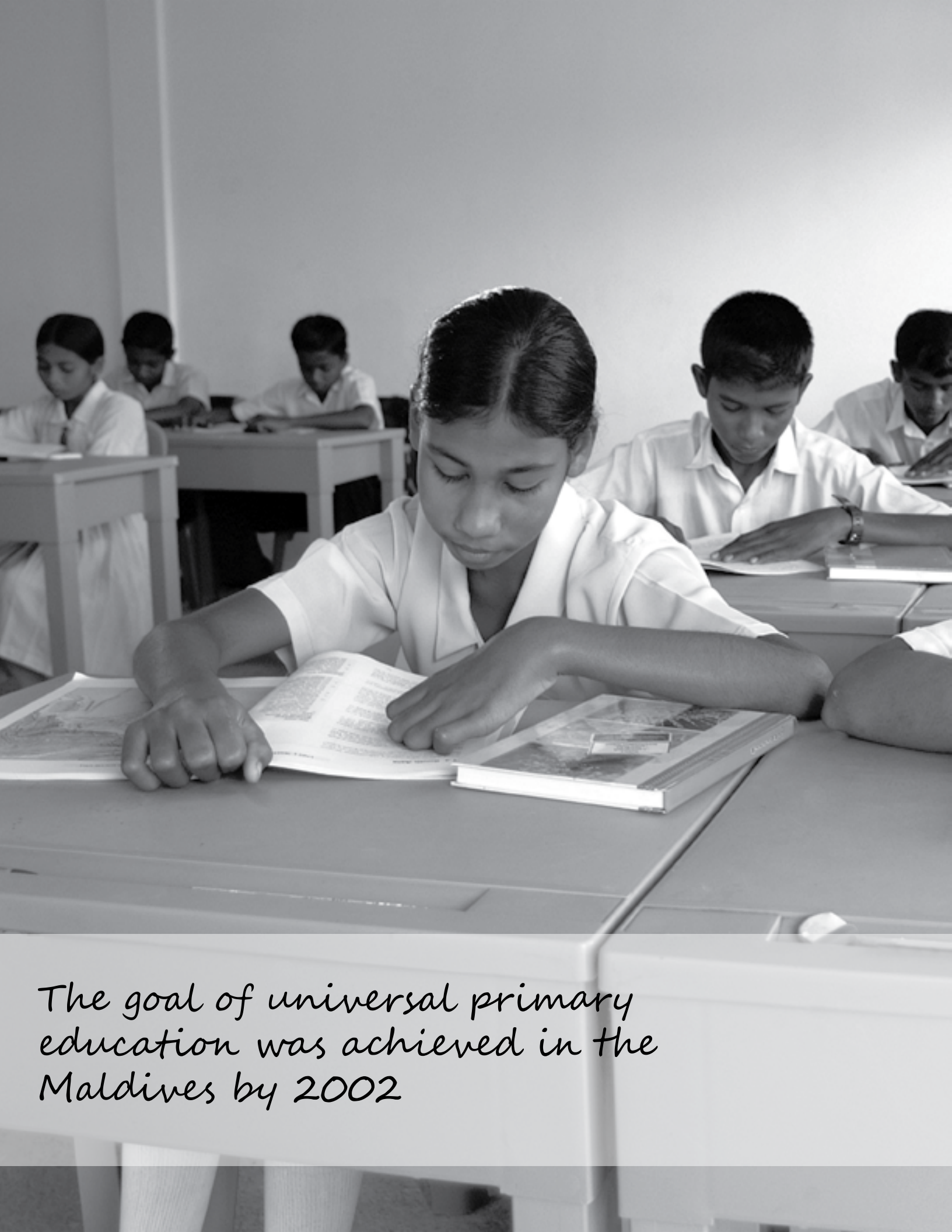
The geographical analysis of malnutrition shows significant atoll variations. With stunting as an indicator of malnutrition, the highest observed rates of malnutrition are found among children in Gaafu Alifu at 55 percent. The lowest observed incidence of stunting is found among children in Dhaalu at 4 percent. The prevalence of stunting among children in Male' is 17 percent (MPND 2005).

Although the Maldives is highly likely to achieve the target of halving the prevalence of underweight in children by 2015, the present low nutrition status of children is a major national development issue that needs urgent and sustained policy attention.

Challenges

The main challenge in addressing malnutrition in the Maldives is to increase locally grown fruits and vegetables. The present high dependence on imported foods, irregular supply, and transportation constraints result in excessively high costs for nutritious foods. Imported fruits and vegetables are very costly in the atolls and consumption even once a week is rare.

The second key challenge is to change dietary habits. The present habits restrict the consumption of vitamin and mineral rich foods in the Maldives. It is essential to conduct nutrition awareness campaigns throughout the country, reduce micronutrients deficiencies through targeted activities, promote exclusive breastfeeding up to six months of age, increase accessibility to and affordability of essential food, and develop monitoring systems for food quality and safety.



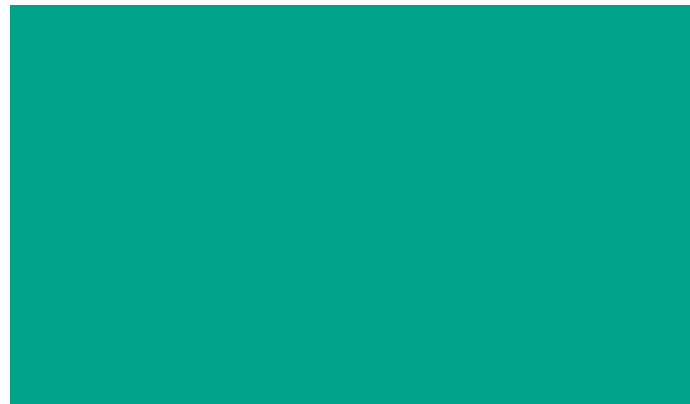
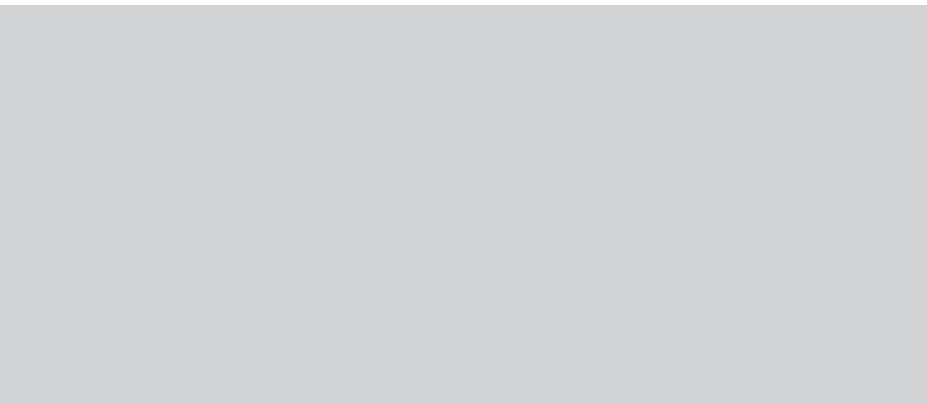
The goal of universal primary education was achieved in the Maldives by 2002

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

UNIVERSAL PRIMARY SCHOOL ENROLMENT IS ACHIEVED

The goal of universal primary education was achieved in the Maldives by 2002. According to the annual School Statistics published by the Ministry of Education, net enrolment in primary level Grades 1 to 7 has been at 100 percent since 2002. This is a significant achievement since net enrolment at primary grades stood at 86.7 percent in 1990 (Table 2.1) and an increase of about thirteen percentage points was attained over twelve years. The census 2006 data showed that 98 percent of the children aged 6-12 years were attending school.

Table 2.1: Net enrolment ratio in primary education

	1990	2000	2002
Both sexes	86.71	98.9	100.0
Boys	86.81	98.6	100.0
Girls	86.71	99.2	100.0

Source: Education Statistics, Ministry of Education

ACCESS TO PRIMARY EDUCATION AVAILABLE IN ALL ISLANDS

The main achievement in providing education in the Maldives over the past 15 years has been the increased accessibility to primary education. The main government policy for primary education over the past 15 years has been to universalize basic education to all by the year 2000 (MoE 1995). This policy necessitated that schools have the complete primary Grades 1 to 7, participation of 100 percent in Grade 1, and 100 percent completion of Grade 7 by all who start Grade 1 (MoE 1995).

Between 1992 and 2004, gross enrolment in primary education increased by 13.7 percent. During this period gross enrolment in primary education was at the highest in 2003 with a ratio of 129.3. Since 2004 there is decline in the gross enrolment ratio which can be attributed to a smaller population within the primary school age group. This is supported by the fact that enrolments in grade 1 declined by 30.89 percent between 1992 and 2003 (MPND 2005).

The enrolments in primary education in the atolls increased steadily from the early 1990s, and reached a peak in 1999. The gross enrolment in the Atolls had an increase of 6.3 percent between 1993 and 2004. In contrast, the gross enrolments in Male' declined by 0.8 percent between the same period. The reason for the lower gross enrolment in Male' could be due to the expansion of primary schooling facilities in the atolls, that may have resulted in fewer children from the atolls coming to study in Male' schools during this period.

The growth in enrolments between 1990 and 2003 was facilitated by the improved accessibility to primary education, especially in the atolls during this period. Accessibility was improved by increasing the

number of primary schools and upgrading the level of primary schooling in the existing and new schools. In 1995, there were 3 schools in Male' and 98 schools in the atolls, with primary teaching facilities up to Grade 7. By 2005, the number of schools with Grades 1 to 7 had increased to 9 in Male' and 206 in the atolls. Today all islands except four have full primary education Grades from 1 to 7 showing that the goal of making primary education accessible to all has been achieved.

HIGH LITERACY RATES AND GENDER PARITY

One of the most significant achievements in the education sector of the Maldives is the high literacy rates. The overall literacy rate is 98 percent and Maldives' literacy rates are amongst the highest in the world (MoE 2007). There are no significant regional or gender disparities in literacy rates.

Another significant achievement is gender parity in all levels of schooling. School enrolment ratios by gender correspond very closely with national gender population proportions in primary education. In lower secondary enrolments, the percentage of females is higher than that for males, compared with the general population. The reverse is found in upper secondary enrolments. There is also no significant difference in the performance of girls when compared to boys at Ordinary (O' level) and Advanced Levels (A' level) examinations. Girls perform slightly better than boys in the O' level while boys perform slightly better in the A' level examinations (MPND 2007). There is no evidence suggesting gender bias in the curriculum or teaching materials (MoE 2007).

SCOPE TO RAISE THE LEVEL OF QUALITY OF EDUCATION IS VERY HIGH

The Seventh National Development Plan (7NDP) places emphasis on improving quality of education. The automatic promotion system prevents student grade analysis for education quality and the one indicator to provide quantifiable data is the end of secondary schooling public examination (Table 2.2). The achievement at completion of secondary schooling falls well short of expectations with only five percent of students passing English and 27 percent passing Mathematics.

Table 2.2: Students' pass rates in the compulsory subjects

Subject	2003 % passed	2004 % passed	2005 % passed
Islam	73	71	66
Divehi	79	79	78
English	8	8	5
Mathematics	24	27	27

Source: Ministry of Education 2007

In 2002, the Asian Development Bank (ADB) estimated that only 3,289 out of the total of 41,089 in the 15 to 19 year cohort will pass the O' level which is an absolute minimum requisite for admission to the majority of tertiary education programmes (ADB 2002). The contribution to the labour market and socio-economic development of the nation from the remaining 37,800 youth who are not passing the public examination cannot be significant. Even if they do get jobs and join the labour force, they are entering with levels of English literacy and numeracy which is much lower than what might be expected of them for the positions to be filled (MoE 2007).

Challenges

Some of the key challenges to improvement in education quality are the high number of untrained teachers; shift systems in schools due to lack of adequate classroom space; and lack of basic infrastructure facilities such as libraries, science laboratories and equipment. In 2005, out of the 5,616 teachers in service, 3,948 were trained while 1,668 were untrained (MoE 2005). Seventy five percent of secondary school teachers are expatriates. Eighty percent of schools lack basic learning and teaching facilities (MPND 2007).

Providing access to primary education for children with special needs is also a significant challenge. A disability survey undertaken in 2002 showed there were 546 students in the age cohort 6 to 16 who were not attending school due to a disability (MGFDSS 2002). Children with special needs are dispersed across 196 islands, making provision of primary education to them disabled population difficult and costly.

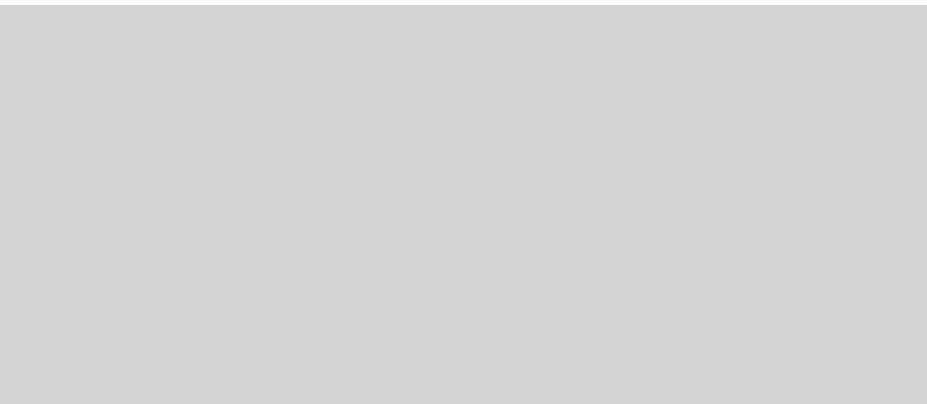
While there is an obvious demand for teachers in the Maldives, the unavailability of trained teachers is a major constraint for the education system. The low pay structure of teachers relative to the work load that teaching requires and a lack of adequate opportunities to further their career could be possible reasons but, the issues behind the unavailability of trained teachers need to be examined in detail.

Goal 3

Promote Gender Equality and Empower Women

Target 4

Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015



Target 4

Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

Status

NET ENROLMENT OF GIRLS IS HIGHER THAN BOYS IN SECONDARY EDUCATION

There is gender parity in primary education with 100 percent net enrolment of both girls and boys (MoE 2005). At lower secondary and higher secondary level of education there is more female enrolment. In 2005, the net enrolment ratio at lower secondary for females was 70.7 compared to 58.8 for males. At higher secondary level the net enrolment ratio for females was 7.8 compared to 6.7 for males (MoE 2005).

GENDER DISPARITY IN TERTIARY EDUCATION IS NARROWING

In tertiary education, a significant gender disparity still exists, but it is encouraging to note that the trend shows disparity has significantly narrowed. Figure 3.1 shows the number of men and women holding degree qualifications and above from universities. There are more men with tertiary education qualifications than women. In 1990 there were 177 males who had degree level qualifications and above compared to 42 females. In 2006 there were 1,498 males holding tertiary qualifications compared to 874 females.

The ratio of women to men with tertiary qualifications in 1990 was 24 percent compared to 58 percent in 2006. The trend is highly encouraging and with the higher net enrolment ratio of girls in secondary education the gender gap in tertiary education is predicted to narrow further.

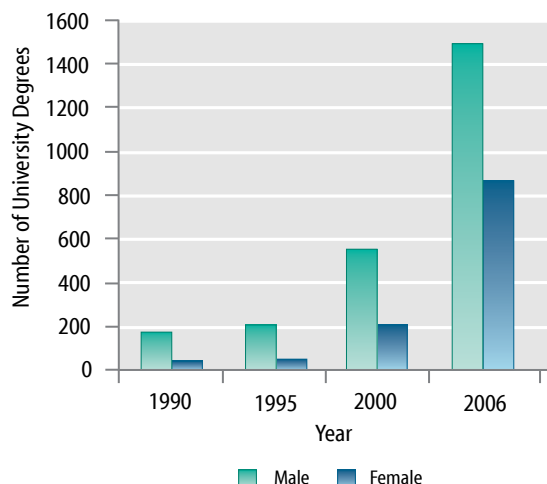
PROPORTION OF WOMEN IN PAYING JOBS IS INCREASING

Although women's access to paid employment is lower than men's, the proportion of women in paying jobs is increasing steadily. The Census 2006 shows that women's labour force participation rate is 52 percent now. Between 1990 and 2006 the labour force participation rate of women increased by 30 percentage points. It is encouraging that the percentage increase was highest in the last inter-census period with 18 percentage points.

Figure 3.2 shows the share of women and men in the labour force taken from the Census data. According to Census 2006 the total labour force is 110,231 of whom 40,530 are women. The present share of women in the labour force is 37 percent compared to 20 percent in 1990.

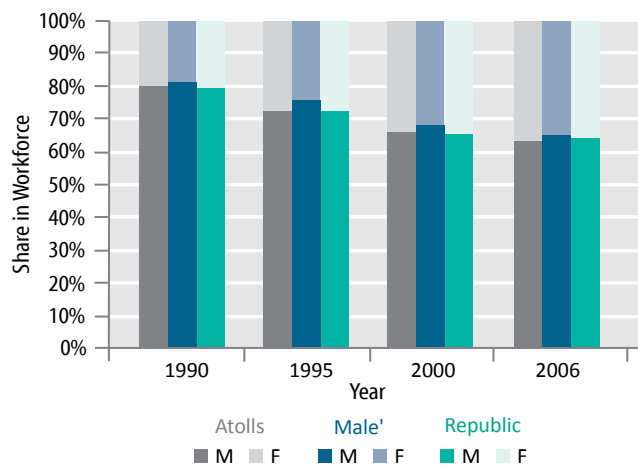
The women's participation is highest in the education, health, manufacturing, and agriculture sectors. In the education sector 7,128 out of the 9,872 labour force are women and thus women's share is 72 percent. In the health sector the share of women is 68 percent. In the manufacturing sector 12,359 out of the 19,259 labour force are women. Thus women's share is 65 percent of the total in the manufacturing sector. In the agricultural sector, 2,724 out of the 4,236 labour force are women. Women's share in the agriculture sector is thus 64 percent. The share of women in paying jobs is lowest in the tourism sector.

Figure 3.1: Women and men with tertiary education qualifications



Source: Census 1990, 1995, 2000 and 2006 (MPND)

Figure 3.2: Share of women and men in the labour force (ages 15-64)



Source: 1990, 1995, 2000 and 2006 Census (MPND)

MEN DOMINATE DECISION-MAKING

The proportion of seats held by women in national parliament is shown in Table 3.1. Women's share of seats in parliament tripled between 1990 and 2005, from four to 12 percent respectively. However, it is worth noting that out of the six seats held by women, two are held by elected members while four are appointed constitutionally by the President.

Men hold more jobs at the executive decision making level of the government than women. Table 3.2 shows the number of jobs held by men and women at the executive level of the government in January 2007. It is noteworthy that there are no women appointed as Atoll Chiefs.

Table 3.1: Seats held by women in national parliament

	1990	2005
Total number of seats	48	50
Seats held by women	2	6
Seats held by men	46	44
Proportion of seats held by women	4%	12%

Source: People's Majlis (<http://www.majlis.gov.mv>)

Table 3.2: Number of men and women employed in executive level posts

Level	Men	Women	Percentage (Women)
Minister	33	4	10.8
State Minister	11	1	8.3
Deputy Minister	37	9	19.6
Executive Director	49	10	16.9
Atoll Chief	18	0	0
Deputy Executive Director	4	0	0
Assistant Executive Director	14	2	12.5
Director General	68	17	20
Deputy Director General	27	1	3.6
Assistant Director General	75	12	13.8
Director	227	67	22.8

Source: Ministry of Information and Arts (<http://www.maldivesinfo.gov.mv>)

Challenges

While upper secondary education is accessible in the majority of the atolls, students from islands that do not have adequate enrolment numbers to allow the conduct of A' level examinations in their home islands are disadvantaged. There are a number of silent social problems faced by students living in islands away from own families. As a result, parents are particularly hesitant to send girls to live away from home. Residential community learning centres and other appropriate accommodation options needs to be considered to ensure higher enrolment in upper secondary education.

Since the establishment of the Maldives College for Higher Education that offers diploma and degree programmes within the country and on a part-time basis as well, more women are getting enrolled in tertiary education over the past few years. However, the relatively lower number of females with tertiary education qualifications suggests that women still continue to face difficulties in pursuing higher education. Furthermore, there is a need to undertake policy analysis on the introduction of gender preference in allocation of scholarships. Even where tertiary education opportunities are available in the country, women who have to juggle work, family and a household may find it too demanding to continue higher education.

While women are still the primary caregivers for children and other dependant family members, the increase in labour force participation of women indicates that there is a change in attitude towards women in paid employment. Although the share of women in the labour force has increased, men continue to have almost twice as much presence in the labour force relative to women. This could be because men continue to dominate employment in

sectors such as tourism and construction which are some of the fastest growing employment sectors in the country. The relatively lower labour force participation rate of women could also suggest that despite a change in attitude towards women in wage employment, due to the unavailability of adequate childcare during the early years, some young mothers may be exiting the labour force for a period of time.

The relatively low proportion of seats held by women in national parliament is indicative of women's lack of interest in politics in general. The low number of women in decision making positions is a concern as well. Attempts have been made in the past to increase women's awareness of politics, through a series of regional workshops on legal awareness and political participation of women. However, the current political participation level of women and the lack of opportunities available for them in the political area suggest that a more concerted effort is needed to increase women's participation in politics.



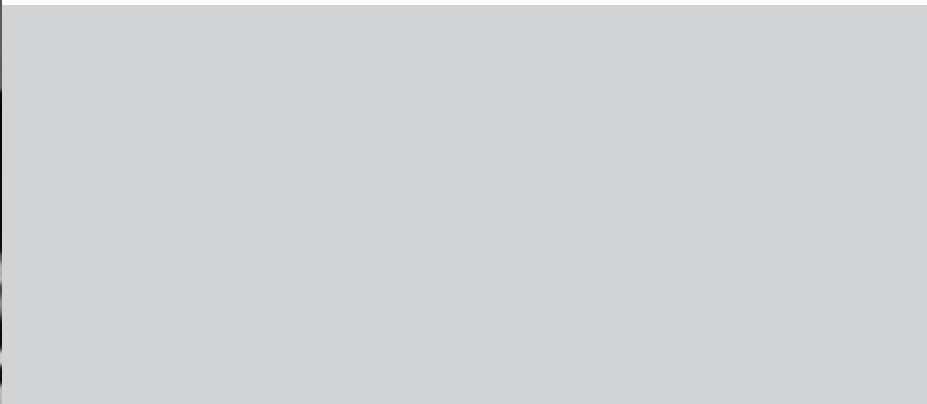
Child mortality rates have declined steadily over the last decade and MDG target five is almost achieved

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

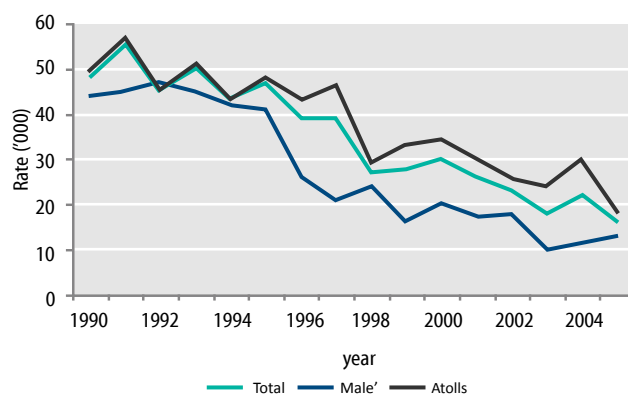
TARGET TO REDUCE CHILD MORTALITY ACHIEVED IN 2005

The under five mortality rate stood at 48 per 1000 live births in 1990. Thus, the Maldives need to bring the child mortality rate down to 16 per 1,000 live births by 2015. Steady progress has been made toward achieving this goal in the last decade. By the end of 2005, the reported child mortality rate decreased to the required target of 16 per 1000 live births. Thus, it can be said that the child mortality goal has already been met. However, child mortality increased to 18 per 1000 live births in 2006 and it is not yet advisable to conclude that Maldives has fully achieved MDG 4. There have been slight fluctuations in child mortality rates in the last five years. In the year 2004 there was an increased child mortality compared to 2003 and 2005, while 2006 again showed a slight increase from 2005. The 2004 high mortality can be explained since according to the vital registrations system, 21

percent of the under five mortality that year was due to the tsunami. It is thus advisable to monitor the rate for a few more years to see a declining trend that would keep any fluctuation below the target level to conclude that the target has been fully met.

It is also noted that there is virtually no difference between the rural (atoll) population and the urban (Malé) population as well as between the sexes. It is highly likely that goal will be met for both the urban

Figure 4.1: Under five mortality rates in Male' and Atolls



Source: MoH

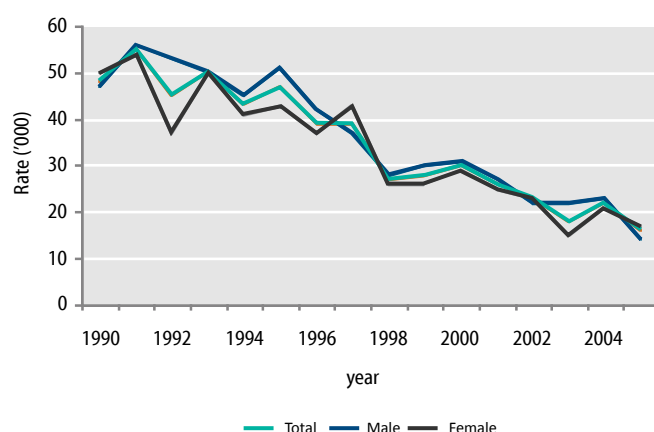
and rural populations. Figures 4.1 and 4.2 illustrate these results.

The main contributory factor for such achievement in reducing child mortality is the reduction in infant mortality. The infant mortality rate which stood at 34 per 1,000 live births in 1990 has been reduced to 16 per 1,000 live births by the year 2006. This trend has continued for both the rural and urban populations as well as the sexes. Once again the figures do not indicate significantly vast differences. Further analysis shows that the most critical intervention needed to further reduce infant mortality is to reduce neonatal mortality. As can be seen from figure 4.3, the gap between child mortality and infant mortality as well as infant mortality and neonatal mortality is gradually decreasing confirming the above finding.

CLOSE TO UNIVERSAL VACCINATION FOR EPI VACCINES

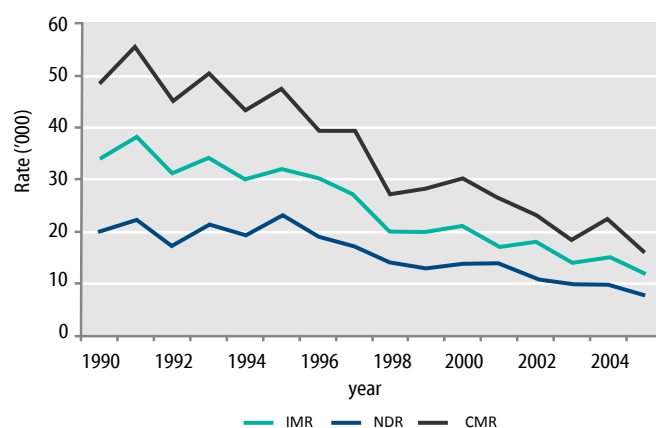
The Maldives have maintained close to universal vaccination for EPI vaccines (Table 4.1) over the years and has one of the highest vaccine coverage within the South Asia region. Furthermore, the country has attained self procurement of all EPI vaccines thus further strengthening the immunization programme. According to the Multiple Indicator Cluster Survey (MoH 2001) conducted in year 2001, it was shown that the Maldives has achieved close to universal coverage for vaccines in the EPI programme. For

Figure 4.2: Under five mortality rates by sex



Source: MoH

Figure 4.3: Infant mortality and child mortality



Source: MoH

measles, the total coverage stands at 92.4 percent with 91.7 percent coverage for males and 93.2 percent coverage for females. The full immunisation coverage stands at 85.4 percent for the country. No survey data is available for recent years on this critical indicator.

Table 4.1: Percentage of children aged 12 to 23 months immunised by sex

Vaccine	BCG	Polio				Hepatitis B			DPT			Measles	Full	None
		0	1	3	4	1	2	3	1	2	3			
Male	96.4	95.2	92.9	92.9	90.5	95.2	91.7	91.7	94	91.7	89.3	91.7	83.3	1.2
Female	94.6	94.6	97.3	97.3	95.9	94.6	95.9	94.6	97.3	95.9	91.9	93.2	78.8	1.4
Total	95.6	94.9	94.9	94.9	93	94.9	93.7	93	95.6	93.7	90.5	92.4	85.4	1.3

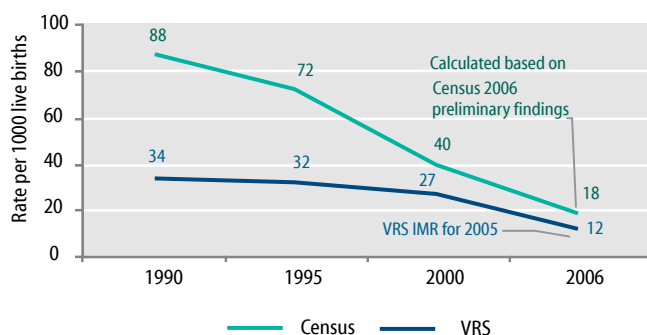
Source: Multiple Indicator Cluster Survey 2001, Ministry of Health, UNICEF, WHO

QUALITY OF DATA ON CHILD MORTALITY SHOWS IMPROVEMENT

Independent estimates of infant mortality made from past censuses show a much higher rate than the vital registrations system (VRS). It is a fact that such indirect estimations tend to reflect over reporting whereas direct estimations usually have some under reporting. The VRS though is the only source of data available to show a time trend in mortality patterns. A number of interventions to improve the VRS system have been made in the last few years and a number of new control measures have been put in place. It is though imperative to assess the performance and validate the data that has been collected.

As can be seen from Census data, the estimations of IMR are much higher during 1990 and 1995 than the routine reporting. However, it is encouraging to note that the difference in the rates from Census 2006 is insignificant. Figure 4.4 shows these trends in IMR. The reduction of IMR in the Census data is promising towards concluding the achievement of the MDG 4.

Figure 4.4: Differences in IMR – Census vs VRS



Source: MoH (2007) and Census 1990, 1995, 2000, 2006

Challenges

The strategies implemented by the health sector have worked efficiently within the last 15 years to bring the progress in reducing child mortality. A key challenge though remains in the form of data discrepancies. It is critical to undertake an extensive independent assessment of the vital registrations system to further improve and enhance the system.

Maintenance of the current high rate of vaccination and introduction of new vaccines into the EPI programme is necessary to sustain the low rate of child mortality. Monitoring and surveillance of EPI target diseases should be maintained and strengthened further. Furthermore, independent external reviews should be undertaken to assess the EPI programme. Prevention and appropriate management of emerging diseases such as dengue is also critical to reduce child mortality.

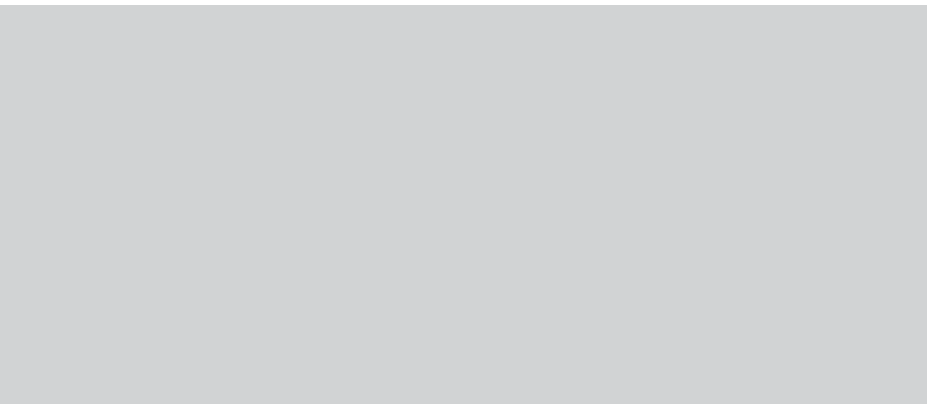
Intervention to improve neonatal care at all levels of the health service is required to address the current challenge in reducing neonatal mortality. However, since such interventions require sophisticated medical equipment and specialised nursing and other paramedic care, the challenge really lies in the feasibility of such interventions. Large consolidated populations would be the key to introducing and sustaining such interventions at the peripheral level.

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

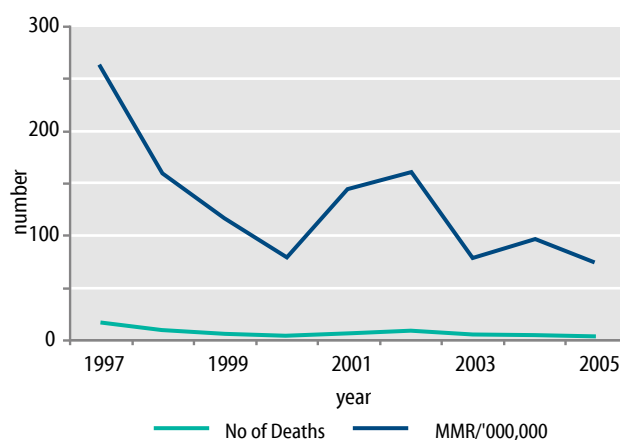
TARGET FOR REDUCING MATERNAL MORTALITY IS ON TRACK

Although maternal mortality ratio (MMR) has reduced significantly from around 500 per 100,000 live births in 1990 to 69 per 100,000 live births in 2006, reliable data are available starting year 1997 when maternal death audits were introduced in the Maldives. Hence, 1997 is taken as the baseline year for this target. Given that the reported MMR for 1997 is 258.73 per 100,000 live births, and by 2006 it has reduced to 69 per 100,000, the target for reducing maternal mortality is well on track. Based on the 1997 baseline, the target for reduction in MMR is 64.5 per 100,000 live births. But this needs to be interpreted cautiously. Given that there are so few deaths in number and the rate fluctuates with even a difference of one death this reduction in statistic can be misleading. The Health Master Plan 2006 to 2015 (MoH 2006) sets targets to reduce the absolute

number of maternal deaths per year. Figure 5.1 shows these comparisons.

Proportion of births attended by skilled personnel is an indicator where the baseline data is not available. The Multiple Indicator Cluster Survey (MoH 2001) presents some reliable baseline statistics for this indicator. In 2001, 48 percent of the deliveries were conducted by doctors and 22 percent by nurses. Trained birth attendants conducted about 45 percent

Figure 5.1: Maternal mortality ratios



Source: MoH

Table 5.1: Deliveries conducted by type of professionals 2006

Delivery conducted by	Live births		Still births		Total births (LB+SB)	
	Number	Percent	Number	Percent	Number	Percent
Doctor	3590	61.61	26	52.54	3621	61.52
Nurses	1900	32.61	25	42.37	1925	32.7
Health Worker	64	1.1	1	1.7	65	1.1
TBA	255	4.38	2	3.39	257	4.37
Other	1	0.02	0	0	1	0.02
Not stated	17	0.29	0	0.0	17	0.29
Total	5827		59		5886	100

Source: MoH (2007)

of all deliveries. By contrast, in 2006 routine vital statistics show that 61.52 percent of deliveries were conducted by doctors, 32.7 percent by nurses, 1.1 percent by a health worker and 4.37 percent by a traditional birth attendant (Table 5.1).

Challenges

Given that there has been a significant reduction in MMR over last 8 years, the Maldives has performed well in achieving this goal. The main intervention for such progress was the ability of the health system to attend to high risk cases at a more peripheral level with the introduction of Atoll Hospitals and providing specialist services at that level. However, there still remain some challenges. Issues of accessibility to essential obstetric care and quality of care, especially at the very peripheral level remain to be addressed. The recent provision of speedboats to all peripheral hospitals coupled with the establishment and proper implementation of out reach obstetric care and evacuation is expected to lead to further reduction in maternal mortality.

Although a number of islands have institutions that are safe to conduct deliveries, the main challenge is the skill of birth attendants at small peripheral islands. Births should be attended at least by a trained midwife and ideally nurse midwives can be

posted at island level. This provides an even bigger challenge to retain these staff even if they can be trained. Such services would be more feasible if populations of small islands can be consolidated to bigger populations. This would create better levy for investment in required equipment and other facilities.

Detection of high risk pregnancies and their referral to higher levels of the health system are also conducted. However, according to the maternal death review synthesis report, late referrals and non compliance to referrals may have lead to maternal deaths (MoH 2004). Furthermore, this would help reduce late referrals and delays in seeking care and also the need for emergency obstetric evacuations can be reduced significantly.

The area that needs most intervention is the reduction of maternal morbidity. Extensive research is required in the area of maternal morbidity as a key factor to reduce maternal mortality. Focus on adolescent reproductive health needs is also crucial for reduction in unwanted pregnancies leading to maternal morbidity and mortality. In addition, assessment of “near miss” cases of maternal mortality needs to be conducted by identifying such cases with proper criteria to facilitate appropriate interventions and actions.

Capacity building in research, technical and managerial areas of reproductive health is also important for improving preventive programmes on maternal health which would lead to healthy pregnancies and lower mortality and morbidity. Efforts are required to ensure the presence or availability of skilled personnel and safe environments at island level in order to give access to safe deliveries and early detection and action for high risk pregnancies.

Goal 6

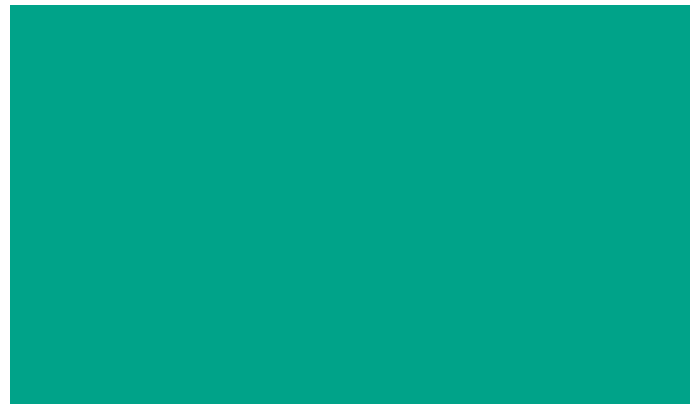
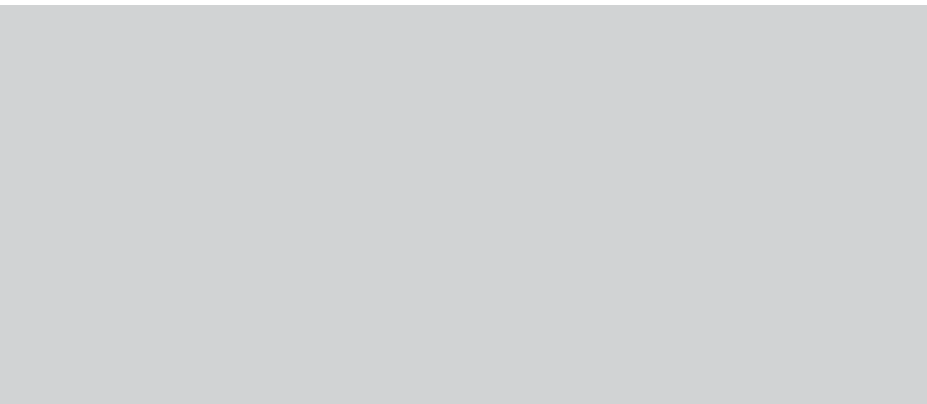
Combat HIV/AIDS, Malaria and
Other Diseases

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

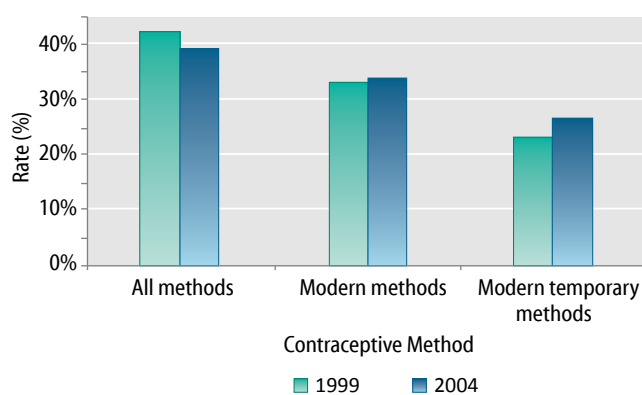
LOW PREVALENCE OF HIV/AIDS IS MAINTAINED

The Maldives has a very low prevalence of HIV/AIDS. HIV screening was initiated in 1991 and since then 13 cases have been reported to date. No HIV cases have been reported among pregnant women so far. High drug use prevalence especially IV drug use and increasing sex trade indicate a serious threat to spread of the disease.

A slight increase in condom use from six percent to 9 percent has been recorded in 2004 when compared to that of 1999 (MoH 2004). However this rate does not indicate that this is the real condom prevalence of the country since the figure is for married women. Condom use for the high risk groups such as the resort workers, sailors or drug users are not available. Furthermore, condom use rate for last high risk sex is also not available for most high risk groups. However, in 2004, the reproductive health

survey collected information on sexual behaviour of unmarried youth 15 to 24 years of age. The survey showed that nine percent of the youth have had sexual intercourse of whom 14 percent were men and five percent women. Some 62 percent of these young people reported to have had sex before the age of 18 years. Among this sexually active high risk group, only 12 percent reported that they use condoms during sexual intercourse while 45 percent reported that they do not use condoms thus leaving them at risk for HIV infection (MoH 2004). On the other

Figure 6.1: Contraceptive prevalence rate



Source: MoH 2004

hand, it is a positive note that some 97 percent of unmarried youth knows about HIV/AIDS (MoH 2004). Knowledge on avoiding HIV infection is high among young women than in men.

The contraceptive prevalence rate (Figure 6.1) has reduced to 39 percent in 2004 from 42 percent in 1999 (MoH 2004). However, there is encouraging trends in the mix of contraceptive use. The use of modern contraceptive methods has increased from 33 percent in 1999 to 34 percent in 2004. The Contraceptive Prevalence Rate (CPR) is higher in the atolls with 40 percent prevalence when compared to Malé which stands at 37 percent (MoH 2004).

Challenges

The main positive indication on the progress of this goal is the high level of awareness on HIV/AIDS among the population. Being a low prevalence country, the Maldives faces a challenge to ensure sustained low prevalence. Efforts are required to further strengthen the awareness programmes and to continuously measure impact of these programmes. Timely intervention would be required for any adverse findings of the continuous assessments. The introduction of voluntary testing and counselling in the country is a major positive step towards better surveillance and management of the disease.

Special challenges include reaching and assessing the sexual behaviour of high-risk populations such as the IV drug users, sex workers and the expatriate workforce. This is necessary to ensure targeted interventions to prevent any outbreak of the disease. In addition difficulties in wide and adequate promotion and/or accessibility of condoms for effective prevention remain a challenge.

Additional challenges remain in the fact that hospitals in the country do not implement universal precautions when treating patients leaving care giver at a high risk for infection. Furthermore, there are some data discrepancies that are evident and needs serious attention. It is reported by the programme that 10 HIV deaths have occurred since 1991. However, the cause specific deaths reported for those corresponding years do not report any HIV deaths. This mismatch needs to be rectified improving the process of death certification.

Human resource development in technical and managerial areas of the HIV/AIDS programme is crucial to maintain the low prevalence. Voluntary testing and counselling should be expanded to all atolls in the country. This should also include specific intervention to develop counselling skills and techniques of care givers. Awareness and education programmes should be strengthened to target high risk groups and the impact of these programmes shall be periodically measured. All health institutions shall be made to practice universal precaution standards when treating patients.

Target 8

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

Status

MALARIA IS ERADICATED AND PREVALENCE OF TB IS VERY LOW

Notable achievements have been gained in the control of communicable disease in the Maldives. Malaria has been eradicated and no indigenous cases have been detected since 1984. Prevalence of TB is also very low in the Maldives. A 100 percent of all detected TB cases are put under the recommended Directly Observed Treatment Short course (DOTS). High BCG vaccination coverage contributes to zero prevalence in reported childhood TB.

Challenges

The performance in communicable disease control has been commendable. 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 are linked with increased prevalence in HIV/AIDS, efforts on HIV/AIDS control as well as other communicable disease control activities has to be sustained further.

An increasing challenge for sustaining such programmes is the new emerging diseases such as dengue, chikungunya and scrub typhus and other rodent and vector related diseases. There is a need to develop special interventions for emerging and re emerging diseases such as dengue, scrub typhus and so forth.

The threat of pandemic influenza in the world also needs to be attended much in advance.

Increased migration to and over crowding in Malé remains a major threat to spread of communicable diseases as evident in the rapid spread of dengue and other fevers. Such over crowding would remain a challenge for the control of spread of diseases and poses an imminent threat to outbreak situations.

Although the majority of the population have access to essential medicines, unavailability of essential medicines in small islands also remains a major challenge. In the Maldives, where the pharmaceutical provisions are a competitive market, operation of pharmacies is not feasible in the smaller islands. Special mechanisms are needed to provide essential drugs to smaller communities.

There is also an urgent need to modernise disease surveillance mechanisms and improve use of information on decision making for disease control programmes. Human resource development in disease prevention is currently weak and should be made a priority in the near future.



Maldives has maintained a very good track record in ensuring environmentally sustainable economic development

Goal 7

Ensure Environmental Sustainability

Target 9

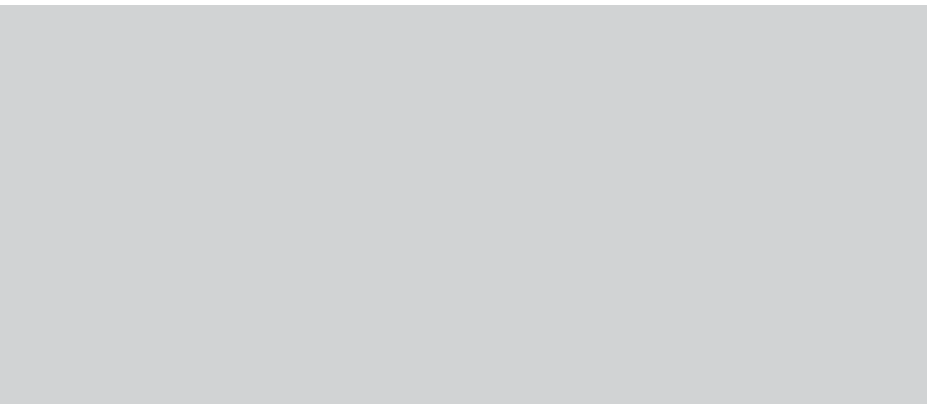
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

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

MALDIVES IS AMONG THE MOST VULNERABLE TO CLIMATE CHANGE

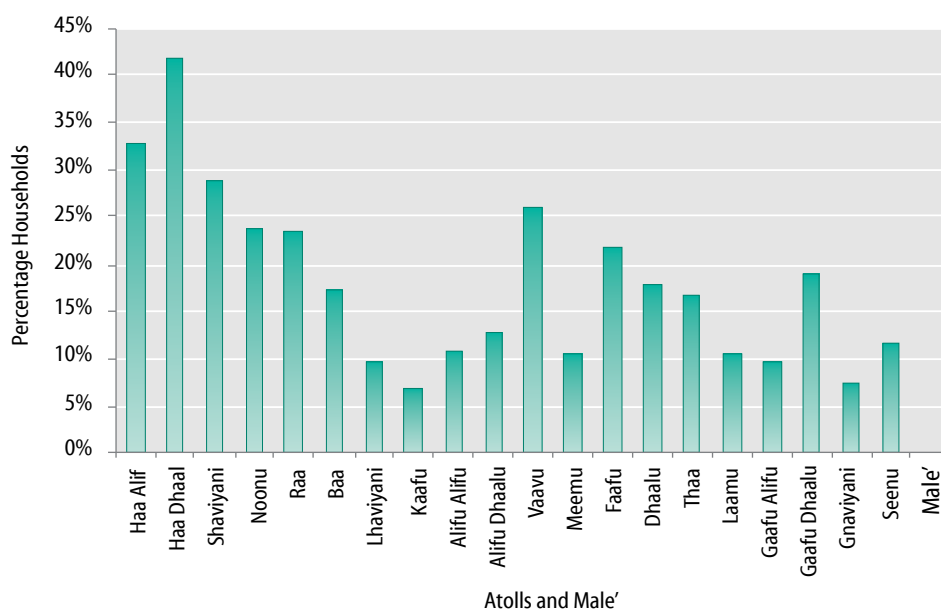
Ensuring environmental sustainability is a necessary condition for the fullest possible satisfaction of human needs. It is the diversity of the biotic system across scales, from genes to ecosystems, and the services they generate that provide the basic foundations on which social and economic development depends.

The Maldives has maintained a very good track record in ensuring environmentally sustainable economic development. Tourism has been developed in an ecologically friendly manner with high levels of technological innovations. The fisheries growth has been based on traditional methods and principles that are highly responsible and sensitive to the needs of the ecosystems and societies.

However, the Maldives is one of the most vulnerable nations to the predicted global environmental challenges. There is overwhelming evidence that global climate is changing. Being a low lying small coral island country where more than 80 percent of the land is less than 1.5 metres above mean sea level, the projected rise in sea level threatens the existence of the nation. The projected increases in sea surface temperature due to climate change and climate variability threatens the health of the coral reef ecosystem on which the two key economic sectors tourism and fisheries is based. Higher frequency and intensity of extreme events could cause severe flooding and significant damage to islands where flooding is already a challenge.

In order to sustain economic growth high levels of investments are being made in the tourism and fisheries sectors. In order to sustain the economy the natural resources has to be used wisely and complex ecosystems have to be protected.

Figure 7.1: Households using firewood for cooking, 2006



Source: Maldives Population and Housing Census 2006

THE 7NDP AND 3rd NEAP ARE BASED ON SUSTAINABLE DEVELOPMENT PRINCIPLES

The Government of Maldives is committed to ensure sustainable development. The seventh National Development Plan (7NDP) is based on principles of sustainable development. The Maldives has implemented its second National Environment Action Plan (NEAP) for the period 2000-2006. The aim of the second NEAP was to protect and preserve the environment of the Maldives, and to sustainably manage its resources for the collective benefit and enjoyment of present and future generations. The third NEAP is being formulated now and will be implemented for the period 2007-2010.

PROPORTION OF POPULATION USING SOLID FUELS HAS DECLINED DRAMATICALLY

The data from censuses show that there has been a remarkable decline in the use of firewood over the last fifteen years. In 1990 more than 79 percent of the households used firewood for cooking. The proportion of households who use firewood declined to 42.7 percent by 2000 and to 13.6 percent by 2006.

Figure 7.1 shows the inter atoll variations in the use of firewood as the main source of energy for cooking. It is evident that use of firewood for cooking is higher in the northern atolls compared to the other atolls. The use of firewood is highest in Haa Dhaalu Atoll where still 41.8 percent of households use firewood for cooking. Perhaps there are many islands in Haa Dhaalu 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 specialize in fish processing.

Challenges

The use of firewood poses two environmental issues that need to be addressed. The first is the loss of vegetation in the islands from where the firewood is collected. The second is indoor air pollution caused by poorly ventilated kitchens. The upper respiratory diseases causes significant disease burden to the population of the Maldives. Hence it is recommended that advocacy, awareness raising and marketing of alternatives to firewood be targeted at those atolls where more than 15 percent of the households use firewood for cooking. Island level data from the census can be used to determine the particular islands where such activities need to be targeted.

Target 10

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

Status

ACCESS TO AN IMPROVED WATER SOURCE HAS IMPROVED TREMENDOUSLY

Groundwater is a scarce resource in the Maldives because of the hydrogeology of the country. The freshwater aquifer lying beneath the islands is a shallow lens, 1-1.5m below the surface and no more than a few meters thick. Surface freshwater is lacking throughout the country with the exception of a few swampy areas in some islands.

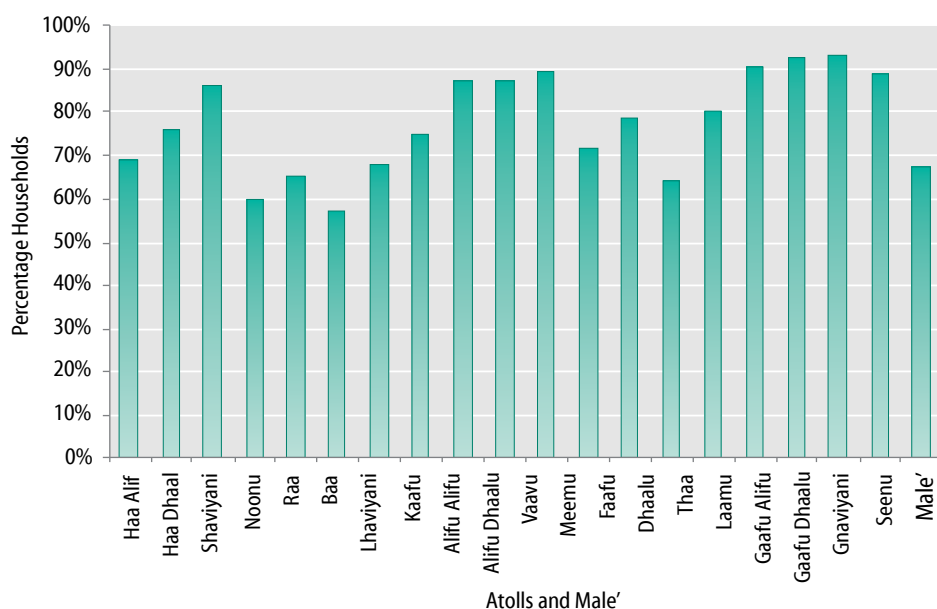
Traditionally people depended on shallow wells to get access to the groundwater lens for drinking water. However, almost 100 percent of the atoll households now use rainwater as the principal source of drinking water. It is also important to note that the use of rainwater for cooking has increased significantly in the atolls. According to the 2006 census, 76 percent of atoll households use rainwater for cooking. Figure 7.2 shows the inter atoll

variation in the use of rainwater for cooking. The use of rainwater is highest in Gaafu Dhaalu, Gaafu Alifu and Laamu Atolls where more than 90 percent of the households reported they use rainwater for cooking. The use of rainwater for cooking is lowest in Baa Atoll (57 percent) and Noonu Atoll (60 percent).

At the moment rainwater is considered the most sustainable improved water source for the atolls, although there are no measures of the quality of stored rainwater. According to the Census 2006, more than 90 percent of the atoll households did not use any method of treatment for the drinking water.

In Male', 100 percent of the population has access to piped desalinated water. Following the tsunami 38 islands have been provided with desalination plants that are being operated daily or on emergency basis.

Figure 7.2: Inter-atoll variation in use of rainwater for cooking 2006



Source: Maldives Population and Housing Census 2006

TWO THIRD OF POPULATION DOES NOT HAVE 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. According to the census data, the percentage of the atoll households without access to toilet facilities decreased from more than 60 percent in 1990 to six percent in 2006.

Although the sanitation situation in the atolls show marked improvement over the last fifteen years, most households are still dependent on septic tanks. Census 2006 data shows that 72 percent of households had toilets connected to septic tanks while 16 percent of households had toilets connected to direct sea outfalls. About four percent of the households use the compound known as the Gifili for a toilet.

Challenges

In Male' where more than one third of the total population live, 100 percent of the population has access to safe drinking water. However, it has to be noted that desalinated water is produced by burning diesel oil and the heavy dependency on imported fuel for desalination is an issue that needs consideration from an energy security and sustainability perspective.

In the atolls, where two third of the population live, the key challenge is to ensure the quality and safety of drinking water. Presently the capacity to test and monitor the quality of drinking water is limited in the atolls. There is an urgent need to establish standards for rainwater collection, storage and use. There is also the need to increase the rainwater harvesting and storage capacity in Baa, Noonu, Dhaalu, Raa and Seenu Atolls.

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. Since ground water is still used in many islands for washing, bathing, cooking and even drinking, improving the sanitation situation in the atolls needs to be given high priority. It is recommended that adequate tertiary level sewage treatment options be evaluated for the island of the Maldives.

Target 11

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

Status

MANY TSUNAMI AFFECTED HOUSEHOLDS ARE STILL LIVING IN TEMPORARY SHELTERS

In the Maldives there are no slums and no slum dwellers. However, the tsunami damaged many houses and there are several families living in temporary shelter.

According to the Ministry of Construction and Public Infrastructure, following the damage caused by tsunami of December 2004, total of 5,817 houses required repair. By 17 December 2006, repair work was completed on 1,338 houses, and repair work was ongoing on 2,377 houses. Repair work is yet to commence on 2,078 houses.

Following the tsunami total reconstruction of houses were needed in 49 islands. Out of the 2,980 houses that require total reconstruction, 158 were completed by 17 December 2006. Reconstruction work is ongoing for 1,141 houses while work is yet to commence for 1,659 islands.

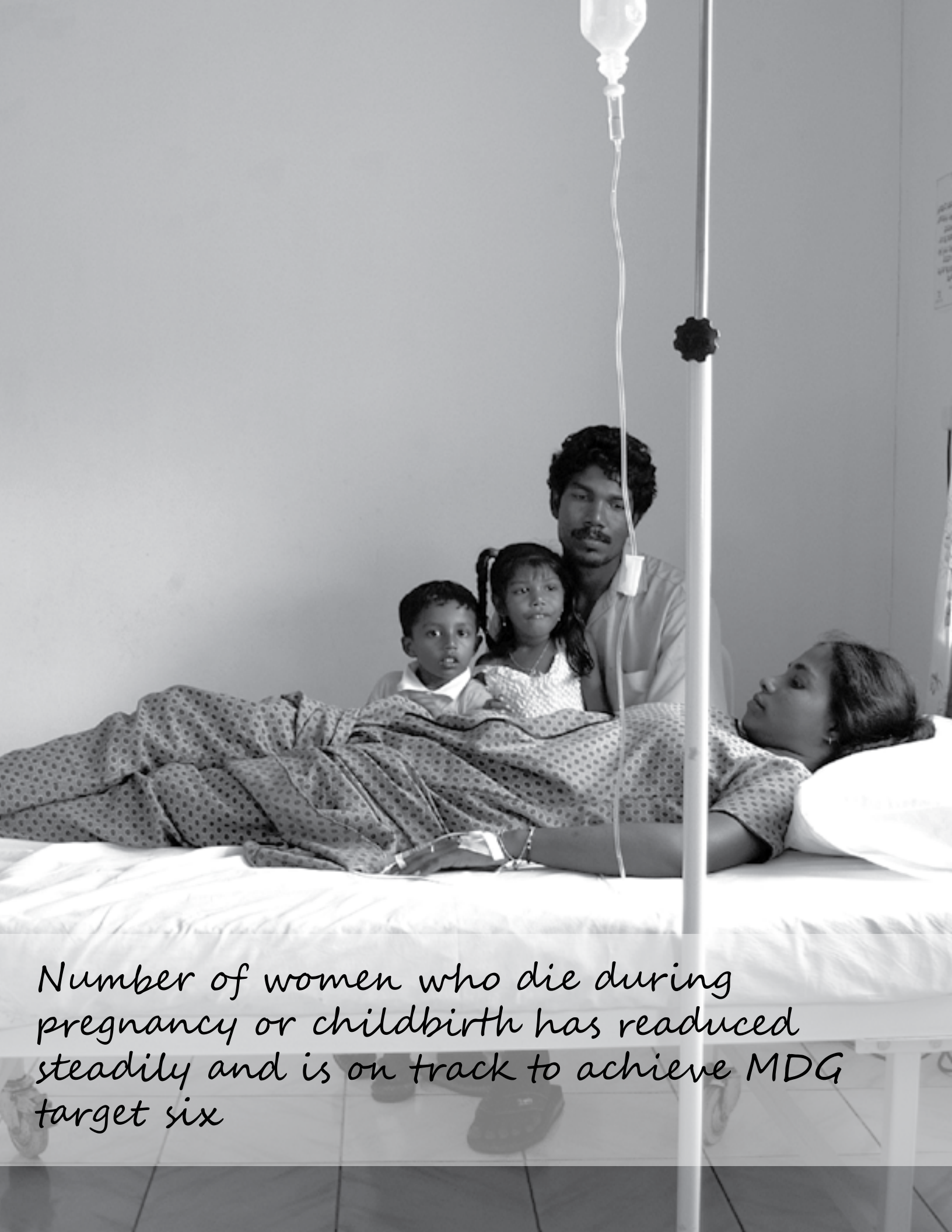
POPULATION OF MALE' HAS MORE THAN DOUBLED IN LAST 20 YEARS

In 1911, only 5,236 people lived in the capital Male'. With the opening up of tourist resorts around Male' in the 1970s and the closing down of the British Airbase in Gan in Addu Atoll in 1976 very strong in-migration to the capital commenced. By 1985, the population of Male' reached 45,874. The last twenty years had seen rapid growth in economic and social opportunities in Male' and as a result unprecedented urbanization. The Census 2006 recorded the population of Male' at 103,693.

Challenges

The reconstruction and repair of tsunami affected houses has faced a number of challenges. The mobilization of construction material and labour concurrently in a number of locations is one of them. The issues in contracting and community consultations also caused delays. Delay in mobilizing finance was also a significant challenge.

In Male', the rapid urbanization has resulted in very high and increasing population densities and severe congestion. Some much-needed relief may be coming from the development of Hulhumale', but the fast rate of urbanisation may quickly undo some of the benefits of the new development. Therefore, efforts to establish regional growth centres in the North and in the South that provide an alternative to Male' should be strengthened and improved because they have been less successful so far. Many young secondary school graduates are not aiming to return to their island to work in traditional sectors like fisheries. They are ambitious and have high expectations. Urbanization combined with increasing unemployment may lead to unfulfilled expectations and disillusion, especially among the youth, and to increasing tension in Male'.



Number of women who die during pregnancy or childbirth has reduced steadily and is on track to achieve MDG target six

Goal 8

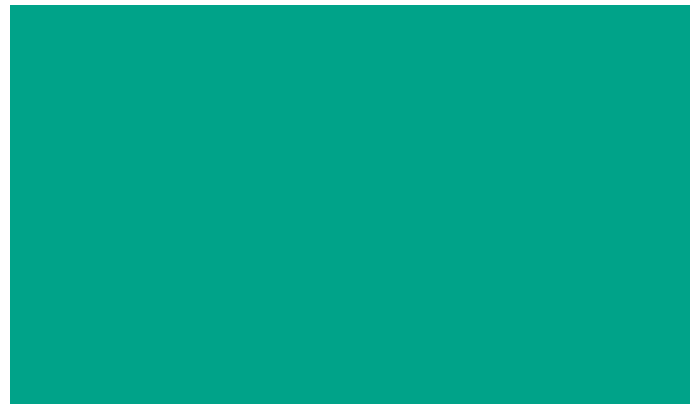
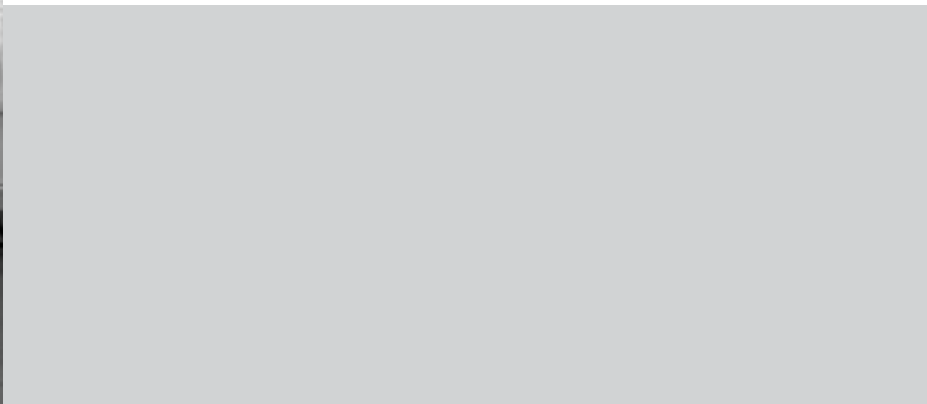
Develop a Global Partnership for Development

Target 13

Address the special needs of the least developed countries,
landlocked countries and small island developing states

Target 15

Deal comprehensively with developing countries' debt



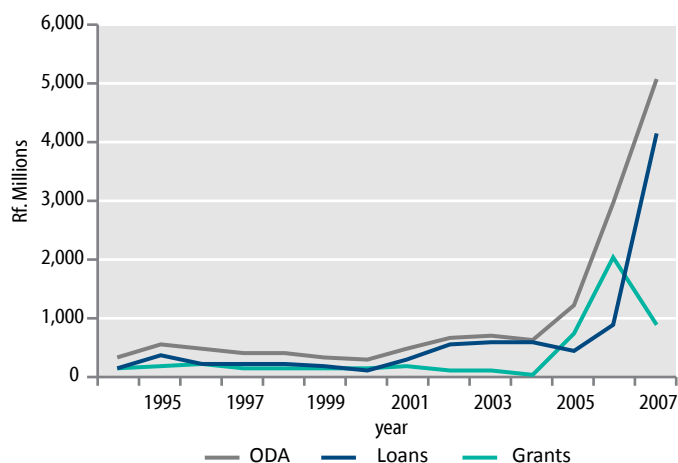
Target 13

Address the special needs of the least developed countries, landlocked countries and small island developing states

Status

Official Development Assistance (ODA) volumes received, in terms of actual disbursements, have been steady at average of Rf500 million over the period 1994 to 2004, although the proportion of loans in total ODA has increased (Figure 8.1 and Table 8.1). In 1994, grant aid accounted for 48 percent of total ODA while by 2004 it had declined to 11 percent.

Figure 8.1: ODA Volume Received (Actual Disbursements) 1994 – 2007



Source: Ministry of Finance and Treasury (2006 figures revised estimates; 2007 figures budget estimates)

ODA volumes reached unprecedented levels in 2005 and 2006, due to the donor assistance pledged to assist the country recover from the damages caused by the tsunami disaster of December 2004. In 2005, grant aid accounted for 62 percent of total ODA received. This, however, is expected to decline to 18 percent in 2007, where the bulk of ODA is projected to come from loan assistance, at Rf4,152 million.

Challenges

One of the major challenges facing the country in attracting more ODA in the future is the impending graduation of the country from the list of Least Developed Countries (LDC). The Maldives was graduated from the list on 20th December 2004, but following the impact of the tsunami disaster on the development progress of the country, this decision was reconsidered. Maldives will receive full LDC concessions and benefits until 1st January 2008 for tsunami recovery, and until 2011 for graduation to become effective. Full graduation from LDC status in 2011 would mean loss of concessional lending

Table 8.1: ODA Volume Received (Actual Disbursements) 1994 – 2007

In Rufiyaa Millions	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Grants	163	199	243	168	165	163	166	212	133	124	73	766	2,040	905
Loans	173	377	259	257	248	208	129	300	557	594	596	461	911	4,152
Total ODA	336	576	502	426	413	370	295	511	689	718	669	1,228	2,951	5,057
Grants as a % of ODA	48%	35%	48%	40%	40%	44%	56%	41%	19%	17%	11%	62%	69%	18%

Source: Ministry of Finance and Treasury (2006 figures are revised estimates; 2007 figures budget estimates)

terms, although some donors have committed to concessional terms for the Maldives, even after graduation. Combined with the increasing loan portfolio of the country, this calls for careful consideration of the development agenda for the coming years, and the sustainable level of public debt for the country.

The second major challenge in maintaining and increasing the levels of ODA received is the capacity to implement ODA funded projects. While the Maldives is noted for its effective utilization of aid funds, in recent years, especially following the tsunami disaster and the associated increase in aid levels, there has been a gap in the levels of ODA committed and received and the actual disbursements for the years.

A third major challenge is the current aid coordination structure of the country, which is managed by three disparate government agencies: the Department of External Resources, the Ministry of Finance and Treasury and the Ministry of Planning and National Development. This structure leads to duplication of functions and problems in effectively coordinating aid, highlighting the need for a more streamlined aid coordination structure, with enhanced capacity.

Target 15

Deal comprehensively with developing countries' debt

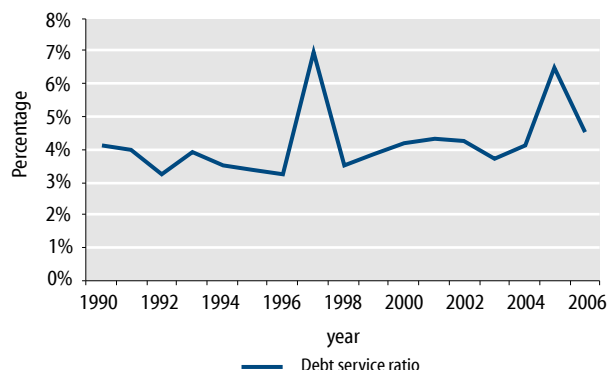
Status

The debt service ratio over the period 1990 to 2005 has been at an average of four percent, below the World Bank recommended debt service ratio of 15 percent for a less indebted country. Two points are conspicuous in Figure 8.2 on the debt service ratio: in 1997, the debt service ratio was at seven percent, an increase of 117 percent over the previous year, due to paying down one loan off in full.

The increase in the debt service ratio in 2005, at 6.5 percent, is mainly due to the decrease in exports from the country, resulting from the closing down of the textile industry in the Maldives with the erosion of trade preferences under the EU 'Import Textile Quota System'.

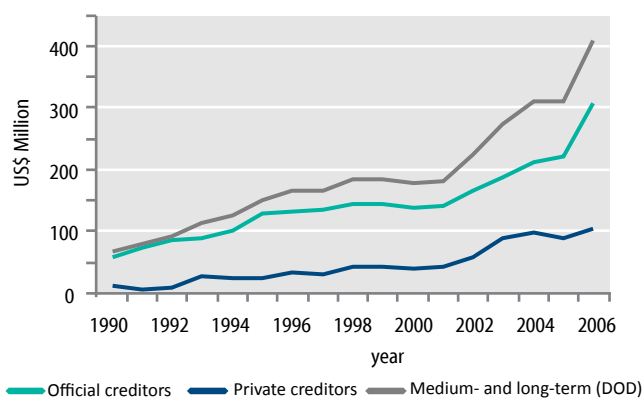
The medium term Debt Outstanding and Disbursed (DOD), which encompasses official and private creditors (Figure 8.3) shows a steady increase until the year 2001, and then an increase of 58 percent over the years 2001 – 2004. The higher DOD in 2005

Figure 8.2: Debt Service Ratio, 1990 – 2006



Source: Maldives Monetary Authority (2006 figure is projected)

Figure 8.3: Medium and Long Term Debt Outstanding and Disbursed, 1990 – 2006



Source: Maldives Monetary Authority (2006 figure is projected)

and 2006 are due to the increase in borrowings to finance tsunami reconstruction programmes. This increase signifies that after the grace periods on the new concessional loans taken out over the period 2001 – 2006 are completed, the debt service ratio in the following years will increase. There is also an increase in the commercial loans taken out from private creditors over the same period, which has less favourable terms attached than the concessional loans from official creditors.

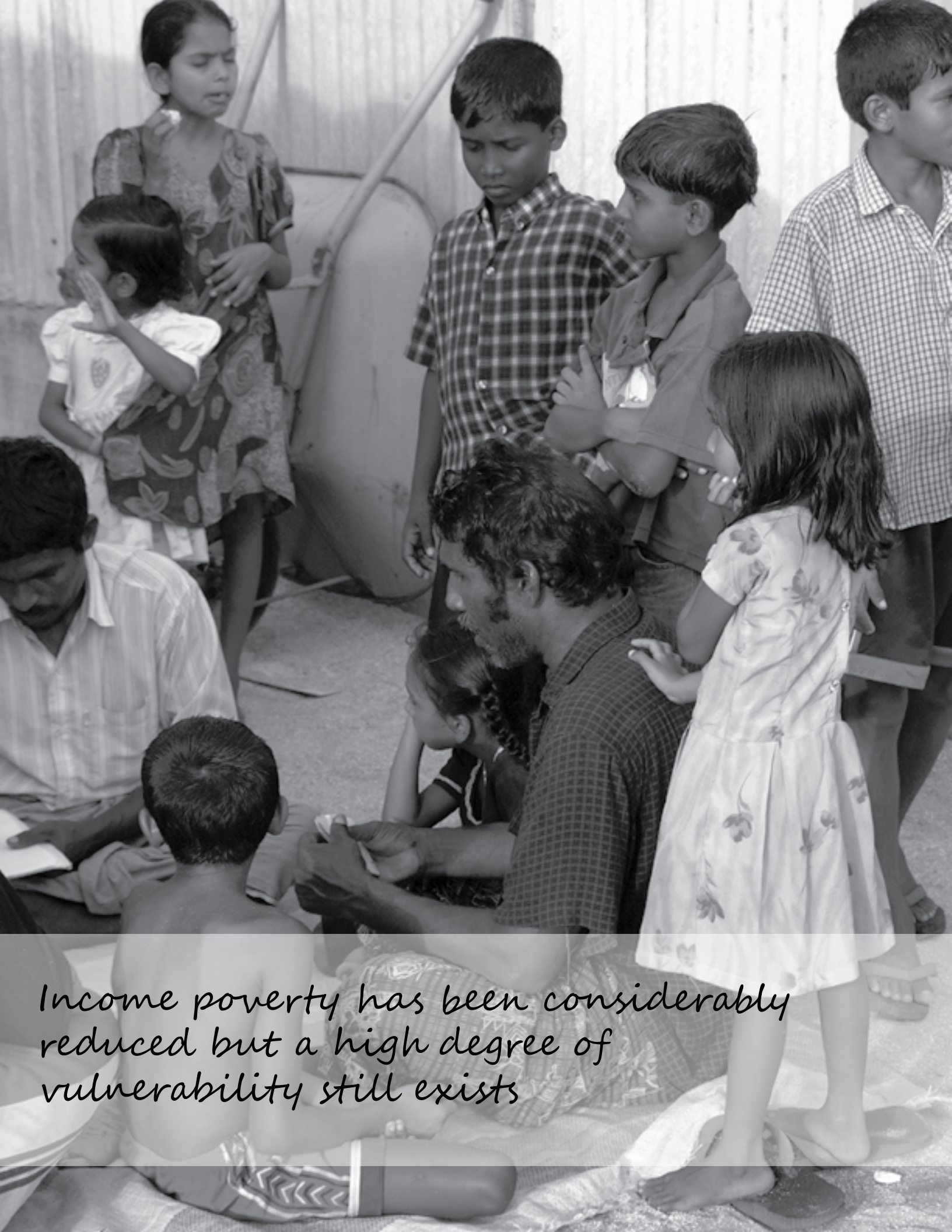
Challenges

One of the challenges that the country faces in maintaining the debt service ratio at sustainable levels, is the high dependence on external assistance for the country's development. Over the period 1994 to 2005, loan financing accounted for an average of 33 percent of total government development expenditure. Furthermore, following the tsunami disaster of December 2004, the Government has had to fund some reconstruction activities through loan financing, as grant aid commitments were not sufficient to meet the reconstruction needs of the country.

Given the expansionary budget policy adopted by the government for 2006 and 2007, with Rufiyaa 4,152 million (approximately US\$402 million) budgeted as loan financing of expenditure in the budget for 2007, may lead to unsustainable debt levels for the country in the future, as the debt service payments of the country when these loans are taken into consideration will increase significantly.

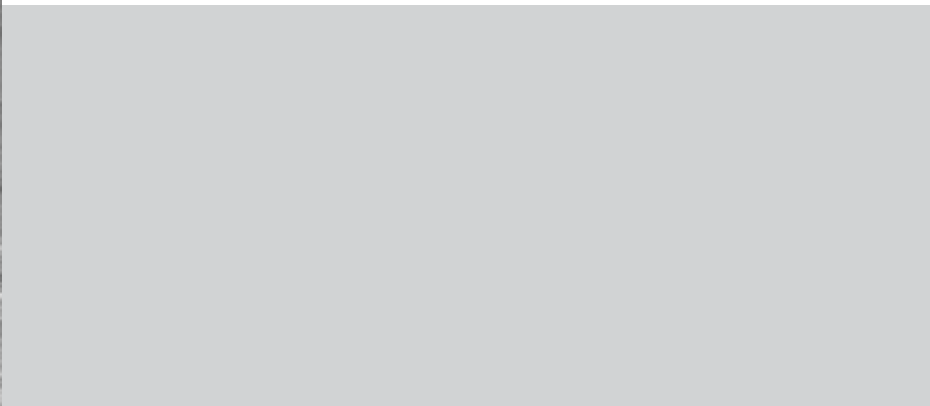
The second challenge in maintaining sustainable debt service ratios is the extreme vulnerability of the country's exports to external events. This can be seen from the impact on the debt service ratio in 2005, as a result of exports declining by 30

percent over 2004. The Maldivian economy is highly dependant on two sectors: tourism and fisheries, both of which are vulnerable to events beyond the control of the country. The Commonwealth Vulnerability Index 1997 places Maldives in the highly vulnerable economies group.



Income poverty has been considerably reduced but a high degree of vulnerability still exists

Localisation of MDGs



Localisation of MDGs

The first MDG progress report identifies a number of indicators that are more relevant to the country that are to be considered to monitor MDGs. However, no targets have been set for these indicators. Furthermore, data on some of these indicators are not available. Following is a summary of the performance using these indicators.

Goal 1: Eradicate extreme poverty and hunger

No additional indicators were recommended

Goal 2: Achieve universal primary education

Indicator 1: Proportion of pupils starting Grade 1 reaching Grade 7

In the Maldives there is automatic promotion system and thus most of the students who begin Grade 1 reach Grade 7. The Ministry of Education statistics shows that in 2004 there were 14,371 enrolled in Grade 7. The following year there were 12,600

students enrolled in Grade 8 showing a difference of 1,771 students. Since all the islands have primary school facilities and there is universal primary education, perhaps the focus ought to be on early childhood learning.

Indicator 2: Proportion of trained teachers to untrained teachers in Primary schools

According to the Ministry of Education Statistics 2005 there were 1,853 trained teachers and 1,029 untrained teachers in Primary Grades 1-7. Thus the proportion of trained teachers in primary schools was 64 percent of the total teachers.

Goal 3: Promote gender equality and empower women

Indicator 1: Proportion of women employed in executive level posts in the public sector.

This information is considered in the main text of the report.

Indicator 2: Ratio of girls to boys who pass five subjects at GCE Ordinary Level Examination

Data not available.

Indicator 3: Ratio of girls to boys who pass three subjects at GCE Advanced Level Examination

Data not available.

Goal 4: Reduce child mortality

Indicator 1: Incidence of thalassaemics

Table 9.1 shows the incidence of Thalassaemia in the country. Although this is a debilitating disease, it cannot be considered a disease that contributes to child mortality. The life expectancy of thalassaemics in the country although not available will by far be above 5 years and hence do not contribute

Table 9.1: Incidence of Thalassaemia

	2000	2001	2002	2003	2004	2005
Total No of Registered Cases	431	469	501	525	553	579
Total Deaths	9	10	9	3	3	1
Male'	4	2	4	1	0	0
Islands	5	8	5	2	3	1
Total New Cases	44	38	32	24	28	26
Male'	7	4	5	5	3	9
Islands	37	34	27	19	25	17
Total No: of Living Children	308	336	359	380	405	430
Patient Taking Treatment at NTC	274	288	296	266	263	278
Patient Taking Treatment in the Islands	34	48	63	114	136	152

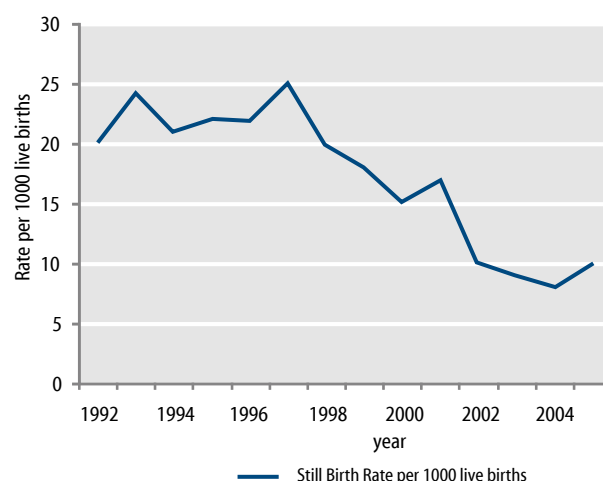
Source: National Thalassaemia Centre

significantly to child mortality. It is recommended that this indicator be removed or in the case of its importance, may be relocated under Goal 6 for other diseases.

Indicator 2: Still birth rate

Once again still births do not contribute child mortality by definition. However, this is an important indicator that reflects maternal health. Reduction in still birth rate has been gradual and shows a positive trend. Figure 9.1 shows the still birth rate per 1,000 live births.

Figure 9.1: Still birth rate

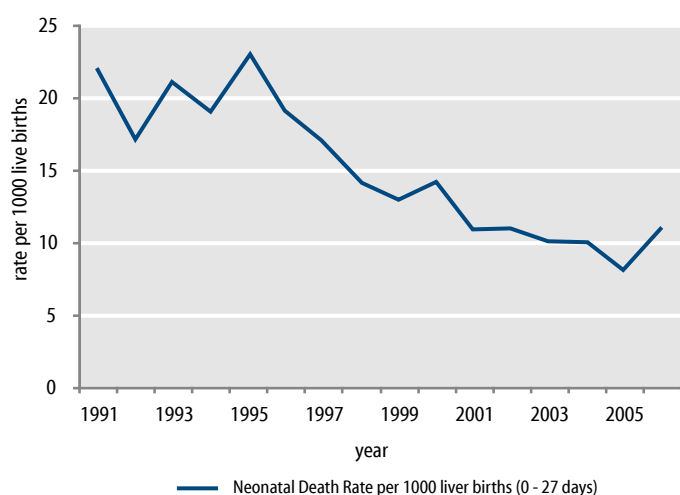


Source: MoH and VRS, 2007

Indicator 3: Neonatal death rate

This is the most challenging indicator. Reduction in this indicator would achieve milestones in achieving Goal 4 of the MDGs. Figure 9.2 shows the neonatal death rate from 1991 to 2006. Specific challenges related to this indicator are discussed in the main text relating to Goal 4.

Figure 9.2: Neonatal death rate



Source: MoH and VRS, 2007

Indicator 4: Proportion of children under 24 months fully immunized for all EPI vaccines

This is also an important action for reducing child mortality. In fact it can be argued that the high vaccination coverage has contributed immensely to the reduction in child mortality in the Maldives. Available data on the vaccine coverage statistics are presented for 12 to 23 year olds in the main text under Goal 4. Vaccine coverage for children under one year remains over 95 percent for all EPI vaccines. The challenge remains to improve this proportion. It is not envisaged that 100 percent prevalence can be achieved. The current trend shows favourable conditions to achieving the child mortality goal.

Indicator 5: Proportion of 15 to 25 year olds engaging in unprotected sex

This is an indicator that may indirectly lead to child mortality. This is because most of the pregnancies that occur at this age would be unwanted pregnancies. This combined with the young age of mothers would pose a threat to proper health of the baby thus resulting in an infant death. Available statistics for this indicator are presented in the main text on Goal 6 to which this indicator has an even more significance. This indicator could also be changed to reflect the group of adolescents that have a higher risk of unwanted pregnancies such as teenage pregnancies.

Goal 5: Improving maternal health

Indicator 1: Proportion of maternal mortality due to direct obstetric causes

Most direct causes of maternal deaths can also be avoided with proper intervention and early detection of risk. This is a useful indicator that also reflects on maternal morbidity. During the period 1997 to 2003, 76 percent of all maternal deaths were due to direct obstetric causes. Of these deaths, 32 percent were due to haemorrhage (MoH, 2005).

Indicator 2: Proportion of mothers who receive post natal care within 2 weeks of delivery by a skilled health professional

Data not available.

Indicator 3: Proportion of pregnant women who are anaemic

This indicator also reflects on maternal morbidity. Also it may have implications on child mortality. Data shows that there is a high prevalence of anaemia

among pregnant women with proportion of 55 percent. Figure 9.3 shows the prevalence of anaemia among pregnant women by severity. There is a need to conduct further research into this situation since there may be a possible contribution from the increased number of thalassaemia carriers in the country and may not be necessarily due to iron deficiency.

Indicator 4: Contraceptive prevalence rate for modern temporary methods

The CPR for modern temporary methods has increased from 23 percent in 1999 to 27 percent in 2004 (MoH, 2004). However, this reflects the prevalence of contraception in married women alone and thus misses out the unmarried youth who are at risk of unwanted pregnancies. It is imperative that prevalence for the whole population be determined and disaggregated by age.

Indicator 5: Proportion of 15 to 25 year old unmarried population engaging in unprotected sex

Available statistics for this indicator are presented in the main text on Goal 6 to which this indicator has more significance.

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

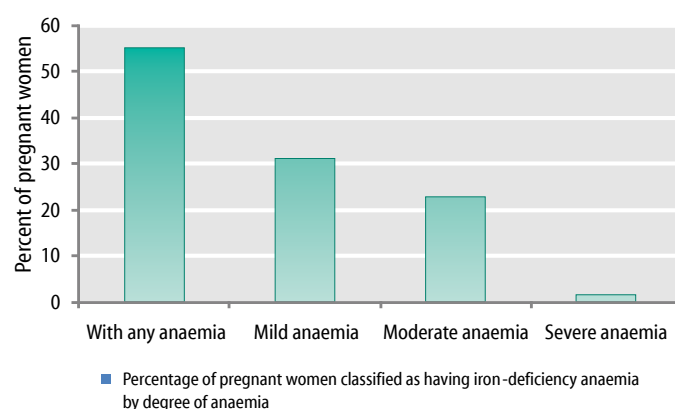
Indicator 1: HIV prevalence in 15 – 25 year old population

Data not available.

Indicator 2: Proportion of young people engaging in unprotected sex

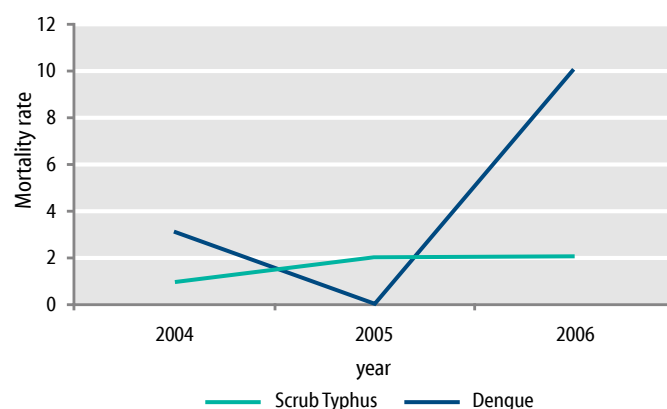
A better indicator would be to define the age group as indicated in the previous goals. Available data on proportion of 15 to 25 year old unmarried youth

Figure 9.3: Severity of anaemia



Source: MoH, 2004

Figure 9.4: Prevalence of mortality due to dengue and scrub typhus



Source: Epidemiological Surveillance Section / DPH

engaging in unprotected sex are presented in the main text of this goal.

Indicator 3: Mortality due to dengue and scrub typhus

Dengue is an endemic disease in the Maldives and is relevant although not a specific MDG indicator. Similarly, Scrub Typhus is an emerging disease which may be a challenge in future. Additional diseases may be considered in future as MDG plus indicators. Figure 9.4 shows the prevalence of mortality due to these diseases.

Indicator 4: Proportion of health facilities with epidemic response preparedness capacity

Preparedness for potential outbreaks or other possible emergencies is crucial in managing disease outbreaks. Ministry of Health indicates that about 10 percent (MoH, 2006) of the health facilities are prepared for epidemic responses.

Indicator 5: Tobacco prevalence rate

This is an important estimate as a leading risk factor for most of the major noncommunicable diseases. Although noncommunicable diseases cause a lot of disability and chronic illness and well expensive intervention that in many cases lead families to poverty, MDGs fail to address the issue. In the context of the Maldives, there is an increasing incidence in such diseases calling it to be included as an important measure for MDG plus indicators. Tobacco prevalence is high among Maldivians and stands at 37 percent for males and 16 percent for females in 2001. However, there is some decrease when compared to that of 1997 where the figures stood at 57 percent and 29 percent for males and females respectively (DPH 2001).

Indicator 6: Prevalence of obesity

This is an important estimate as a leading risk factor for most of the major non communicable diseases. Although non communicable diseases cause a lot of disability and chronic illness and well expensive intervention that in many cases lead families to poverty, MDGs fail to address the issue. In the context of the Maldives, there is an increasing incidence in such diseases calling it to be included as an important measure for MDG plus indicators. Tobacco prevalence is high among Maldivians and stands at 37 percent for males and 16 percent for

females in 2001. However, there is some decrease when compared to that of 1997 where the figures stood at 57 percent and 29 percent for males and females respectively (DPH 2001).

Goal 7: Ensure Environmental Sustainability

Indicator 1: Proportion of land covered by natural vegetation

Data not available.

Indicator 2: Proportion of renewable energy consumption to total energy consumption

Data not available.

Indicator 3: Proportion of energy consumption for transport to total energy consumption

Data not available.

Indicator 4: Proportion of population with sustainable access to safe water source

Information for this indicator is included in the main text for this goal

Indicator 5: Proportion of population with access to sustainable sanitation

Information for this indicator is included in the main text for this goal

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