



ICPD + 10 and
Beyond: Progress
Achievements and
Challenges in the
Maldives
1994-2004



This brochure is a synopsis of the report which provides an assessment of the progress made during the past ten years by the Maldives in implementing the Programme of Action adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994. The report highlights the key issues, gaps and challenges that lie ahead and provides directions for a future course of action. It is set in the context of the Millennium Development Goals (MDGs) adopted at the turn of the century.

Population and Development

The Maldives has made significant gains during the past decade in strengthening the incorporation of population issues in policy development and planning. This is achieved through collection and analysis of data, building national capacity through training, and creating a better understanding of population and development issues amongst planners. More recently the Maldives has developed a National Population Policy which is being used as a working document providing a framework for the development and implementation of programmes to achieve the MDG and ICPD goals. The Government of Maldives has set up mechanisms to implement the population programme and has thus far established an intersectoral Population Programme Coordination Committee, Atoll Population Committees and Island Population Committees at central, atoll and island levels respectively. A Population Section within the Ministry of Planning and National Development has also been established for the coordination of the population programme.

As a consequence of the demographic trends of the past two decades the age structure of the population is rapidly changing. For example, the proportion of population at younger ages (below 15) has begun to decline, while the number of adolescents (those aged 10-19 years of age) is currently at its peak. In the immediate future, therefore, there would be a steady increase in the number of persons entering the labour market and the reproductive ages. Also, in the not too distant future, ageing will emerge as an important concern when today's cohorts of young people reach older ages. With improvements in life expectancy they would also be living longer. Current trends imply that high cost of health care for the ageing population would have significant implications on the overall health care budget.

Future action to address the concerns within the area of population and development, especially emerging issues would include:

- Further strengthening of population and gender considerations in macro-economic policies and planning, and in investment decisions with a focus on human resources development planning, employment generation, regional development and population consolidation.
- Understanding of emerging health threats through monitoring and research.
- Broadening the scope of the Atoll Development Committees and Island Development Committees to include population, gender and reproductive health issues.
- Adequately addressing the needs and concerns of the large adolescent and youth population in terms of employment, recreation, education and health care.
- Initiating or supporting advocacy activities aimed at promulgation of policies and programmes for older persons in accordance with the ICPD Plan of Action and Madrid International Programme of Action on Ageing.



Photo by Giacomo Pirazzi



Photo by Shahina Ali



Reproductive Health

Access to basic health services is nearly universal in the Maldives. During the past decade, the Maldives has consolidated on the gains made during the previous decades and has made significant progress in improving access to maternal and child health (MCH) and family planning services. As a result, there have been significant reductions in infant mortality, maternal mortality and fertility. Ante-natal coverage and delivery care have improved significantly. Contraceptive prevalence has increased from 10 to 34 percent and the contraceptive choice available to clients has increased. Access to other components of reproductive health care remains limited. Judging from the progress achieved so far the Maldives can make considerable headway in meeting the MDG and ICPD goals if the following issues are addressed.

Key issues to be addressed include inter alia high levels of anaemia and malnutrition in particular among pregnant, lactating women and children; unmet needs of contraception; low use of male methods of contraception, contraceptive discontinuation; inadequate post natal care and knowledge of reproductive tract infection (RTI) and sexually transmitted infections (STI), in particular, the methods of prevention; inability of women to seek timely care for managing post abortion complications; limited availability of information and services for other elements of reproductive health (RH) care such as Voluntary Counselling and Testing (VCT) for RTI, STI and HIV/AIDS, infertility management, screening, diagnosis and treatment of reproductive organ cancers and RH needs of men; meeting the RH needs of adolescents and unmarried youth; need for life skills development amongst adolescent and youth.

Photo by Giacomo Pirazzi



The broad set of priority actions would include:

- Improving access to comprehensive reproductive health care and their utilization through the introduction of VCT for RTI, STI and HIV AIDS.
- Management of infertility and reproductive organ malignancies.
- Further improving access to contraceptives and ensuring their availability at service delivery points (SDP).
- Effective Behaviour Change Communication (BCC) to promote health seeking behaviour.
- Improving the quality of reproductive health services by strengthening management, better monitoring and supervision, human resource development and establishing and increasing the utilization of guidelines and protocols.
- Promoting male participation in reproductive health and child care through BCC strategies and creating awareness amongst men, addressing men's sexual and reproductive health needs.
- Addressing the needs of adolescents and youth through the provision of information and services, promoting responsible behaviour through strengthening life skills education for in schools and out of school youth and carrying out awareness campaigns through the media on issues of drug use, unsafe sex, gender based violence etc. and their implications.

Photo by Giacomo Pirazzi



Gender equality, equity and the empowerment of women

The Maldives enjoys a relatively good situation in terms of gender equality, women's empowerment and rights. The country has taken a number of initiatives to further improve the situation but progress has been mixed. Progress is seen in the improvement of women's health status, their educational levels and reductions in maternal mortality. The Maldives has adopted a National Policy on Women and a Family Law that seeks to protect women's rights within marriage and the family.

Nevertheless women are not able to take part as equal partners in the development of the country. This is manifested in the lower participation of women in the labour force and in the low representation of women in public life and at senior decision making levels in the private and public sectors. While the constitution accords women equal rights, socio-cultural factors and development itself have resulted in their continued marginalization as they are not able to participate in the modern sectors of the economy at par with men. High rates of divorce prevalent in the Maldives and unequal rights and recourse to justice exacerbates the disadvantageous position of women who are heads of households, divorced and with young children etc. Gender-based violence is an issue that is emerging as a priority that needs to be addressed. The responsibility that men take in the health of their spouses and in child care is limited.

These issues must be addressed through:

- Effective policy advocacy for the promotion of equal rights and increased participation of women in economic, political and public life.
- Improving the understanding of the issues of gender equality and women's empowerment and gender-based violence through research and analysis.
- Legislative as well as multi-sectoral initiatives to address gender-based violence.
- Promoting male responsibility through the development and implementation of behaviour change communication strategies.

Partnerships and resources

Non-Government Organizations (NGO) working on population and RH remain limited in the Maldives. The most active in the field of population and RH are the Society for Health Education (SHE) and the Foundation for the Advancement of Self Help in Attaining Needs (FASHAN). Private sector involvement in the provision of reproductive health information and services is also limited. It is therefore necessary to strengthen RH coordination mechanism at all levels to carryout RH advocacy and BCC activities. In view of the increasing need for resources from external sources, it is necessary to plan and allocate resources from the domestic budget progressively so as to ensure that needed resources are available to improve access and quality of RH services.

Future action to address these concerns would include:

- Promoting partnerships with NGOs and private sector by involving them in policy development, and in addressing issues such as the provision of information and services to adolescents.
- As resource requirements for RH services are likely to increase in the coming decades ensure commodity security and programme sustainability by advocating for allocation of resources for the RH programme from the national budget in a phased manner.
- Increase efforts in raising additional multi-bi funds for population and reproductive health initiatives.



Photo by Giacomo Pirazzi

PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOALS (MALDIVES)

Goals and Targets	Indicators
<p>Goal 1 Eradicate extreme poverty and hunger</p>	
<p>Halves, between 1990 and 2015, the proportion whose income is less than \$1 a day</p>	<p>Proportion of population below \$1 a day 22% of population below \$ 0.83 a day (VPA 98) 42% of population below \$ 1.17 a day (VPA 98)</p> <p>Poverty gap ratio 15 % poverty gap index (VPA 98)</p>
<p>Goal 2 Achieve universal primary education</p>	
<p>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<p>Net enrollment ratio in primary education (Gr 1-7) is above 95%</p> <p>Proportion of students starting Gr.1 who reach Gr.5 was 98.3 in 1996. (After switching to automatic promotion it would be closer to 100%)</p> <p>Literacy rate of 15 to 24 year olds Literacy rate for ages 10-45 is 98.94 in 1999</p> <p>MOE records.</p>
<p>Goal 3 Promote gender equality and empower women</p>	
<p>Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</p>	<p>Ratio of girls and boys in primary, secondary, and tertiary education Ratio of girls to boys in primary is 0.92 in 2003 Ratio of girls to boys in secondary is 0.92 in 2003</p> <p>Ratio of literate females to males among 15 to 24 year old Ratio of literate females to males (10-45) is 1.01</p> <p>Share of women in wage employment in the nonagricultural sector is 63% (census 2000)</p> <p>Proportion of seats held by women in national parliament is 4.8%</p>
<p>Goal 4 Reduce child mortality</p>	
<p>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>Under five mortality rate is 18/1000 live births in 2003 (VRS). Infant Mortality rate is 14/1000 live births in 2003 (VRS)</p> <p>Percentage of one year old children immunized against measles is 96% in 2003. (MICS II)</p>
<p>Goal 5 Improve maternal health</p>	
<p>Reduce by three-quarter, between 1990 2015, maternal mortality ratio</p>	<p>Maternal mortality rate is 78/100,000 in 2003 (VRS). Proportion of births attended by skilled attendants is 85% (RH survey 2004)</p>
<p>Goal 6 Combat HIV/AIDS, malaria, and other diseases</p>	
<p>Have halted by 2015 and begun to reverse The spread of HIV/AIDS</p>	<p>HIV prevalence among 15-24 year old pregnant women – none Contraceptive Prevalence Rate – 34 % modern temporary methods (RH survey 2004) Number of children orphaned by HIV/AIDS- none</p>
<p>Have halted by 2015 and begun to reverse the Incidence of malaria and other major diseases</p>	<p>Prevalence of death associated with Malaria – none Prevalence rate associated with Tuberculosis - 0.46 Prevalence and death rate associated with TB – 3.14 (among the patient) Prevalence and death rate associated with TB – 0.14 (pop. Wise) Proportion of TB cases detected and cured under DOTS - 96% MOH records.</p>
<p>Goal 7 Ensure environmental sustainability</p>	
<p>Halve, by 2015, the proportion of people without sustainable access to safe drinking water</p>	<p>Proportion of population with sustainable access to an improved water sources – 22.86% ■ of households with access to safe drinking water (Census 2000) 77% of households with access to safe drinking water (MICS II)</p>
<p>Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers.</p>	<p>Proportion of population with access to improved sanitation – 61% of household with access to sanitation (Census 2000) Proportion of population with access to secure tenure - 92% of the household with access to safe tenure (Census 2000).</p>

■ Does not include rainwater.
ICPD Indicators

