

MALDIVES

**COUNTRY REVIEW REPORT ON THE
IMPLEMENTATION OF THE BRUSSELS PROGRAMME
OF ACTION FOR LDCs**

JANUARY 2006

**MINISTRY OF PLANNING AND NATIONAL DEVELOPMENT
MALE'
REPUBLIC OF MALDIVES**

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1. INTRODUCTION

On 12 July 2001, the United National General Assembly by its resolution 55/279 endorsed the Brussels Declaration and the Programme of Action (BPoA) for the Least Developed Countries for the Decade 2001 – 2010. The Brussels Programme of Action for LDCs, guided by the principles set out in the Millennium Declaration, seeks to make progress towards the goals of ‘poverty eradication, peace and development’ for the 49 least developed countries. Based on the seven commitments of fostering a people-centred policy framework, good governance at national and international levels, building human and institutional capacities, building productive capacities to make globalization work for LDCs, enhancing the role of trade in development, reducing vulnerability and protecting the environment, and mobilizing financial resources, the BPoA is made up of 30 measurable goals.

This report will review the progress of the Maldives in achieving the goals of the Brussels Programme of Action. In doing so, the Maldives’ status in attaining the Millennium Development Goals, which form a part of the overall Brussels Programme of Action for LDCs, are also reviewed. In conclusion, the prospects and challenges facing the Maldives in achieving rapid and sustainable development in the long-term are outlined.

This report has been prepared against the background of the tsunami disaster of 26 December 2004. Recorded as the worst natural disaster in the country, the waves washed over the entire country leaving 82 dead, 26 missing, over a thousand injured, and displaced over 29,000 people. Out of the country’s 200 inhabited islands, only 9 islands escaped flooding. 13 islands were totally evacuated. The Joint Assessment Report prepared by the Government, the World Bank, Asian Development Bank and the UN, estimated total damages at 62 per cent of the value of GDP. As it happened, only a week before the disaster struck the UN had decided to graduate the Maldives from the list of LDC countries. However, in recognition of the unprecedented natural disaster and the challenges of reconstruction, the UN General Assembly at its sitting of 23 November 2005 passed the draft resolution (A/60/L.21) on the “Deferral of the smooth transition period for the graduation of Maldives from the list of Least Developed Countries”. Under the new time frame, the period of smooth transition will begin in 2008 leading to graduation in 2011.

The Government is presently carrying out a comprehensive survey of the socio-economic impact of the tsunami on the livelihoods of the people.

2. BACKGROUND

The Maldives, as well as being a least developed country, is also a small island developing country comprised of 1192 islands, which are scattered over 859,000 sq. kilometers. With an estimated population of 289,480 people in 2004, the country’s economy is sustained mainly through tourism and fisheries, which in 2004 accounted for 32.9 percent and 6.2 percent of GDP respectively.

Throughout the 1990s and the early part of the 21st century, Maldives experienced rapid economic growth coupled with extensive progress in the social as well as other aspects of human development. GDP growth peaked at 10.4 percent in 1997 and universal access to primary education was almost achieved. Child and maternal mortality rates were declining at an increasing rate and diseases such as malaria had already been eradicated from the country.

Against this backdrop, the tsunami disaster that struck the country on the morning of 26th December 2004, wreaked havoc across the country, with estimated damages of US\$ 470 million, approximately 62 percent of GDP. It set back the social progress made over the last two decades with 37 percent of schools being damaged, and the damage to the health sector being around US\$ 12.2 million. Furthermore, a total of 29,000 people were displaced following the tsunami, and were put up in temporary shelters either on their own islands or on host islands.

It should also be noted here that the Maldives was graduated from the list of least developing countries on 20th December 2004, just 6 days prior to the tsunami disaster of 26th December 2004. However, following the disaster, and in view of the effect that this disaster had on the development progress of the Maldives, this decision was reconsidered. It has now been agreed that the Maldives would receive full concessions and benefits of a LDC until 1 January 2008 for tsunami recovery work, and until 1 January 2011 for graduation to become effective, until which time full LDC concession will be available for the country. This is to be followed by a further three years of voluntary concessions and benefits to be determined on a case-by-case basis.

The tsunami disaster thus, in addition to the physical and social damage on the country, also had a large impact on the status of the Maldives as a LDC and brings into focus the vulnerabilities of the country as a small island developing nation.

3. PROGRESS MADE TOWARDS THE BRUSSELS PLAN OF ACTION

Goal 1: Attain a GDP Growth Rate of at least 7% per annum

During the 1990s, the country experienced rapid economic growth, with growth rates ranging from 7.9 percent in 1991 to 10.4 percent in 1997. This expansion slowed down at the beginning of the century and growth rates were registered at 4.8 percent in 2000. However, during the first half of this decade, GDP growth increased again and was at 7.8 percent at the end of 2004. Hence, this goal was well on track to be achieved at the time.

Being a small island developing state, with few land-based resources, the country is largely dependant on its tourism and fishery sector to sustain its growth. These two sectors are however, very vulnerable to external shocks and even a small decline in these sectors, particularly tourism, can have a heavy impact on the economic growth of the country. This was seen recently with the tsunami disaster, during which the tourism sector, the mainstay of the economy, sustained damages amounting to approximately US\$ 100 million. Combined with the extensive decline in tourist arrivals following the disaster, this is expected to impact negatively on GDP growth for the next 2 – 3 years.

Goal 2: Increase the ratio of investment to GDP to 25 per cent per annum

This goal has already been achieved in the Maldives in that the ratio of investment to GDP has been consistently above 25 percent per annum for the past 10 years, with the 2004 ratio being 39 percent of GDP.

Goal 3: Make substantial progress toward halving the proportion of people living in extreme poverty by 2015 (MDG 1, T-1)

This goal has already been achieved in the Maldives in that in 1997, 3 percent of the population had less than \$1 day, which in 2004 was reduced to less than 1 percent. PPP is not calculated in the country and the theory of poverty dominance is used to ascertain the poverty lines. Using headcount ratios, it can be seen from Table 1 that the proportion of population below the stated poverty lines have more than halved during the period 1997 – 2004.

Table 1: Headcount ratios for variable poverty lines

Poverty Line		Maldives		Male		Atolls	
Rufiyaa	PPP\$	1997	2004	1997	2004	1997	2004
4.34	1	3	1	1	0	4	1
7.5	17	13	3	5	0	16	5
10	23	23	8	8	0	28	11
15	35	44	21	19	3	52	28

Source: VPA 2004 and MDG Report 2005

The poverty gap ratio shows not only the number of poor but how poor the poor are. The poverty gap ratios for three poverty lines are shown in Table 2, with the ratios being smallest in Male' and declining when we move from the northern to the southern region of the Maldives.

Table 2: Poverty Gap Ratios (in %) by region

Poverty Line (in Rufiyaa)	North	Central North	Central	Central South	South	Male
7.5	2.2	1.5	1.6	0.6	0.5	0.3
10	4.8	3.9	2.9	1.4	0.9	0.3
15	13.1	12.3	7.5	4.7	3.5	0.9

Source: VPA 2004

The share of the poorest 20 percent of the population in consumption has increased in all regions between 1997 -2004. However, overall the income share of the poorest 20 percent has remained the same, the possible explanation being that income inequalities between the regions, especially Male' and the Atoll have increased. Table 3 shows this by region.

Table 3: Share of the Poorest 20 percent of the Population in Income

	1997	2004
Maldives	6	6
Male	6	7
Atolls	6	7
North	6	7
Central North	6	7
Central	6	8
Central South	6	8
South	7	8

Source: VPA 2004

Goal 4: Make substantial progress towards halving the proportion of people from hunger by 2015 (MDG 1, T-2); AND

Goal 13: Reducing the number of undernourished people by half, by the year 2015; AND

Goal 17: Halving malnutrition among pregnant women and among pre-school children in LDCs by 2015¹

Approximately 44 percent of Maldivian children suffer from malnutrition of some form or other. According to the VPA-I and –II done in 1997 and 2004, the prevalence of underweight children under 5 years of age was at 45 percent in 1997 and 31 percent in 2004. Stunting was seen at 36 percent and 22 percent in 1997 and 2004 respectively, with wasting at 45 percent and 20 percent for the same years. The proportion of girls with wasting in 1997 was extremely high. This has however, improved in 2004, where it is almost at the same level as for boys.

Malnutrition is a major problem in the Maldives, and is made worse by the low intake of supplements taken by pregnant women – only 46 percent of pregnant women took supplements during their pregnancy in 1999. Measures are being taken at national level by the health and education sectors through a nutrition supplementing program, whereby Vitamin A supplements are provided to primary school children.

There are also regional differences in malnutrition – the stunting and wasting percentages in the Atolls was higher when compared to Male’ in 1997. This however has been reversed in wasting, and the differences in stunting have also been reduced in 2004. However, given the current decreases in malnutrition rates, it is estimated that this goal will be met, as significant progress on these indicators have been made even by 2004.

Table 4: Extent of Stunting and Wasting in 1 – 4 year old children (percentage of the age group)

1997	Stunting			Wasting		
	boys	girls	average	boys	girls	average
Male	14	18	16	22	42	30
Atolls	37	49	43	39	63	50
Maldives	31	41	36	35	58	45
2004	boys	girls	average	boys	girls	average
Male	2	13	17	22	24	23
Atolls	23	22	23	18	21	19
Maldives	23	17	22	18	22	20

Source: VPA 2004

¹ The Maldives does not have any data available in the proportion of population below minimum level of dietary energy consumption, which is the indicator used to monitor progress towards goals 4 and 13. Hence, the indicators used for monitoring progress towards goal 17 – prevalence of underweight, under height and underweight-for-height, are used for these three goals. As such, these three goals are combined.

Goal 5: Making accessible, through the primary health system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015; AND Goal 6: Making available the widest achievable range of safe, effective, affordable and acceptable family planning and contraceptive methods²

There is a decrease in the contraceptive use rate from 42 percent in 1999 to 39 percent in 2004. There is however an increase in the condom use rate of the contraceptive prevalence rate from 6 to 9 percent for the same period. There is still considerable work to be done in order to achieve this goal. There needs to be extensive awareness campaigns and cost-effective and more widely available access to contraceptive methods. The RHS of 1999 also indicated that households with visits by family health workers also tend to have a higher contraceptive use rate than households that do not. Thus, incentives need to be provided to encourage family health workers to increase visits to households, and also to train FHWs in acceptable family planning and contraceptive methods.

Goal 7: Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality (MDG 2, T-3)

Maldives has already achieved 100 percent net enrolment in primary education and there is no gender disparity between girls and boys in primary education (See Table 5).

Table 5: Net Enrolment Ratio in Primary ((Grade 1 - 7) (Age 6 - 12)) Education

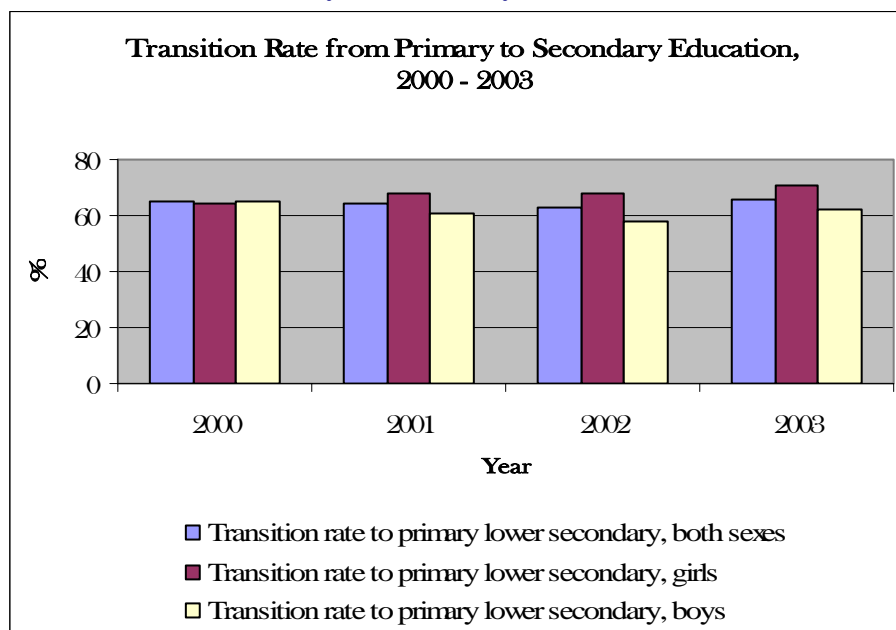
Year	1997	1998	1999	2000	2001	2002	2003	2004
Both sexes	99.5	99.2	98.7	98.0	98.2	100.0	100.0	100.0
Boys	99.5	99.9	99.4	98.8	98.9	100.0	100.0	100.0
Girls	99.5	99.5	98.1	97.1	97.4	100.0	100.0	100.0

Source: Ministry of Education, 2005

However, this goal is not yet fully achieved when taking into consideration the quality of the primary education provided. While all islands in the Maldives now provide education up to grade 7, the transition rate from primary to secondary education remains low (see Figure 1). This may be due to the lack of trained teachers, especially in the islands. In 2004, according to the VPA-2, while most of the islands had at least *one* trained teacher, 1 percent of the total population lived on islands where there are no trained teachers. The student-to-trained teacher ratio in 2004 was also more than 100 students per trained teacher for four percent of the atoll population (eight percent in 1997), and nineteen percent of the atoll population lived on islands with 50 – 100 students per trained teacher (30 percent in 1997).

² The indicators used to monitor Goal 6 are part of the Goal 5 indicators – those pertaining to contraceptive use among current married women aged 15 – 19, any method and condom, and the condom use rate of the contraceptive use rate. Hence these two goals are combined here.

Figure 1: Transition Rate from Primary to Secondary Education



Source: Ministry of Education, 2005

The major challenge in the provision of quality primary education arises from the lack of capacity within the Maldives to train teachers for primary and secondary levels. In addition, the dispersed nature of some islands as well as the small numbers of primary students on some islands makes it difficult for the necessary infrastructure to be established on each island at the required quality. Moving forward, there needs to be more emphasis placed on the provision of quality education, both through the provision of quality teachers and provision of basic educational services such as libraries in schools.

Goal 8: Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults

This goal has already been achieved in that the literacy rates for the Maldives, in terms of the local language Dhivehi, have historically been very high, at 98 percent both in 1990 and in 2004. There are also no apparent gender disparities in terms of adult literacy rates, with both female and male literacy rates for 2000 being at 99 percent.

Goal 9: Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality (MDG 3, T-4)

The ratio of girls to boys in primary education has shown a declining trend from 1999 at 96 percent to 91 percent in 2004. This trend however is reversed in the ratio of boys to girls in secondary education, which increased from 105 percent in 1999 to 112 percent in 2004. This is a positive sign in the reduction of gender disparities. The literacy rate in the Maldives is universal, as discussed above and there are no gender disparities in the adult literacy rates of the country. However, when considering tertiary education, there is cause for concern, with only 33 percent

of women having a tertiary qualification in 1990, which increased to 45 percent in 2004. The slow progress in the number of women with tertiary qualifications may be attributable to the limited number of tertiary educational institutions available in the country, especially in the atolls. Although there are a number of institutions offering tertiary education in Male', women in the atolls will find it difficult to travel and stay in Male' to obtain these qualifications. In the national parliament (Citizen's Majlis), women account for 13 percent, with 5 women and 37 men in 2005, (2 out of 48 parliamentarians in 1990), and there are also few women in executive posts, both in Government and in the private sector. There thus needs to be an increase in women's participation in national groups, so that the views of women may be taken into consideration.

Goal 10: Reducing the infant mortality rate below 35 per 1,000 live births by 2015 (MDG 4, T-5)

The infant mortality rate in 1990 stood at 34 out of every 1,000 births in the country. This has been drastically reduced throughout the years, with mortality standing at 14 and 15 out of every 1,000 births at the end of 2003 and 2004³ (see Figure 2), respectively. Thus, the country has already achieved this goal.

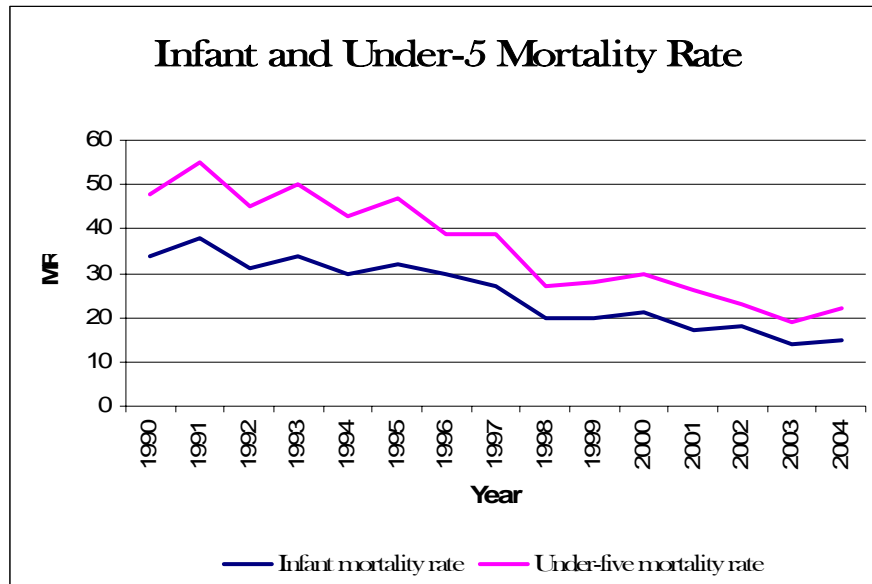
The country also has remarkable vaccination coverage for children less than 1 year, with more than 95 percent coverage for measles, tuberculosis and DPT. This has in large part led to the decrease in infant mortality rates throughout the years. In addition, according to the RHS 2004, the number of births attended by skilled personnel stood at 85 percent, which is an achievement, given the dispersed nature of the population, the lack of skilled personnel within the health sector and the high costs of transportation to and provision of health facilities in the atolls.

Goal 11: Reducing the under 5 mortality rate below 45 per 1,000 live births by 2015 (MDG 4, T-5)

The country has already achieved this goal, with under-5 mortality rates declining from 48 per 1,000 live births in 1990 to 22 per 1,000 live births in 2004 (See Figure 2). This may partly be due to the universal vaccination programme achieved by the health sector in 1989.

³ The increase in 2004 is partly attributable to the impact of the tsunami disaster, with 9 percent of the 2004 infant mortality rate being due to this.

Figure 2: Infant and Under-5 Mortality Rate



Source: 25 Years of Statistics, MPND

Goal 12: Reducing the maternal mortality rate by three-quarters of the current rate by 2015 (MDG 5, T-6)

The country has already achieved this target of reducing the maternal mortality rate by three quarters of the current rate by 2015. The maternal mortality rate in 1990 stood at 500 per 100,000 births in 1991, which has been reduced to 78 per 100,000 live births by 2003. Since 1998, inquiries are carried out into each maternal death, and in light of this intervention, preventable maternal deaths have been reduced. In addition, according to the 2004 RHS, the number of women reporting 4 or more antenatal visits has increased from 65 percent in 1985 to 91 percent in 2004.

The major challenges faced in further reducing the maternal mortality rate pertain to the provision of quality care in all islands. Due to the dispersed nature of the population, and the costs of providing quality health care in all islands, some islands do not have the pre-requisite health facilities to ensure a safe delivery, and cost-efficient and timely transportation to health facilities that do provide these services are also limited. Furthermore, the number of skilled personnel available to attend to child birth also needs to be increased. In 2004, 56 percent of births were attended by a doctor, 30 percent by a nurse and 13 percent by a traditional birth attendant.

Goal 14: Reducing by half, by 2015, the proportion of people who are unable to reach or afford safe drinking water (MDG 7, T-10)

At the end of 2004, prior to the tsunami, 97 percent of the total population had access to safe drinking water. Male' had 100 percent coverage with desalinated and treated water being supplied by the MWSC. This was an improvement from 2001 where it was 76 percent. In

addition, the percentage of people who use well water (ground water) has also been reduced from 16 percent in 2001 to 5 percent in 2004. The main source of drinking water across the population was rain water which in 2004 accounted for 51 percent of the total. Due to the tsunami disaster of 2004, it was estimated that a total of 1,000 community rainwater tanks, 6,000 household rainwater tanks and 20,000 m³ of rainwater supplies were lost. While the damages are high, with assistance from the IFRC and the UNICEF, all the communities that did not have access to safe water have been provided with water tanks, and it is estimated that the achievement of this goal will not be adversely affected by the tsunami disaster.

Goal 15: Reducing HIV infection rates in persons 15-24 years of age by 2005 in all countries, and by 25 per cent in the most affected countries (MDG 6, T-7)

From 1991 to date, only 13 cases of HIV/AIDS positive cases have been reported, and as such, Maldives is a low-prevalence country. There was no HIV prevalence among pregnant women and in any case, of the 13 HIV/AIDS positive cases, only 1 was female. While data on the condom use at last high risk sex is not available, the 2004 RHS indicates that there is an increasing proportion of unmarried youth engaging in sexual activities. Of this group, 42% stated that they had never used a condom while 12 percent stated that they always did use a condom. Knowledge of HIV/AIDS is high amongst youth, at 97 percent, of which 44 percent stated that using condoms was a way to avoid HIV/AIDS infection. The condom use rate for the Maldives has also increased overall, from 6 percent in 1999 to 9 percent in 2004. This however only reflects condom use by married women.

While HIV/AIDS prevalence has been low in the Maldives to date, there is an increasing risk from expatriate workers, whom Maldives employs in large numbers, partly due to lack of skilled labor in the country. From 1993 till 2003, over 100 HIV/AIDS positive cases were reported among these expatriate workers. There is thus a need to strengthen the surveillance mechanism currently in place, as well as an increase in the awareness campaigns on HIV/AIDS. There may however be socio-cultural barriers to the practice of safe sex amongst unmarried youth. Being a Muslim country, pre-marital sex is illegal in the country, and the risk of legal punishment deters many unmarried youth from buying condoms.

Goal 16: Increasing the percentage of women receiving maternal and prenatal care by 60 per cent

According to the MICS Survey in 2000, the number of births attended by doctors was at 48 percent and that attended by nurses was at 22.3 percent. These percentages increased in 2004, with births attended by doctors at 56 percent and that by nurses at 30 percent. The number of births attended by traditional birth attendants declined during this period from 45 percent to 13 percent of live births. Women reporting 4 or more antenatal visits also increased from 69 percent in 1999 to 91 percent in 2004. During these visits, most reported attendance by a specialist – 70 percent saw a gynecologist and 25 percent saw another doctor. There is however, a difference in these rates when comparing Male' to the atolls. In the atolls 62 percent of women saw a gynecologist, while in Male' it was 90 percent. This goal is on track to be achieved, given the high percentage of women receiving maternal and prenatal care.

Goal 18: Substantially reducing infection rates from malaria, tuberculosis and other killer diseases in LDCs by the end of the decade; reducing tuberculosis (TB) deaths and prevalence of the disease by 50 per cent by 2010; and reducing the burden of disease associated with malaria by 50 per cent by 2010 (MDG 6, T-8)

Malaria has been eradicated from the Maldives and no cases have been detected since 1984. With regard to tuberculosis, the total cases under treatment declined from more than 600 in 1991 to only 82 cases in 2003. The death rate associated with TB also declined from 34 cases in 1990 to only one case in 2004. The incidence rate per 1,000 people, has also declined from 0.55 in 1991 to 0.26 in 2003. Hence, this goal has already been achieved.

The major accomplishment under this goal is the absence of TB cases reported in the under-5 age group. This may be a result of the universal vaccine coverage programme detailed above. The challenges faced in achieving this goal relate to the overcrowding apparent in Male', and the social stigma still attached to being infected with TB.

Goal 19: Promoting child health and survival and reducing disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children

The percentage of the population reporting not having any sanitation facilities was 16 percent in 1997, which has been reduced to 4 percent in 2004. However, there are still regional disparities with regard to sanitation, with about 6 percent in the atolls having no toilets at home, while in Male' the percentage is only 1 percent. This situation was made worse by the tsunami disaster, which destroyed complete sanitation systems in islands. However, with the current progress being made on these islands with donor assistance, it is expected that sanitation systems will be rehabilitated and that this goal will be achieved. Other aspects of this goal, relating to infant mortality, immunization, etc, are addressed elsewhere in this report.

Goal 20: Improving the health and nutritional status of infants and children

Aspects of this goal, relating to infant mortality, immunization, etc, are addressed elsewhere in this report.

Goal 21: Promoting breast feeding as a child survival strategy

Breastfeeding is universal in the Maldives, as according to the MICS II, 97 percent of children have been breast fed at some time. There are also no substantial gender differences in breast feeding. The percentage of children less than 6 months who are exclusively breast fed stood at 10 percent in 2001, with the average being 3.9 months of exclusive breastfeeding.

Table 6: Exclusive Breastfeeding

Completed breastfeeding (in month)	Percent
1	5.7
2	10.7
3	14.1
4	27.3
5	4.7
6	10.4

Source: VPA, 2004

Goal 22: Increasing road networks or connections in LDCs to the current level of other developing countries and urban road capacities, including sewerage and other related facilities, by 2010

Given that the Maldives is a small island developing state, with 198 inhabited islands, there is more emphasis on sea transportation rather than land-based transportation in the country. However, even given the importance of transportation, both for the economic and social development of the country, regular ferry services exist only in the Greater Male' Region (between Villingilli and Male' and Hulhumale' and Male') and from Shaviyani, Baa and Raa Atoll to Male'. The rest of the sea transportation system is mostly on-demand.

However, access to islands through the construction of harbours and jetties has improved. The number of islands with limited access due to dangerous reefs has been reduced to almost zero by 2004 and according to the VPA II, around 60 percent of the population lives on islands that are accessible during the day.

An important caveat to this is that the tsunami of 26 December 2004 destroyed much of the jetties and harbour infrastructure. It has been estimated that 36 jetties were damaged and about 4,200 metres of quay walls and 15,000 metres of sea walls and breakwaters were damaged or destroyed on the inhabited islands. Approximately 370,000 m³ of sand will need to be removed from the harbours by dredging in order for the fishing and trading economy to be restored.

Parts of the collapsing structures and exposed reefs had been used as navigation aids for entrances to the harbours and warnings lights of danger. It has been estimated that over a third of all navigation aids were lost or destroyed. With the large number of rescue and aid vessels travelling to the islands, the possibility of striking a reef increased dramatically. In addition, five causeways connecting smaller islands were partly damaged or destroyed, as was heavy construction equipment at the Malé International Airport.

Work is on the repair and reconstruction of all public infrastructure is continuing in accordance with the National Recovery and Reconstruction Plan that was developed immediately after the

disaster. Needless to say, the tsunami disaster has set back the country in meeting the infrastructure development goals of the BPoA.

Goal 23: Modernizing and expanding ports and airports and their ancillary facilities to enhance their capacities by 2010

Being extremely dependant on tourism for economic growth has ensured that the Male' International Airport on Hulhule' has been developed through a number of phases. In addition, the growth in tourist numbers have increased the number of air transport passengers carried from 470,150 in 1990 to 1.8 million air transport passengers in 2003. Aircraft movement at Male' International Airport increased from 1,650 in 1990 to 9,176 in 2003, with 21 international airlines making scheduled stops at the airport.

There is also a domestic air transportation system in existence in the Maldives, with regional airports in S. Gan, L. Kadho, G.A. Kaadedhoo and H.A. Hanimaadhoo, providing much needed transportation for local people. The regional airport in S. Gan was also upgraded to an international airport in 2005, paving the way for tourism to expand in the southern region. In addition, there are also two seaplane transfer companies in the country, which provides 42,000 flights per year, mainly for tourists transferring from the Male' International Airport to the resorts. These companies do however provide limited transportation for locals, at off-peak times.

In terms of ports, the total TEU for the Maldives increased from 11,246 in 1997 to 19,249 in 2002. The Male' Commercial Harbour, which is the main port hub in the Maldives, has open storage capacities of 1.7 ha (819 loaded TEUs), and closed storage capacities of 0.3 ha, with a throughput of 233,000 t in 2002. The Commercial Harbour, however, is congested at all times and there is need for expansion of these facilities. In addition, there are two regional ports, one in Hithadhoo in the South and in Hanimaadhoo in the North. The port in Hanimaadhoo has a draught of 5m and the one in Hithadhoo has a draught of 8m. These ports were built partly with a view to reducing the congestion at the Male' Commercial Harbour. There are also plans for a transshipment harbour in the North and a yacht marine, also in the North, although the latter is more targeted towards yacht tourism in the Maldives.

Goal 24: Modernizing and expanding railway connections and facilities, increasing their capacities to the level of those in other developing countries by the end of the decade – Not applicable to the Maldives

Goal 26: Increasing computer literacy among students in higher institutions and universities by 50 per cent and in junior and high schools by 25 per cent, by 2015

Computer literacy is increasing among students in higher institutions and in junior and high schools, although no figures are available for this goal. Computer education is very high in Male, with a large number of private institutions establishing themselves just for this purpose. In the atolls too, where secondary schools exist, computer education is provided. However, the limited facilities such as computer equipment and internet access available in atoll/island schools make it difficult for this to be pursued.

Goal 25: Increasing LDCs' communication networks, including telecommunication and postal services, and improving access of the poor to such services in urban and rural areas to reach the current levels in other developing countries; AND

Goal 27: Increasing average telephone density to 5 main lines per 100 inhabitants and Internet connections to 10 users per 100 inhabitants by the year 2010 (MDG 8, T-18)⁴

According to the Telecommunications Authority of the Maldives, at the end of 2004, there were 31,503 fixed telephone lines and 113,246 mobile subscribers in the Maldives. Telephone density for fixed lines and mobiles combined was at 53.59, signifying high coverage in terms of communications. Internet subscribers were at 1,260 customers at the end of 2004, and other internet users were at 1,029. There is however, large disparities between the atolls and in Male', when comparing fixed lines, with fixed lines at 22,894 in the Greater Male' Region, and only 189 telephones in the atolls.

The growth in the use of mobile phones is noteworthy in the Maldives. This service was introduced in 1997, and as stated above increased to 113,246 mobile subscribers at the end of 2004. Given a population of 289,480 in 2004, this indicates wide coverage in terms of communication in the country, even though the number of fixed lines is small. Although no data is available on the breakdown of mobile users by Male' and the Atolls, it may be stated that the high mobile use rate may mean that there are no regional disparities evident in the use of mobile phones within the country.

4. PROSPECTS AND CHALLENGES MOVING FORWARD

The above reviews and discusses the progress made by the Maldives in achieving the BPoA goals. Moving ahead from this mid-term review, there are a number of priority areas where actions are needed if the goals that are lagging behind are to be achieved during the timeframe specified. These are outlined below:

4.1 REGIONAL DISPARITIES

While Maldives has achieved considerable progress at a national level in achieving the MDGs and the BPoA, there still exists a regional disparity. For instance, although Maldives overall has only 1 percent of the population below the Rf. 7.5 poverty line discussed above, Male's ratio is at 0 while for the atolls it is 5 percent. This is evident at all other levels of poverty as well. There are also disparities between regions, as evidenced by the poverty gap ratio, where the incidence and depth of poverty declines as we move from the North of the country towards the South.

Evidence of regional disparities, from provision of educational and health facilities to malnutrition amongst children is evident in the review above, and is a challenge for the nation, especially given the dispersed nature of the population and the geographic distances between

⁴ Goal 27, on increasing telephone density in rural and urban areas are related to Goal 25 on increasing LDC's communication networks and as such are combined together in order to provide a broader picture.

islands. In addition, the low populations of some islands make it uneconomical to provide quality educational and health facilities.

The government has, since 1998, introduced a programme of voluntary population consolidation, whereby people from less populated and economically unviable islands are voluntarily moved to larger islands, where the provision of these services are more economic. Following the tsunami disaster, there has been increased focus and implementation of this policy. People on environmentally vulnerable islands and those susceptible to natural disasters such as tsunamis, are resettled to larger islands.

Further efforts to reduce the regional disparities in the Maldives in developmental terms, are addressed in the 6th National Development Plan. A policy of regional development was pursued during the 6th plan period, whereby the Maldives was divided into 5 regions: North, Central North, Central, Central South and South. During the initial phase, the North and the South have been the focus of development and under multilateral funding assistance, two regional growth centers have been established in these regions. Currently, a number of donor assistance projects are also focused on regional development under the 6th NDP policies.

4.2 CHALLENGES IN THE SOCIAL SECTORS

While considerable progress has been made in the social sectors, with the achievement of universal rates of primary education and adult literacy, universal vaccination programmes, and the eradication and reduction of tuberculosis and other dangerous diseases, there is still along way to go in developing the social sectors.

One of the main challenges lie in addressing the regional disparities in the provision of education and health between Male' and the Atolls, as discussed above under regional disparities. Other challenges in the social sectors pertain to the following:

Education

- Ensure that the quality of education is improved, in all levels of education, through increase in the number and quality of teachers; reducing the student-trained teacher ratios; increasing access to higher secondary and tertiary education in the atolls; establishing an inter-atoll and intra-atoll transportation system; accelerate the programme of population consolidation in order to provide educational infrastructure in a cost-effective manner; study the reasons for the low transition rates from primary to secondary education.

Health

- Ensure that access to and the quality of the health services is improved through increasing awareness of nutrition and the prevalence of malnutrition, both in pregnant women and children; increase food security within the Maldives; establish an inter- and intra-atoll transportation system; accelerate the programme of population consolidation; increase the human resources capacity within the health sector and provide incentives to personnel to work in the atolls; increase awareness of and access to reproductive health and contraceptive methods; improve the quality of care received at health facilities.

Gender

- Prepare a gender master plan; investigate into the reasons for gender differences being prevalent within the country; increase awareness of gender issues throughout the country.

Infrastructure

- Investigate into the feasibility of inter-atoll and –island transportation systems within the country, as it is through increased connections that rapid development in the economic and social sectors can be ensured.

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