MINISTRY OF HEALTH
REPUBLIC OF MALDIVES

MONITORING PROGRESS ON HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS IN THE MALDIVES

2018
2019
UPDATE

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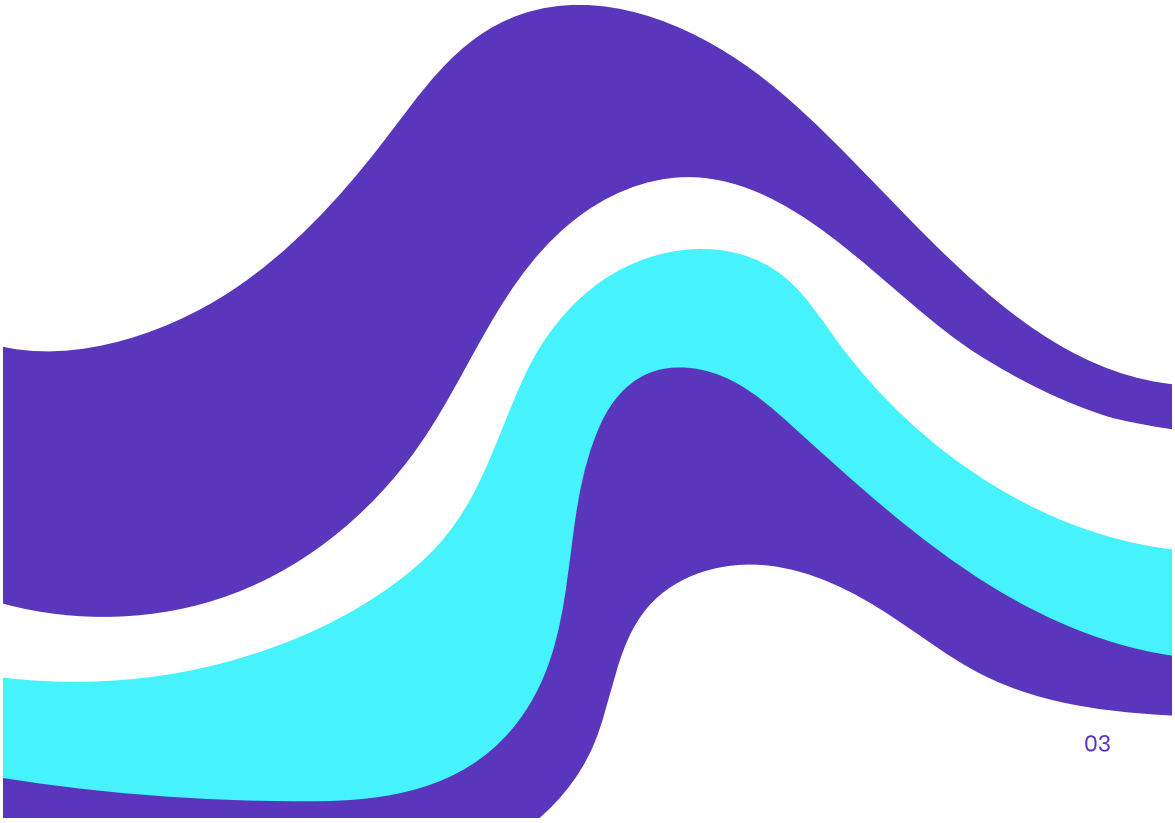
Contents

Acronyms

MoH	Ministry of Health
TB	Tuberculosis
SDGs	Sustainable Development Goals
NCDs	Non-Communicable Diseases
CDs	Communicable Diseases
IHR	International Health Regulations
VRS	Vital Registration System
MDHS	Maldives Demographic Health Survey
APC	Alcohol Per Capita Consumption



Acknowledgements

Ministry of Health (MoH) Sustainable Development Goals (SDG) Health Profile on health-related SDGs is a snapshot representing the annual progress update for SDG health indicators with a short brief update which is disseminated annually. It was undertaken to monitor health SDGs of Maldives for the requirement to align SDGs with the government plans and policies.

The data was collected within the framework of cooperation between the relevant departments, divisions and sections of the MoH including HPA and MFDA. Compilation of the profile would not have been possible without the contribution of the many individuals mentioned below or the hard work of the team of Health Information & Research Section.

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The Health Information & Research team of MoH comprised Ms. Moomina Abdulla, Director of Health & Information & Research Section, Ms. Sofoora Kausar, Assistant Director of Health Information & Research Section, Ms. Fathmath Shamah, Senior Research Officer of Research Section. Financial and Content Design support for profile was provided by WHO.

Executive Summary

The year 2015 saw the establishment of the Sustainable Development Goals (SDGs) by the United Nations (UN), to lead the global development agenda up till the year 2030. The SDGs are comprised of 17 global goals, with a total of 169 targets.

Of all the 17 SDGs, the health goal, ensuring healthy lives and promoting wellbeing for all ages, i.e. SDG 3 has the largest number of indicators. With the emergence of SDGs, every member country has embarked on aligning country developmental goals and plans with that of the SDGs.

Similarly, in the Maldives, as with other agencies and stakeholders within the government, the Ministry of Health (MoH) is working towards meeting the targets of the global agenda in the process of improving the health services provided to citizens scattered geographically across swathes of ocean, which in itself poses challenges.

This report duly focuses on the work that is being undertaken at the island, atoll, and country level in terms of meeting the targets of SDGs, the progress that has been made, the milestones achieved, and the challenges that remain as MoH forges ahead with its plans and policies to translate these goals into reality on the ground.

As there exists interdependence and inter-linkages between the goals, this report also looks into SDG 2,4,5,6 and 8.

The main focus of the report however, is made on the goals within the goal of SDG 3. It takes an in-depth look into areas such as the work that is currently being done to put an end to preventable deaths of new-borns and children under five years of age, to ending the epidemics of AIDS, tuberculosis etc. to ensuring healthy lifestyles to prevent the rise of non-communicable diseases (NCDs) that have become prevalent and are in a large way the leading cause of deaths in modern societies.

Introduction

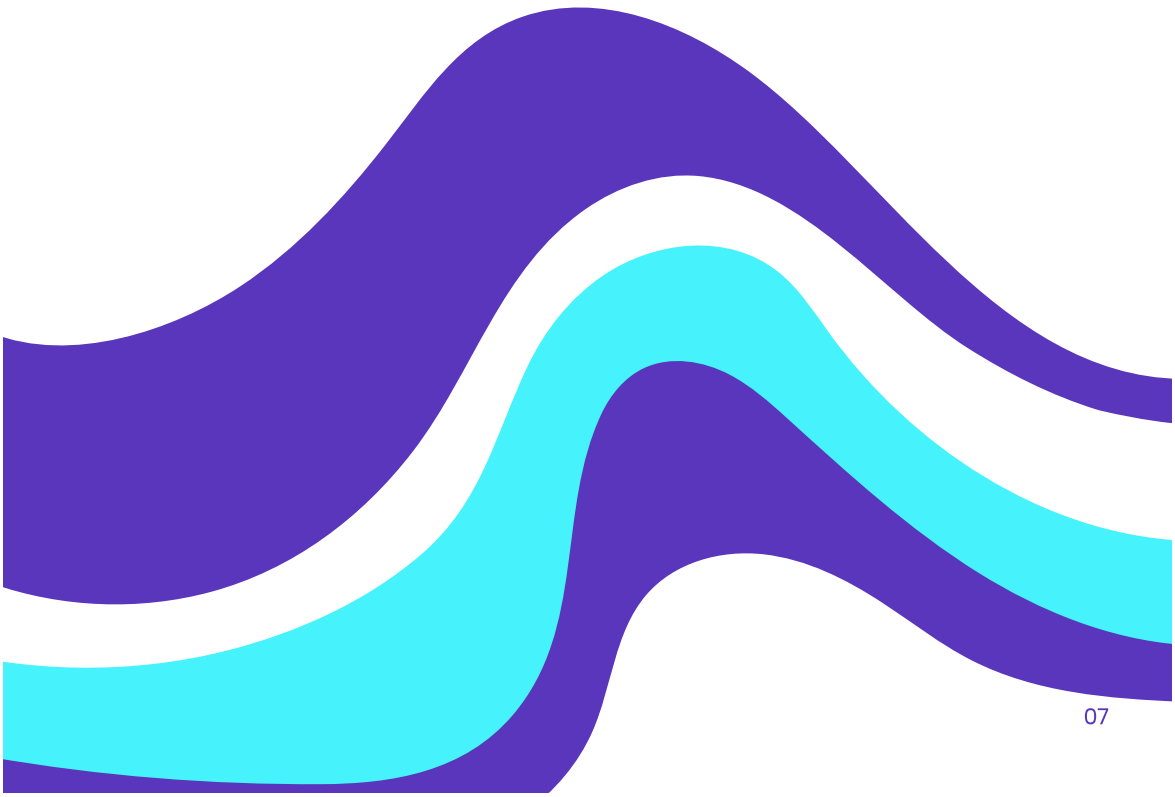
In SDG's, Health is framed as a contributor to, and beneficiary of, progress in many other SDG's. The figure below shows SDG's that are related health

Figure : Health is linked to many other SDGs

This profile presents a snapshot of 'where we are now' in terms of overall progress made on achieving health related SDG's in Maldives.

SDG Goal 3: Ensure healthy lives and promote well-being for all ages

Goal 3 specifically relates to health which seeks to implement the health and wellbeing of all people across the world at every stage of life. This goal addresses all major health priorities, including reproductive, maternal, and child health; communicable, non-communicable, and environmental diseases; universal health coverage; and access to safe, effective, quality, and affordable medicines and vaccines. It also calls for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction.



Health Targets and Indicators on Sustainable Development Goals – Ministry of Health

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

Indicator 3.1.1: Maternal Mortality Ratio

Definition:
The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. It depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or a single live birth.

Maternal deaths: The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period.

Table - Maternal Mortality Ratio of Maldives(2017 & 2018)

Source: VRS 2017/2018, Health Statistics Report 2015/2016

Indicator 3.1.2: Proportion of births attended by skilled personnel

Definition:
Percentage of births attended by skilled health personnel (generally doctors, nurses or midwives) is the percentage of deliveries attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own, and caring for new-borns. Traditional birth attendants, even if they receive a short training course, are not included.

Table 2 - Proportion of births attended by skilled personnel

Source: VRS 2017/2018, Health Statistics Report 2015/2016

Target 3.2: By 2030, end preventable deaths of new borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality at least as low as 25 per 1,000 live births.

Indicator 3.2.1: Under Five Mortality Rate

Definition:
Under-five mortality is the probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age specific mortality rates of that period, expressed per 1000 live births.

Table 3-Under Five Mortality Rate(2017 & 2018)

Source: VRS 2017/2018, Health Statistics Report 2015/2016

Indicator 3.2.2: Neonatal Mortality Rate

Definition:
The neonatal mortality rate is the probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1000 live births.

Neonatal deaths (deaths among live births during the first 28 completed days of life) may be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.

Table 4-Neonatal Mortality Rate

Source: VRS 2017/2018, Health Statistics Report 2015/2016

Target 3.3: By 2030, end the epidemics of AIDs, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.

Definition:
The number of new HIV infections per 1,000 uninfected population, by sex, age and key populations as defined as the number of new HIV infections per 1000 person-years among the uninfected population.

Table 5 - HIV incidence rate

Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations. Proxy Indicator: HIV incidence rate
2017
0.001

Source: HIV Program - 2019

Indicator 3.3.2: Tuberculosis incidence per 1,000 population

Definition:
The tuberculosis incidence per 100,000 population as defined as the estimated number of new and relapse TB cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100 000 population.

Table 6 - Tuberculosis incidence rate per 100,000

Tuberculosis incidence per 1,000 population Proxy Indictor: Tuberculosis incidence rate per 100,000
2019
49

Source: TB Program, 2019

Indicator 3.3.3: Malaria incidence per 1,000 population

Definition:
Incidence of malaria is defined as the number of new cases of malaria per 1,000 people at risk each year.

Table 7- Malaria Incidence per 1000 Population

Malaria incidence per 1,000 population
2015
Eliminated Malaria from Maldives since 2015

Source: Elimination Disease Unit - HPA - 2015

Indicator 3.3.4: Hepatitis B incidence per 1,000 population (Metadata Not Available)

Table 8 - Hepatitis B Incidence Per 1000 Population

No available data for hepatitis B

Indicator 3.3.5: Number of people requiring interventions against neglected tropical diseases

Definition:
Number of people requiring treatment and care for any one of the neglected tropical diseases (NTDs) targeted by the WHO NTD Roadmap and World Health Assembly resolutions and reported to WHO.

Table 9 - Number of people requiring interventions against neglected tropical diseases

Number of people requiring interventions against neglected tropical diseases
2017
998

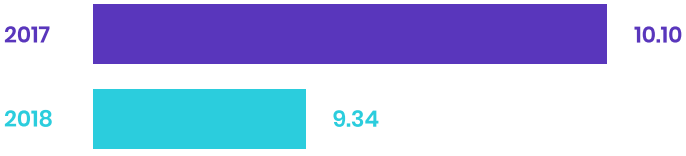
Source: CD Program, 2017

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Indicator 3.4.1: Mortality rate attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

Definition:
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.
Probability of dying between the ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the per cent of 30-year-old-people who would die before their 70th birthday from cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS). This indicator is calculated using life table methods (see further details in section 3.3).

Table 10 - Mortality rate attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

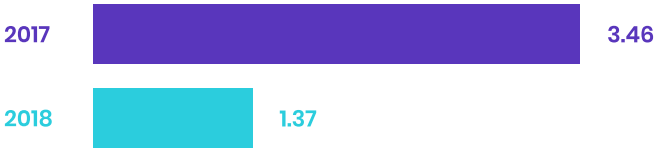


Source: VRS 2017/2018, Injury Surveillance Report 2017/2018

Indicator 3.4.2: Suicide mortality rate

Definition:
The Suicide mortality rate as defined as the number of suicide deaths in a year, divided by the population, and multiplied by 100 000

Table 11 - Suicide mortality rate per 100,000 population



Source: VRS 2017/2018, Injury Surveillance Report 2017/2018

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychological and rehabilitation and aftercare services) for substance use disorders.

Definition:
The coverage of treatment interventions for substance use disorders is defined as the number of people who received treatment in a year divided by the total number of people with substance use disorders in the same year. This indicator is disaggregated by two broad groups of psychoactive substances: (1) drugs, (2) alcohol and other psychoactive substances.

Whenever possible, this indicator is additionally disaggregated by type of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services). The proposed indicator will be accompanied, with contextual information on availability coverage, i.e. treatment capacity for substance use disorders generated at national level to provide additional information for interpretation of the contact coverage data.

Table 12 - Coverage of treatment interventions

Coverage of treatment interventions **Proxy Indicator: Percentage of identified drug users provided with rehabilitation treatment.**
2011/2012
4%

Source: National Drug Survey 2011/2012

Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

Definition:
Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Total alcohol per capita consumption (APC) is defined as the total (sum of recorded APC three-year average and unrecorded APC as a proportion of total) amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol, adjusted for tourist consumption. Recorded alcohol consumption refers to official statistics at country level (production, import, export, and sales or taxation data), while the unrecorded alcohol consumption refers to alcohol which is not taxed and is outside the usual system of governmental control, such as home or informally produced alcohol (legal or illegal), smuggled alcohol, surrogate alcohol (which is alcohol not intended for human consumption), or alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction). Tourist consumption takes into account tourists visiting the country and inhabitants visiting other countries. Positive figures denote alcohol consumption of outbound tourists being greater than alcohol consumption by inbound tourists, negative numbers the opposite. Tourist consumption is based on UN statistics, and data are provided by IHME.

Table 13 - Harmful use of alcohol, defines according to the national context as alcohol per capita consumption

Harmful use of alcohol, defined according to the national context as alcohol per capita consumption **Proxy Indicator: Number of reported cases of alcohol use for 15+ years.** **Prevalence in Male'**
2011/2012
6.64

Source: Police Records, 2011/2012

Table 14 - Harmful use of alcohol, defined according to the national context as alcohol per capita consumption

Harmful use of alcohol, defined according to the national context as alcohol per capita consumption **Proxy Indicator: Number of reported cases of alcohol use for 15+ years.** **Prevalence in Atolls**
2011/2012
2.02

Source: Police Records, 2011/2012

Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents.

Indicator 3.6.1: Death rate due to road traffic injuries

Definition:
Death rate due to road traffic injuries as defined as the number of road traffic fatal injury deaths per 100,000 population.

Table 15 - Death rate due to road traffic injuries

Source: Police Records, 2017/2018, VRS 2017/2018

SDG Target 3.7: By 2030, ensure universal health access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health in to national strategies and programmes.

Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods.

Definition:
The percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method.

Table 16 - Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods.

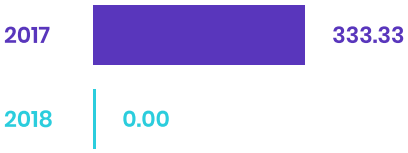
Proxy Indicator: Percentage of currently married women aged 15-49 years with met need for family planning.
2016/2017
29.40%

Source: MDHS 2016/17

Indicator 3.7.2: adolescent birth rate (aged 10-14 years, aged 15-19 years) per 1,000 women in that age group.

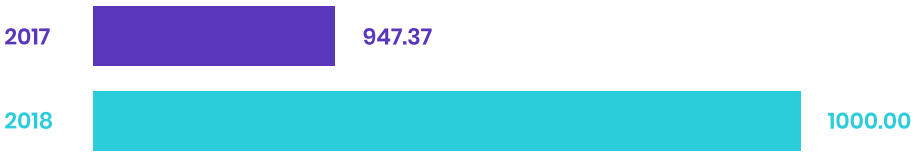
Definition:
Annual number of births to females aged 10-14 or 15-19 years per 1,000 females in the respective age group.

Table 17 - adolescent birth rate (aged 10-14 years, aged) per 1,000 women in that age group.



Source: VRS 2017, 2018

Table 18 - adolescent birth rate (aged 15-19 years, aged) per 1,000 women in that age group.



Source: VRS 2017, 2018

SDG Target 3.8: By 2030, Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol.

Definition:
Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).

The indicator is an index reported on a unitless scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage.

Table 19 - Number of inhabited islands with access to essential services which are covered under social health insurance scheme

Number of Psychiatrists (Per 100,000 Population)

Source: QARD Records, 2017/2018, HI Records, 2017/2018

Table 20 - Number of inhabited islands with access to essential services which are covered under social health insurance scheme.

Number of Surgeons (Per 100,000 Population)

Source: QARD Records, 2017/2018, HI Records, 2017/2018

Table 21 -Number of inhabited islands with access to essential services which are covered under social health insurance scheme.

Hospital Beds (Per 100,000 Population)

Source: HI Records, 2017/2018

Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

Definition:
Proportion of the population with large household expenditure on health as a share of total household expenditure or income.
Two thresholds are used to define "large household expenditure on health": greater than 10% and greater than 25% of total household expenditure or income.

Table 22 - Proportion of population with large household expenditures on health as a share of total household expenditure or income.

Proportion of population with large household expenditures on health as a share of total household expenditure or income
2016
6.00%

Source: MDHS 2016/17

SDG Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

Indicator 3.9.1: Mortality rate attributed to household and ambient air pollution.

Definition:
The mortality attributable to the joint effects of household and ambient air pollution can be expressed as: Number of deaths, Death rate. Death rates are calculated by dividing the number of deaths by the total population (or indicated if a different population group is used, e.g. children under 5 years).

Evidence from epidemiological studies have shown that exposure to air pollution is linked, among others, to the important diseases taken into account in this estimate:

- Acute respiratory infections in young children (estimated under 5 years of age);
- Cerebrovascular diseases (stroke) in adults (estimated above 25 years);
- Ischaemic heart diseases (IHD) in adults (estimated above 25 years);
- Chronic obstructive pulmonary disease (COPD) in adults (estimated above 25 years); and
- Lung cancer in adults (estimated above 25 years).

Indicator 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and hygiene for all (WASH) services).

Definition:
The mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) as defined as the number of deaths from unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services) in a year, divided by the population, and multiplied by 100,000.

Table 24 - Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene

There is no data recorded in Maldives for the Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene

Indicator 3.9.3: Mortality rate attributed to unintentional poisoning.

Table 25 - Mortality rate attributed to unintentional poisoning

Mortality rate attributed to unintentional poisoning	
2017	**2018**
0.00	0.00

Source: Police Records 2017/2018, VRS 2017/2018

SDG Target 3.A: Strengthen the implementation of the world health organization framework Convention on tobacco control in all countries, as appropriate.

Indicator 3.A.1: Age Standardized prevalence of current tobacco use among persons aged 15 years and older.

Table 26 - Age Standardized prevalence of current tobacco use among persons aged 15 years and older.

Age Standardized prevalence of current tobacco use among persons aged 15 years and older
2016/2017
22.50%

Source: MDHS, 2016/2017

SDG Target 3.B: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the DOHA Declaration on the TRIPs agreement and public health, which affirms the right of developing countries to use to the full the provisions in the agreement on Trade related aspects of intellectual property rights regarding flexibilities to protect public health, and in particular, provide access to medicines for all.

Indicator 3.B.1: Proportion of the population with access to affordable medicines and vaccines on a sustainable basis.

3.b.1a: Coverage of DPT containing vaccines (3rd Dose)
3.b.1b: Coverage of measles containing vaccine (2nd Dose)

Table 27 - Percentage of the population who have access to medicines listed in essential medicine list in inhabited islands.

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis. Proxy Indicator: Number of the population who have access to medicines listed in essential medicine list in inhabited islands
2017
339

Source: MFDA Records, 2017, Health Writeup 2017

Table 28 - Population of targeted population covered by all vaccines included in the national vaccine program

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis. Proxy Indicator: Population of targeted population covered by all vaccines included in the national vaccine program
2017
72.7

Source: HPA, Vaccine Program,2017

Table 29 - Coverage of DPT containing vaccines(3rd Dose)

Coverage of DPT containing vaccines(3rd Dose)
2016/2017
85

Source: HPA, Vaccine Program,2017

Table 30 - Coverage of measles containing vaccine (2nd Dose)

Coverage of measles containing vaccine (2nd Dose)
2016
75.3

Source: HPA, Vaccine Program,2017

Indicator 3.B.2: Total net official development assistance to medical research and basic health sectors.

Table 31 - Percentage of donor support to total health expenditure.

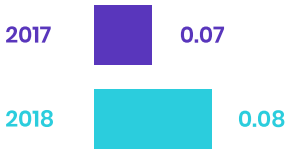
No data recorded in Maldives for the indicator percentage of donor support to total health expenditure.

SDG Target 3.C: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.

Indicator 3.C.1: Health worker density and distribution

Table 32 - Skilled health professionals' density per 10,000 population.

Density of dentistry personnel (Per 1000 Population)



Source: HI Records,2017/2018

Table 33 - Skilled health professionals density per 10,000 population.

Density of nursing and mid wifery personnel (Per 1000 Population)

Source: HI Records, 2017/2018

Table 34 - Skilled health professionals density per 10,000 population.

Density of pharmaceutical personnel (Per 1000 Population)

Source: HI Records, 2017/2018

Table 35 - Skilled health professionals density per 10,000 population.

Density of Physicians (Per 1000 Population)

Source: HI Records, 2017/2018

SDG Target 3.D: Strengthen the capacity of all countries, in particular developing counties, for early warning, risk reduction and management of national and global health risks.

Indicator 3.D.1: International health regulation (IHR) capacity and health emergency preparedness.

Table 36 - Availability of information and data for international health relations compliance monitoring and evaluation.

Total net official development assistance to medical research and basic health sectors. Proxy Indicator: Availability of information and data for international health relations compliance monitoring and evaluation
2017
1

Source: HPA Records, 2017

Summary Update

Indicator 3.1.1: Maternal Mortality Ratio

Maldives achieved the 4th and 5th goal of the Millennium Development Goals (MDGs), which aimed at reducing by two-thirds of the mortality rate. However, in 2017 the maternal mortality rate in Maldives risen up to 103 and again with the numerous works of the health sector the rate reduced to 66 resulting to achieve the current global target Sustainable Development Goals (SDGs).

Indicator 3.1.2: Proportion of births attended by skilled personnel

In countries that have recorded relatively high levels of skilled birth attendants, maternal and neonatal mortality have not been reduced proportionately. Such findings indicate a gap between international standards of SBAs and the actual competencies possessed by birth attendants. The revised 2018 definition addresses the gap in order to support more robust measurement and metadata as required by the SDGs, particularly for indicator 3.1.2. It requires that Skilled Health Professionals(SBA's) can provide effective, uninterrupted and quality care because they are:

- Competent Maternal and Newborn Health(MNH) professionals who hold identified competencies
- Educated, trained and regulated to national and international standards
- Supported within an enabling environment comprising the six building blocks of the health system

Such a revision will help track global progress towards Target 3.1 but also support efforts to improve the health of women and new-borns worldwide (UNICEF, 2020).

Indicator 3.2.1: Under Five Mortality Rate

Globally, under-five mortality rate has decreased by 59%, from an estimated rate of 93 deaths per 1000 live births in 1990 to 39 deaths per 1000 live births in 2018 (Global Health Observatory (GHO) data, 2020).

Indicator 3.2.2: Neonatal Mortality Rate

The first 28 days of life – the neonatal period – is the most vulnerable time for a child's survival. Children face the highest risk of dying in their first month of life at an average global rate of 18 deaths per 1,000 live births in 2018. Comparatively, the probability of dying after the first month but before reaching age 1 was 11 and after age 1 but before turning age 5 was 10. Globally, 2.5 million children died in the first month of life in 2018– approximately 7,000 neonatal deaths every day – most of which close to three quarters dying, with one third dying on the first day (UNICEF, Unicef for every child, 2020)

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

- Maldives is low prevalent country in HIV. The first case of HIV in Maldives reported in 1991, and by the end of 2016, cumulative number of HIV cases remained at 23. From these, 9 were living with HIV and were at Antiretroviral Treatment (ARV).
- All the HIV patients in Maldives are covered by the Government through National HIV Program. Therefore, diagnosis and treatment are free for the patients.

Indicator 3.3.2: Tuberculosis incidence per 1,000 population

- A total of 1.5 million people died from TB in 2018 (including 251 000 people with HIV). Worldwide, TB is one of the top 10 causes of death and the leading cause from a single infectious agent (above HIV/AIDS).
- In 2018, an estimated 10 million people fell ill with tuberculosis(TB) worldwide. 5.7 million men, 3.2 million women and 1.1 million children. There were cases in all countries and age groups. But TB is curable and preventable.
- In 2018, 1.1 million children fell ill with TB globally, and there were 205 000 child deaths due to TB (including among children with HIV). Child and adolescent TB is often overlooked by health providers and can be difficult to diagnose and treat.
- In 2018, the 30 high TB burden countries accounted for 87% of new TB cases. Eight countries account for two thirds of the total, with India leading the count, followed by, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.

- Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. WHO estimates that there were 484 000 new cases with resistance to rifampicin – the most effective first-line drug, of which 78% had MDR-TB.
- Globally, TB incidence is falling at about 2% per year. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the End TB Strategy.
- An estimated 58 million lives were saved through TB diagnosis and treatment between 2000 and 2018.
- Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals (WHO, 2020).

Indicator 3.3.3: Malaria incidence per 1,000 population

- The Maldives holds South-East Asia's record for being malaria-free. Meanwhile, the region is falling behind as one-third of affected countries show signs of eliminating the vector-borne disease over the next ten years.
- Dr Robert Newman, director of the Global Malaria Program of World Health Organisation (WHO) said malaria control has improved significantly. "The world has made remarkable progress with malaria control. Better diagnostic testing and surveillance has shown that there are countries eliminating malaria in all endemic regions of the world."
- Malaria affects 40 percent of the world population. While the Maldives had a volatile track record in the 1970s, peaking at 1100 cases in 1976, virtually no cases of local origins have been reported since 1984 (NA, 2020).

Indicator 3.3.4: Hepatitis B incidence per 1,000 population

- There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.
- There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. Information was not provided on how many people work full-time on hepatitis-related activities in all government agencies/bodies.
- The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: people who inject drugs, migrants and prisoners.
- Routine immunization of infants with Hepatitis B vaccine was introduced in 1993. Since then, immunization coverage has been consistently above 95%.

Recent Developments

Indicator 3.1.1: Maternal Mortality Ratio

- Implementation of Social behaviour & communication strategy started in 2019 under which maternal, new born and child health activities are undertaken.
- Every New Born Action Plan in place.
- The Annual SAP Operational Plan includes the annual major targets of reproductive, maternal, new born and child health.
- Reproductive health action plan for 6 months has been formulated and FP's assigned which is monitored weekly basis to implement the monitoring progress.

Indicator 3.2.2: Neonatal Mortality Rate

Social behaviour and Change Communication strategy (SBCC) endorsed in 2018. The SBCC strategy document provides clear, concise, easily adaptable, practical guidance for organizing a strategic, efficient, coordinated SBCC package of activities that effectively protect, promote and support appropriate maternal nutrition and infant and young child feeding (IYCF) throughout the Republic of the Maldives (HPA, 2018)

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.

- Since Maldives has never seen Mother to transmission of HIV, even with high levels of antenatal care and antenatal testing which made Maldives eligible for WHO certification in 2019.
- Targeted interventions for HIV/STI prevention in people who inject drugs are carried out with a drop-in centre at 2 sites with higher concentration of the risk population. It includes, provision of information, free anonymous testing for HIV, outreach programs for the community, oral opioid substitution therapy and provision of preventive commodities through these setups.
- Awareness programs for public, especially youth is given regularly in the form of information sessions.

- Egeytha App is developed to provide information about HIV/STIs.
- Maldives has been following test and treat strategy before WHO recommendations.
- Social support services are provided for the required patients (MoH, 2017)

Indicator 3.3.2: Tuberculosis incidence per 1,000 population

- Maldives is low burden country for TB and therefore, Maldives has started towards TB elimination strategy since 2018.
- MoH designed a Strategic Plan to eliminate TB by 2022 which includes the components to strengthen the patient monitoring, improve case detection and build up diagnostic capacity in the country.
- All patients with TB diagnosis and treatment is provided by National TB Control Program (NTP).
- Periodic Screening activities are conducted for high risk populations.
- Challenges in terms of TB elimination includes,
  - A large migrant population from high burden.
  - TB screening is available in 5 atolls through Gene Xpert Machine.

Indicator 3.3.3: Malaria incidence per 1,000 population

- Maldives certified by WHO to have eliminated Malaria and lymphatic filariasis (LF) as a public health problem in 2015 and 2016 respectively.
- Maldives government ensures Antigen prevalence survey for LF using immuno-chromatographic Test (ICT) is ongoing with 100% coverage in all atolls.

Indicator 3.3.4: Hepatitis B incidence per 1,000 population

- Birth dose with Hepatis B vaccine and three doses of pentavalent, which include hepatitis B vaccine as one component is provided to all eligible infants.
- A blood safety program is fully implemented nationally in Maldives, with all donors screened for risk and all donated blood screened for blood-borne viruses including Hepatitis B.
- Screening for Hepatitis B in antenatal care clinics and pe-surgery is also routine in the healthcare system.
- Hepatitis B immunoglobin is provided for infants born to mothers with Hepatitis B.
- Programs to prevent blood borne or sexually transmitted diseases have also addressed hepatitis B prevention over the years.

Other Health Related SDG Goals

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Lead Agencies: Ministry of Education, Ministry of Economic Development, Ministry of Fisheries & Agriculture.

Target 2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

Indicator 2.1.1 - Prevalence of undernourishment

Lead Agencies: Ministry of Fisheries & Agriculture.

Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Indicator 2.2.1 – Prevalence of Stunting among children under 5 years of age

Table 39 - Prevalence of Stunting among children under 5 years of age

Prevalence of Stunting among children under 5 years of age
2016/2017
15.3

Source: VRS 2017, 2018, MDHS 2016/17

Indicator 2.2.2 - Prevalence of malnutrition among children under 5 years of age

Table 40 - Prevalence of malnutrition among children under 5 years of age

Prevalence of malnutrition among children under 5 years of age
2016/2017
14.1

Source: VRS 2017, 2018, MDHS 2016/17

Indicator 2.2.2 - Prevalence of malnutrition among children under 5 years of age

Table 40 - Prevalence of malnutrition among children under 5 years of age

Prevalence of malnutrition among children under 5 years of age
2016/2017
14.1

Source: VRS 2017, 2018, MDHS 2016/17

Indicator 2.2.2a – Prevalence of wasting among children under 5 years of age

Table 41 - Prevalence of wasting among children under 5 years of age

Prevalence of wasting among children under 5 years of age
2016/2017
9.1

Source: VRS 2017, 2018, MDHS 2016/17

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Lead Agency: Ministry of Education

Target: Quality Education

4.2.1 Indicator - Proportion of children under 5 years of age who are developmentally on track in health, learning and psychological well-being, by sex.

Table 43 - Prevalence of overweight among children under 5 years of age

Prevalence of overweight among children under 5 years of age
2016/2017
92

Source: VRS 2017, 2018, MDHS 2016/17

SDG Goal 5 – Achieve gender equality and empower all women and girls

Lead Agency: Ministry of Gender, Family & Social Empowerment.

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

Table 44 - Proportion of ever – partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

Proportion of ever – partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
2017
72.7

Source: MDHS 2016/17

Indicator 5.2.1a: Physical Violence.

Table 45 - Physical Violence.

Physical Violence
2016/2017
5.5

Source: MDHS 2016/17

Indicator 5.2.1b: Sexual Violence.

Table 46 - Sexual Violence.

Sexual Violence
2016/2017
0.7

Source: MDHS 2016/17

Indicator 5.2.1b: Psychological Violence.

Table 47 - Psychological Violence.

Psychological Violence
2016/2017
14.1

Source: MDHS 2016/17

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

Before Age 15

Table 48 - Proportion of women aged 20-24 years who were married or in a union before age 15.

Proportion of women aged 20-24 years who were married or in a union before age 15
2016/2017
0

Source: MDHS 2016/17

Before Age 18

Table 49 - Proportion of women aged 20-24 years who were married or in a union before age 18.

Proportion of women aged 20-24 years who were married or in a union before age 18
2016/2017
2.2

Source: MDHS 2016/17

Indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

Table 50 - Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
2016/2017
12.9

Source: MDHS 2016/17

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

Table 51 - Contraceptive prevalence rate(%)all methods and modern methods.

Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. Proxy Indicator: Contraceptive prevalence rate(%)all methods and modern methods
2016/2017
12.9

Source: MDHS 2016/17

Target 5.b: Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

Indicator 5.b.1: Proportion of individuals who own a mobile telephone, by sex.

Table 52 - Proportion of individuals who own a mobile telephone, by sex

Proportion of individuals who own a mobile telephone, by sex
2016/2017
96.1

Source: MDHS 2016/17

SDG Goal 6 – Clean Water and Sanitation

Lead Agency: Ministry of Environment

Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Indicator 6.1.1: Proportion of population using safely managed drinking water services

Table 53 - Proportion of population using safely managed drinking water services

Proportion of population using safely managed drinking water services Proxy Indicator: Proportion of population using improved drinking water sources (% of population)
2016/2017
98.6

Source: MDHS 2016/17

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Indicator 6.2.1: Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water

Table 54 - Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water.

Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water. Proxy Indicator: Proportion of population using improved sanitation (% of population)
2016/2017
98.3

Source: MDHS 2016/17

SDG Goal 8– Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Lead Agency: Health Protection Agency

Target 8.8: Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

Indicator 8.8.1: Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status.

Table 55 - Mortality due to workplace accidence.

No Data Available

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Target 16.9: By 2030, provide legal identity for all, including birth registration

Indicator 16.9.1: Proportion of children under 5 years of age whose births have been registered with a civil authority, by age.

Definition:
The indicator is defined as the total count of victims of intentional homicide divided by the total population, expressed per 100,000 population.
Intentional homicide is defined as the unlawful death inflicted upon a person with the intent to cause death or serious injury (Source: International Classification of Crime for Statistical Purposes, ICCS 2015); population refers to total resident population in a given country in a given year.

Table 57 - Percentage of births registered

Proportion of children under 5 years of age whose births have been registered with a civil authority, by age. Proxy Indicator: Percentage of births registered
2016/2017
98.8

Source: MDHS 2016/17

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Health SDG Indicators aligned with the National Health Master Plan 2016-2025

	LEVEL	INDICATORS	MEANS OF VERFICIATION	FREQUENCY	MONITORING QUARTER	BASELINE (YEAR)	STATUS (YEAR) SEPT 2019	TARGET 2020 AND 2020	SDGS
GOAL: Enhance health and well-being of the population of Maldives									
5		Neonatal mortality rate ('000 live births)	VRS, Healh statistics report	Annually	All 4 Quarters	5.11 (2014)	3.65 (2018) /tentative fig.7.73 (2017)	Maintain below 06	SDG 3.2.2
7		Under 5 mortality rate ('000 live births)	VRS, Healh statistics report	Annually	All 4 Quarters	10 (2014)	9 (2018) /tentative fig. 11 (2017)	Equal or less than 10	SDG 3.2.1
8		Maternal mortality ratio/maternal deaths ('100,000 live births)	VRS, Healh statistics report	Annually	All 4 Quarters	41 (2014)	61 (2018) /tentative fig.104 (2017)	Maintain below 50	SDG 3.1.1

10		Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease as defined as number of deaths from the 4 NCDs between the ages 30 and 70 years over population at exact age 30	VRS	Annually	All 4 Quarters	2.77%(2014) (indicator taken from ICD 10 codes –I00-I99, COO-C97, E10-E14andJ30-J98)	81.00% (VRS 2017)		SDG 3.4.1
Outcomes (OC)									
14		Total net official development assistance to medical research and basic health sector (Percentage of Donor support to Total Health Expenditure -Proxy Indicator)	NHA	5 years	Mid Term-End Term	3.3(2011)	5.95% (2017 figures based on NHA 2016-17)	Increase to 5% and maintain above 5%	SDG 3.b.2
16	OC 2: Reduced disease and disability among population	Prevalence of underweight (weight-for-age) in children <5 years of age (%)	MDHS	5 years	Mid Term-End Term	17.3 (2009)	Underweight (weight-for-age) = 14.8% for the years 2016-17, Male is 14.2 and female is 15.4% (figure taken from DHS 2016-17)	Reduce to 15% and maintain below 15%	SDG 2.1.1

17		Prevalence of wasting children <5 years (weight for height below-2SD)	MDHS	5 years	Mid Term-End Term	10.6 (2009)	9.1 (M:10.1; F 8.1)(2016)	Reduce by1/3 and Maintain	SDG 2.1.1 SDG 2.2.2
18		Prevalence of overweight children <5 years (weight for height above +2SD)	MDHS	5 years	Mid Term-End Term	5.9 (2009)	4.9 (M:6.7.1; F 3.0)(2016)	Reduce by1/3 and Maintain	SDG 2.2.2
19		Prevalence of stunting (height for age < -2 SD from the median of the WHO child growth standard) among children under 5 years of age.	MDHS	5 years	Mid Term-End Term	18.9 (2009)	15.3 (M:16.3; F 14.2)(2016)	Reduce by1/3 and Maintain	SDG 2.1.1
20		Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being	Ministry of Education / HPA	5 years	Mid Term-End Term	NA	Not Available	92.0% (MDHS 2016-17)	SDG 4.2.1
21		TB incidence per 1,000 population (Tuberculosis incidence rate Per 100,000 - Proxy Indicator)	TB Control Program-HPA	Annually	All 4 Quarters	41 (2015)	26.95 (Based on programmatic records , 2018 figures)	below 10/100'000 population	SDG 3.3.2

24		Number of new HIV infections per 1000 uninfected population ('000 population) (HIV incidence rate -Proxy Indicator)	Disease surveillance system - HPA	Annually	All 4 Quarters	0.01 (2014)	0.05 (HPA Programmatic records, 2016)	Maintain below 0.05	SDG 3.3.1
25		HIV prevalence rate ('000 population)	Disease surveillance system - HPA	Annually	All 4 Quarters	0.001 (2014)	0.001 (HPA programmatic records, 2019	Maintain below 0.05	SDG 3.3.1
26		Malaria incidence ('000 population)	Elimination Disease Unit- HPA	Annually	All 4 Quarters	Elimination Certified in 2015	Elimination Certified in 2015 and maintained	Maintain elimination status of Malaria (<0.01%)	SDG 3.3.3
27		Hepatitis B incidence(per 1000 population)	Disease Surveillance System- HPA	Annually	All 4 Quarters	Not Available	Surveillance system developed in 2019, incidence rate will be calculated by end of 2020 (Information from HPA Programmatic Data, 2019)		SDG 3.3.4

28		Number of people requiring interventions against neglected tropical diseases.	Disease Surveillance System- HPA	Annually	All 4 Quarters	Not Available	Suggested to use the proxy number of reported dengue cases (998 cases, HPA programmatic records 2017)		SDG 3.3.5
35		Mortality due to road traffic Injuries/ accidents (% '000 pop)	VRS, injury surveillance reports	Annually	All 4 Quarters	0.032 (2014)	1.83 (Police data, 2017)	Reduce by 50% and sustain 75%	SDG 3.6.1
36		Suicide mortality rate (per 100,000 Population)	Police, VRS; Halth Report	Annually	All 4 Quarters	4.32 (2015)	3.25 (Police data, 2017)	Maintain below 4	SDG 3.4.2
37		Mortality rate attributed to unintentional poisoning	Police, VRS	Annually	All 4 Quarters	0 (2014)	Not Available	Maintain at 0	SDG 3.9.3
38		Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene. (Exposure to unsafe WASH services)	VRS	Annually	All 4 Quarters	0	Not Available	Maintain at Same level.	SDG 3.9.2
39		Mortality rate attributed to household and ambient air pollution	VRS	Annually	All 4 Quarters	0	Not Available	Maintain at Same level.	SDG 3.9.1

40		Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status (Mortality due to workplace accidents (% '000 pop) – Proxy Indicator)	VRS, injury surveillance reports	Annually	All 4 Quarters	Not Available	Not Available	Reduce by 50% and sustain 75%	SDG 8.8.1
46	OC 3: Reduced inequities in access to health care services and medicines.	Proportion of the population with access to affordable medicines and vaccines on a sustainable basis (percentage of the population who have access to medicines listed in Essential Medicine list in inhabited islands - Proxy Indicator)	MFDA Records; Health Report	Annually	All 4 Quarters	Not Available	100% through Aasandha (2020	Maintain 100%	SDG 3.b.1
47		Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). (No. of Inhabited Islands with access to essential services which are covered under Social Health Insurance - Proxy Indicator)	QARD records, RAHS records	5 years	Mid Term- End Term	Not Available	Not Available (HI currently working on this index.)	Maintain at 100%	SDG 3.8.1

52		Health worker density and distribution (Skilled health professionals density (per 10 000 population) - Proxy Indicator)	HI records. Health Report	Annually	All 4 Quarters	126 (estimated fig.)	88 (2018)est	Increase by 50% and maintain.	SDG 3.c.1
Outputs									
62		Proportion of total government spending on essential services (education, health and social protection) (General Government Health Expenditure (GGHE) as % of General Government Expenditure (GGE)- Proxy Indicator)	MoFT (National Accounts)	Annually	Mid Term- End Term	9.5 (2011)	9.5 (2011)	Maintain above 10%	SDG 1.a.2
64		Total government spending in social protection and employment programmes as percentage of the national budgets and GDP	Ministry of Finance and Treasury/ NHA	5 years	Mid Term- End Term				SDG 8.b.1

65		Proportion of the population covered by social protection floors/systems by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work injury victims, poor and vulnerable (Population coverage of social health insurance scheme (% of population) – Proxy Indicator))	NHA, Aasandha records, NSPA Records	5 years	Mid Term-End Term	100% (2016)	100% coverage from Aasandha (as of 2020)	Maintain 100%	SDG 1.3.1
66		Lack of financial protection coverage in health as defined as proportion of population with large household expenditure on health as a share of total household expenditure or income	NBS, NSPA	5 years	Mid Term-End Term	Not Applicable	Not Applicable		SDG 3.8.2

67	OP 4: Improved enforcement of legislations for health	% of regulations under Public Health Protection Act enforced	Legal Section Records	Annually	All 4 Quarters	10% (1 of 10 Regulation Enforced) (2016)	Awaiting a response from legal	Increase to 100% and monitor implementation	
68		% of regulations under Health Services Act enforced	Legal Section Records	Annually	All 4 Quarters	0% (total 12 regulations to be enforced)	Awaiting a response from legal	Increase to 100% and monitor implementation	
69		% of regulations Health Professionals Act enforced	Legal Section Records	Annually	All 4 Quarters	0% (total 30 regulations to be enforced)	Awaiting a response from legal	Increase to 100% and monitor implementation	
72		Number of countries with laws and regulations that guarantee women age 15-49 years access to sexual and reproductive healthcare, information and education. (Number of Laws and regulations that guarantee women age 15-49 years access to sexual and reproductive healthcare, information and education enforced - proxy indicator)	legal records	Annually	All 4 Quarters	0	1(2016 gender equality law)	1	SDG 5.6.2

74		Proportion of births attended by a skilled health professional (%)	VRS/MDHS	5 years	Mid Term- End Term	95.58 (2014)	96 (2018) /tentative fig	Maintain above 95%	SDG 3.1.2
81		% of children aged 12 to 23 months who received all basic vaccinations (EPI vaccine coverage)	MDHS, HPA programme records	5 years	Mid Term- End Term	92.9(2009)	77(2016 - MDHS)	Increase to 95% and maintain above 95%	SDG 3.1.b
89	OP 6: Enabled young people and adults to adopt healthy lifestyles and safe practices	Adolescent Birth rate per 1000 women in the age group 10-14 Years	VRS	5 years	Mid Term- End Term	0%(2014)	0% (2018)		SDG 3.7.2
90		Adolescent Birth rate per 1000 women in the age group 15-19 Years	VRS	5 years	Mid Term- End Term	13.26 (2014)	0.19 (2018)	Decrease to 13 and maintain.	SDG 3.7.2
91		Proportion of women (aged 15-49) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Contraceptive prevalence rate (%) all methods and modern methods – Proxy Indicator)	MDHS	5 years	Mid Term- End Term	all methods: 35 (2009)	decision 53.9% (2016); CPR all methods: 19 (2016 - MDHS)	Increase by 5% and 10%	SDG 5.6.1

98		Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders (%of identified drug users provided with rehabilitation treatment – Proxy Indicator)	National Drug Survey	5 years	Mid Term- End Term	0.038% (2012)	Not available	Increase by 5% and 10%	SDG 3.5.1
99		Harmful use of alcohol defined according to the national context as alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol. (Number of reported cases of alcohol use for 15+ years -Proxy Indicator)	Police	Annually	All 4 Quarters	Not Available	Not Available		SDG 3.5.2
108		Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods (Percentage of currently married women aged 15-49 years with met need for family planning (CPR)– Proxy Indicator)	MDHS	5 years	Mid Term- End Term	34.7% (2009)	MDHS 2015-16)29.4%		SDG 3.7.1

112		Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age	DHS	5 years	Mid Term-End Term		16.7 (MDHS 2016-17)		SDG 5.2.1
113		Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence	DHS	5 years	Mid Term-End Term		Data not currently available for violance other than intimate partner violence		SDG 5.2.2
114		Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	DHS	5 years	Mid Term-End Term		2.2 (before age 18, 2016 - MDHS 2016-17)		SDG 5.3.1
115		Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	DHS	5 years	Mid Term-End Term		12.9(2016 - MDHS 2016-17)		SDG 5.3.2

116		Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	Ministry of Gender and Family/ Police	5 years	Mid Term- End Term		Women: physicla violence 17% (2016); sexual violence 11%(2016) - MDHS 2016-17		SDG 11.7.2
117		Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	Ministry of Gender and Family/ Police	5 years	Mid Term- End Term		Women: physicla violence 17% (2016); sexual violence 11%(2016) - MDHS 2016-17 (information available from MDHS for females only)		SDG 16.1.3
118		Proportion of young women and men aged 18- 29 years who experienced sexual violence by age 18	Ministry of Gender and Family/ Police	5 years	Mid Term- End Term		Data collected for women through MDHS but need to do a separate analysis for this indicator		SDG 16.2.3
119		Proportion of time spent on unpaid domestic and care work, by sex, age and location	HIES 2015/2016	5 years	Mid Term- End Term		check HIES		SDG 5.4.1
120		Proportion of wastewater safely treated	Ministry of Environment and Energy	5 years	Mid Term- End Term		Currently not available		SDG 6.3.1

121		Proportion of bodies of water with good ambient water quality	Ministry of Environment and Energy	5 years	Mid Term- End Term		100% (based on routine analysis of bodies of water in 164 islands - EPA 2020)		SDG 6.3.2
123		Proportion of population using safely managed drinking water services (Proportion of population using improved drinking-water sources (% of population) – Proxy Indicator))	MDHS, Census	5 years	Mid Term- End Term	97.7 (2009)	98.6 (M:99.3; F98.0)(MDHS 2016-17)	Maintain above 95%	SDG 6.1.1
124		Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (Proportion of population using improved sanitation (% of population) – Proxy Indicator))	MDHS, Census	5 years	Mid Term- End Term	94.5 (2009)	98.3; (M:98.9; F97.9) - MDHS 2016-17)	Maintain above 95%	SDG 6.1.2
144		Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (% of births registered – Proxy Indicator))	MDHS, VRS	5 years	Mid Term- End Term	92.5% (2011)	check DHS 99%	Maintain above 95%	SDG 16.9.1

147		International Health Regulations (IHR) capacity and health emergency preparedness (Availability of information and data for International Health Regulations compliance monitoring and evaluation – Proxy Indicator)	HPA,	Annually	All 4 quarters	Annually Reported	1 report completed annually (HPA programmatic records, 2019)	1 report completed annually	SDG 3.d.1
166		Number of deaths, missing people, injured, relocated or evacuated due to disasters per 100,000 people / Number of deaths, missing and persons affected by disaster per 100,000 people	NDMC records	5 years	Mid Term- End Term	Not Available	Not Available		SDG 1.5.1/13.1.2

MINISTRY OF HEALTH
REPUBLIC OF MALDIVES