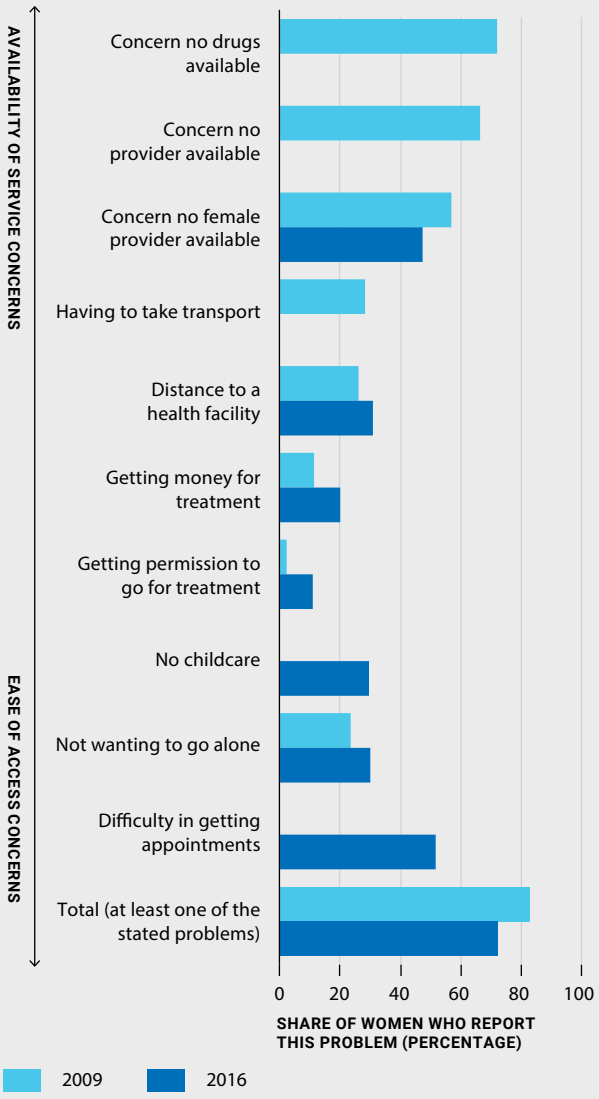
BOX 3.2 Health care reforms in the Maldives

The Maldives had the highest rates of labour force participation among women ages 15 and above in South and South-West Asia, at almost 40 per cent in 2016.[a] Universal access to health care has been essential for these women's wellbeing. After the introduction of the two health care reforms in 2012 and 2014, key health outcomes improved rapidly. A case in point: women's access to skilled birth attendance increased from 33 per cent in 2009 to 100 per cent in 2016.[b] Access to skilled birth attendance is a critical proxy for access to health care in general, as it appears as a reliable indicator in many relevant indices including the UHC Service Coverage index of SDG 3.8 reviewed in Chapter 2.2.

Even though not all health areas saw a drastic improvement (mortality rates attributed to non-communicable diseases only slightly decreased from 13 to 12 per cent during the same period), women of working age in the Maldives benefitted to some degree. Data from Demographic and Health Surveys (DHS) indicate that the percentage of women who reported having a serious problem with accessing health care fell from 83 per cent in 2009 to 72 per cent in 2016 (figure 3.5). The problem reported as most important also changed: In 2009, the main concerns were availability of drugs or a health care provider. In 2016, the availability of appointments was the biggest hurdle. This change in the problems women faced in accessing health care also reflects a continuum in demand for health services, as access improves. Clearly, not all problems have been resolved since the introduction of the Universal Health Coverage, and continuous feedback, openness and accountability to improve the quality of service and ease of access are important elements going forward.

FIGURE 3.5 Change in self-reported serious problems of women (ages 15–49) accessing health care in the Maldives



Source: ESCAP analysis based on DHS 2009 and DHS 2016, Maldives.
Note: Different answer options were presented in the two surveys. In 2009 (before the introduction of the UHC programme) the "serious problems" in accessing health care were: a) getting permission to go for treatment, b) getting money for treatment, c) distance to health facility, d) having to take transport, e) not wanting to go alone, f) concern no female provider is available, concern no provider is available, concern no drugs are available. In 2017, the 'serious problems' were: a) getting permission to go for treatment, b) getting money for treatment, c) distance to health facility, d) not wanting to go alone, e) no female health provider, f) no childcare, e) difficulty in getting an appointment.

a International Labour Organization, Labour Force Participation Rate by Sex and Age Database. Available at https://www.ilo.org/shinyapps/bulkexplorer40/?lang=en&segment=indicator&id=EAP_2WAP_SEX_AGE_RT_A (accessed on 18 April 2022).
b United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) (2021). *Reducing Inequality in FEALAC member countries*. ESCAP, Bangkok.