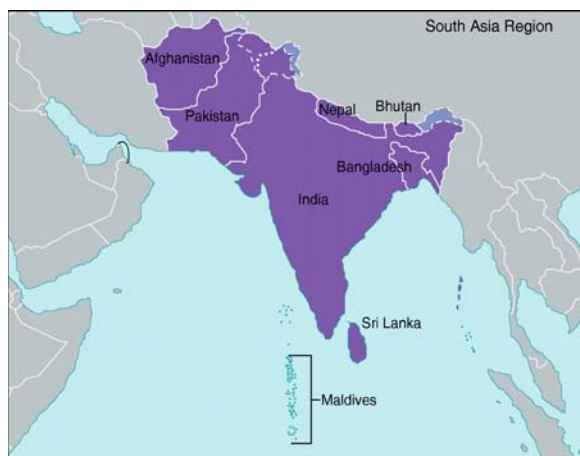


HIV/AIDS in Maldives

THE WORLD BANK

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The World Bank in South Asia

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The Maldives took early action against HIV and, as a result, has so far kept the threat to a minimum. With few resources currently required for treatment, the Maldives has the opportunity to focus on better understanding risk factors, such as sexual practices and drug use. It can also address accessibility to health services and improve action in the ongoing HIV/AIDS program.

STATE OF THE EPIDEMIC

The first case of HIV in the Maldives was reported in 1991. Through mid-2006, 13 HIV-positive cases had been reported among Maldivians (11 male, 2 female) and 168 cases among expatriates. All infections were reportedly acquired through heterosexual transmission. Eleven of the 13 HIV-positive Maldivians developed AIDS; of those, 10 died. Of the 13, 10 were seamen, two were spouses of the sailors, and one was a resort worker.

RISK AND VULNERABILITY

Mobility: Many Maldivian citizens go abroad for education and work and are away from their families for long periods of time. More information is needed on the risk behaviors that these citizens may engage in while they are away from the support of their families.

Sexual Practices: No behavioral surveillance has been conducted in the Maldives to monitor sexual risk behaviors and condom use; however, high rates of divorce and remarriage in the Maldives create exposure to large sexual networks capable of transmitting HIV and other sexually transmitted infections (STIs). Anecdotal information suggests that premarital sex may be common.

Commercial Sex Work: In Male there is a small number of women who offer sexual services. This may also be true on other islands with a population of more than 500. There are also networks of "middle men/women" who can arrange sex with foreign sex workers, who come to the Maldives on visa runs from their usual location of work in Sri Lanka and India. There are women from Sri Lanka, India, South-east Asian countries, Russia, and Eastern Europe. Male sex work appears rare.

Drug Use: A 2003 UNDP rapid situation assessment of drug abuse in the Maldives revealed that drug abuse is on the increase in the country and is initiated at a young age. Opioids, primarily brown sugar, hashish oil, and other cannabinoids, are the most frequently seized and most frequently abused drugs. In the outer atolls, reports of use

of cologne, inhalants, and alcohol are also common. Drug use is a risk factor for HIV infection for two reasons: drug users may resort to selling sex to earn money, and injecting drug users (IDUs) may share needles/syringes. Female drug users in the Maldives are apparently sometimes involved in sex work. In addition, sex occurs between male and female addicts as well as between male drug users; 3 percent of sexually active drug users reported same-sex experiences in a 2002 UNDP assessment of drug use.

Awareness: Respondents of a 2004 reproductive health survey had fairly high general levels of awareness (e.g., 99 percent had heard of HIV/AIDS; 91 percent knew at least one mode of HIV transmission); however, only 50 percent agreed that condoms can protect against HIV, and 34 percent did not know that a healthy looking person can have HIV.

Dispersed Population: Maldivians inhabit 200 of the 1,200 islands and atolls that make up their country. This dispersed population creates barriers to educating people on HIV, distributing condoms, and treating people for STIs that increase transmission of HIV.

Tourism Employment: The Maldivian tourist economy employs about 5,000 immigrant workers, mainly from India and Sri Lanka. These workers, far from their support systems, families, and usual sexual partners, are vulnerable to participating in high-risk behaviors such as sex without a condom and sex with commercial sex workers. More research is needed to better understand the risk behaviors of immigrant workers and to tailor existing HIV programs to their needs without introducing stigma against foreigners.

External Tourism: In 2004, about 600,000 tourists visited the Maldives, almost double the entire population of the Maldives. Although sex tourism is not present in the Maldives, the great influx of people from all over the world represents a potential route of introduction of HIV and high-risk behaviors such as injecting drug use and unsafe sex.

Stigma and Discrimination: As in other South Asian countries, HIV-related stigma and discrimination are barriers to effectively addressing HIV and AIDS. Stigma is especially strong against men who have sex with men.

NATIONAL RESPONSE TO HIV/AIDS

Government: The Maldives started its AIDS Control Program in 1987, four years before the first domestic HIV case was reported. The Program is coordinated by the National AIDS Council, a multisectoral body with representatives from various ministries and NGOs. Activities include public education, peer education, awareness creation workshops, blood-product screening, and care of people living with HIV and AIDS. Condoms are widely accessible on main islands, and nearly 99 percent of all households are aware of HIV/AIDS. The government carries out a high level of screening, including mandatory screening of all its citizens when they return from an overseas stay of more than a year.

Nongovernmental Organizations (NGOs): UNDP reports that there are few NGOs in the Maldives. Those that are active have provided educational services such as weekly radio programs, peer education, and seminars.

Donors: WHO and UNFPA have provided funding and technical assistance for HIV/AIDS awareness and prevention programs. The Government of Italy, through UNDP, funded a drug abuse-prevention program. The UN Theme Group on HIV/AIDS carried out a situational analysis in 2006 of HIV/AIDS in the Maldives in collaboration with the National HIV/AIDS Council and the Ministry of Health in order to increase the multisectoral response.

ISSUES AND CHALLENGES: PRIORITY AREAS

- **Strengthen Multisectoral Involvement.** The Maldives should scale up its multisectoral commitment to HIV prevention to key non-health sectors in order to reach the most at-risk populations and smaller islands.
- **Strengthen the Evidence Base.** Overall national capacity in STI and HIV/AIDS program monitoring, surveillance, and research should be strengthened (e.g., social mapping of high-risk groups) to better understand risk factors such as drug use, serial monogamy, and the pattern of male-to-male sex. Once more is known about these behaviors, increasingly effective prevention programs can be developed.

- **“Travel Safe.”** The Maldives can help its citizens, tourists, and immigrant workers design personal plans to keep themselves safe from HIV and other STIs while away from their homes.

- **Decrease Crosscutting Vulnerabilities.** Vulnerable groups, such as poor people and women, have less access to health services. Tackling this broader problem will help the Maldives improve its overall health status as well as limit the number of new HIV infections.

WORLD BANK RESPONSE

The Government of Maldives has not requested funding or technical assistance for HIV from the World Bank.

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