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SPECIAL RAPPORTEURS, INDEPENDENT EXPERTS & WORKING GROUPS

Visit of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

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Preliminary observations

Republic of the Maldives

26 April - 7 May 2026

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Malé, Maldives

Dear journalists,

I would like to thank the Government of Maldives for inviting me to visit the country from 26 April to 7 May 2026 to assess, in a spirit of cooperation, the realization of the right to health in the country. I am an independent expert of the United Nations Special Procedures who reports to, and advises, the UN Human Rights Council and the UN General Assembly on the realization of the right of everyone to the highest attainable standard of physical and mental health. I also take this opportunity to thank the UNCT for the support provided prior and during this official visit.

This is the last country visit I undertake in my capacity as Special Rapporteur. I met with the Minister of Foreign Affairs, representatives of the executive, parliamentary committees and members of the judiciary, including from the Ministry of Health. I also met with the UNCT, as well as the Human Rights Commission of the Maldives**,** civil society organizations and health practitioners, including representatives of the Maldives Medical and Dental Council. I visited the Indira Gandhi Memorial Hospital, the Dhaal Atoll Hospital, the Home for people for Special needs, the Health Service Education Training in the Maldives National University, the Addu Equatorial Hospital and the S. Feydhoo Health Centre. I also met with local authorities/council in both Dhaalu and Addu atolls. I thank all of them for sharing their time and testimonies with me, for giving me this window into the historical context of the country, the current challenges, and their shared vision.

The objective of my visit was to understand *in situ*, how the State promotes and protects the right of everyone to enjoy the highest attainable standard of physical and mental health. As throughout the work undertaken during my tenure, I use an anti-colonial and anti-racist framework to analyse challenges as well as using an intersectional approach which means focusing also on those that may be invisible. I assessed Maldives' public health system through the framework of availability, acceptability, accessibility and quality of healthcare (AAAQ framework).

The delivery of health care is multidimensional: Health related discrimination is often deeply interwoven with other forms of discrimination based on gender, race, disability, drug use, immigration status, being deprived of liberty or former detainee. This reality makes my focus on underlying socio-economic-political-legal and commercial determinants of health important for a comprehensive analysis and report.

Underlying determinants include an adequate supply of safe food, nutrition and housing; access to safe and drinking water and adequate sanitation; healthy occupational and environmental conditions; and access to health-related education and information, including on sexual and reproductive health.

The right to health contains both freedoms and entitlements. Freedoms include the right to control one's health, including the right to be free from non-consensual medical treatment. Entitlements include the right to a system of health protection (i.e. health care and the underlying social determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health. The Committee on Economic, Social and

Cultural Rights in General Comment No. 14 also defines the obligations that State parties have to fulfill in order to implement the right to health at the national level and States have some minimum core obligations which are of immediate effect.

According to the Health Master Plan 2016-2025, Maldives has 23 public hospitals, including the tertiary hospital in Malé, 6 regional hospitals, 14 atoll hospitals, and 172 primary care health care centers. In 2014, the Government introduced a universal health care system, *Husnuvaa Aasandha*, with the goal of promoting affordable and accessible healthcare for Maldivian nationals. The new system extended the coverage of the previous national insurance by removing the annual cap of MVR 100,000 (approx. 6,500 USD) per person per year. *Husnuvaa Aasandha* covers both inpatient and outpatient treatments, medication, diagnostics, surgical interventions, all transportation fees for emergency cases, annual medical check-ups. This system is fully financed by the Government, and every Maldivian with a valid National Identification Card has access to unlimited health care for all medical services prescribed and recommended by public medical doctors and public health facilities.

Challenges: historical and emerging

Geography: The delivery of healthcare, despite improvements, remains inequitable for those living on more remote or less populated islands; 20 atolls and four cities; 189 islands. As a result of the geographical constraints and the concentrated supply of specialty care, patients from remote islands frequently travel to atoll hospitals or Malé for specialist consultations. Since transportation is only available by sea and air, such as through speed boat, sea or air ambulance, or ferry, and the journey can be long and difficult.

Climate: Climate change also has a negative impact on human dignity and security. Its human and environmental impacts include loss of land and housing, diminished quantity and quality of food production, food insecurity and malnutrition, and forced displacement. Climate-related changes such as heat, drought, flood, hurricanes, most recently in February 2026, “dangerous levels of smog enveloped most parts of the Maldives”. As a low-lying island nation on the frontlines of the climate crisis, rising sea levels, coastal erosion, and saltwater intrusion threaten not only homes and infrastructure but also public health with increased rates of cardiovascular disorders, respiratory, gastrointestinal, and renal problems. Weak regulatory enforcement, inadequate waste infrastructure, seasonal air quality emergencies, and climate-driven public health threats all compound one another. The declaration of a climate emergency is a welcome step, however the gap between policy commitments and enforcement remains a concern.

Non-communicable diseases (NCDs): NCDs illustrate a rapid epidemiological transition, where cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases have replaced infectious diseases as the primary cause of death and disability.

Non-communicable diseases place enormous human rights challenges on individuals and families, from financial hardships due to treatment and care costs to lost productivity that threatens household income. Public health education and information dissemination will be the backbone of a strategy for prevention, early screening and early establishment of therapeutic relationships.

Sexual abuse in children: the overlapping mandates for health, social services and policing sectors and related call centers require greater coordination and guidelines for comprehensive response that includes psycho-social support, family support, considering schooling needs and ongoing social care.

Mental health: The helpline and social service hotline are the most popular channel for people to seek help. The lack of community-based mental health services, combined with insufficient coordination mechanisms and poor referral pathways, contributes to excessive pressure on centralized services in the capital. Furthermore, the lack of trained and specialized mental health personnel, psychiatrists, psychologists, counsellors, and social workers hinders impactful rollout.

Sexual and reproductive health rights: The impact of discrimination, stigmatization, criminal and other legal restrictions on the provision of sexual and reproductive education and information, restricting access to quality goods, services infringe human dignity by restricting the freedoms to which individuals are entitled under the right to health, particularly in respect of decision-making and bodily integrity. NGO's provide services, advocacy and advice on implementation of legal avenues for abortion, adolescent and youth sexual and reproductive health services and should be supported to continue.

While incremental progress has been made, such as the 2013 fatwa expanding conditions for legal abortion, the breadth of challenges women face, including gender-based violence, female genital mutilation is compounded by the lack of data, and lack of robust legal framework to ensure recourse.

Older persons: A policy on ageing and dignity in care and policy outline, that includes older persons' abuse, and for example post stroke care to avoid complications due to lack of home-based care. A lack of step-down facilities keeps some older persons inpatient for longer, occupying acute care beds, as they have no long-term community-based to go.

Food security and nutrition: From a policy standpoint, food safety and nutrition are rarely integrated, with policies intended to address either safety or nutrition, but not both. At all levels of governance, such policies must be understood as mutually reinforcing, echoing a rights-based approach that includes both food safety and nutrition considerations. Monitor pesticides and heavy metals in food, food-stuffs and in soil. There is a need for more demographic data on food and food safety indicators, food labelling.

Universal health coverage (UHC): More than 200 private healthcare facilities are registered, tourist establishments have an infirmary or small clinic, and Resorts are required to have evacuation agreements for medical needs. While this system is the goal of UHC, and of benefit for Maldivians, it raises concerns about the criteria of who can be a citizen of the Maldives and therefore what healthcare financing options is available to foreigners living in the Maldives, which make up 26 per cent of the population. The high number of migrant workers demands a focus on improving equitable access to health services, reducing vulnerabilities, and strengthening service delivery. As essential contributors to Maldivian society, migrant community's health and protection remain central to the country's public health agenda.

Health commodities and medical supply chain: Despite progress made, many people still lack access to some essential medicines including psychiatric and medicines for drug harm reduction; and doctors are frustrated by delays in equipment and supplies. This has been acknowledged as an area requiring urgent resolution and an entity has been established with mandate for a State pharmaceutical to ensure efficiency in the medical supply chain. For the entity to succeed, price agreements, including maximum retail price. Pharmaceuticals alone constitute a third of all Government health spending therefore the division is susceptible to private actor influence, conflicts of interest or irregularities in procurement tenders, contracts and wasteful expenditure.

Funding and resources: The country faces difficulty in accessing partner/donor funds due to middle income status of the Maldives. It is also imperative to not only use GDP but to use inequities and other qualitative indicators. The shrinking of civil society space is also influenced by the dominance of international organizations that absorb the limited funding available especially from foreign high commissions and embassies and other developmental agencies.

Promising Practices/Programs

In the wake of these challenges, the State Trading Organisation (STO), the Doctors Union, and the Maldives Medical Association convened to implement measures to improve access to medicines. The stakeholders formed a joint committee to address pharmaceutical issues and created an online platform to provide doctors with real-time guidance on drug availability at STO pharmacies. Civil society representatives are key partners and should have a seat at the table.

Mental health bill: The Draft Mental Health Bill is with the Ministry of Health and Family Welfare and the Attorney General's Office for finalization. The National Mental Health Strategic Action Plan 2025–2029 adopted, which aims to integrate mental health into 70 per cent of primary healthcare. I was also informed that a Disability hub and gender-based violence centre are under construction.

The Government had launched a hospital optimization programme to strengthen regional healthcare delivery and accessibility. Five regional hospitals are scheduled to be upgraded to tertiary-level facilities by the end of 2027 and diagnostic services would be expanded on every island by improving teleconsultation and laboratory services.

Migrants: Maldives had worked with the International Organization for Migration to launch a resource centre, introduced penalties for non-compliance with the Employment Act, defining employer responsibilities for foreign labour engagement, and launched the National Migrant Health Policy to improve foreign nationals access to healthcare.

Digitization: an integrated electronic medical record may facilitate a more seamless virtual care experience and a more effective patient care program for telemedicine. Integrated with laboratory – unique ID and must have necessary safeguards, including due protection of privacy, confidentiality and data-breach.

Vaccination: Maldives becomes the first country to achieve 'triple elimination' of mother-to-child transmission of HIV, syphilis and hepatitis B. Maldives together with partners has reached near universal vaccination, the district health survey as a mechanism must be resourced for data collection and analysis to monitor roll-out and early warning for hesitancy and regression.

NCDs: NGOs programs, and various public health campaigns on tobacco control, promotion of balanced and nutritious diet, promotion of physical activity, are visible. However, inter-ministerial governmental and political support for policy advocacy is required to bring ministries, relevant agencies and stakeholders, UN Agencies and other developmental partners together to manage NCDs, a leading cause of mortality in the Maldives.

Primary care: is the crucial cornerstone of modern medicine and public health. Maldives' achievements, universal health care system, modern science and the practice of medicine should be protected from being compromised. Primary care and the modern public health approach often lose the battle for resources to the biomedical model and vertical programmes of treatment of diseases through heavy focused specialized health care. The approach of allocating resources to specialized health care often reinforce power asymmetries and funding imbalances, with the scales often tipping in favour of powerful groups representing vested interests and profit making in the health sector and industry.

Accountability: means that any person or group whose health and related rights have been violated should have access to effective judicial and other appropriate remedies and be entitled to reparation. This requires investment in public information on health and on human rights.

Civil society: plays a key role as agent of change, advocates good practices, provides independent monitoring. Trustful partnerships constitute one of the cornerstones of

effective health systems and act as a guarantee for the effective realization of health-related human rights.

Some preliminary recommendations, as I will go into detail in the full report that will be presented in June 2027.

- Develop system-wide capacities for good-quality primary health care for prevention and management of chronic care including disabilities.
- Improve access to essential medicines, (including mental health), palliative care, comprehensive drug prevention and education, harm reduction for drug use and disorder treatment.
- Increase training, the hiring and improve continued medical education for community-based, mental health practitioners, primary healthcare psychiatric nurses and doctors as well as all the modalities of support (i.e. counselling).
- Urgently convene a task force to focus on multi-sectoral coordination for sexual abuse, gender-based violence, require medico-legal comprehensive support.
- Ensure access to comprehensive sexual and reproductive health rights, commodities and information services.
- Decentralizing and plans to have other hubs of development, including plans for more hospitals, centers for older persons and disabled persons, beyond Malé must be monitored for implementation progress provided.
- Mechanisms for independent monitoring and transparency are key to ensuring accountability.
- More inter-ministerial coordination, monitoring and forecasting – on migrant workers, mental health, dignity in ageing, youth, living standards, food security, housing, demography.
- Adopt the agility to make necessary shifts in policy and budgets.
- Support and not compete for funding by building strong partnerships between Government, private health providers, civil society, and international partners.

Conclusion:

Government representatives made substantive inputs and I take with me the spirit of willingness to make necessary changes, and I remain committed to working with them to provide technical assistance after my visit.

These are my preliminary observations. I will go more into details in a full report, including my findings and recommendations. This report will be presented at the 65th session of the United Nations Human Rights Council in June 2027 in Geneva.

By uniting behind a coherent shared long-term vision, multisectoral governance and investing in primary-care focused based on emerging needs such as NCDs, the Maldives

can ensure future health system security and resilience, based on the gains already made from their UHC model of health delivery – moving forward, together, to a place of thriving. To ensure the achievements of the current UHC model yields dignity throughout the life of your people – from birth to death.

As I depart, I remain committed to support the Maldives in their endeavors to provide equality of opportunity for people to enjoy the highest attainable standard of physical and mental health.

Thank you,

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