2012
PACIFIC REGIONAL MDGs TRACKING REPORT

PACIFIC ISLANDS FORUM SECRETARIAT
Excelling together for the people of the Pacific

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Prepared by the Pacific Islands Forum Secretariat

August 2012

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Acronyms and Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ATM	Automated Teller Machine
AUD	Australian Dollar
AusAID	Australian Agency for International Development
BNPL	Basic Needs Poverty Line
BPOA	Barbados Progam of Action
CEDAW	Committee on the Elimination of Discrimination Against Women
CO_2	Carbon Dioxide
CHIP	Country Health Information Profile
COFA	Compact of Free Association
CFC	Chlorofluorocarbon
CMI	College of the Marshall Islands
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DESA	Department of Economic and Social Affairs
DHS	Demographic and Health Survey
DHSA	Department of Health and Social Affairs
DOE	Department of Education
DOH	Department of Health
DOTS	Directly Observed Treatment, Short-course
EEZ	Economic Exclusive Zone
EFTPOS	Electronic Funds Transfer at Point of Sale
EPI	Expanded Program on Immunisation
EPPSO	Economic Policy, Planning and Statistics Office
ESSDP	Education Sector Strategic Development Plan
EU	European Union
FIBOS	Fiji Islands Bureau of Statistics
FIC	Forum Island Country
FJD	Fiji Dollar
FPL	Food Poverty Line
FPI	Family Planning International
FRIEND	Foundation for Rural and Integrated Enterprises & Development
FSM	Federated States of Micronesia
G2P	Government-to-person
GAO	Government Accountability Office
GDP	Gross Domestic Product
GHG	Greenhouse Gas
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technologies
ILO	International Labour Organisation
IM	Infant Mortality
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
ITU	International Telecommunication Union
JEMCO	Joint Economic and Management Committee
JMP	Joint Monitoring Programme
LNG	Liquefied Natural Gas
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MDR	Multi-drug Resistant

MECC	Ministry of Environment and Climate Change
MELAD	Ministry of Environment, Lands and Agriculture Development
MESC	Ministry of Education, Sports and Culture
MEWAC	Ministry of Education, Women Affairs and Culture
MFEM	Ministry of Finance and Economic Management
MHMS	Ministry of Health and Medical Services
MICS	Multiple Indicator Cluster Survey
MISGLB	Marshall Islands Scholarship, Grant and Loan Board
MMR	Maternal Mortality Ratio
MOE	Ministry of Education
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MSI	Mauritius Strategy of Implementation
MTDP	Medium Term Development Plan
NCD	Non-communicable Diseases
NER	Net Enrolment Rate
NGO	Non-government Organisation
NHIS	National Health Information System
NSO	National Statistics Office
NZ	New Zealand
NZAID	New Zealand Agency for International Development
ODS	Ozone Depleting Substances
OECD	Organisation for Economic Co-operation and Development
PIFS	Pacific Islands Forum Secretariat
PNCC	Palau National Communication Corporation
PNG	Papua New Guinea
PNGDSP	Papua New Guinea Development Strategic Plan
PM	Prime Minister
RAMSI	Regional Assistance Mission to the Solomon Islands
RMI	Republic of the Marshall Islands
RNZI	Radio New Zealand International
RSE	Recognised Seasonal Employment
SBOC	Statistics, Budget and Economic Management, Overseas Development Assistance, and Compact Management
SGS	Second Generation Surveillance
SIDS	Small Island Developing State
SOE	State Owned Enterprise
SOPAC	Pacific Islands Applied Geoscience Commission
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
U5M	Under-five mortality
UK	United Kingdom
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Program
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
US	United States
USP	University of the South Pacific
VANWODS	Vanuatu Women Development Scheme
WHO	World Health Organization
WIBDI	Women in Business Development Incorporated
WPRO	Western Pacific Regional Office

EXECUTIVE SUMMARY

One of the key deliverables of the Forum Compact is to track the progress of Forum island countries (FICs) towards achieving the Millennium Development Goals (MDGs), which is the main purpose of this Report. The MDGs assessment in this Report is not strictly made against the global targets, as the assessments are contextualised to country realities and supplemented by proxy data and qualitative information.

Collectively, the region's progress on the MDGs is slow and uneven. Papua New Guinea's (PNG) population of around 7 million people means that overall progress for the region is dependent on PNG's progress. Consequently, as PNG is off track on all the MDGs, the region is also off track on all the goals. However, excluding PNG, the region is on track towards reducing child mortality, with mixed progress on all the other goals.

Similarly, Melanesia is off track on all the goals but excluding PNG, the region is on track towards reducing child mortality (MDG 4), with mixed progress recorded for all the other goals. Polynesia's progress is comparatively better than the other sub-regions, as it is on track to achieve four of the goals – achieving universal primary education, reducing child mortality, improving maternal health and ensuring environmental sustainability. In contrast, Micronesia is not on track for any goal, and is off track on the poverty goal, with mixed progress noted on the other MDGs.

Cook Islands and Niue are the only countries on track to achieve the MDGs.

With 3 years remaining to the 2015 deadline, there is an urgent need for a more concerted effort to accelerate progress. The lessons learned from three years of reporting on MDGs progress in the region are that stakeholders are aware of the general intervention strategies to achieve the relevant MDGs.

The catalyst for progress is strong political leadership and resolve. It is easier for progress to happen when Leaders strongly commit to and prioritise the achievement of the MDGs in their national/sector plans.

Therefore, for countries to accelerate progress towards achieving the MDGs by 2015, Forum Leaders are encouraged to support the 'final push' to achieve the MDGs by 2015.

This year's Report focused on a detailed assessment of the region's progress towards MDG 1 (eliminate extreme poverty and hunger) and provides a multi-dimensional assessment on poverty. In the Pacific, poverty is viewed from the perspective of hardship and lack of opportunity, in other words, "poverty of opportunity".

The Report highlights that poverty in the Pacific is manifested by: (i) A lack of access to basic services such as health care, education and clean water, particularly in rural and remote areas. (ii) A lack of opportunities to participate fully in the socio-economic life of the community and meet the challenges of increasing monetisation of Pacific societies. (iii) A lack of adequate resources (including cash) to meet the basic needs of the household or the customary obligations to the extended family, village community, and/or the church.

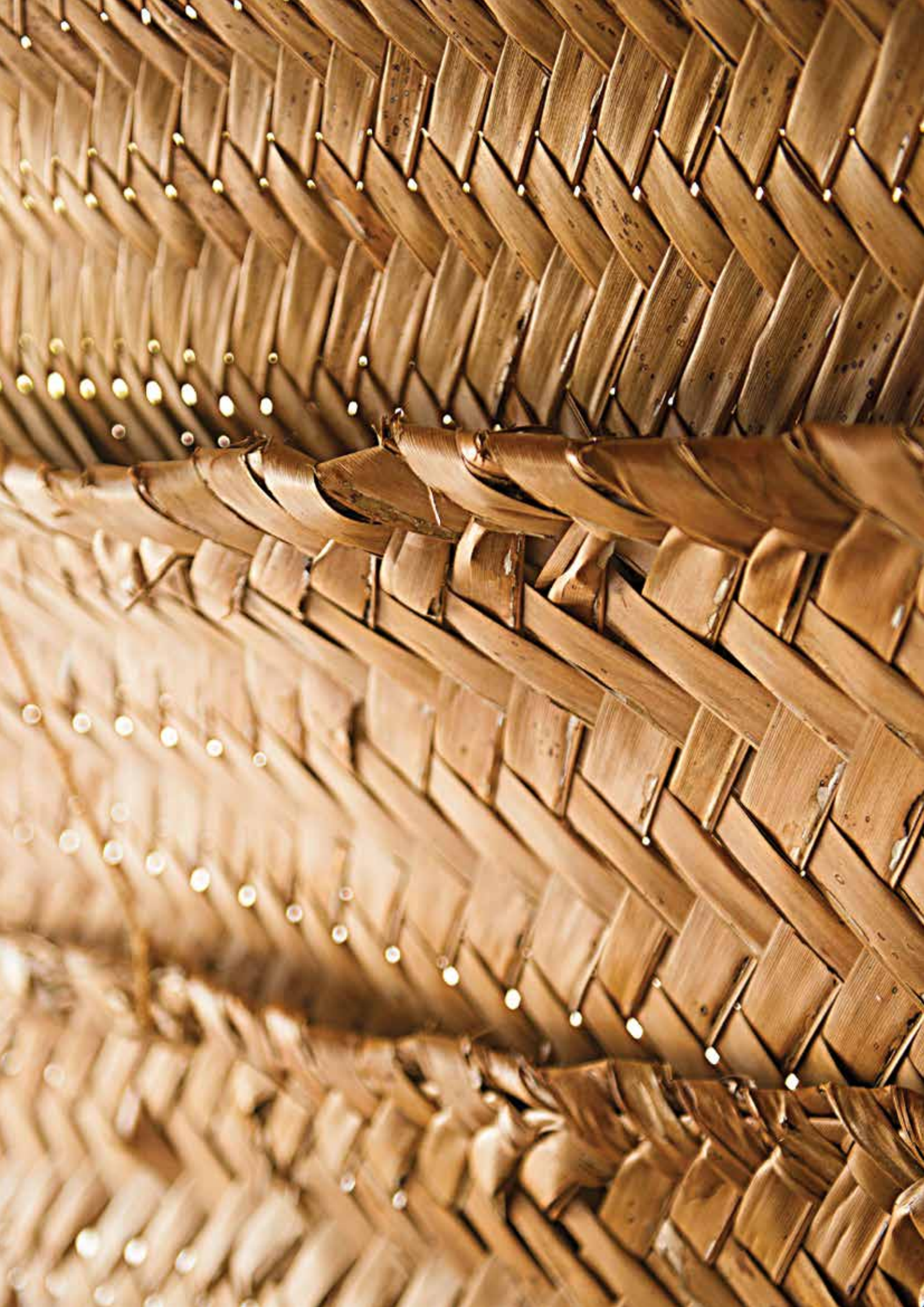
Poverty or hardship is measured by the percentage of people living below the basic needs poverty line (BNPL). According to this measure, the vast majority of the region's poor, around 2 million people, live in PNG, the most populous FIC. Other FICs account for roughly 0.6 million of the poor.

As PNG is off track to meet MDG 1, the region is also off track to reduce poverty and hunger. On a positive note, excluding PNG, the region is on track to halve the proportion of people suffering from hunger, with a generally low level of food poverty in most countries.

Combating poverty in the Pacific is constrained by generally low economic growth, lack of job opportunities and rising prices. Pacific island countries recognise the importance of raising economic growth to improve living standards. At the macroeconomic level, generally, governments are focused on public financial reforms, structural reforms and promoting private sector led growth. Most countries also have varying social protection initiatives to address poverty.

However, even with well-designed policies and plans to reduce poverty, the Pacific experience suggests that governance issues are a key impediment to the timely, effective and efficient implementation of these programs.

Across the Pacific, civil society organisations, particularly non-government organisations (NGOs) and religious groups, play an important role in the fight against poverty. Given the limited resources of governments, these organisations fill an important gap in reaching poor, vulnerable and marginalised communities, often working with women to alleviate poverty.



PART 1

Purpose of the Report

BACKGROUND AND OBJECTIVES

Forum Leaders affirmed their support for the Millennium Declaration in September 2000 and later set out their Vision for the Pacific in the Auckland Declaration of April 2004, which laid the foundation for the Pacific Plan. Endorsed in October 2005, the Pacific Plan is designed to strengthen Pacific regional integration and cooperation based on four pillars – economic growth, sustainable development, good governance and security. The Pacific Plan is the foundation for the region's[1] efforts towards the achievement of the MDGs.

The Pacific Plan is the foundation for the region's efforts towards achieving the MDGs.

In 2009, in response to concerns that the region was off-track to achieve the MDGs despite high levels of development assistance, Forum Leaders agreed to the Cairns Compact on Strengthening Development Coordination in the Pacific (Forum Compact). The key objective of the Forum Compact will be to improve the coordination and use of available development resources with the aim of achieving real progress against the MDGs. The Forum Compact is a tool for implementing the priorities of the Pacific Plan. Forum Leaders' commitment to the achievement of the MDGs was further strengthened in 2010 in the Port Vila Declaration on Accelerating Progress on the Achievement of the MDGs (see Box 1).

The Cairns Compact on Strengthening Development Coordination (Forum Compact) is a tool for implementing the priorities of the Pacific Plan.

One of the main deliverables under the Forum Compact is to provide an annual Pacific Regional MDGs Tracking Report. This Report is the third Pacific Regional MDGs Tracking Report.

The principal purpose of the Report is to assess the progress made by FICs towards achieving the MDGs by 2015. As latest data are not available on a timely basis and considering that policy interventions take time to be reflected in the data, the MDGs assessment is unlikely to change markedly on an annual basis. For this reason, thematic focus areas are chosen to elaborate on pertinent issues. This year's focus is on 'Poverty'.

One of the key deliverables of the Forum Compact is to track the progress of FICs towards achieving the MDGs.

One of the other major purposes of the Regional MDGs Report is for raising public awareness and social mobilisation. With the 2015 deadline drawing closer, the annual Report serves as a tool for renewed regional and national political commitment, as well as advocating for wider participation by all stakeholders towards accelerating progress towards achieving the MDGs.

The Report is important for raising public awareness and social mobilisation.

The Report is outlined as follows: Part 2 provides a brief summary of the Pacific's MDGs progress; Part 3 discusses and provides a multi-dimensional assessment of poverty; and Part 4 provides detailed country profiles.

[1] *The region in this Report refers to the 14 FICs – Cook Islands, FSM, Fiji, Kiribati, RMI, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.*

BOX 1. Port Vila Declaration on Accelerating Progress on the Achievement of the MDGs (Extract)

Hereby reaffirm our intention to achieve improved standards of living and human wellbeing as measured by the Millennium Development Goals and commit to:

- Continue to localise the Millennium Development Goals into national and regional plans, programs and prioritise budgets with particular focus on those that have the greatest consequences for Pacific Island Peoples;
- Advocate for the special needs of Small Island Developing States to ensure the development and pursuit of appropriate and sustainable policies and program responses, including through the use of international platforms such as the BPoA and MSI that articulate an agreed special case for SIDS;
- Coordinate efforts to support the achievement of the Millennium Development Goals, drawing on the principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the Pacific Principles on Aid Effectiveness, as actioned through the Cairns Compact on Strengthening Development Coordination in the Pacific, itself endorsed by Forum Leaders at their annual meeting in 2009;

Consistent with these commitments we call on our Development Partners to:

- Work with us to immediately identify and develop major new activities and programs to expedite the achievement of the Millennium Development Goals;
- Deliver on pledges to scale up aid and to channel a share of these increased resources to Pacific Island Countries towards accelerated Millennium Development Goal efforts;
- Honour commitments under various and relevant international and regional arrangements, such as Paris Declaration on Aid Effectiveness and Accra Agenda for Action, and Pacific Principles on Aid Effectiveness, and actively engage with regional efforts such as the Cairns Compact on Strengthening Development Coordination in the Pacific, which aim to improve the effectiveness of development efforts through greater transparency and better governance of national and development partner resources;
- Strengthen their support to Pacific Island Countries towards achieving sustainable development by mainstreaming the MSI and BPoA into programmatic work plans of development partners, including the regional banks, Bretton Woods Institutions and the UN system, including through development of vulnerability and resilience indices; and
- Support the strengthening of national systems in data collection including disaggregated data, analysis and dissemination.

We strongly urge non-governmental organisations, civil society, the private sector and other stakeholders at the local, national, regional and international levels to join us in redoubling efforts towards achieving this objective.

We, the Leaders of the Pacific Islands Forum, commit ourselves and our governments to implementing this Declaration with the intention of accelerating progress to achieving the Millennium Development Goals in the interest of all Pacific Peoples allowing them to enjoy peaceful, prosperous, secure and fulfilling lives.

Source: PIFS (2010)

PART 2

A Brief Summary of Progress

The MDGs are intended as global targets and not every country is expected to achieve the specific Targets. It is in this overall context that the MDGs assessment is made for each of the countries. For some FICs, given their baselines, it would be unrealistic to expect the achievement of the Targets. In addition, for all countries, there is a lack of comprehensive data on all the MDG indicators, and where data is available, there are concerns about the quality of the data. Given these shortcomings, proxy data, as well as qualitative information, supplement the MDGs assessment. Qualitative information includes level of government commitment, donor support, as well as good initiatives in place towards achieving the MDGs (see Annex 1 for more details).

The MDGs assessment in this Report is not strictly made against the global targets; Proxy data and qualitative information supplement the assessments.

PNG's population of around 7 million people, accounting for 75 percent of the region's population, means that overall progress for the region towards the MDGs is determined by the progress in PNG (Table 1). Consequently, as PNG is off track on all the goals, as a whole, the region is also off track on all the MDGs.

As a result of PNG's progress, the region is off track on all the goals. Excluding PNG, the region is on track towards reducing child mortality, with mixed progress on all the other goals.

It is important to note that PNG considered the global MDG targets as over-ambitious, unrealistic and therefore out of reach for the country. Consequently, in 2003-04, PNG developed its own set of national targets and indicators associated with each of the MDGs and against these 'localised' MDG targets, there is slightly better progress (see PNG country profile).

Similarly, Melanesia is off track on all the goals but excluding PNG, the region is on track towards reducing child mortality (MDG 4), with mixed progress recorded for all the other goals. Low levels of child and infant mortality in Fiji, the second most populous country, as well as in Vanuatu, the fourth most populous FIC, underpin the positive result in MDG 4.

Polynesia's progress is comparatively better than the other sub-regions, as it is on track to achieve four of the goals – achieving universal primary education, reducing child mortality, improving maternal health and ensuring environmental sustainability. In contrast, Micronesia is not on track for any goal, and is off track on the poverty goal, with mixed progress noted on the other MDGs.

Polynesia's progress is comparatively better than any other sub-region, with Micronesia not on track for any goal.

Cook Islands and Niue are the only countries on track to achieve the MDGs. Other countries with notable progress are Fiji, Palau, Samoa and Tonga as they are not 'off track' on any goal, recording either 'on track' or 'mixed' progress. Apart from PNG, other countries not performing well are Solomon Islands and Kiribati. They have not recorded 'on track 'for any goal, scoring either 'off track' or 'mixed'.

Table 1 Progress Towards the MDGs

	MDG 1 ELIMINATE EXTREME POVERTY AND HUNGER	**MDG 2** ACHIEVE UNIVERSAL PRIMARY EDUCATION	**MDG 3** PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	**MDG 4** REDUCE CHILD MORTALITY	**MDG 5** IMPROVE MATERNAL HEALTH	**MDG 6** COMBAT HIV/AIDS AND OTHER DISEASES	**MDG 7** ENSURE ENVIRONMENTAL SUSTAINABILITY
MELANESIA	■	■	■	■	■	■	■
MELANESIA (EXCL PNG)	●	●	● ↑	▶	●	●	●
FIJI	● ↑	▶	●	▶	▶	●	▶
PNG	■	■	■	■	■	■	■
SOLOMON IS	●	●	■	■	■	●	■
VANUATU	●	●	● ↑	▶	●	▶	■
MICRONESIA	■	●	●	●	●	●	●
FSM	■	●	●	▶ ↑	■	●	▶
KIRIBATI	■	■ ↓	●	●	●	■ ↓	■
MARSHALL IS	■	●	●	▶	▶	■	●
NAURU	■ ↓	▶ ↑	●	● ↑	●	▶ ↑	■
PALAU	●	▶	▶	▶	▶	▶	▶
POLYNESIA	●	▶	●	▶	▶	●	▶
COOK IS	▶	▶	▶	▶	▶	▶	▶ ↑
NIUE	▶	▶	▶	▶	▶	▶	▶ ↑
SAMOA	●	▶	●	▶	●	●	▶
TONGA	●	▶	● ↑	▶	▶	▶	▶
TUVALU	■	▶	●	▶	▶	●	●
FICS	■	■	■	■	■	■	■
FICS (EXCL PNG)	●	●	●	▶	●	●	●

Note: The arrows denote improvement (↑) or regression (↓) from the assessment in the 2011 Pacific Regional MDGs Tracking Report.

▶ On Track ■ Off Track ● Mixed

With 3 years remaining to the 2015 deadline, there is an urgent need for a more concerted effort to accelerate progress. The lessons learned from three years of reporting on MDGs progress in the region are that stakeholders are aware of the general intervention strategies to achieve the relevant MDGs. For example:

- Macroeconomic stability, targeting pro-poor economic growth, creating jobs and improving social safety nets are key components for reducing poverty;
- Providing fee-free education can be a critical factor in ensuring universal primary education;
- Temporary special measures are one of the tools to raise the representation of women in parliament;
- Implementing the Integrated Management of Childhood Illness (IMCI) and Continuum of Care models are key strategies to improve child and maternal health; and
- Infrastructure development, management and maintenance is important in addressing water and sanitation issues.

Governments, with the support of development partners, CSOs and the private sector, need to build upon, sustain or scale up relevant intervention strategies.

However, there is no single solution, no one-size-fits-all answer to accelerating progress towards the MDGs. The regional reports clearly note that countries are at different stages of progress towards achieving the MDGs. While there are many common challenges (e.g. governance and development effectiveness issues), they differ in degree between countries. At the same time, there are some challenges that are specific to individual or small groups of countries (e.g. malaria for PNG, Solomon Islands and Vanuatu). Thus, each country should continue to develop its own targeted responses.

But the catalyst for progress is strong political leadership and resolve. It is easier for progress to happen when Leaders strongly commit to and prioritise the achievement of the MDGs in their national/sector plans. Samoa is a leading example in the Pacific, with the Prime Minister strongly behind and advocating for the achievement of the MDGs. For example, early this year, the Samoan PM began the push for constitutional amendments through Parliament to create special seats for women. Women's representation in parliament is an area where Samoa has acknowledged needs improvement.

Therefore, for countries to accelerate progress towards achieving the MDGs by 2015, Forum Leaders are encouraged to support the 'final push' to achieve the MDGs by 2015. In other words, Forum Leaders need to drive their governments, with the support of development partners, CSOs and the private sector, to step up efforts to accelerate progress towards achieving the MDGs.

2015 deadline nearing; Urgent need for more concerted effort to accelerate progress.

Intervention strategies well known – need to build upon, sustain or scale up.

Catalyst for progress is strong political leadership and resolve.

Forum Leaders to support the 'final push' to achieve the MDGs by 2015.

PART 3

A Closer Look At Combating Poverty and Hunger

POVERTY/HARDSHIP AND EMPLOYMENT

Extreme poverty, defined as the proportion of the population living below US$1.25 a day, and its manifestations of starvation and destitution, is rare in most FICs (Abott & Pollard, 2004; PIFS, 2010). This is thought to be a result of the generally high dependence on subsistence living and entrenched traditional social safety nets.

Extreme poverty, and its manifestations of starvation and destitution, is rare in most FICs.

Instead, based on Abott & Pollard's (2004) seminal study[2], poverty is generally viewed as hardship or an inadequate level of sustainable human development evident by:

- A lack of access to basic services, such as primary health care, education, and potable water;
- A lack of opportunities to participate fully in the socio-economic life of the community;
- Lack of adequate resources (including cash) to meet the basic needs of the household or the customary obligations to the extended family, village community, and/or the church.

This Pacific definition of poverty is measured by the percentage of people living below the basic needs poverty line (BNPL) and, subsequently, this is the measure that is used to assess the region's progress against the first Target under MDG 1 (Table 2). It should be noted though that the BNPL of each country is not strictly comparable with each other, as the BNPL calculations for each country consists of different costs and prices (see Box 2).

Poverty = Hardship in the Pacific; measured by the proportion of the population living below the Basic Needs Poverty Line or BNPL.

With around 75 percent of the region's poor residing in PNG and PNG being off track to meet Target 1.A, the region is also off track to meet the Target (Table 2). Although the proportion of PNG's population below the BNPL declined slightly, from an estimated 30 percent in 1990 to 28 percent in 2009, around 2 million people remain in poverty and/or face hardship (Table 3). The remaining FICs account for roughly 600,000 of the poor, of which half this number live in Fiji.

Excluding PNG, the region's progress on Target 1.A is mixed, underpinned by the progress in Fiji (mixed), Solomon Islands (mixed) and Vanuatu (on track), the other most populous countries in the region (Table 2). On the other hand, Micronesia and Polynesia are off track to achieve Target 1.A., with majority of countries off track, excluding Palau (mixed), Cook Islands (on track) and Niue (on track).

[2]This definition was based on extensive country consultations through a series of Participatory Assessments of Hardship.
[3]The HIES is used to estimate the proportion of the population below the BNPL.

Table 2 Progress Towards the MDG 1

	MDG 1 ELIMINATE EXTREME POVERTY AND HUNGER	**TARGET 1.A.** Halve, between 1990 and 2015, the proportion of the population living below the basic needs poverty line	**TARGET 1.B.** Achieve full and productive employment and decent work for all, including women and young people	**TARGET 1.C.** Halve, between 1990 and 2015, the proportion of people who suffer from hunger
MELANESIA	■	■	■	■
MELANESIA (EXCL PNG)	●	●	■	▶
FIJI	●	●	■	▶
PNG	■	■	■	■
SOLOMON IS	●	●	■	▶
VANUATU	●	▶	■	■
MICRONESIA	■	■	■	■
FSM	■	■	■	■
KIRIBATI	■	■	■	■
MARSHALL IS	■	■	■	■
NAURU	■	■	■	●
PALAU	●	●	●	▶
POLYNESIA	●	■	●	▶
COOK IS	▶	▶	▶	▶
NIUE	▶	▶	▶	▶
SAMOA	●	■	●	▶
TONGA	●	■	●	▶
TUVALU	■	■	■	▶
FICS	■	■	■	■
FICS (EXCL PNG)	●	●	■	▶

▶ On Track ■ Off Track ● Mixed

BOX 2. Calculating the Basic Needs Poverty Line (BNPL)

The value of the national BNPL comprises two components: the cost of a basic family diet which makes up the food poverty line (FPL) and an allowance to meet the costs of basic, non-food expenditures.

The FPL is a calculation of the minimum income (or expenditure) required to provide an individual with the minimum daily intake of calories required for human survival which is internationally set at approximately 2200 calories per day. In other words, it represents the cost of a basket of food produced or purchased by the consumer that is sufficient for survival. The FPL does not necessarily represent what is actually desired or consumed.

The allowance for basic, non-food expenditures is an estimate of additional costs that might be incurred by an individual/family in the lowest income or expenditure quintile. It includes only the highest priority nonfood items such as housing, essential transport, utilities, school fees, clothing, as well as contributions to the church and other social obligations. The expenditure patterns of the poorest quintile of households are usually used to ensure that luxury items are excluded.

Source: Abott & Pollard (2004)

Tracking the incidence of basic needs poverty in the Pacific from 1990 is difficult as most FICs only started conducting more regular Household and Income Expenditure Surveys (HIES)[3] after 2000. In addition, almost half the FICs have only one data point, while there is no data available for RMI. Moreover, some of the earlier Surveys carried out were not adequately structured to capture poverty indicators but were meant for collecting data to re-base the national consumer price index. Therefore, given the shortcomings in the data, proxy indicators and anecdotal evidence are used to supplement the assessment on poverty/hardship in the Pacific.

Lack of data makes it difficult to track poverty trends in the Pacific; proxy indicators and anecdotal evidence also used.

Basic needs poverty varies widely among FICs, from 13 percent in Vanuatu to 35 percent in Fiji (Table 3). Apart from PNG, Fiji and Vanuatu also recorded a decline in poverty/hardship. Basic-needs poverty in Fiji fell from 40 percent in 2002-03 to 35 percent in 2008-09, while Vanuatu noted a slight decline from 13.0 percent in 2006 to 12.7 percent in 2010. On the other hand, available data indicated that poverty rates in FSM, Samoa, Tonga and Tuvalu increased.

Basic needs poverty varies from 13 percent in Vanuatu to 35 percent in Fiji; rural-urban disparities evident throughout.

However, national incidences of poverty/hardship mask the inequalities at the sub-national levels. In Fiji, the incidence of poverty/hardship is markedly higher in the rural areas compared to the urban centres. Similar disparities are evident in Palau, Samoa and Tonga. In contrast, the urban incidence of poverty in the Solomon Islands is significantly higher in the capital city Honiara than in the rural areas. Kiribati, Tuvalu and Vanuatu exhibit similar disparities. For PNG and FSM, spatial disparities are evident across regions and states, respectively (Figure 1).

Figure 1. Incidence of Poverty/Hardship for Selected FICs

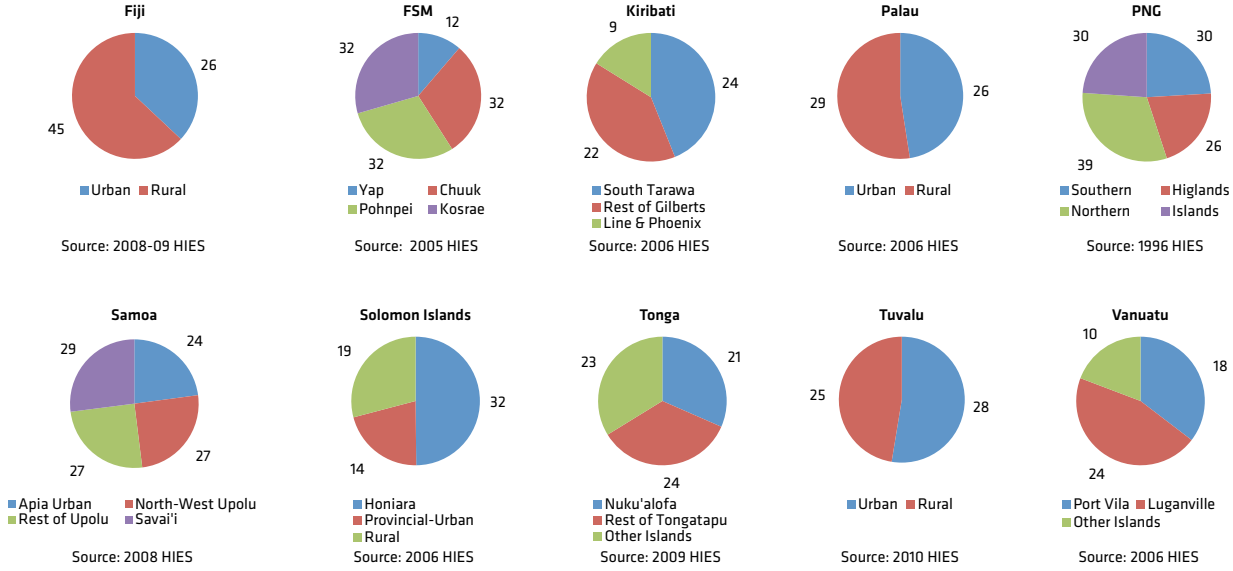


Table 3 Target 1.A. Halve, between 1990 and 2015, the proportion of the population living below the basic needs poverty line

	BASIC NEEDS POVERTY (%)			POVERTY GAP RATIO (%)			POOREST QUINTILE IN NATIONAL CONSUMPTION (%)		
	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest
MELANESIA									
Fiji	…	40(2002-03)	35(2008-09)	…	12(2002-03)	10(2008-09)	…	6(2002)	5(2008)
PNG	30(1990e)	30(1996)	28(2009e)	9(1990e)	9(1996)	9(2009e)	5(1990e)	5(1996)	5(2009e)
Solomon Is	…	…	23(2006)	…	…	8(2006)	…	…	7(2006)
Vanuatu	…	13(2006)	13(2010)	…	6(2006)	3(2010)	…	7(2006)	8(2010)
MICRONESIA									
FSM	…	28(1998)	31(2005)	…	10(1998)	9(2005)	…	…	9(2005)
Kiribati	…	…	22(2006)	…	…	7(2006)	6(1996)	…	8(2006)
Marshall Is	…	…	…	…	…	…	…	2(1999)	3(2002e)
Nauru	…	…	25(2006)	…	…	…	…	…	6(2006)
Palau	…	…	25(2006)	…	…	7(2006)	…	…	10(2006)
POLYNESIA									
Cook Is	…	…	28(2006)	…	…	9(2006)	…	…	9(2006)
Niue	…	13(2002)	…	…	(2002)	…	…	7(2002)	…
Samoa	…	23(2002)	27(2008)	…	7(2002)	8(2008)	…	5(2002)	9(2008)
Tonga	…	16(2001)	23(2009)	…	8(2001)	8(2004)	…	9(2001)	10(2009)
Tuvalu	23(1994)	21(2004-05)	26(2010)	8(1994)	6(2004)	6(2010)	7(1994)	10(2004)	8(2010)

Note: See datasheet in Country Profiles for sources.
… Data not available.

The poverty gap ratio measures the depth of poverty or the extent by which poor households' income/expenditure, on average, falls below the BNPL. In other words, it indicates the percentage by which poor households' real incomes must increase to escape poverty/hardship. For the FICs, the poverty gap ratio ranges between 3 percent in Vanuatu to 10 percent in Fiji (Table 3). Most FICs recorded a poverty gap ratio of either 8 or 9 percent. This means that if poor households' real incomes, on average, increase by around 8-9 percent, they will no longer fall below the BNPL.

The Pacific's typical clan and extended family structures are a powerful means to mitigate poverty but despite these supportive social structures, most FICs are experiencing growing levels of inequality (Oxfam, 2010a). However, the supportive social structure of Pacific societies is often over-romanticised and is widely seen as being under stress from high levels of urbanisation, migration and increasing monetisation of economies. In terms of the poorest quintile's share of national consumption, the majority of FICs recorded a share of less than 10 percent (Table 3). The share recorded for Fiji, PNG and RMI are very low, considering that the poorest quintile typically accounts for 6-10 percent of all expenditure (Haughton and Khandker, 2009). The poorest quintile's share of consumption is 5 percent for Fiji and PNG, with RMI recording a share of 3 percent.

Income inequality, as measured by the Gini coefficient (higher value means higher inequality), increased for Fiji, Samoa and Tuvalu, while it fell for FSM and Vanuatu (Figure 2). Nauru's Gini coefficient is quite high at 0.67.

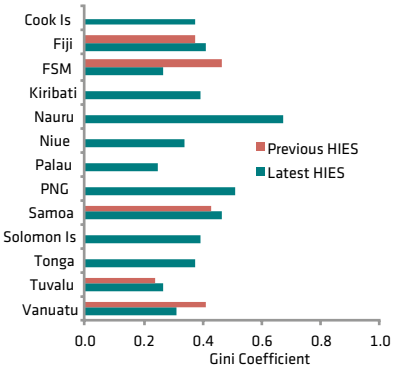
Most FICs' progress on Target 1.A. is constrained by several factors, including generally low or negative economic growth, lack of employment prospects and rising prices. In the last five years, the negative repercussions of the international food/fuel crises and the global financial crisis, contributed to majority of FICs' adverse economic growth outcomes.

Generally, low or negative economic growth is associated with higher incidence of poverty/hardship and vice versa (Figure 3). A main exception is PNG, where higher economic growth is associated with a relatively higher incidence of poverty/hardship. PNG's strong economic growth outcomes are led by the natural resources sectors, particularly minerals (oil, copper and gold), but this has failed to trickle down to the poorer segments of society. This situation is not peculiar to PNG as many resource-rich countries have failed to reduce poverty compared to countries without natural resource endowments (Hailu and Weeks, 2011). The poverty situation in PNG is also particularly complex and extensive (see Box 3).

With subdued economic growth performances, job creation is increasingly difficult. Although data is not available for most countries, anecdotal evidence suggests that unemployment rates, particularly youth unemployment are increasing (Noble et al, 2011). Fiji's unemployment rate doubled between 1996 and 2007, from 3.7 percent to 8.6 percent (FIBOS, 2009), while the unemployment rate in the RMI is estimated at 30.9 percent (ADB, 2011).

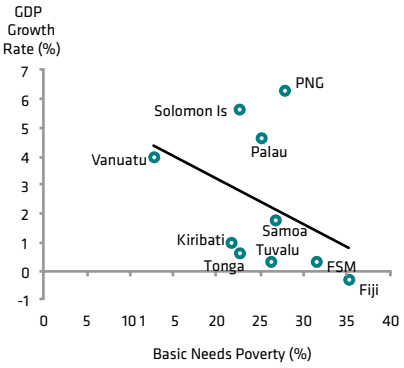
To escape poverty, poor households' incomes must increase by around 8-9 percent.

Figure 2. Gini Coefficients



Source: HIES
Note: The Gini coefficients are not strictly comparable across countries due to underlying differences in household survey methods and type of data collected, including whether income or consumption expenditure is used.

Figure 3. GDP Growth Rate to Basic Needs Poverty



Source: GDP Growth Rate from World Bank Development Indicators and Basic Needs Poverty from respective HIES. See datasheet in Country Profiles for more information.
Note: GDP Growth Rate is the 3-year average preceding the HIES.

BOX 3. Poverty Dynamics in Papua New Guinea

Despite almost a decade of strong economic growth, PNG only recorded a slight decline in basic needs poverty from an estimated 30 percent in 1990 to 28 percent in 2009. In other words, over 19 years, only 140,000 people escaped poverty, while there is still around 2 million people that continue to face poverty/ hardship.

"The reasons for this are complex, rooted in the geography of the country, its political economy and its social and political processes. PNG is made up of more than 600 islands, its land ranging from sea level to 4500 meters and is subject to volcanic eruptions and earthquakes. The country's 7 million population is divided into more than 850 language groups (clans or wantoks), with strong cultural identities and traditions. The sense of nation is weak and politics at all levels are chaotic.

Many people live in areas that are difficult to access, isolated in the mountains, and among the dense forests and swamps. There are no railroads, and few roads – none links the capital city to any provincial capital – and people coming into towns walk, or arrive by water or air. Many rural people are outside the cash economy, mainly dependent on subsistence agriculture, which is handicapped by poor soils, steep slopes, and heavy rainfall. Marketing of produce is hindered by poor infrastructure. Many people migrate to towns where they hope to find jobs and public services, which are scarce in the hinterland. Towns (Port Moresby, Lae, Mt Hagen and recently Madang) are subject to violent crime, though clan-based and politically inspired conflict is found in some rural districts as well. HIV/AIDS continues to spread, especially in the cities.

The national economy benefits from mineral, hardwood, and oil/gas extraction, but relatively few of the profits are used to improve public facilities or infrastructure. The nation's administrative and political structures are highly decentralised, based on the 'Organic Law for Provincial and Local-level Government'. This structure of government has proven to be dysfunctional as there is a disconnect between central and local levels, such that sector policies designed in the capital are not implemented effectively in the districts. This is because funding is insufficient and because a large percentage of sector funds are spent on staffing rather than operations. Complicating the issue is politicised service delivery and the fact that senior staff may work for one level of administration (e.g., central government) while junior staff work for another (district or province), which results in poor discipline. Moreover, the delivery of services is complicated by overlapping authority. Naturally, where resources and effective management are scarce civil servants are de-motivated and demoralised.

Government has redesigned its Medium Term Development Strategy, though efforts to turn this into programme frameworks have been slow. There is no Poverty Reduction Strategy. Donors, especially AusAID, support government's policy priorities, providing more than $250m per year in development assistance. Much of this goes to social sectors, as well as infrastructural projects and governance programmes.

Civil society is relative weak, as many people are illiterate and live in isolated areas. These and clan loyalties affect national and local politics. Various small projects initiated by local groups and NGOs contribute to development, but these cannot take the place of capable, developmental leaders and a strong nation state."

Source: Cammack (2009, p.6-7)

FICs are generally off track to achieve full and productive employment and decent work for all, including women and young people, with the exception of Palau, Samoa and Tonga, which recorded mixed progress, and Cook Islands and Niue, who are the only countries on track to achieve Target 1.B (Table 2). However, it should be noted that Palau, the Cook Islands and Niue have high levels of imported labour and outward migration. Given that there is sparse data available (including disaggregated data), especially for labour productivity, working poverty and vulnerable employment rates, anecdotal evidence and proxy indicators are used to supplement the assessment.

The employment-to-population ratio ranges from 30 percent in Samoa to 80 percent in Niue (Table 5). Most economies have employment-to-population ratios between 55 and 75 percent (ILO, 2009). Low ratios in Samoa, Tuvalu, RMI, Kiribati, FSM and Nauru indicate that a large share of the population is not involved directly in market-related activities. For Samoa and FSM, the low ratio is consistent with the fact that around 80 percent of their population lives in rural areas and is mostly dependent on subsistence agriculture. However, high urban populations in RMI, Tuvalu, Kiribati and Nauru (Figure 4), coupled with the low employment-to-population ratios indicate high unemployment and/or under-employment.

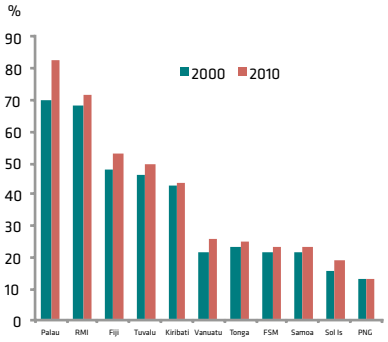
In contrast, Niue's employment-to-population ratio is quite high, indicating that a greater proportion of the population that could be working does work. The high ratio is consistent with the decline in Niue's population through outmigration, leaving fewer people in Niue to fill in the employment gap.

For countries where two data points are available, Fiji, Vanuatu, FSM and Tonga noted a decline in the employment-to-population ratio, while the ratios in Solomon Islands, RMI, Samoa and Tuvalu increased.

The public sector is generally the biggest employer and largely concentrated in urban areas, while the private sector is relatively under-developed in most FICs. Most rural employment is informal or based on subsistence agriculture and small-scale cash cropping. Women's labour force participation rates are generally lower, with significant disparity recorded in Solomon Islands, Fiji, PNG, RMI and Samoa where the men's participation rate is almost double that of women's (Table 4).

Seasonal worker programs provided by Australia and New Zealand, and more recently, the United States, are providing crucial avenues for employment and income, as well as remittance transfers. In 2006, New Zealand introduced the Recognised Seasonal Employment (RSE), which is open to FSM, Kiribati, Nauru, Palau, PNG, RMI, Solomon Islands, Tuvalu and Vanuatu.

Figure 4. Urban Population (% of total)



Source: World Bank Development Indicators

Table 4 Labour Force Participation Rates (%)

	TOTAL	MALE	FEMALE	YEAR
Cook Islands	70	76	64	2006
FSM	53	62	45	2010
Fiji	40	52	28	2007
Kiribati	64	72	56	2005
Nauru	76	83	69	2006
Niue	78	85	71	2006
Palau	69	77	60	2005
PNG	16	19	12	2000
RMI	51	66	35	1999
Samoa	50	65	33	2006
Solomon Islands	34	45	23	1999
Tonga	57	64	49	2006
Tuvalu	58	70	48	2002
Vanuatu	71	80	61	2009

Source: SPC Prism

Table 5 Target 1.B. Achieve full and productive employment and decent work for all, including women and young people

	GROWTH RATE OF GDP PER PERSON EMPLOYED (%)			EMPLOYMENT-TO-POPULATION RATIO (%)			EMPLOYED LIVING BELOW $1 (PPP) PER DAY (%)			OWN-ACCOUNT AND UNPAID FAMILY WORKERS (%)		
	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest
MELANESIA												
Fiji	…	…	…	…	57(1996)	50(2007)	…	…	…	…	…	39(2005)
PNG	…	…	…	…	76(2000)	…	…	…	…	…	…	…
Solomon Is	…	…	…	…	23(1999)	69(2009)	…	…	…	…	…	…
Vanuatu	0.8(1995-99)	-0.7(2000-04)	2.7(2005-08)	…	77(1999)	66(2009)	…	…	4(2006)	…	…	…
MICRONESIA												
FSM	…	…	0.4(2009)	44(1994)	59(2000)	48(2010)	…	…	…	…	…	…
Kiribati	…	…	…	…	…	44(2010)	…	…	…	…	…	…
Marshall Is	…	…	…	…	39(1999)	40(2011)	…	…	…	…	27(1999)	…
Nauru	…	…	…	…	…	50(2006)	…	…	…	…	…	…
Palau	…	…	…	…	…	66(2005)	…	…	…	…	…	…
POLYNESIA												
Cook Is	…	…	-1.3(2008)	…	…	63(2008)	…	…	…	…	…	…
Niue	…	…	…	…	…	80(2006)	…	…	…	…	…	13(2006)
Samoa	3.2(1999)	2.9(2002)	4.7(2009)	…	25(2001)	30(2009)	…	…	…	…	…	…
Tonga	…	6.0(2004)	5.2(2008)	53(1990)	60(2003)	56(2006)	…	…	…	…	57(1996)	…
Tuvalu	2.7(1998)	1.0(2001)	-0.2(2007)	27(1991)	32(2002)	34(2004)	…	…	…	8(1991)	4(2002)	19(2004)

Note: See datasheet in Country Profiles for sources.
… Data not available.

Two years later, in 2008, Australia launched the Pacific Seasonal Worker Pilot Scheme, which was limited to Kiribati, PNG, Tonga and Vanuatu. The Pilot Scheme ended in June 2012 and was replaced by the Seasonal Worker Program in July 2012. Australia expanded the Seasonal Worker Program to include Nauru, Samoa, Solomon Islands and Tuvalu in addition to the four Pilot countries. In 2011, for the first time, the United States listed Fiji, Kiribati, Nauru, PNG, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu as designated countries eligible for temporary guest worker visas, known as H2A (temporary agricultural workers) and H2B (temporary non-agricultural workers).

Generally, seasonal worker programs can contribute positively to alleviating poverty, by raising households' incomes and subsequently, improving standards of living. For instance, New Zealand's RSE program succeeded in creating new opportunities for relatively poor and unskilled Tongans to work in New Zealand (Gibson et al, 2008). In addition, a study on the impact of the RSE program on households and communities in Tonga and Vanuatu revealed largely positive development effects – the program raised households' income and consumption, allowed households to purchase more durable goods, increased the standard of living, and had additional benefits at the community level (McKenzie & Gibson, 2010). The study also found that the RSE program also led to increased schooling in Tonga.

Seasonal worker programs contribute to poverty alleviation.

Remittances are also a particularly important source of income for most households and provide a lifeline for poorer households, acting as an informal social protection mechanism. For both Samoa and Tonga, remittances total almost one-quarter of their GDP (Table 6). Remittances are also an important source of income for households in Tuvalu, Kiribati and Fiji and to a much lesser extent in Vanuatu, Solomon Islands and PNG.

Based on the impact of migration and remittances on Fiji and Tonga, Brown (2008) found that remittances contribute significantly to the reduction of poverty, especially in the absence of formal social protection systems. A recent UNCTAD (2011) study of 77 countries also demonstrated that remittances significantly reduce poverty in recipient countries but the results are more reliable for countries with remittances greater than 5 percent of GDP – Fiji, Kiribati, Tuvalu, Tonga and Samoa fall into this category.

The negative impact of the global financial crisis on remittances made it difficult for poor households dependent on this source of income to meet daily/weekly expenses. This was particularly evident in Tonga, where remittances fell by around 30 percent between 2007 and 2009[4]. In response, in 2011, the World Bank announced a US$9 million grant to support economic recovery and poverty reduction (World Bank, 2011).

Rising inflation, following high global food and fuel prices, also makes it difficult to combat poverty/hardship. The majority of the FICs posted double digit inflation at the peak of commodity price rises in 2008-09, with Nauru's inflation soaring to 21.2 percent in 2009 (ADB, 2012). Rising prices erode the purchasing power of poor households' already meager incomes.

For countries where subsistence agriculture continues to feature strongly (PNG, Solomon Islands etc), the impact of growing unemployment and rising prices is mitigated to some extent. However, with increasing monetisation, even families in the most remote rural or outer islands require cash for everyday needs, such as school fees, utilities, and social/church obligations (Abott & Pollard, 2004). In addition, most FICs are facing increasing urbanisation (Figure 4) and rural-urban migration continues unabated, underpinned by a search for jobs and better access to health and education services.

Rapid urbanisation has also spurred the growth of informal settlements, which is a consequence and visible demonstration of poverty in the Pacific (Connell, 2011). Squatter settlements grow quickly, as the supply of land and formal housing is inadequate to meet the needs of new migrants. In Port Moresby and Suva, the two largest cities in the region, settlements house more than half the urban population (Connell, 2011). Squatter settlements are also growing in Honiara, Port Vila and South Tarawa, and even starting to appear in Polynesian cities of Apia and Nuku'alofa (Oxfam, 2010a). Many urban poor live in these settlements and have little or no support from the rural economy and no opportunity to move away amid growing poverty, rising unemployment, old age or social disorder (Connell, 2011).

Table 6 Remittances (% of GDP) for Selected FICs

Samoa	24.1
Tonga	23.7
Tuvalu	9.2
Kiribati	6.4
Fiji	5.8
Vanuatu	0.9
Solomon Islands	0.4
PNG	0.2

Source: World Bank Development Indicators, except Tuvalu and Kiribati from IMF (2011a, 2011b, respectively).

Rapid urbanisation resulting in growing informal settlements and weakening of traditional forms of social protection.

[4] *Source: World Bank Development Indicators*

BOX 4. Traditional Social Protection Systems in the Pacific

The key features of traditional social protection systems in the Pacific are:

- Access to land for all who require it;
- Labour exchange or cooperative labour groups for tasks such as clearing land or house-building;
- Gift-giving for special feast days and to mark lifecycle events such as births, weddings and deaths;
- Inbuilt norms of social obligation that make it almost impossible for an individual or family to starve;
- An understanding that gifts typically will be repaid or reciprocal assistance will be forth-coming in the future.

Source: Ratuva (2005) cited in AusAID (2010)

Increasing urbanisation also places pressure on traditional social protection systems in the Pacific (AusAID, 2010). Traditional forms of social protection (see Box 4) have always played an important role in mitigating the impact of economic pressures on households. The kinship system, referred to as veiwekani in Fiji or fa'a in Samoa or wantok in PNG and the Solomon Islands, provides the foundation for social protection, which sustain individuals and groups on a daily or occasional basis (ILO, 2006). However, with rapid urbanisation, these systems are weakening.

Certain sections of populations are more susceptible to poverty than others. Women, particularly in rural areas, are increasingly vulnerable to poverty and the effects of poverty, as they have a higher risk of poverty linked to labour force discrimination, lack of property rights, and heavy responsibilities with regard to subsistence farming, the household and the community (SPC, 2010). Much of women's work is in the informal sector, such as markets and roadside selling, which yields low returns, often unsafe and is unprotected by labour laws. Women's limited access to small loans for entrepreneurial activities, due to their lack of collateral such as land to secure a loan, is also a major constraint (SPC, 2010).

Accompanying hardship and poverty is a developing sex industry, with a particular prevalence of sexual exploitation in the logging, fishing and mining industries in countries such as PNG, Solomon Islands and Kiribati (SPC, 2010). In the squatter settlements, women and families experience cash poverty/hardship as a result of unemployment and underemployment, while having little land for cultivation or access to fishing grounds, and many of these families live in severely overcrowded and substandard housing with limited access to clean water and proper sanitation (SPC, 2010).

Pacific youths are also highly susceptive to poverty and hardship. Young people account for a large proportion of the population in most FICs and each of the sub-regions have a large youth bulge in the adult working age population. Across the region, the youth age group of 15-24 years accounts for a third of the working age population (15-59 years), with RMI and FSM recording 42 and 40 percent, respectively. The youth bulge is also significant in Vanuatu and Tonga, at 37 percent, as well as Kiribati and Samoa, at 36 percent.

The youth concentration is higher in urban areas, as there is a strong youth bias in the age profile of those who migrate to towns in search of more education opportunities and access to jobs (Curtain & Vakaoti, 2011). Consequently, limited employment opportunities usually result in large youth unemployment and underemployment, which makes youth vulnerable to poverty and hardship. It also has the potential to provoke social conflict.

People with disabilities in FICs are also among the poorest and most marginalised members of their communities. Disability limits access to education and employment and other basic social services and leads to economic and social exclusion, while disabled people and their families face prejudice, discrimination and rejection. Women and girls with disabilities experience greater rates of poverty than men and boys with disabilities (Stubbs & Tawake, 2009).

Women, young people and persons with disabilities are increasingly vulnerable to poverty.

HUNGER

Hunger is not a major issue in the Pacific, mainly as a result of high subsistence production and traditional social protection systems. Instead, malnutrition is a growing concern. In terms of progress against Target 1.C., the region (excluding PNG) is on track to halve the proportion of people suffering from hunger, with a generally low level of food poverty in most countries (Table 2). For PNG, although majority of the population is engaged in subsistence agriculture, there is a relatively high prevalence of underweight children and problems of malnutrition.

The prevalence of underweight children under-five years of age ranges from zero in Niue to 23 percent in PNG and Kiribati (Table 7). Similarly, the proportion of the population below the basic food poverty line ranges from zero in Niue to 16 percent in Nauru.

Hunger is not a major issue in the Pacific.

Table 7 Target 1.C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

	UNDERWEIGHT CHILDREN UNDER AGE 5 (%)			FOOD POVERTY (%)		
	Baseline	Mid-point	Latest	Baseline	Mid-point	Latest
MELANESIA						
Fiji	7(1993)	…	7(2008)	…	7(2002)	8(2008)
PNG	…	…	23(2009e)	…	…	…
Solomon Is	…	…	14(2007)	…	…	11(2006)
Vanuatu	…	…	16(2007)	…	7(2006)	3(2010)
MICRONESIA						
FSM	13(1989)	…	15(2005)	…	…	11(2005)
Kiribati	…	…	23(2009)	…	…	5(2006)
Marshall Is	19(1991)	27(1997)	13(2007)	…	…	…
Nauru	…	…	6(2007)	…	…	16(2006)
Palau	…	…	2(2010)	…	…	0(2006)
POLYNESIA						
Cook Is	…	…	…	…	…	2(2006)
Niue	…	(2002)	0(2005)	…	(2002)	…
Samoa	7(1990)	2(1999)	…	…	11(2002)	5(2008)
Tonga	2(1986)	2(1999)	…	…	2(2001)	2(2009)
Tuvalu	…	…	2(2007)	6(1994)	5(2004-05)	3(2010)

Note: See datasheet in Country Profiles for sources.
…Data not available.

All the countries in Polynesia are on track with this Target, with concerns over overweight children and obesity rather than underweight children and food poverty. Fiji, Solomon Islands and Palau are also on track to achieve this Target, while Nauru recorded mixed progress. While Nauru has a low level of underweight children, the proportion of the population below the basic food poverty line is high at 16 percent. Vanuatu, FSM, Kiribati and RMI are the only countries off track to achieve Target 1.C., mainly as a result of relatively high underweight children under age 5.

While food poverty is not a serious concern for most FICs, food security is a major challenge. Traditionally, FICs achieved food security through sustainable agricultural and fishing practices and a reliance on local food staples but imported foods are now filling in the growing demand for more and a greater variety of foods. However, the increasing reliance on imported food, the decline in local food production and the shift in preferences towards convenient, cheap but nutritionally-inferior foods are placing Pacific populations at greater health risks, such as malnutrition in children and non-communicable diseases (NCDs). Environmental degradation due to mining and unsustainable logging practices can also have a negative impact on food security.

Food security is a major challenge for most FICs.

POLICY RESPONSES

Majority of Pacific island countries recognise the need to address growing poverty/hardship, explicitly incorporating poverty alleviation strategies in national development plans. For countries such as RMI, Nauru, Tuvalu and Palau where poverty alleviation is not explicitly addressed in their national plans, there is still a strong focus on improving macroeconomic conditions, job creation and developing social sectors such as health and education, which are important factors in reducing poverty.

Most FICs include poverty alleviation strategies in their national development plans.

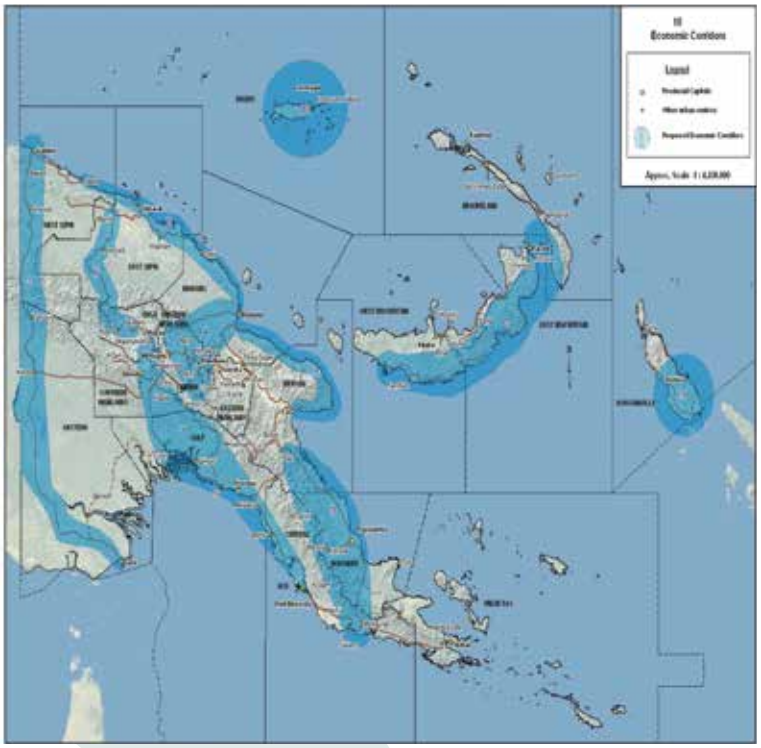
Generally, at the macroeconomic level, governments are focused on public financial reforms, structural reforms, expanding trade opportunities, improving governance and promoting private sector led growth. Rural and outer-island development is also a common feature for most development plans and most countries have varying formal social protection initiatives in place.

With 2 million people living below the BNPL, the PNG Government has long recognised the need for innovative ways to tackle the comprehensive and complex dynamics of its poverty situation. The 2010-2030 PNG Development Strategic Plan (PNGDSP) maps out a path to transform PNG into a middle income country (PNG, 2010). This Plan is the first time PNG has taken a long-term focus on development and it is also the first time that planning is fully home grown, with donors shut out of the formulation of the PNGDSP (Hangatt, 2011). Implementation of the long-term plan is carried out through 5-year medium term development plans (MTDP), the first of which is the 2011-2015 MTDP.

One of the key features of the PNGDSP is the concept of economic corridors to alleviate poverty (PNG, 2010). In other words, converting corridors of poverty into economic corridors. The objective is to extend the benefits of development to the poorest regions, which are also areas that have strong economic potential. The plan is to set up a well planned zoning system built around the economic potential of the area, and deliver a comprehensive and effective network of transport and utilities, as well as quality education and health services within the zone. The PNGDSP identified ten economic corridors, with the Petroleum Resource Area Economic Corridor along the PNG LNG project the first one to be implemented.

In Fiji, the 2008 People's Charter for Change, Peace & Progress lists reducing poverty to a negligible level by 2015 as one of its key pillars. The Fiji Government's effort towards this pillar stepped up in 2010, with some social protection measures including the introduction of a Food Voucher Programme under the Family Assistance Programme and introduction of bus fare/transportation assistance for school children from disadvantaged families, including the provision of free tuition and text books (Fiji 2011). Government also increased the income tax threshold from FJD$9,000 to FJD$15,600 and, through various external loans, rolled out several infrastructure upgrade projects in the rural and outer island areas.

Figure 5. Proposed Economic Corridors



Source: PNG (2010)

Economic corridors in PNG to alleviate poverty.

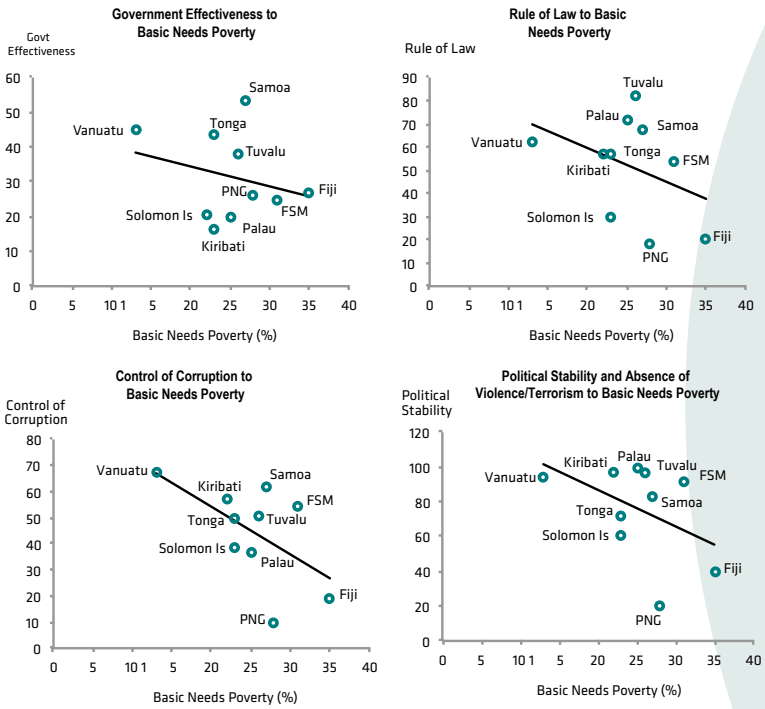
In addition, the Government of Fiji has made a concerted effort to address the issue of squatters (Fiji, 2012). As part of its poverty alleviation strategy, the Government of Fiji spent $11m between 2007 and 2011 to improve the living conditions of squatters by relocating squatters from urban centres to rural areas. Government also provided re-settled squatters with more secure land tenure and has allocated funds towards the Sustainable Rural Housing/Income Generating Project to assist re-settled squatters through sustainable farming.

In other areas, PNG, Solomon Islands, Vanuatu and Samoa recently introduced fee-free schooling, which not only assists in achieving universal primary education, it also helps reduce the financial burden on poorer households. Tonga is also looking at introducing a formal social protection mechanism to address poverty.

The success of poverty reduction strategies is not just having well-designed policies and plans in place, it is also crucial that implementation is timely, effective and efficient. For many of the Pacific governments, implementation is usually problematic. While there are many underlying factors that impede implementation efforts, governance issues are common for most FICs.

Key governance indicators such as government effectiveness, control of corruption, political stability and absence of violence/terrorism, and rule of law are important to ensure sustained poverty reduction. Countries that scored high on these indicators also had relatively lower incidence of poverty (Figures 6-9). Most poverty reduction strategies note that good governance is fundamental to achieving poverty reduction.

Figure 6. Governance Indicators To Basic Needs Poverty



Source: World Bank Governance Indicators

Effective governments are central to development as they protect people's rights and provide security, economic growth and better health and education services (UK, 2006). Governments which respect civil liberties and are accountable to their citizens are more stable, which in turn means they are more likely to attract investment and generate long term economic growth (UK, 2006). For example, Vanuatu scores highly on all the governance indicators and so it is little surprise that the country also has the lowest incidence of poverty in the region (Figures 6-9). In contrast, PNG scores poorly on the governance indicators, which is likely a major underlying reason that PNG has struggled to effectively combat poverty. The same trend is also observed for Fiji. Unless governance improves, poor people will continue to suffer from a lack of security, public services and economic opportunities.

However, building better governance takes time and has to be driven by countries themselves. Good governance requires three characteristics (UK, 2006):

(i) State capability – the extent to which leaders and governments are able to get things done.
(ii) Responsiveness – whether public policies and institutions respond to the needs of citizens and uphold their rights.
(iii) Accountability – the ability of citizens, civil society and the private sector to scrutinise public institutions and governments and hold them to account. This includes, ultimately, the opportunity to change leaders by democratic means.

All three characteristics are needed to make governments more effective to tackle poverty and to improve people's lives (see Box 5).

BOX 5. Understanding Good Governance

CAPABILITY means having the ability to perform certain functions…	**RESPONSIVENESS** means taking account of citizens' aspirations and needs…	**ACCOUNTABILITY** means being answerable for what is done…
Providing political stability and security.	Providing ways for people to say what they think and need.	Offering citizens opportunities to check the laws and decisions made by government, parliaments or assemblies.
Setting good rules and regulations.	Implementing policies that meet the needs of the poor.	Encouraging a free media and freedom of faith and association.
Creating the conditions for investment and trade, and promoting growth in jobs and incomes.	Using public finances to benefit the poor – for example to encourage growth and provide services.	Respecting human rights and making sure the 'rule of law', is upheld, for example by an independent judiciary.
Managing public finances and putting government policies into practice effectively.	Providing public goods and services in ways that reduce discrimination and allow all citizens – including women, disabled people and ethnic minorities – to benefit.	Providing regular opportunities to change leaders in peaceful ways.
Making sure government departments and services meet people's needs.		
Keeping borders secure and helping people move safely and legally.		

Source: UK (2006)

Civil society organisations (CSOs), particularly NGOs, as well as the private sector, with the support of development partners also play an important role in the fight against poverty. Given the limited resources of governments, these stakeholders fill an important gap in reaching poor, vulnerable and marginalised communities, often working with women to alleviate poverty.

For instance, since 1996, VANWODS Microfinance in Vanuatu has delivered microfinance services to poor and disadvantaged women to assist with income-earning activities and to encourage savings. VANWODS currently serves more than 5,000 members with 156 million vatu in savings and 21 million vatu in outstanding loans (Suen & Fred, 2010). In Fiji, the Foundation for Rural and Integrated Enterprises & Development (FRIEND), works with the rural and marginalised communities to alleviate poverty through social and economic empowerment (FRIEND, 2012). FRIEND's programs are based on a participatory process, encouraging communities to take ownership of their own development to escape from the poverty cycle and improve their living standards.

CSOs and the private sector also play a vital role in the fight against poverty.

In Samoa, Women in Business Development Incorporated (WIBDI), committed to poverty alleviation and sustainable development, assists individual families use local products, traditional knowledge, technology and trade to generate income (WIBDI, 2012). WIBDI established a Community Trade program with The Body Shop involving around 15 families who receive premium prices to produce organic, virgin coconut oil (Oxfam, 2010b). WIBDI also partnered with All Good Bananas, an organic food distributor, to export organic dried banana chunks from Samoa to New Zealand.

Across the Pacific, the private sector is also getting involved in combating poverty, through various public-private partnerships or through their own initiatives. For instance, the first major government-to-person (G2P) payments project in the Pacific for the poor through the UNDP Pacific Financial Inclusion Programme involved the Government of Fiji's Department of Social Welfare, the Reserve Bank of Fiji and Westpac Banking Corporation Fiji Limited (Leonard, 2011). Since January 2011, Westpac has assisted with the distribution of social welfare benefits across Fiji through its network of branches, ATMs and EFTPOS devices in Westpac's merchant network. In the process, they have also provided access to flexible, no-fee accounts to a previously unbanked population including those living in hard-to-reach areas.

There are also several internationally-recognised private companies in the Pacific that works with communities as part of their business models, which contributes to alleviating poverty (Oxfam, 2010b). For example, Pure Fiji engages over 600 craftswomen and men in rural communities in Fiji to make some of their products. In PNG, Pacific Spices is a leader in the implementation of village-site value-addition, working with growers to create essential oils and coconut oil. Heilala Vanilla in Tonga also engages local villagers to work in their plantations.

In addition, the two largest mobile phone network providers in the Pacific, Vodafone and Digicel, also have not-for-profit arms that reinvests their profits to developing grassroots communities through mobile phone technology – Vodafone Fiji's mHealth programme uses SMS technology to improve access to basic health services, while Digicel PNG uses mobile services to support grassroots communities through toll free lines for abused women seeking support from domestic violence, providing young women and mothers with information about infant feeding and pregnancy, and access to free HIV support services.

Indeed, combating poverty requires the involvement and collaboration of all stakeholders – government, development partners, CSOs and the private sector.

Government, development partners, CSOs and the private sector need to work together to effectively combat poverty.

PART 4
Country Profiles

The COOK ISLANDS

is made up of 15 islands located south east of Samoa and south west of Tahiti. The Islands are divided into two groups, the Northern Group and the Southern Group. Almost three-quarters of the population live on Rarotonga.

Capital Avarua on Rarotonga **Land** 240 sq km **EEZ** 1.8 million sq km
Population 17,791 (2011) **GDP per capita** USD$9,753
Language English (official), Cook Islands Maori
Currency NZ dollar, Cook Islands coins
Economy Tourism, offshore banking, black pearls, agriculture

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Poverty not a problem. | Low depth of poverty. Income inequality between Rarotonga and outer islands.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Emigration an issue. High employment levels. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	No data but underweight children not a concern. Hunger not an issue. Concern over obesity among children.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High enrolment Emigration affecting survival rate. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved Women's economic participation increasing. Low representation in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	National target is to maintain a low under-five mortality rate. Under five mortality sharp decline. Infant mortality steady decline. High measles immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal deaths rare – 2 deaths in 10 year period. High skilled birth attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use but relatively high in the Pacific. Low teen pregnancy. 100% antenatal care.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Zero reported cases. No recent data for condom use. High STIs – HIV/AIDS still a risk.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Not applicable – zero reported cases.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in the Cook Islands.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB not a concern. No new cases.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	Incidence, prevalence and death rates of NCDs likely high.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	High forest cover. CO_2 emissions up. Zero use of ozone-depleting substances. 39 protected areas. No data on total water resources used.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Clean water access high. Improved sanitation up.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	There are no slum dwellers in the Cook Islands.
MDG PLUS* Improved Governance	TARGETS Implement half of the political reform recommendations by 2010, Achieve full financial accountability across government sectors and parliament, Reporting procedures in place for M&E sector performance, Annual report of governments based expenditures publicly available, Complete devolution process with full administration devolved to outer islands by 2010, Regular review of private sector performance at all levels, Code of conduct adopted for MPs, cabinet and all public servants and implemented under the Public Service Commission Act, Full and independent review of the operations and performance of the whole Cook Islands public service and the recommendations for improvement by 2008	

**Not discussed in detail. See Cook Islands (2010) for more information.*

On Track | Off Track | Mixed | Insufficient information | Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

ON TRACK

- POVERTY NOT A PROBLEM
- LOW DEPTH OF POVERTY
- INCOME INEQUALITY

28%

Proportion of Population below Basic Needs Poverty Line in

2006

9%

Poverty Gap Ratio in

2006

9%

Share of Poorest Quintile in National Consumption in

2006

According to the 2005-06 HIES, around 28 percent of the population live below the BNPL. However, authorities do not regard poverty as a problem in the Cook Islands and poverty reduction has not featured prominently in government plans and policies.

Authorities' views are supported by the fact that GDP per capita is around USD$9,753, which is the highest among the FICs. Also, Cook Islanders can move freely to New Zealand to access its job markets and welfare systems. In addition, there is generally good access to education and health services, as well as to safe drinking water and improved sanitation. However, without a proper poverty study/ analysis of the HIES, it is difficult to confirm with certainty the widely held belief that there is little poverty in the Cook Islands.

Nevertheless, for the Cook Islands, the issue is over inequality of income between the main island Rarotonga and the outer islands (Pa Enua). The relatively high GDP per capita reflects the impact of expatriate residents and the tourist-based economy in Rarotonga but conceals the subsistence lifestyle of the Pa Enua population, where development is lagging.

The Government is committed to developing the outer islands, as highlighted in the 2011-2015 National Sustainable Development Plan. Strategies to develop the outer islands feature prominently in five of the seven key priority areas (economic development, infrastructure, energy, social development and governance).

Source: Cook Islands (2010, 2011c), ADB (2008)

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

ON TRACK

- EMIGRATION AN ISSUE
- HIGH EMPLOYMENT LEVELS

-1.3%

Growth Rate of GDP per Person Employed in

2008

63%

Employment-to-population Ratio in

2008

The emigration of skilled workers to New Zealand is a major concern for the Cook Islands. The nation's population has declined steadily since it peaked at 21,323 in 1971. In the late 1990s, there was a mass exodus following a severe national financial crisis in 1996. This was because, in response to the financial crisis, Cook Islands implemented an Economic Reform Programme, which resulted in the loss of around 1,800 jobs between 1996 and 1999, representing over 50 percent of the public service. Since then, outmigration has continued unabated. The total population fell from 19,103 in 1996 to 17,791 in 2011.

Nevertheless, of the working-age population remaining, a high level or 70 percent are involved in employment both in the formal and informal sectors. There was no data available for vulnerable employment, or the proportion of own-account and contributing family workers in total employment.

Source: Cook Islands (2010), Sharma, K.L. (2008), UNFPA (2011)

Although there is no available data, the Ministry of Health's major concern is not with underweight children but with overweight children. Obesity, including among children, has emerged as a serious issue for the Cook Islands. Hunger is also not an issue for the Cook Islands.

Source: Cook Islands (2010)

2%

Proportion of Population Below Basic Food Poverty Line in

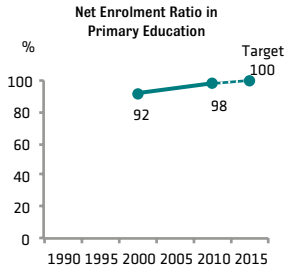
2006

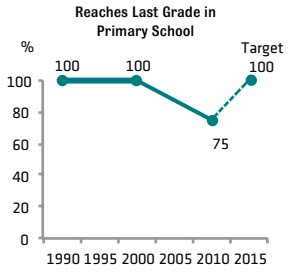
TARGET 1.C

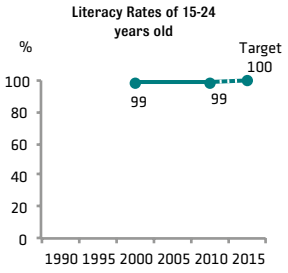
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

| HUNGER NOT AN ISSUE







TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

| HIGH ENROLMENT

| EMIGRATION AN ISSUE

| HIGH LITERACY RATE

Cook Islands has a long history of providing free and compulsory basic education, which successive governments have endorsed and implemented, dating back to 1896. By 1928, 80 percent of all 6-14 year old children were attending school and by 1936, this had improved to 90-95 percent, which has been maintained ever since. Cook Islands also has a high literacy rate. According to the Ministry of Education, the reason for the decline in the survival rate to the last grade in primary education was a result of outmigration and not as a result of drop-outs.

Raising the quality of education, beyond access, is the major focus for the Cook Islands. This is evident from the 2011-2015 National Sustainable Development Plan, which focuses on education-quality-based M&E indicators. In addition, the Ministry of Education has developed several initiatives to ensure quality primary education, including rigorous numeracy/literacy programmes and significant resourcing of school libraries. Furthermore, the Ministry, through its Inclusive Education Policy, aims to ensure that children with particular learning and physical needs are in school, and, where practicable, mainstreamed into classrooms.

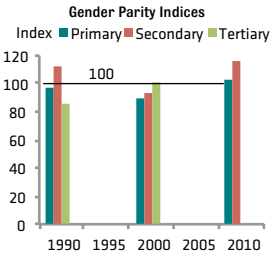
Source: Cook Islands (2010, 2011a, 2011c)

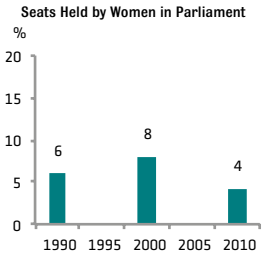
TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

- GENDER PARITY ACHIEVED
- PARTICIPATION INCREASING
- LOW REPRESENTATION



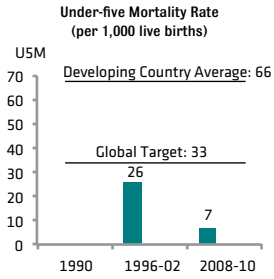


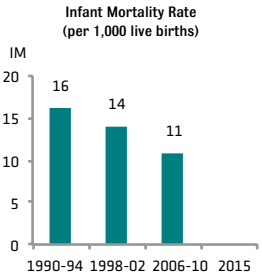
Cook Islands has achieved gender parity in primary and secondary education. While the latest data for the gender parity index in tertiary education is not available, based on historical data and current trends, it is also likely that Cook Islands has also achieved gender parity in tertiary education.

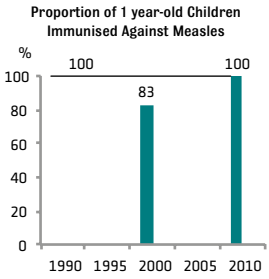
The number of women employed in the non-agricultural sector has increased steadily since 1990. Although participation of women in the labour force is not an issue, there are concerns over pay disparities. Representation of women in parliament is low, as women face a number of challenges from entering politics, including lack of time and financial resources, weak social capital and deep-rooted beliefs that politics are the domain of men.

The Cook Islands Government has had a national gender policy in place since 1995 and recently updated its national policy, with the inclusion of a Strategic Plan of Action (2011-2016). The current national policy and strategic action plan effectively identifies and addresses areas to improve gender equality and empowerment.

Source: Cook Islands (2010, 2011b)







TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

- U5M SHARP DECLINE
- IM STEADY DECLINE
- HIGH COVERAGE

The average annual number of live births in the Cook Islands is around 300. This means that the statistical impact of even one death on the U5M and IM rates, per 1,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of the Cook Islands due to the small size of the population. Also as a result of population dynamics, data is better assessed over a multi-year period rather than a single year.

The Cook Islands' national target is to maintain a low U5M rate. Both the U5M and IM rates have declined in the review period, consistent with the increase in the measles immunisation coverage. Child mortality rates are also significantly low compared to international standards.

Public health care for children up to 16 years of age is free. The major challenge for the Cook Islands is to provide quality health services to the outer islands amid depopulation and geographical constraints. This challenge is well recognised by Government and health authorities.

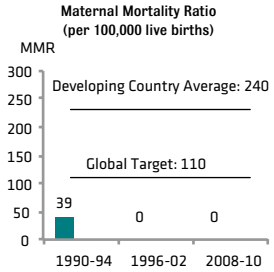
Source: Cook Islands (2010, 2011c)

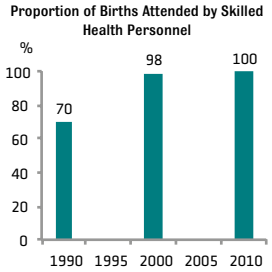
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

- MATERNAL DEATHS RARE
- HIGH SKILLED ATTENDANCE





Cook Islands' total population is 17,791 and the average number of live births is around 300. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of the Cook Islands due to the small size of the population. Also as a result of population dynamics, data is better assessed over a multi-year period rather than a single year.

The Cook Islands' national target is to maintain a low MMR. Maternal deaths in the Cook Islands are a rare occurrence. Between 1990 and 2010, there were only 2 maternal deaths, recorded in 1992 and 1995. Skilled birth attendance has generally been high.

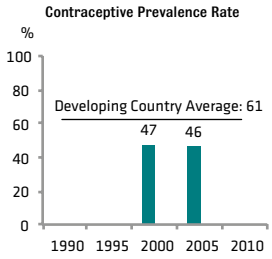
Source: Cook Islands (2010, 2011c)

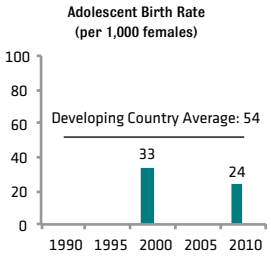
TARGET 5.B

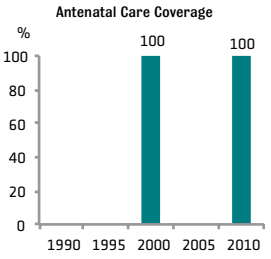
Achieve, by 2015, universal access to reproductive health

ON TRACK

- LOW CONTRACEPTIVE USE
- LOW TEEN PREGNANCY
- 100% ANTENATAL COVERAGE



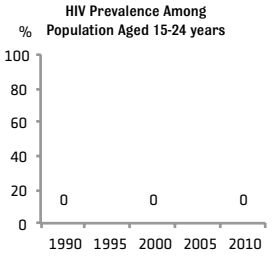




Although low by international standards, Cook Islands has the highest contraceptive prevalence rate (CPR) among the FICs. Teenage pregnancies are on the decline and are comparatively low, while there is 100 percent antenatal coverage.

The Ministry of Health is tackling the low CPR through awareness campaigns and counselling programmes. Adequate support is also provided to teenage mothers through a specialised adolescent clinic 'Te Akirata Ou' (The New Dawn) and MOH is working closely with the MOE to ensure young mothers complete their education.

Source: Cook Islands (2010)



44%

Condom Use at Last High-Risk Sex in

2001

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

ZERO REPORTED CASES

To date, there have been no officially recorded cases of HIV/AIDS in the Cook Islands. However, there is a high prevalence of STIs, and coupled with the low condom use, mobility of residents and high number of tourists, the spread of HIV/AIDS is still a risk.

Cook Islands has in place a National Strategy on the Response to HIV, AIDS & STIs 2008-2013 which covers awareness, education and prevention programmes. However, budgetary constraints are listed as a key limiting factor in rolling out the required programmes.

Source: Cook Islands (2010)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

NOT APPLICABLE

ZERO REPORTED CASES

This target/indicator is not applicable in the context of the Cook Islands as there have been no officially recorded cases of HIV/AIDS so far.

Source: Cook Islands (2010)

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in the Cook Islands.

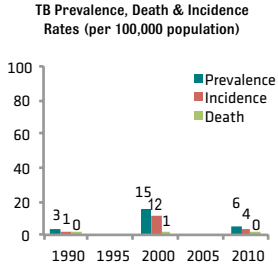
Source: Cook Islands (2010)

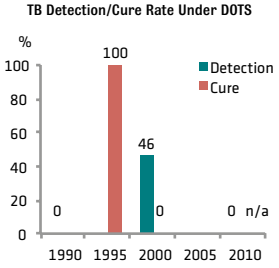
TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

ON TRACK

- TB NOT A CONCERN
- NO NEW CASES





With the low prevalence, incidence and death rates from TB, TB is not considered a problem for the Cook Islands.

Source: Cook Islands (2010)

TARGET 7.A

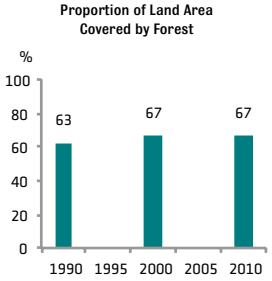
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

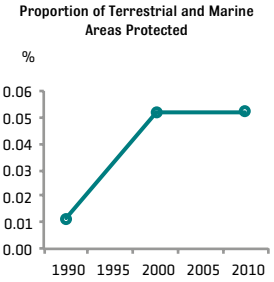
TARGET 7.B

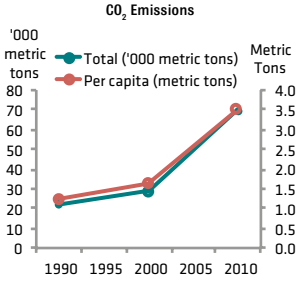
Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

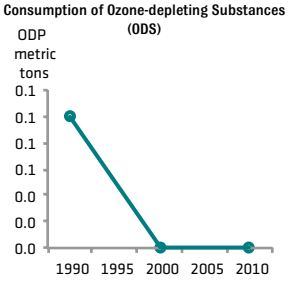
ON TRACK

- HIGH FOREST COVER
- CO_2 EMISSIONS UP
- ZERO USE OF ODS
- 39 PROTECTED AREAS





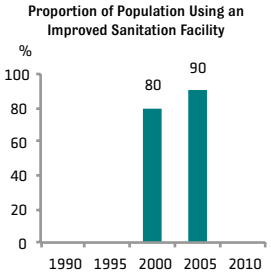




Forest cover is high and remains at sustainable levels. CO_2 emissions have increased, largely driven by increased fuel consumption. In 2011, Government highlighted strategies to reduce the nation's reliance on fossil fuels through appropriate renewable energy technologies. This will contribute to a reduction in CO_2 emissions, although the current level remains lower than those of developed countries. Since 2000, Cook Islands recorded zero consumption of ODS. On protected areas, the concept of reserves has existed in the Cook Islands for hundreds of years in one form or the other – there are currently 39 protected natural areas.

Ecological sustainability is one of the eight priority areas listed in the 2011-2015 National Sustainable Development Plan. Strategies identified include an ecosystem approach to marine resources management, ensuring sustainable land use and the protection of biodiversity. In addition, in 2011, Cook Islands adopted a Renewable Energy Chart, targeting 50 percent power generation from renewable energy by 2015, and 100 percent by 2010. Furthermore, the Government is currently embarking on an initiative to address wastewater and sanitation management issues and has so far assessed pollution sources, installed appropriate systems in households as identified through community consultations and is in the process of drafting relevant policies.

Source: Cook Islands (2010, 2011c, 2011d)



95%

Proportion of Population Using an Improved Drinking Water Source in

2001

TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

ON TRACK

| CLEAN WATER ACCESS HIGH

| IMPROVED SANITATION UP

Although recent data is not available, access to safe drinking water is considered to be high in the Cook Islands. Similarly, the proportion of the population using an improved sanitation facility has improved.

Major issues include addressing the leakage/wastage of reticulated water, and tackling water quality issues from septic tank leakage. Therefore, improving water and sanitation infrastructure continue to be a priority area for Government, as expressed in the 2011-2015 National Sustainable Development Plan.

Source: Cook Islands (2010), Parakoti & Davie (2007)

There are no slum dwellers in the Cook Islands.

Source: Cook Islands (2010)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

NOT APPLICABLE

Bibliography

ADB (2008). Cook Islands 2008 Social and Economic Report, Equity in Development. Available from http://www.adb.org/sites/default/files/pub/2008/cook-islands-economic-report-2008.pdf

Cook Islands, Ministry of Education (2011a). Cook Islands Ministry of Education, End of Decade Report, May 2011. Available from http://www.education.gov.ck/attachments/article/558/EMP%202010%20report%20final.pdf

_____, Ministry of Internal Affairs (2011b). Cook Islands National Policy on Gender Equality and Women's Empowerment & Strategic Plan of Action, 2011-2016, May 2011. Available from http://aceproject.org/ero-en/regions/pacific/CK/cook-islands-national-policy-on-gender-equality

_____, Office of the Prime Minister (2011c). The Cook Islands Te Kaveinga Nui, National Sustainable Development Plan, 2011-2015. Available from http://www.cook-islands.gov.ck/docs/nsdp_2011-2015.pdf

_____, Office of the Prime Minister (2011d). Cook Islands Second National Communication under the United Nations Framework Convention for Climate Change. Available from http://www.environment.gov.ck/attachments/article/48/Second%20National%20Communication%20pages%201-30.pdf

_____, Office of the Prime Minister (2010). National Millennium Development Goals Report, Cook Islands, 2010. Available from http://www.undp.org.ws/Portals/12/News%20Room/Publications/MDG%20Report/MDG%202010-CKI.pdf

Parakoti, Ben and Tim Davie (2007). National Integrated Water Resource Management Diagnostic Report: Cook Islands, SOPAC Miscellaneous Report 635, November 2007. Available from http://www.pacificwater.org/userfiles/file/GEF%20IWRM%20Final%20Docs/MR0635CI.pdf

Sharma, Kanhaiya L. (2008). Public Sector Downsizing in the Cook Islands: Some Experience and Lessons, South Pacific Studies Vol.28, No. 2, 2008. Available from http://cpi.kagoshima-u.ac.jp/publications/southpacificstudies/sps/sps28-2/SouthPacificStudies28(2)pp69-85.pdf

UNFPA (2011). Cook Islands. Available from http://countryoffice.unfpa.org/filemanager/files/pacific/cp10.pdf

COOK ISLANDS

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		28.4 (2006)		2005-06 HIES cited in [1]
	1.2 Poverty gap ratio (%)	…		…		8.5 (2006)		UNDP from 2005-06 HIES
	1.3 Poorest quintile in national consumption (%)	…		…		9.0 (2006)		UNDP from 2005-06 HIES
	1.4 Growth rate of GDP per person employed (%)	…		…		-1.3 (2008)		[2]
	1.5 Employment-to-population ratio (%)	…		…		62.9 (2008)		NSO cited in [1]
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		…		
	1.9 Food poverty (%)	…		…		2.0 (2006)		2005-06 HIES cited in [1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	…		92.0 (2001)	•	98.0 (2011e)	••	*MOE cited in [1], **SPC from 2011 MOE Digest
	2.2 Reaches last grade in primary education (%)	99.9 (1986)	•	99.9 (2001)	••	75.0 (2010)	•••	*NSO cited in [2]. **MOE cited in [1]. ***SPC from 2010 MOE Stats Report
	2.3 Literacy rates of 15-24 years old (%)	…		99.0 (2001)		99.0 (2009e)		NSO cited in [1]
MDG 3	3.1a Gender parity index in primary education	98.0 (1990)	•	89.0 (2003)	•	102.0 (2011)	••	MOE cited in *[2].**SPC from 2011 MOE Digest
	3.1b Gender parity index in secondary education	112.0 (1990)	•	94.0 (2003)	•	116.0 (2011)	••	MOE cited in *[2].**SPC from 2011 MOE Digest
	3.1c Gender parity index in tertiary education	86.0 (1990)		100.0 (2001)		…		MOE cited in [2]
	3.2 Women in the non-agricultural sector (%)	38.0 (1991)	•	46.0 (2001)	••	55.0 (2006)	••	NSO cited in *[1]. **[2]
	3.3 Seats held by women in parliament (%)	6.0 (1991)	•	8.0 (2001)	•	4.2 (2011)	••	*[2]. **PIFS extrapolated from [3]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)+	…		26.1 (1996-02)+	•	7.0 (2008-10)+	••	*[4]. **[5]
	4.2 Infant mortality (per 1,000 live births)+	16.1 (1990-94)+		13.9 (1998-02)+		10.8 (2006-10)+		[5]
	4.3 Measles immunisation of 1 year old (%)	…		83.0 (2001)	•	100.0 (2010)	••	*MOH cited in [1]. **MOH & WPRO technical units cited in [6]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	39.2 (1990-94)		0.0 (1998-02)		0.0 (2006-10)		[5]
	5.2 Skilled birth attendance (%)	70.0 (1988)	•	98.0 (2001)	••	100.0 (2008)	••	MOH cited in *[2].**[1]
	5.3 Contraceptive prevalence rate (%)	…		47.2 (2001)		46.1 (2005)		MOH cited in [1]
	5.4 Adolescent birth rate (per 1,000 females)	…		33.0 (2001)		24.0 (2009)		MOH cited in [1]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		100.0 (2001)		100.0 (2008)		MOH cited in [1]
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1991)	•	0.0 (2001)	••	0.0 (2010)	•••	MOH cited in *[2] & **[1]. ***SPC
	6.2 Condom use at last high-risk sex (%)	…		43.8 (2001)		…		MOH cited in [1]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	n/a		n/a		n/a		
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	3.1 (1990)		15.0 (2000)		5.5 (2010)		[7]
	6.9b TB death rates (per 100,000)	0.2 (1990)		1.0 (2000)		0.3 (2010)		[7]
	6.9c TB incidence rates (per 100,000)	0.6 (1990)		12.0 (2000)		3.5 (2010)		[7]
	6.10a TB detection rate under DOTS (%)	0.0 (1990)		46.0 (2000)		0.0 (2010)		[7]
	6.10b TB cure rate under DOTS (%)	100.0 (1994)		0.0 (2001)		n/a (2009)		[7]
MDG 7	7.1 Proportion of land area covered by forest (%)	62.5 (1990)		66.7 (2000)		66.7 (2010)		Estimated data cited in [8]
	7.2a CO2 emissions, total ('000 metric tons)	22.0 (1990)		29.0 (2000)		70.0 (2008)		Global monitoring data cited in [8]
	7.2b CO2 emissions, per capita (metric tons)	1.2 (1990)		1.7 (2000)		3.6 (2008)		Global monitoring data cited in [8]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	0.1 (1991)		0.0 (2000)		0.0 (2009)		Country data cited in [8]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		0.1 (2000)		0.1 (2010)		Estimated data cited in [8]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	…		95.1 (2001)		…		Ministry of Infrastructure & National Planning cited in [1]
	7.9 Using an improved sanitation facility (%)	…		80.0 (2001)		90.0 (2006)		Census data cited in [1]
	7.10 Urban population living in slums (%)	…		0.0 (2001)		0.0 (2008)		Office of the Prime Minister cited in [1]
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		19.0 (2001)		26.9 (2008)		MFEM cited in [1]
	8.3 ODA that is untied (%)	67.6 (1991)	•	84.8 (2001)	••	…		MFEM cited in *[2] & **[1]
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	12.1 (1990)		4.3 (2000)		7.6 (2009)		Disbursement basis, OECD DAC country data cited in [8]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	2.6 (1999)	•	3.4 (2001)	••	10.0 (2008)	••	MFEM cited in *[2] & **[1]
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		…		…		
	8.13 Population with access to essential drugs (%)	100.0 (1991)	•	100.0 (2001)	••	100.0 (2008)	••	MOH cited in *[2] & **[1]
	8.14 Telephone lines per 100 population	17.0 (1990)	•	31.9 (2000)	••	35.6 (2010)	••	*ITU estimate & **Telecom Cook Islands Limited cited in [8]
	8.15 Cellular subscribers per 100 population	0.0 (1990)	•	3.1 (2000)	••	38.4 (2010)	••	*ITU estimate & **Telecom Cook Islands Limited cited in [8]
	8.16 Internet users per 100 population	0.0 (1990)	•	15.7 (2000)	••	35.7 (2010)	••	*ITU estimate & **Telecom Cook Islands Limited cited in [8]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Cook Islands, Office of the Prime Minister, *National Millennium Development Goals Report, Cook Islands 2010.* Available from http://www.undp.org.ws/Portals/12/News%20Room/Publications/MDG%20Report/MDG%202010-CKI.pdf
[2] Cook Islands, Office of the Prime Minister, *Millennium Development Goals National Report 2005.* Available from http://planipolis.iiep.unesco.org/upload/Cook%20Islands/Cook%20Islands%20MDG%202005.pdf
[3] Lesley Clark and Charmaine Rodrigues, *Utilising Temporary Special Measures to Promote Gender Balance in Pacific Legislatures: A Guide to Options.* (Suva, Fiji: UNDP & PIFS, 2008)
[4] SPC, *Demographic Profile of Cook Islands, 1996–2002.* Available from http://www.spc.int/prism/country/ck/stats/NewsEvents/CIDemogProf.pdf
[5] Cook Islands, Medical Records Unit, Rarotonga Hospital, *Health Statistical Tables, 2009-2010.* Available from http://www.google.com/url?sa=t&rct=j&q=cook%20islands%20health%20statistical%20tables&source=web&cd=1&ved=0CB4QFjAA&url=http%3A%2F%2Fwww.health.gov.ck%2Findex.php%2Fother-services%2Fstaff-online-services%2Fdocuments%2Fdoc_download%2F328-2010-statistical-bulletin-tables-final&ei=IKvOUKKtDFaWNmQXpgHICg&usg=AFQjCNEgYR51chqvs-rNLHH-m-l3c21-Gw&cad=rja
[6] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[7] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[8] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)

+ U5M and IM figures are not comparable due to different time periods.

FEDERATED STATES OF MICRONESIA

comprises 607 islands lying in an arc along the equator. It is a federation of four semi-autonomous island States in geographic sequence from east to west – Kosrae, Pohnpei, Chuuk and Yap. Half the population lives in Chuuk.

Capital Palikir on Pohnpei Land 700 sq km EEZ 2.9 million sq km
Population 111,364 (2010) GDP per capita USD$2,347
Language English (official), Micronesian languages
Currency United States dollar
Economy Fisheries, agriculture

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship increased. Low depth of poverty. Income inequality persists.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Labour productivity maintained. Shrinking public sector. No data but vulnerable employment likely up.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Underweight children up. Low food poverty; poor diet an issue.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High enrolment. Survival rate down. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low economic participation of women. Zero seats by women in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality declined. Infant mortality dropped. Measles immunisation coverage up.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal deaths under-reported Skilled birth attendance fluctuating.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teenage pregnancy down. No data on antenatal care coverage and unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Low prevalence of HIV/AIDS. No data on condom use or awareness of HIV/AIDS.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	100% treated.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in FSM.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	Multi-drug resistant TB complications. Multi-drug resistant TB affecting DOTS.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	8 out of 10 deaths a result of NCDs.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	High forest cover. CO_2 emissions up. Use of ozone-depleting substances eliminated. Committed to protection of terrestrial and marine areas.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Improved access to water. Low access to sanitation.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data but anecdotal evidence suggests substandard urban settlements.

**Not discussed in detail. See FSM (2010a) for more information.*

On Track Off Track Mixed Insufficient information Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

OFF TRACK

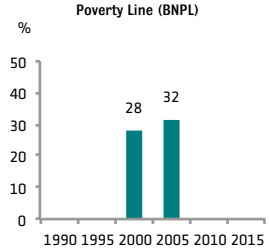
- HARDSHIP INCREASED
- LOW DEPTH OF POVERTY
- INCOME INEQUALITY

9%

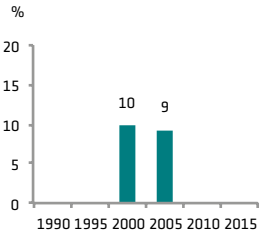
Share of Poorest Quintile in National Consumption

2005

Proportion of Population below Basic Needs Poverty Line (BNPL)



Poverty Gap Ratio



There is evidence of growing hardship as more families are struggling to meet their basic living expenses.

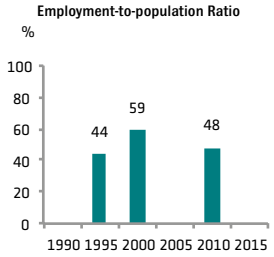
FSM is dependent on COFA grants from the US and the value of these grants is declining, as part of the renewed agreement between the countries. This has adversely impacted economic outcomes. In the last 5 years, FSM recorded negative-to-marginal economic growth rates, resulting in a lack of employment opportunities. Consumer prices are also relatively high, which is weighing heavily on household budgets.

The level of poverty differs among the four states. The 2005 HIES indicated that Chuuk had the highest proportion of its population below the BNPL, while Yap had the smallest. Pohnpei had relatively more working poor than the other states. Although poverty in Kosrae is widespread, it is less severe.

For Chuuk, geography and population dispersion is a major challenge. High population densities and poor governance are also contributing factors. In Pohnpei, the high cost of living relative to low pay is straining household budgets. While Kosrae is also heavily dependent on the formal sector for employment, there are limited jobs given a shrinking public sector there. In contrast, households in Yap are more reliant on subsistence production, and with relatively higher labour force participation rates, poverty is lower.

FSM completed a 20-year Strategic Development Plan (2004-2023) in 2003. The Plan does not address poverty reduction explicitly. Instead, poverty reduction is an implied priority, with only fleeting references under gender, health and agriculture. Although Government recognises that there is a need for a targeted poverty strategy and to explicitly integrate poverty targets in their national plans, this is yet to materialise.

Source: FSM (2010a), Abbott (2008)



0.4%

Growth Rate of GDP per Person Employed in

2009

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

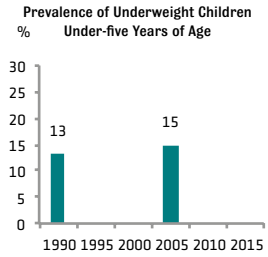
OFF TRACK

- PRODUCTIVITY MAINTAINED
- SHRINKING PUBLIC SECTOR

As a result of the decline in Compact grants, Government had to rein in expenditure and public sector jobs declined across all the States. The private sector is not able to pick up the slack as the sector is stagnant, contributing little to job creation. The large public and private sector wage differential, poor infrastructure, lack of skilled labour, limited access to credit, as well as difficulties in land tenure and regulatory hurdles for inward foreign direct investment, constraints private sector development. With very limited jobs in the public and private sector, yet increasing demand for cash, more people are turning to the informal sector or to outmigration (the Compact allows FSM citizens to emigrate to and work in the US).

Nevertheless, the positive growth rate of GDP per person employed, suggests an increase in productivity per worker, albeit marginal.

Source: FSM (2010a), IMF (2010)



11%

Proportion of Population Below Basic Food Poverty Line

2005

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

OFF TRACK

- UNDERWEIGHT CHILDREN UP
- POOR DIET AN ISSUE

Based on available data, the prevalence of underweight children has increased. While the Department of Health routinely monitors low birth weight and anaemia rates, it does not monitor weight-for-age/height. Nevertheless, authorities recognise the importance of routine monitoring of children's nutritional status, having incorporated strategies to address this into their work plans.

Although the level of food poverty in FSM is low by international comparison, it is one of the highest in the region. However, those households that fall below the FPL are not necessarily suffering from hunger. Instead, these households likely have poor diet practices and inadequate nutrition, which in turn, contributes to health problems.

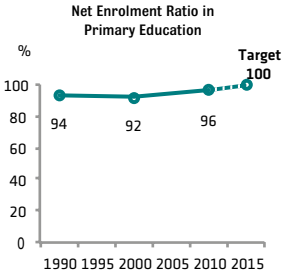
Source: FSM (2010a), Abbott (2008)

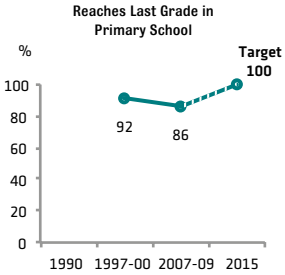
TARGET 2.A

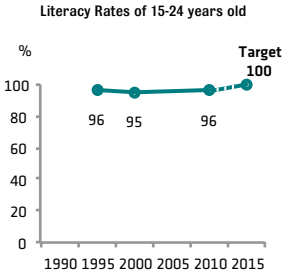
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

MIXED

- HIGH ENROLMENT
- SURVIVAL RATE DOWN
- HIGH LITERACY RATE







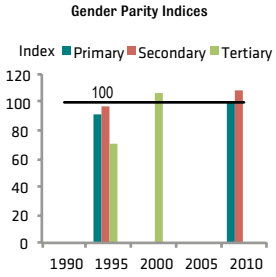
The net enrolment and literacy rates are relatively high in FSM. However, the survival rate to the last grade in primary school has declined but this could be a result of outmigration. Emigration from FSM accelerated following the downsizing of the public sector, with the current level of outmigration significantly high enough to result in a declining population.

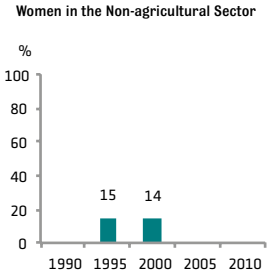
The Chuuk and Kosrae states are the most affected by emigration due to its poor economic outcomes. For Chuuk particularly, the decline in the survival rate is likely a result of outmigration. Data on the survival rates in Kosrae is not available but Kosrae is doing comparatively better in terms of education. This is largely a result of favourable geography, which makes it easy for students to attend school (compared to other States), as well as the strong influence of the Church. Historically, the Church emphasised basic education to improve literacy rates (to study the bible). Access to education in Pohnpei is also fairly good (although the survival rate is an issue), while there are data issues for Yap that constrain proper analysis.

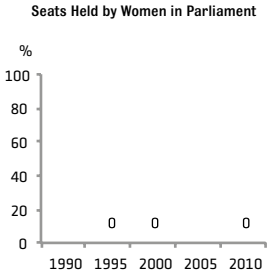
Nevertheless, across all the states, the quality of education is a serious challenge. Students are performing poorly at the primary school level, which affects the performance levels at the secondary and tertiary levels.

The COFA grants prioritise education but the relatively high expenditure has not translated into improvements in the sector. School infrastructure is generally poor and teacher quality is a major issue. This indicates inefficient spending, with the bulk of expenditure allocated to salaries. A key challenge that FSM faces is the lack of agreement between the roles of the National Division of Education with the State Departments of Education.

Source: FSM (2010a), UNFPA (2011), US Department of Interior (2007)







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

- GENDER PARITY ACHIEVED
- LOW ECO PARTICIPATION
- ZERO SEATS BY WOMEN

FSM has achieved gender parity in education for primary and secondary levels. Although there is no latest data for the gender parity ratio for tertiary education, based on trends and anecdotal evidence, it is likely that FSM is on track to achieve gender parity at the tertiary level.

At the State-level, there are some concerns for Yap, especially at the secondary level. Most outer island children must leave their islands to attend boarding high schools. However, in the highly conservative society in Yap, parents are less likely to allow girls to leave their island to attend high school.

Although FSM is on track to achieve the target of gender equality, it is not making headway in terms of empowering women.

Equal access to education, as well as supportive legislature in place to prevent gender discrimination, has not translated into increased participation of women in the formal sector. This is likely a result of deeply entrenched beliefs in the traditional role of women. In addition, with the general lack of job opportunities, women in particular are turning to subsistence lifestyles in the agricultural sector.

FSM is among the few countries in the region (with Solomon Islands, Nauru and Tuvalu) that do not have women in parliament. To address this, FSM is considering introducing temporary special measures to reserve four seats in parliament for women (one seat per State).

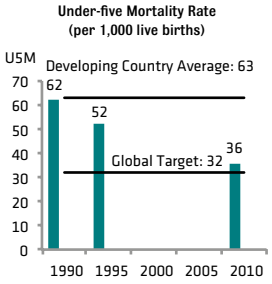
Source: FSM (2010a)

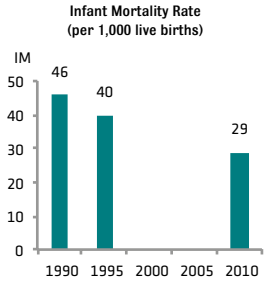
TARGET 4.A

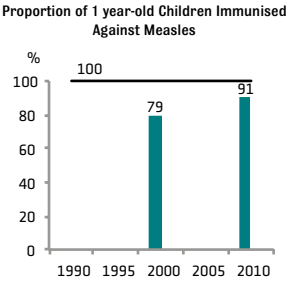
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

- U5M DECLINED
- IM DROPPED
- COVERAGE UP



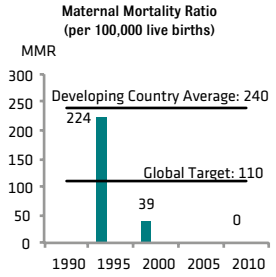


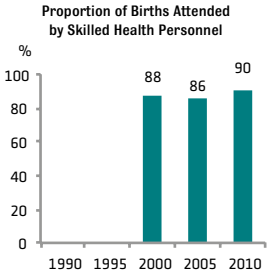


The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of FSM. FSM's baseline rate was well below the developing country average in 1990 and continues to track much lower than the developing average. Therefore, in the absence of an explicit national target, the overall trends in child mortality rates and measles immunisation coverage determines FSM's progress against the goal of reducing child mortality.

In that context, FSM is making good progress, with census results recording a significant reduction in both the under-five and infant mortality rates since 1990. These results are consistent with the increase in the measles immunisation coverage. A likely contributory factor to the positive results is the increased support provided by WHO and UNICEF in rolling out the IMCI and EPI programs since 2006.

Source: FSM (2010a)





TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

OFF TRACK

I DEATHS UNDER-REPORTED

I SKILLED BIRTH ATTENDANCE FLUCTUATING

FSM's total population is 111,364 and the average number of live births is around 2,000. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of FSM due to the small size of the population.

Although civil registration data indicates a reduction in the number of maternal deaths (with latest data reporting zero maternal deaths), under-reporting is widespread, especially from centres in the outer islands. The fluctuation in skilled birth attendance, consistent with the fluctuation in births delivered at health facilities, is also a source of concern.

Therefore, authorities recognise that maternal mortality is still a problem for FSM. While COFA grants prioritise spending to the health sector, the Strategic Development Plan currently lacks an explicit reference to the improvement of maternal health. Prioritising maternal health, accompanied by contextualised targets/strategies in national/sector plans could assist in addressing maternal deaths.

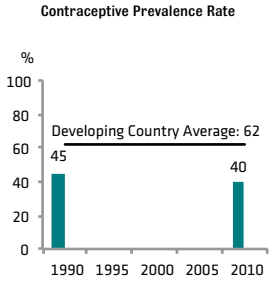
Source: FSM (2010a), UNFPA (2011)

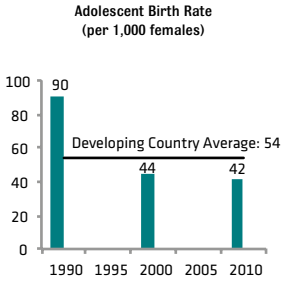
TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

- LOW CONTRACEPTIVE USE
- TEEN PREGNANCY DOWN





Like many countries in the Pacific, FSM has a low contraceptive prevalence rate. For FSM, this is likely a result of poor service delivery due to geographical constraints, lack of supplies and cultural/religious beliefs against contraceptive use. While there is no available data for unmet need for family planning, the relatively high fertility rate for women above 35 years of age, indicate that there is likely to be some unmet need.

Adolescent birth rates have fallen, probably an outcome of reproductive awareness campaigns targeted at teenagers.

Although there is no available data for antenatal coverage, the percentage of women initiating antenatal care in the first trimester is around 34 percent. This proxy indicator signals that encouraging women to access antenatal care, especially in the first trimester, is a major challenge.

Source: FSM (2010a)

FSM detected its first HIV/AIDS case in 1989 and up until 2009, the cumulative HIV/AIDS reported cases totalled 37. By the end of 2009, 28 had died from AIDS-related illnesses, and three had left the country. The high ratio of deaths among known cases indicates that the prevalence of HIV/AIDS, while still low, is under-reported. This is because reported cases are generally at the late stage of the disease.

Data on condom use at last high-risk sex and awareness of HIV/AIDS of 15-24 olds is not available. However, Second Generation Surveillance surveys reveal that high risk (heterosexual) behaviour is still common, while knowledge about HIV/AIDS remains low, and negative attitudes toward persons living with HIV/AIDS prevail. These outcomes are despite two decades of education and awareness campaigns.

FSM has a National Strategic Plan for HIV, AIDS and STIs, focussed on preventing the further spread of HIV/AIDS and reducing the socio-economic impact of the disease. Launched in Chuuk, one of the major innovations in place is the integration of sexual and reproductive health services with STI/HIV services.

Source: FSM (2010a, 2010b)

0.02%

HIV Prevalence Among Population Aged 15-24 years in 2010

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

LOW PREVALENCE

Antiretroviral treatment is free through the public health system, made possible by grants from the Global Fund. FSM citizens are also eligible for free treatment in the US. All the reported cases in FSM that require antiretroviral therapy are receiving the drugs for free.

Source: FSM (2010a, 2010b)

100%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in 2010

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

There is no malaria in FSM.

Source: FSM(2010a)

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

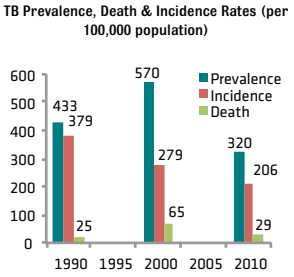
NOT APPLICABLE

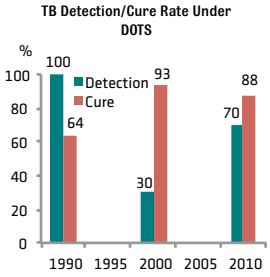
TARGET
6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

OFF TRACK

- MDR TB COMPLICATIONS
- MDR TB AFFECTING DOTS

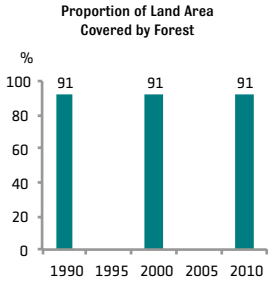


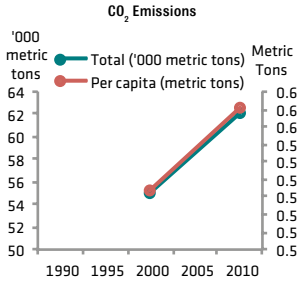


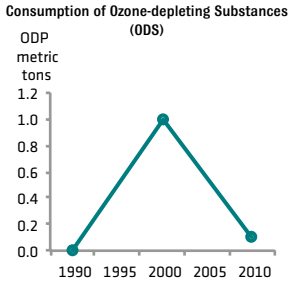
Tuberculosis continues to increase and remains a major cause of preventable morbidity and mortality in FSM. In general, there is inadequate treatment for most identified cases due to shortages of skilled staff, medication, and funding. An outbreak of multi-drug-resistant (MDR) TB in 2007 also exacerbated the situation. All States have reported MDR TB cases, with the situation in Chuuk particularly serious. MDR TB has also affected the case detection and treatment success rates under DOTS.

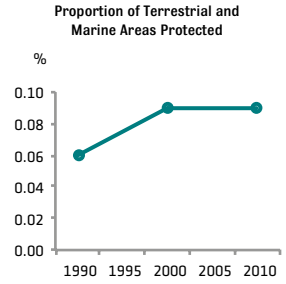
FSM has had in place a National Plan for the Prevention and Control/ Elimination of TB since 1989 and the Plan is currently undergoing a second revision.

Source: FSM (2010a), WHO (2011)









Forest cover of the land area of the main islands in FSM is relatively high. However, there are growing concerns regarding the conversion of primary forests to agro-forestry.

Like other islands in the Pacific, FSM is extremely vulnerable to climate change and, thus, has made a concerted effort to control its CO_2 emissions by embracing the 'Green Energy Micronesia' initiative. This Initiative aims to increase energy efficiency, expand renewable energy and increase conservation. FSM has also almost eliminated the use of ozone-depleting substances.

FSM's EEZ is part of the Western and Central Pacific ocean, which is home to the world's best stock of tuna. However, the sustainability of the tuna stocks (especially big-eye tuna) is under threat through over-fishing. This has prompted the Western and Central Tuna Commission to target a 30 percent reduction in the big-eye tuna catch. As a member of the Commission, FSM is working closely with affected countries to aggressively conserve tuna resources.

In addition, FSM has embraced the 'Micronesia Challenge' to protect 20 percent of terrestrial and 30 percent of near-shore marine resources. As at 2010, FSM has protected 15 percent of terrestrial resources and 6 percent of near-shore marine resources.

FSM does not have a definitive list of species that are threatened, vulnerable or endangered. Therefore, FSM's National Biodiversity Strategic Action Plan prioritises scientific research that would lead to a definitive inventory of species at risk.

Source: FSM (2010a)

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

- HIGH FOREST COVER
- CO_2 EMISSIONS UP
- USE OF ODS ELIMINATED
- COMMITTED TO PROTECTION

TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MIXED

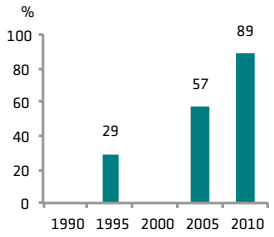
- IMPROVED ACCESS TO WATER
- LOW ACCESS TO SANITATION

57%

Proportion of Population Using an Improved Sanitation Facility in

2010

Proportion of Population Using an Improved Drinking Water Source



The proportion of the population using an improved drinking water source has increased significantly since 1995. However, major challenges in sustaining access to safe drinking water remain. These include vulnerability to climate change, which results in saline water intrusion, deforestation of the watersheds, and human/animal contamination.

According to the 2010 census, only 57 percent of the population were using an improved sanitation facility. Water and sanitation issues are particularly problematic in Chuuk. The existing public water system there only distributes untreated water, as well as pumps raw sewage directly into the lagoons. In the outer islands, pit latrines are the most common sanitation facility.

The FSM Strategic Development Plan recognises the importance of addressing water and sanitation issues. However, FSM did not meet its own national targets, set for 2010, for households to access safe water (100%), effective sewerage systems (50%) and sanitary latrines (urban 100%, rural 50%).

The Government is currently embarking on an initiative to address wastewater and sanitation management issues and has so far made policy and institutional arrangements for water and sanitation management. Since 2011, a joint resolution was signed by the national President and State Governors outlining cooperative arrangements for water and sanitation management; a Presidential order was made to establish a National Water Task Force; a Framework National Water and Sanitation Policy was endorsed by the President; and a resolution in support of Nett Municipality was signed by traditional chiefs.

Source: FSM (2010a)

Although there is no data on slum dwellers, there are urban settlements in FSM that are substandard (equivalent to slums). These are pockets of generally low-income households, often immigrants from outer islands, who live on land provided under informal arrangements. Lack of secure tenure result in the construction of make-shift houses, which often lack proper water, sewerage and utility systems.

Source: FSM (2010a)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

INSUFFICIENT INFORMATION

Bibliography

FSM, Office of Statistics, Budget and Economic Management, Overseas Development Assistance, and Compact Management (2010a). Millennium Development Goals & The Federated States of Micronesia: Status Report 2010. Available from http://www.undp.org.fj/pdf/MDG%20Report/FSM_MDG.pdf

_____, Department of Health and Social Affairs (2010b). UNGASS 2010 Country Progress Report, Federated States of Micronesia. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/micronesiafederatedstatesof_2010_country_progress_report_en.pdf

Abbott, David (2008). Federated States of Micronesia: Analysis of the 2005 Household Income and Expenditure Survey. FSM, Office of Statistics, Budget and Economic Management, Overseas Development Assistance, and Compact Management and UNDP Pacific Centre. Available from http://www.undppc.org.fj/_resources/article/files/FSM.pdf

IMF (2010). Federated States of Micronesia: 2010 Article IV Consultation – Staff Report, IMF Country Report No. 11/43. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr1143.pdf

UNFPA (2011). Federated States of Micronesia. Available from http://countryoffice.unfpa.org/filemanager/files/pacific/cp6.pdf

US Department of Interior (2007). Federated States of Micronesia, Education Sector Performance Review of Fiscal Year 2007. Available from http://www.uscompact.org/files/FSM%20Publications/Financial%20and%20Performance%20Reports/Performance%20Reports/Education%20FY07%20Performance%20Review%20_for%20%2708_.pdf

WHO (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

FEDERATED STATES OF MICRONESIA

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		27.9 (1998)		31.4 (2005)		[1]
	1.2 Poverty gap ratio (%)	…		9.8 (1998)		9.3 (2005)		[1]
	1.3 Poorest quintile in national consumption (%)	…		…		8.5 (2005)		[1]
	1.4 Growth rate of GDP per person employed (%)	…		…		0.4 (2009)		[2]
	1.5 Employment-to-population ratio (%)	43.6 (1994)	*	58.6 (2000)	*	48.1 (2010)	**	*Census data cited in [2], **SPC from 2010 census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	13.3 (1989)	*	…		15.0 (2005)	**	*National Nutrition Survey & **DHSA cited in [2]
	1.9 Food poverty (%)	…		…		11.0 (2005)		[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	93.7 (1990)	*	92.3 (2000)	**	95.8 (2011)	***	SPC from *1994 census, **2000 census & ***2011 DOE JEMCO Report
	2.2 Reaches last grade in primary education (%)	…		92.0 (1997-00)	*	86.0 (2007-09)	**	*Statistical Yearbook & **2009 DOE JEMCO Report cited in [2]
	2.3 Literacy rates of 15-24 years old (%)	96.4 (1994)	*	95.1 (2000)	*	95.7 (2010)	**	*Census data cited in [2], **SPC from 2010 census
MDG 3	3.1a Gender parity index in primary education	92.0 (1994)	*	…		100.0 (2011)	**	*Census data cited in [2], **SPC from 2011 DOE JEMCO Report
	3.1b Gender parity index in secondary education	98.0 (1994)	*	…		109.0 (2011)	**	*Census data cited in [2], **SPC from 2011 DOE JEMCO Report
	3.1c Gender parity index in tertiary education	70.0 (1994)		107.0 (2000)		…		Census data cited in [2]
	3.2 Women in the non-agricultural sector (%)	14.8 (1994)		14.4 (2000)		…		Census data cited in [2]
	3.3 Seats held by women in parliament (%)	0.0 (1997)	*	0.0 (2000)	*	0.0 (2011)	**	*Country data cited in [3], **SPC
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	62.0 (1990)	*	52.0 (1996)	*	36.0 (2010)	**	Census data cited in [2], **SPC from Census data
	4.2 Infant mortality (per 1,000 live births)	46.0 (1990)	*	40.0 (1996)	*	29.0 (2010)	**	Census data cited in [2], **SPC from Census data
	4.3 Measles immunisation of 1 year old (%)	…		79.0 (1999)		91.0 (2009)		DHSA (Family Health Unit) cited in [2]
MDG 5	5.1 Maternal mortality (per 100,000 live births)*	224.0 (1994e)*		38.6 (2000)*		0.0 (2009)*		DHSA cited in [2]
	5.2 Skilled birth attendance (%)	93.0 (1998)		88.0 (2000)		90.0 (2008)		FSM Statistical Yearbook 2008 cited in [2]
	5.3 Contraceptive prevalence rate (%)	45.0 (1990)		…		40.0 (2009)		DHSA cited in [2]
	5.4 Adolescent birth rate (per 1,000 females)	90.0 (1990)	*	44.0 (2000)	*	41.5 (2008)	**	*Census data & **DHSA cited in [2]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		…		
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		0.0 (2010)		SPC
	6.2 Condom use at last high-risk sex (%)	…		…		…		
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	…		…		100.0 (2010)		[4]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	433.0 (1990)		570.0 (2000)		320.0 (2010)		[5]
	6.9b TB death rates (per 100,000)	25.0 (1990)		65.0 (2000)		29.0 (2010)		[5]
	6.9c TB incidence rates (per 100,000)	379.0 (1990)		279.0 (2000)		206.0 (2010)		[5]
	6.10a TB detection rate under DOTS (%)	100.0 (1990)		30.0 (2000)		70.0 (2010)		[5]
	6.10b TB cure rate under DOTS (%)	64.0 (1994)		93.0 (2000)		88.0 (2009)		[5]
MDG 7	7.1 Proportion of land area covered by forest (%)	91.4 (1990)		91.4 (2000)		91.4 (2010)		Country data cited in [3]
	7.2a CO2 emissions, total ('000 metric tons)	…		55.0 (2000)		62.0 (2008)		Global monitoring data cited in [3]
	7.2b CO2 emissions, per capita (metric tons)	…		0.5 (2000)		0.6 (2008)		Global monitoring data cited in [3]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		0.2 (2000)		0.2 (2008)		Global monitoring data cited in [3]
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		1.0 (2000)		0.1 (2009)		Country data cited in [3]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.1 (1990)		0.1 (2000)		0.1 (2010)		Estimated data cited in [3]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	29.0 (1994)	*	57.0 (2005)	**	88.5 (2010)	***	*Census data & **2005 HIES cited in [2], ***SPC from Census data
	7.9 Using an improved sanitation facility (%)	…		…		56.5 (2010)		SPC from Census data
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		58.0 (2004-08)		FSM Statistical Yearbook 2008 cited in [2]
	8.3 ODA that is untied (%)	…		…		100.0 (2009)		US GAO for COFA funds cited in [2]
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	29.3 (1993)	*	41.5 (2000)	*	40.6 (2010)	**	*Disbursement basis, OECD DAC country data cited in [3], **[6]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		60.8 (2000)	*	7.1 (2011e)	**	*[7], **[8]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	2.5 (1990)		9.0 (2000)		7.6 (2010)		ITU estimate cited in [3]
	8.15 Cellular subscribers per 100 population	0.0 (1990)	*	0.0 (2000)	**	24.8 (2010)	***	*ITU estimate, **FSM Telecommunication Corporation & ***Department of Transportation, Communications and Infrastructure cited in [3]
	8.16 Internet users per 100 population	0.0 (1990)		3.7 (2000)		20.0 (2010)		ITU estimate cited in [3]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] David Abbott, *Federated States of Micronesia: Analysis of the 2005 HIES.* (Suva, Fiji: FSM, Office of SBOC & UNDP Pacific Centre, 2008). Available from http://www.undppc.org.fj/_resources/article/files/FSM.pdf
[2] FSM, Office of SBOC, *Millennium Development Goals and the Federated States of Micronesia, Status Report 2010* . Available from http://www.undp.org.fj/pdf/MDG%20Report/FSM_MDG.pdf
[3] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[4] FSM, Department of Health & Social Affairs, *UNGASS 2010 Country Progress Report: Federated States of Micronesia.* Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/micronesiafederatedstatesof_2010_country_progress_report_en.pdf
[5] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[6] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1901371.gif (accessed 8 March 2012)
[7] IMF, "Federated States of Micronesia: 2004 Article IV Consultation – Staff Report", *IMF Country Report No. 05/104* . (Washington D.C.: IMF, 2011). Available from http://www.imf.org/external/pubs/ft/scr/2005/cr05104.pdf
[8] IMF, Federated States of Micronesia - 2011 Staff Visit Preliminary Conclusions October 12, 2011. Available from http://www.imf.org/external/np/ms/2011/101211a.htm

* Single year figures unstable due to small size of population. Under-reporting an issue.

FIJI

is located northeast of New Zealand and comprises an archipelago of more than 332 islands, of which 110 are inhabited. There are two major islands – Viti Levu and Vanua Levu. One-quarter of the population resides in the Ba province on Viti Levu.

Capital Suva **Land** 18,333 sq km **EEZ** 1.3 million sq km **Population** 837,271 (2007) **GDP per capita** USD$3,565
Language English (official), iTaukei, Hindi
Currency Fiji dollar
Economy Tourism, manufacturing, agriculture and forestry

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Poverty still a concern. Depth of poverty fallen. Income inequality down.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour productivity. Employment down. 39% vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Low prevalence of underweight children. Low food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment rate high. Survival rate up. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low participation in non-agricultural sector. Historically low representation in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality declined. Low infant mortality. Immunisation coverage fallen.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. 100% skilled birth attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teen fertility down. Antenatal care high. No data on unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	54 new HIV/AIDS cases in 2011. No data on condom use. No data on HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Only 2 of 53 not receiving anti-retroviral treatment.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Fiji.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB down. Treatment improved.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest cover up. CO_2 emissions up. Use of ODS up since 2000. No recent data on total water resources used. Protected areas same.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Safe water access up. Sanitation access up.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data but recent government initiatives in place.

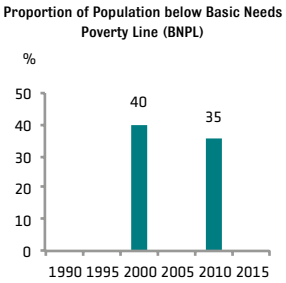
On Track Off Track Mixed Insufficient information Not applicable

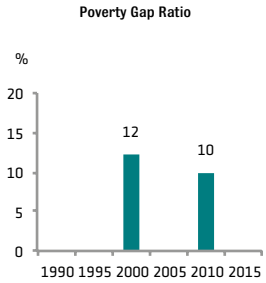
TARGET 1.A

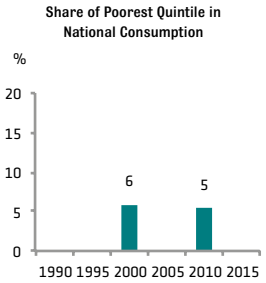
Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

MIXED

- POVERTY STILL A CONCERN
- DEPTH OF POVERTY FALLEN
- INCOME INEQUALITY DOWN







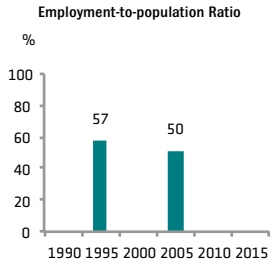
According to the 2008/09 HIES, the proportion of the population below the BNPL declined compared to 2002/03. The poverty gap ratio and the poorest quintile's share of consumption also fell during the same period. A considerable improvement of urban households' conditions underpinned the decline in poverty indicators.

The overall reduction in poverty appears inconsistent with Fiji's poor economic growth performance during these years. However, economic growth diverged across regions, and the sub-national poverty trends mirrored these patterns of economic growth. While urban sectors benefited from high growth in output, agricultural output generally declined. Consequently, rural areas showed no decline in poverty. In addition, a sizeable concentration of households was near the poverty line. In other words, many households remain highly vulnerable to falling below the poverty line.

Subdued economic conditions, high inflation and lack of job opportunities could reverse the decline in poverty – Fiji's economy contracted for two consecutive years since 2009 and is only slowly recovering since 2011. In addition, inflation, at 7.7 percent in 2011, is yet to decelerate since climbing in 2008. However, remittances remain an important lifeline for many households in Fiji and inflows are recovering from the adverse impact of the global financial crisis.

Moreover, the Government of Fiji is committed to addressing poverty. In 2010, the Government introduced a Food Voucher Programme, expanding social welfare support to the disadvantaged under the Family Assistance Programme. Government also increased the income tax threshold and pumped in FJD$11m to improve the living conditions of squatters.

Source: World Bank (2011), RBF(2012), Fiji (2012, 2011a), IMF (2012)



39%

Proportion of Own-account and Contributing Family Workers in Total Employment in

2005

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

EMPLOYMENT DOWN

The employment-to-population ratio fell between 1996 and 2007, while there were 39 percent of workers in vulnerable employment in 2005. There was no data on labour productivity. The decline in employment levels are likely a result of the relatively depressed economic conditions during this period, led by the adverse effects of the 2000 and 2006 coups and various natural disasters.

Although the economy rebounded in 2011 after two years of decline, medium-term prospects remain weak, given ongoing structural weakness and political uncertainties. As a result, employment conditions are unlikely to recover significantly from the levels recorded in 2007.

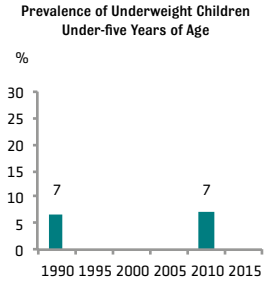
Source: IMF (2012)

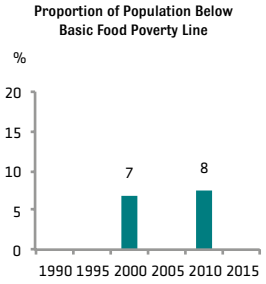
TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

- LOW UNDERWEIGHT PREVALENCE
- LOW FOOD POVERTY





Fiji has a low prevalence of underweight children and low proportion of the population below the basic food poverty line. Authorities are more concerned about overweight children and malnutrition due to poor diet practices, linked to the NCDs epidemic in Fiji.

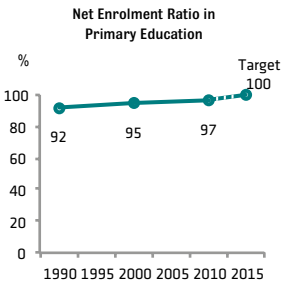
Source: Fiji (2010a)

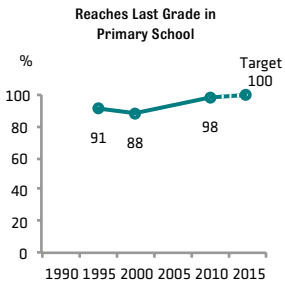
TARGET 2.A

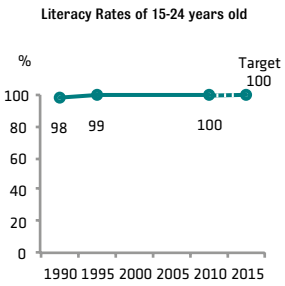
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- NER HIGH
- SURVIVAL RATE UP
- HIGH LITERACY RATE



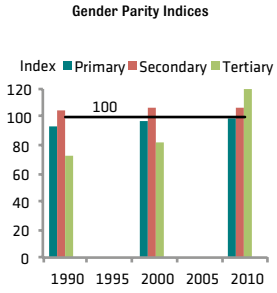


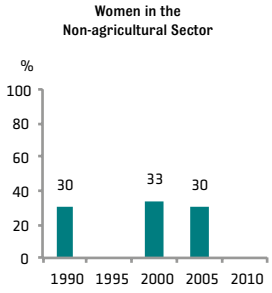


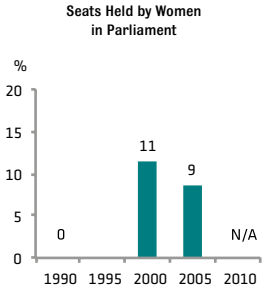
The net enrolment rate continues to be high, while the survival rate has recovered since 2000 and is quite high. Literacy rates also remain high.

Fiji has made significant progress towards education outcomes, underpinned by dedicated government support, as well as due to ongoing development partner assistance. In 2010, Government introduced bus fare/transportation assistance for school children from disadvantaged families, as well as provision of free tuition and text books. In addition, the Ministry of Education has also introduced and implemented other positive initiatives such as the removal of external examinations like the Fiji Eighth Year Exam and the Fiji Junior Certificate Exam to ensure children continue unhindered up to Form 6. These recent initiatives likely underpinned the strong recovery in the survival rate.

Source: Fiji (2011a, 2011b, 2012)







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

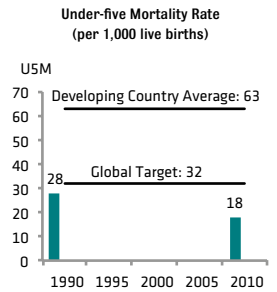
- GENDER PARITY ACHIEVED
- LOW ECO PARTICIPATION
- LOW REPRESENTATION

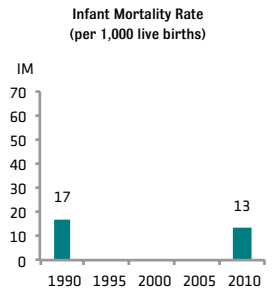
Fiji has achieved gender parity in secondary and tertiary education and is very close to parity in primary education. However, participation of women in the non-agricultural sector is low. Prior to the dissolution of parliament in 2007, women held 8.5 percent of seats in parliament, lower than the level in 2000.

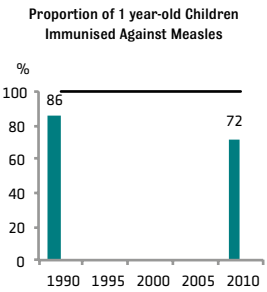
Although Fiji has achieved gender equality in education, equality has not translated into the workforce, with many disparities prevailing – lower pay for women and fewer women represented on executive decision-making levels in government and the private sector.

Source: Fiji (2010a)

FIJI







TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

- U5M DECLINED
- LOW IM
- IMMUNISATION FALLEN

The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Fiji. Fiji's baseline rate was well below the developing country average in 1990 and continues to track much lower than the developing average. Fiji's national target is to reduce the under-five mortality rate to 20 (per 1,000 live births).

In that context, Fiji has surpassed its target. The under-five mortality rate declined to 18 in 2010, while the infant mortality rate fell and remains low at 13 in the same year. Good obstetrical services, introduction of the IMCI strategy and integrated approach for antenatal care are contributing to a lower number of infant deaths. However, the fall in the immunisation coverage is an area of concern. The Government of Fiji recognises the importance of improving the immunisation coverage and is targeting a 95 percent coverage rate.

Source: Fiji (2011c), WHO (2011)

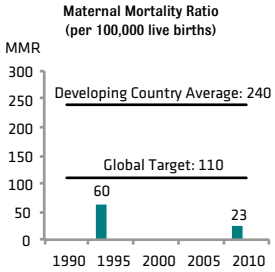
FIJI

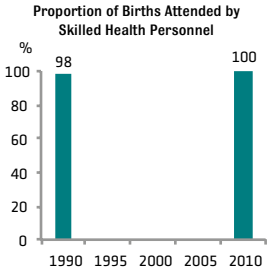
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

- LOW MATERNAL DEATHS
- 100% ATTENDANCE





The global MDG target of a three-quarters reduction of the MMR from 1990 to 2015 is not relevant in the context of Fiji. Fiji's baseline rate was well below the developing country average in 1995 and continues to track much lower than the developing average. Fiji's national target is to reduce the MMR to 20 (per 100,000 live births).

In that context, Fiji is on track to reducing the MMR, with an MMR of 23 reported in 2010, down from 28 in 2009. Fiji has a very high skilled birth attendance and antenatal coverage rates, which are important factors in reducing maternal deaths.

Source: Fiji (2010a)

TARGET 5.B

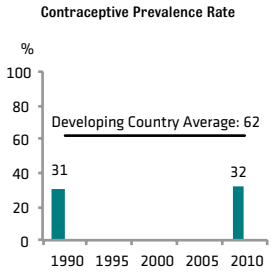
Achieve, by 2015, universal access to reproductive health

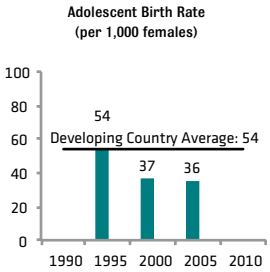
ON TRACK

- LOW CONTRACEPTIVE USE
- TEEN FERTILITY DOWN
- ANTENATAL CARE HIGH

95%

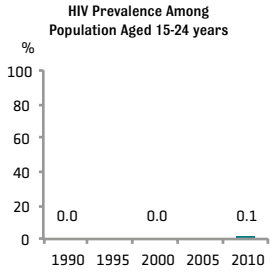
Antenatal Care Coverage in 2010





Fiji has a relatively low contraceptive prevalence rate, the rate remaining virtually unchanged between 1990 and 2010. However, antenatal care coverage is high, while teen fertility fell between 1995 and 2005. There was no data on unmet need for family planning. Although reproductive health services are widely available, including for adolescents, there is room for improvement in improving access in the rural areas.

Source: UNFPA (2008)



Fiji detected its first HIV/AIDS case in 1989 and up until 2011, the cumulative HIV/AIDS reported cases totalled 420, of which 28 have since died. Although Fiji is a low prevalence country, the exponential increase in new cases each year, coupled with the high prevalence of STIs, confirm that combating HIV/AIDS is a major challenge for Fiji. There were 54 new HIV cases reported in 2011.

The Government of Fiji has developed a strategic plan to prevent and control the spread and impact of HIV/AIDS and STIs. Government also has a dedicated government budget, under the coordination of the National Advisory Committee on AIDS. Fiji's President, Ratu Epeli Nailatikau is a lead public figure in the nationwide anti-HIV/AIDS campaign and is also a UNAIDS Special Representative for the Pacific.

Source: SPC (2012), Fiji (2010b)

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

OFF TRACK

| 54 NEW CASES IN 2011

Antiretroviral treatment is free through the public health system. Only two people who were eligible for ART were not receiving treatment.

Source: Fiji (2010b)

96%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2009

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

| 2 OF 53 NOT RECEIVING ART

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in Fiji.

Source: Fiji (2010b

TARGET 6.C.II

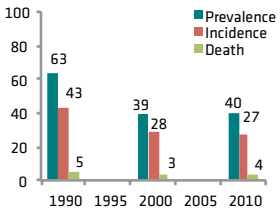
Have halted by 2015 and begun to reverse the spread of Tuberculosis

ON TRACK

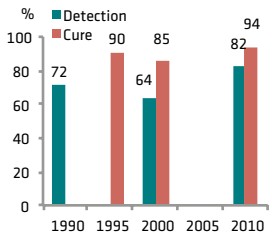
| TB DOWN

| TREATMENT IMPROVED

TB Prevalence, Death & Incidence Rates (per 100,000 population)

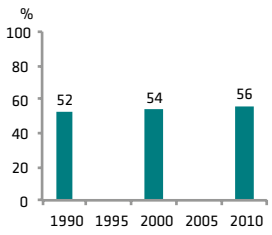


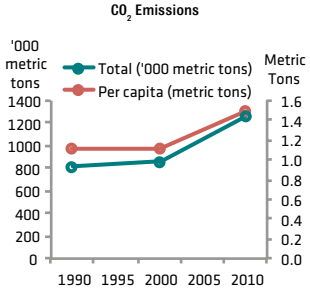
TB Detection/Cure Rate Under DOTS

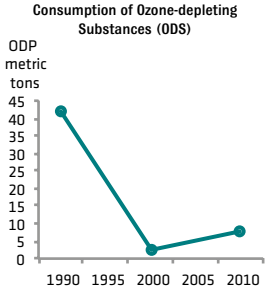


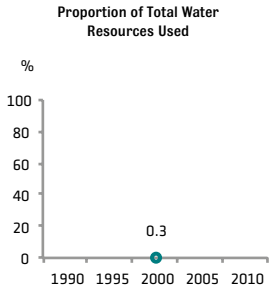
The TB prevalence, incidence and death rates have declined, which is consistent with the increase in the treatment success rates under DOTS. Support from the Global Fund has contributed significantly to improving Fiji's progress against combating TB.

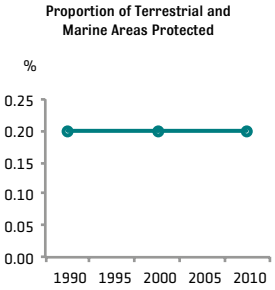
Source: Fiji (2010a)











Fiji's forest cover has estimated to have increased, while protected areas remained unchanged. CO_2 emissions have increased, while the use of ODS have decreased. There is no recent data on the proportion of total water resources used, with the last estimated data of 0.3 percent recorded in 2000.

Fiji's efforts to address deforestation date back to its Forest Policy in 1950, later updated in 1990, which aims at promoting sustainable practices in forestry, including preserving and extending forest cover. Fiji also has in place a National Logging Code of Practice. However, threats to forest resources remain, including limited enforcement, poor fire protection, institutional weaknesses etc.

CO_2 emissions is relatively low, while the increase in consumption of ODS since 2000 was due to some remaining use in refrigeration and air conditioning. However, Fiji is phasing out these substances and ODS consumption should be nil by 2015.

In terms of biodiversity conservation, Fiji is a leader in the region, with environmental and biodiversity issues mainstreamed in national and line policies. With the assistance of key international conservation organisations based in Fiji, several government agencies work together to ensure sustainable use of natural resources.

Fiji currently has 48 terrestrial protected areas, while there are eight nature reserves established under Forestry legislation in the 1950-60s – all of these remain but they have never received any formal conservation management. Only three of these have ecological significance, two of which are currently under plans for de-reservation, for return to native land tenure. However, Government is working towards listing the 20,000 hectare Sovi Basin as a reserve area, with an associated trust fund for landowners. Sovi Basin is a well-preserved tropical lowland forest, housing the largest and most diverse ecosystem.

Source: Fiji (2010a, 2010c, 2009)

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

| FOREST COVER UP

| CO_2 EMISSIONS UP

| USE OF ODS UP SINCE 2000

| PROTECTED AREAS SAME

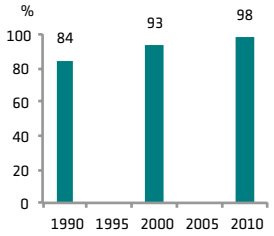
TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

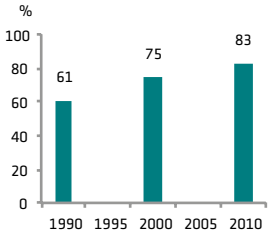
ON TRACK

- SAFE WATER ACCESS UP
- SANITATION ACCESS UP

Proportion of Population Using an Improved Drinking Water Source



Proportion of Population Using an Improved Sanitation Facility



The proportion of population using an improved drinking water source, as well as those using an improved sanitation facility has increased steadily since 1990. The Government's Public Works Department has always been responsible for water supply in Fiji but after a series of water cuts in the late 1990s, as a result of supply side issues, Government established a commercially-oriented water supply utility, the Fiji Water Authority. The Authority is now tackling supply system issues such as inefficient operations and water distribution networks, inadequate capital investment, lack of cost-recovery mechanisms etc. It is also responsible for improving services in the rural areas.

Source: SOPAC (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

MIXED

- NO DATA

Although there is no data on the proportion of urban population living in slums, there are many squatter settlements in Fiji. Recently, the Government of Fiji has made a concerted effort to address the issue of squatters. As part of its poverty alleviation strategy, the Government of Fiji spent $11m between 2007 and 2011 to improve the living conditions of squatters by relocating squatters from urban centres to rural areas. Government also provided re-settled squatters with more secure land tenure and has allocated funds towards the Sustainable Rural Housing/Income Generating Project to assist re-settled squatters through sustainable farming.

Source: Fiji (2012)

Bibliography

Fiji (2012). Empowered Fijians and a Modern Economy: 2012 National Budget Address. Available from http://www.fijitradela.com/pdf/2012BudgetAddress.pdf

_____ (2011a). 2011 National Budget Address: Enhancing Economic Growth and Inclusive Development. Available from http://www.google.com/url?sa=t&rct=j&q=2011%20national%20budget%20address%3A%20enhancing%20economic%20growth%20and%20inclusive%20development&source=web&cd=1&ved=0CEQQFjAA&url=http%3A%2F%2Fwww.fiji.gov.fj%2Findex.php%3Foption%3Dcom_docman%26task%3Ddoc_download%26gid%3D170%26Itemid%3D158&ei=rowrUN3cHMmUiQfb74GIBg&usg=AFQjCNECSddxaFNyA92B1M-KN4ok8rP7mA&cad=rja

_____ (2011b). 2012-2014 Education Sector Strategic Development Plan. Available from [http://www.education.gov.fj/forms/PUBLICATIONS&PRESS%20RELEASES/STRATEGIC%20DEVELOPMENT%20PLAN/2012%20-%202014%20ESSDP.pdf

_____ (2011c). The Ministry of Health Annual Report 2010. Available from http://www.health.gov.fj/files/reports/Annual%20Report%202010.pdf

_____ (2010a). Millennium Development Goals 2nd Report, 1990-2009 Report for the Fiji Islands. Available from http://www.undp.org.fj/pdf/Millennium%20%20Development%20Goals.pdf

_____ (2010b). UNGASS Fiji Country Progress Report 2010. Available from http://aidsdatahub.org/en/component/docman/doc_download/128-ungass-country-progress-report-fiji-ministry-of-health-fiji-2010-

_____ (2010c). Fiji's Fourth National Report to the United Nations Convention on Biological Diversity. Available from [http://www.cbd.int/doc/world/fj/fj-nr-04-en.pdf

_____ (2009). Implementation Framework 2010 – 2014 for the National Biodiversity Strategy and Action Plan 2007 Fiji Islands. Available from http://www.environment.gov.fj/pdf/RMU_reports/Nbsap_Implementing_Framework.pdf

IMF (2012). Fiji: 2011 Article IV Consultation – Staff Report, IMF Country Report No. 12/44. Available from http://www.imf.org/external/pubs/ft/scr/2012/cr1244.pdf

Reserve Bank of Fiji (2012). Statistical Annex July 2012. Available from http://www.reservebank.gov.fj/docs2/Chartbook%20Charts_%20July2012.pdf

Secretariat of the Pacific Community (2012). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

SOPAC (2007). National Integrated Water Management Diagnostic Report: Fiji. Available http://ict.sopac.org/VirLib/MR0637.pdf

UNFPA (2008). Reproductive Health Commodity Security Status Assessment Report Fiji Islands. Available from http://210.7.20.137/Publications/Connect_RHCS/RHCS_Country_Report/Fiji.pdf

World Bank (2011). Republic of Fiji Poverty Trends, Profiles and Small Area Estimation (Poverty Maps) in Republic of Fiji (2003-2009). Available from https://openknowledge.worldbank.org/handle/10986/2791

WHO (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

FIJI

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		39.8 (2002-03)		35.2 (2008-09)		[1]
	1.2 Poverty gap ratio (%)	…		12.2 (2002-03)		9.9 (2008-09)		[1]
	1.3 Poorest quintile in national consumption (%)	…		5.9 (2002)		5.4 (2008)		[2]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		57.2 (1996)		50.3 (2007)		[3]
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		39.0 (2005)		Country household/labour force survey data cited in [4]
	1.8 Underweight children under age 5 (%)	6.9 (1993)	*	…		7.0 (2008)	**	*National Nutrition Survey cited in [4], **[5]
	1.9 Food poverty (%)	…		6.8 (2002)		7.5 (2008)		[2]
MDG 2	2.1 Net enrolment ratio in primary education (%)	92.0 (1990)	*	94.7 (2000)	*	96.8 (2011)	**	MOE cited in *[6] & **[7]
	2.2 Reaches last grade in primary education (%)	91.4 (1995)	*	88.4 (2000)	*	98.3 (2010)	**	MOE cited in *[6] & **[7]
	2.3 Literacy rates of 15-24 years old (%)	97.5 (1986)	*	99.3 (1996)	*	99.5 (2008)	**	*NSO cited in [6], **MOE cited in [8]
MDG 3	3.1a Gender parity index in primary education	94.0 (1990)	*	98.0 (2000)	*	99.0 (2008)	**	*MOE cited in [6], **Country data cited in [4]
	3.1b Gender parity index in secondary education	105.0 (1990)	*	107.0 (2000)	*	107.0 (2008)	**	*MOE cited in [6], **Country data cited in [4]
	3.1c Gender parity index in tertiary education	72.0 (1990)	*	82.0 (2000)	*	120.0 (2005)	**	*USP cited in [6], **Estimated data cited in [4]
	3.2 Women in the non-agricultural sector (%)	29.9 (1990)	*	33.2 (2000)	*	29.6 (2005)	**	*Country & **estimated data cited in [4]
	3.3 Seats held by women in parliament (%)	0.0 (1990)	*	11.3 (2000)	**	n/a	***	*[6], **Country data cited in [4], ***Parliament dissolved/suspended since 2007
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	27.8 (1990)	*	…		17.7 (2010)	**	*MOH cited in [6], **[9]
	4.2 Infant mortality (per 1,000 live births)	16.8 (1990)	*	…		13.1 (2010)	**	*MOH cited in [6], **[9]
	4.3 Measles immunisation of 1 year old (%)	86.0 (1991)	*	…		71.8 (2010)	**	*MOH cited in [6], **[9]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	60.4 (1995)	*	…		22.6 (2010)	**	*MOH cited in [6], **[9]
	5.2 Skilled birth attendance (%)	98.0 (1990)	*	…		99.7 (2010)	**	*MOH cited in [6], **[9]
	5.3 Contraceptive prevalence rate (%)	31.0 (1990)	*	…		31.8 (2010)	**	*MOH cited in [6], **[9]
	5.4 Adolescent birth rate (per 1,000 females)	53.6 (1996)	*	37.0 (2003e)	**	35.7 (2007)	*	*SPC from 2007 census, *SPC
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		95.0 (2010)		SPC from MOH hospital data
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1990)		0.0 (2000)		0.1 (2009)		Estimated data cited in [4]
	6.2 Condom use at last high-risk sex (%)	…		…		…		
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	…		…		96.3 (2009)		[10]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	63.0 (1990)		39.0 (2000)		40.0 (2010)		[11]
	6.9b TB death rates (per 100,000)	5.3 (1990)		3.2 (2000)		3.6 (2010)		[11]
	6.9c TB incidence rates (per 100,000)	43.0 (1990)		28.0 (2000)		27.0 (2010)		[11]
	6.10a TB detection rate under DOTS (%)	72.0 (1990)		64.0 (2000)		82.0 (2010)		[11]
	6.10b TB cure rate under DOTS (%)	90.0 (1994)		85.0 (2000)		94.0 (2010)		[11]
MDG 7	7.1 Proportion of land area covered by forest (%)	52.2 (1990)		53.7 (2000)		55.5 (2010)		Country data cited in [4]
	7.2a CO2 emissions, total ('000 metric tons)	818.0 (1990)		862.0 (2000)		1254.0 (2008)		Global monitoring data cited in [4]
	7.2b CO2 emissions, per capita (metric tons)	1.1 (1990)		1.1 (2000)		1.5 (2008)		Global monitoring data cited in [4]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.3 (1990)		0.3 (2000)		0.3 (2008)		Global monitoring data cited in [4]
	7.3 Use of ODS (ODP metric tons)	41.8 (1990)		2.5 (2000)		7.6 (2009)		Country data cited in [4]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		0.3 (2000)		…		Estimated data cited in [4]
	7.6 Protected terrestrial and marine areas (%)	0.2 (1990)		0.2 (2000)		0.2 (2010)		Estimated data cited in [4]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	84.0 (1990)		93.0 (2000)		98.0 (2010)		[12]
	7.9 Using an improved sanitation facility (%)	61.0 (1990)		75.0 (2000)		83.0 (2010)		[12]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	3.8 (1990)		1.7 (2000)		2.6 (2010)		*Disbursement basis, OECD DAC country data cited in [4], **[13]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	9.0 (1990)	*	2.4 (2000)	*	16.6 (2011e)	**	*Country adjusted data cited in [4], **[14]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	5.8 (1990)	*	10.6 (2000)	**	15.9 (2010)	***	*Telecom Fiji, **ITU estimate & ***Ministry of Public Enterprises, Communications, Civil Aviation and Tourism cited in [4]
	8.15 Cellular subscribers per 100 population	0.0 (1990)	*	6.8 (2000)	*	116.2 (2010)	**	*Telecom Fiji & **Ministry of Public Enterprises, Communications, Civil Aviation and Tourism cited in [4]
	8.16 Internet users per 100 population	0.0 (1990)	*	1.5 (2000)	*	14.8 (2010)	**	*Telecom Fiji & **ITU estimate cited in [4]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] World Bank and FIBOS, *Republic of Fiji Poverty Trends, Profiles and Small Area Estimation (Poverty Maps) in Republic of Fiji (2003-2009)* . (World Bank, 2011). Available from https://openknowledge.worldbank.org/bitstream/handle/10986/2791/638420ESW0P1150isclosed0100310110FJ.pdf?sequence=1
[2] Wadan Narsey, Toga Raikoti and Epeli Waqavonovono, *Preliminary Report: Poverty and Household Incomes in Fiji in 2008-09 (based on the 2008-09 HIES)*. Available from http://www.statsfiji.gov.fj/cens&surveys/Preliminary%20Report%20on%20the%202008-09%20HIES%20.pdf
[3] FIBOS, 2007 Census of Population and Housing: Labour Force, Employment and Unemployment, *Statistical News No 09/2009* . Available from http://www.statsfiji.gov.fj/census2007/Release%202%20-%20Labour%20Force.pdf
[4] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[5] Fiji, Ministry of Health, *Ministry of Health Annual Report 2009*. Available from http://www.health.gov.fj/files/reports/Annual%20Report%202009.pdf
[6] Fiji, National Planning Office, Ministry of Finance & National Planning, *Millennium Development Goals Fiji National Report November 2004*. Available from http://planipolis.iiep.unesco.org/upload/Fiji/Fiji%20MDG%202004.pdf
[7] Fiji, Ministry for Education, National Heritage, Culture and Arts, Youth and Sports, *2012-2014 Education Sector Strategic Development Plan* . Available from http://www.education.gov.fj/forms/PUBLICATIONS&PRESS%20RELEASES/STRATEGIC%20DEVELOPMENT%20PLAN/2012%20-%202014%20ESSDP.pdf
[8] Fiji, Ministry of National Planning, *Millennium Development Goals: 2nd Report, 1990-2009 Report for the Fiji Islands*. Available from http://www.undp.org.fj/pdf/Millennium%20%20Development%20Goals.pdf
[9] Fiji, Ministry of Health, *Ministry of Health Annual Report 2010*. Available from http://www.health.gov.fj/files/reports/Annual%20Report%202010.pdf
[10] Fiji, *UNGASS Country Progress Report 2010*. Available from https://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/fiji_2010_country_progress_report_en.pdf
[11] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[12] WHO and UNICEF JMP for Water Supply and Sanitation, Data and Estimates - Country Files. Available from http://www.wssinfo.org/documents-links/documents/?tx_displaycontroller[type]=country_files (accessed 8 March 2012)
[13] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1881031.gif (accessed 8 March 2012)
[14] IMF, "Fiji: 2011 Article IV Consultation – Staff Report", *IMF Country Report No. 12/44* . (Washington D.C.: IMF, 2012). Available from http://www.imf.org/external/pubs/ft/scr/2012/cr1244.pdf

KIRIBATI, lying roughly between Hawaii and Australia, consists of 33 low lying atolls, 21 of which are inhabited. The capital of South Tarawa consists of a number of islets connected through a series of causeways, located in the Tarawa archipelago.

Capital Tarawa **Land** 726 sq km **EEZ** 3.6 million sq km **Population** 100,835 (2010e) **GDP per capita** USD$1,420
Language English, Kiribati
Currency Australian dollar
Economy Aid, remittances, copra, fisheries

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship likely up. 7% depth of poverty. Income inequality persists.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour productivity. Low employment levels. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	High prevalence of underweight children. Food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment rate fallen. Survival rate up. Literacy rate up.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low economic participation. Representation in parliament increased.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality declined. Infant mortality fallen. 89% measles immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. Skilled attendance up.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teen pregnancy up. 88% antenatal coverage. 28% unmet need.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	No data; 2 new cases in 2011. No data on condom use. No data on correct HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	No data; 6 on ART
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Kiribati.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	High level of TB. Treatment progress.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	NCDs cause for concern.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Low forest cover. CO_2 emissions up. Zero use of ODS. No data on total water resources used. Protected areas up.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Water quality issues. Low sanitation access.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data; growing squatters.

**Not discussed in detail. See Kiribati(2007) for more information.*

On Track | Off Track | Mixed | Insufficient information | Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

OFF TRACK

- HARDSHIP LIKELY UP
- INCOME INEQUALITY

22%

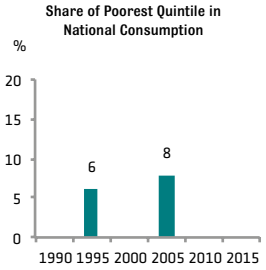
Proportion of Population below Basic Needs Poverty Line (BNPL) in

2006

7%

Poverty Gap Ratio in

2006



According to the 2006 HIES, around 22 percent of the population live below the BNPL, the poverty gap ratio was 7 percent, and the poorest quintile's share of consumption was 8 percent. The poverty situation in Kiribati is unlikely to have improved since 2006.

Between 2007 and 2009, the economy generally contracted, underpinned largely by the adverse impact of the global financial crisis. Among other effects, this led to a fall in remittances, which is a lifeline for many iKiribati households. During the same period, inflation soared to 11 percent in 2008 as a result of the high global fuel and food prices. Although the economy is estimated to have recovered since 2010 and growth is projected to pick up thereafter, the turn-around is led by donor-funded infrastructure projects (rehabilitation of Tarawa's road, airport and port), which is unlikely to create sufficient local employment opportunities to pull households out of hardship. Similarly, while inflation has abated, it still remains high, estimated at around 8 percent in 2011. Consequently, households are likely to continue to face difficulties in meeting daily expenses.

Anecdotal evidence also supports this assessment. Conditions in the densely populated squatter settlements of South Tarawa, such as in Betio, continue to lack access to clean water and sanitation, with overall poor housing conditions prevailing. Steady migration from the outer islands to South Tarawa continues to place pressure on already strained resources.

While economic growth and poverty reduction is a key priority area listed in Kiribati's 2012-2015 Development Plans, there is need for more targeted pro-poor economic growth strategies.

Source: Abott (2010), IMF (2011

Kiribati's employment-to-population ratio is relatively low at 44 percent. There is no data on labour productivity and vulnerable employment.

There is a general lack of employment opportunities in Kiribati, with Government, including state owned enterprises (SOEs), being the major employer, and little job prospects in the private sector. The planned SOE reform is also likely to result in job losses.

However, opportunities do exist in seafaring, a vital industry for Kiribati. According to officials, around 800-1,000 iKiribati serve onboard international ships and these seafarers remit around AUD$10-$12 million per year. Although there was a dip in recruitment of iKiribati seafarers and subsequent fall in remittances following the global financial crisis, conditions have since improved.

Kiribati also participates in Australia and New Zealand through their respective regional seasonal employment schemes. Authorities reported that more than 300 iKiribati have benefited from seasonal work placements in New Zealand, with a smaller number (29) employed in Australia under its pilot program.

44%

Employment-to-population Ratio in

2010

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

| LOW EMPLOYMENT LEVELS

According to the 2009 DHS, 23 percent of children under-five years of age were underweight. The level of underweight children is one of the highest in the region. Based on the 2006 HIES, around 5 percent of the population fell below the basic food poverty line, which was mainly led by households in the rest of the Gilbert islands, compared to South Tarawa and the Line and Phoenix islands, where the ratios were much lower.

IKiribati rely heavily on fishing for food, with imported rice being the other staple. However, the impact of high population, competition/ over-exploitation of fishing grounds, and high prices of imported rice makes it difficult for households to meet their daily needs, particularly in the outer islands.

Source: Abbott (2010)

23%

Prevalence of Underweight Children Under-five Years of Age in

2009

5%

Proportion of Population Below Basic Food Poverty Line in

2006

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

OFF TRACK

| HIGH UNDERWEIGHT PREVALENCE

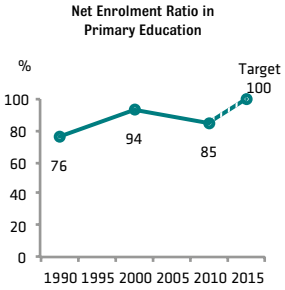
| FOOD POVERTY

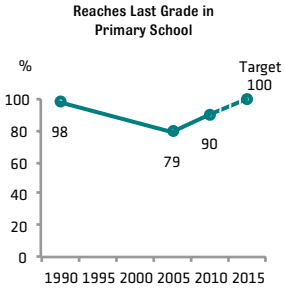
TARGET 2.A

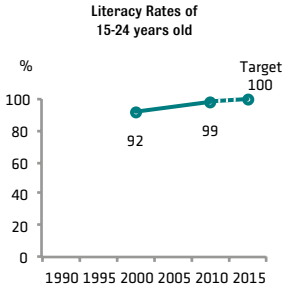
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

OFF TRACK

- NET ENROLMENT FALLEN
- SURVIVAL RATE UP
- LITERACY RATE UP



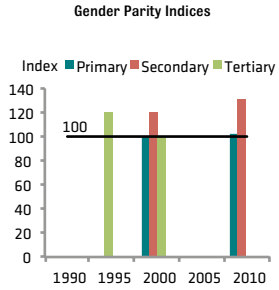


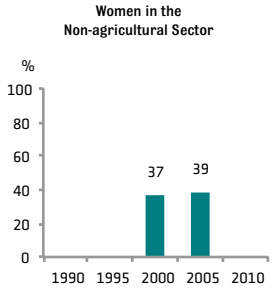


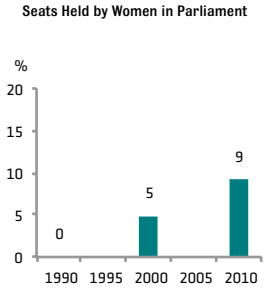
Kiribati's net enrolment rate has fallen since 2000, although the survival rate has increased. Literacy rates have increased and remain high.

Most primary schools (93) are located in the outer islands, with only 10 located in South Tarawa. In Kiribati, primary education is free, schools provide textbooks and there is automatic promotion for students up to Form 3. Therefore, according to authorities, the fall in the net enrolment rate is likely a result of transportation issues, both in the outer islands and in South Tarawa. For example, in 2011, there was no school bus on South Tarawa and students found it difficult to get to school considering the long distance to the primary schools and public transport costs. In addition, authorities indicated that due to lack of job opportunities, there is a low perceived value of education, particularly in the outer islands.

While automatic promotion through to high school results in a high survival rate, there are ongoing concerns over the quality of education. Anecdotal evidence suggests that there are students that complete primary school but lack basic literacy and numeracy skills.







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

Kiribati has achieved gender parity in primary and secondary education. Although there is no recent data for the tertiary level, based on earlier data and the outcomes in the primary and secondary levels, it is likely that Kiribati is on track to achieve gender parity in tertiary education. While attendance by girls is not an issue, there are concerns with getting boys to enrol and stay in school, especially in high school.

According to the 2005 census, there is relatively low participation of women in the non-agricultural sector. However, on a positive note, women's representation in parliament has increased. Kiribati elected four women into office in the 2011 elections.

- GENDER PARITY ACHIEVED
- LOW ECO PARTICIPATION
- REPRESENTATION UP

TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

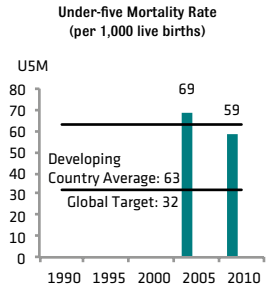
MIXED

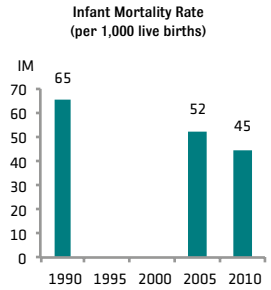
- U5M DECLINED
- IM FALLEN

89%

Proportion of 1 year-old Children Immunised Against Measles in

2010



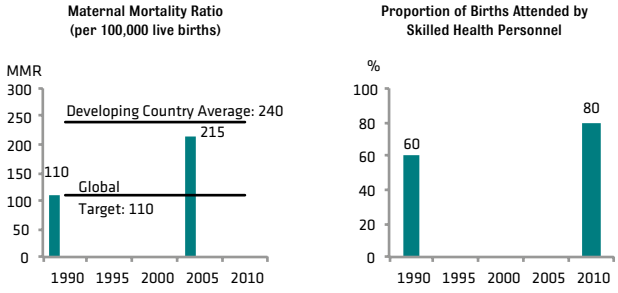


Without baseline data, it is difficult to track Kiribati's progress against the global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015. Therefore, in the absence of a national target, the overall trends in available data for child mortality rates and measles immunisation coverage determines Kiribati's progress against the goal of reducing child mortality.

In that context, Kiribati has made some progress, as the under-five and infant mortalities have declined according to census data, while the measles immunisation coverage is 89 percent. An expanded immunisation programme, introduced in the early 1980s, as well as supplementary measles campaigns in 1997 and 1998, have resulted in few reported outbreaks of vaccine-preventable diseases. Kiribati is poliomyelitis-free since 2002.

However, child mortality rates are comparatively high, which highlights the ongoing need to address the delivery of quality basic health services, especially to the highly dispersed outer islands. In addition, as diarrhoeal diseases and respiratory infections are major causes of mortality among children, it is important to also improve poor access to clean water and proper sanitation.

Source: WHO (2011)



TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

MIXED

LOW MATERNAL DEATHS

SKILLED ATTENDANCE UP

Kiribati's total population is 100,835 and the average number of live births is around 3,300. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Kiribati due to the small size of the population.

Based on the reported MMR and taking into account the average number of live births, there were 3 estimated maternal deaths in 1991, which increased to 7 estimated maternal deaths in 2004. Unofficially, health authorities reported only one maternal death for 2010 and only one in the year to November 2011 but with less than full civil registration coverage and likely under-reporting, it is difficult to gauge the accurate level of maternal deaths.

However, based on the increase in skilled birth attendance, maternal health is likely improving. Historically, iKiribati relied on traditional birth attendants (TBAs), which was one of the contributing factors towards infant and maternal mortalities. But TBAs are declining and those remaining in the field receive basic midwifery training. Kiribati also continues to apply the IMCI and Continuum of Care programs to address child and maternal health issues.

Source: Kiribati (2007), WHO (2011)

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

- LOW CONTRACEPTIVE USE
- TEEN PREGNANCY UP

22%

Contraceptive Prevalence Rate in 2009

Developing Country Average: 62

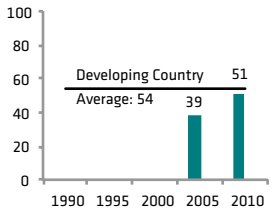
88%

Antenatal Care Coverage in 2009

28%

Unmet Need for Family Planning in 2009

Adolescent Birth Rate (per 1,000 females)



Kiribati has low contraceptive prevalence rate, with relatively high unmet need for family planning. Teen fertility has increased, while antenatal coverage is around 88 percent.

The Ministry of Health and Medical Services administers a broad range of reproductive health services at Tungaru Central Hospital in Tarawa, while outer island populations receive primary health care services, which include family planning. Although a broad range of reproductive health services is available in Kiribati, culture, tradition and religious views is a major barrier to achieving universal access, particularly in the outer islands. This trend is improving on South Tarawa where women are more educated, liberal and engaged in formal employment.

Source: Nawadra-Taylor (2008), Kiribati (2007)

KIRIBATI

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

OFF TRACK

- 2 NEW CASES IN 2011

Kiribati reported its first case of HIV/AIDS in 1991, with a cumulative total of 55 cases until the end of December 2011, of which 23 have died. There were 2 new HIV cases reported in 2011.

Kiribati's population is highly vulnerable to HIV exposure. Some risk factors include difficult socio-economic circumstances (particularly over-crowding and poverty), i-Kiribati seafarers' global travel, the presence of foreign seafarers, and established practices of commercial and/or transactional sex. Kiribati's high incidence of STIs, poor self-referral for treatment, and low condom use represents a worrying combination of factors for potential HIV transmission, especially for adolescents and young people who are at increased risk.

Source: Kiribati (2012), SPC (2012)

Currently, Kiribati has an estimated 28 HIV positive cases. However, only 6 people are on antiretroviral treatment. Authorities do not know the whereabouts and status of the estimated 22 HIV positive cases who are not receiving treatment. On-going high levels of stigma and fear could be discouraging HIV positive people from accessing ART or publically disclosing their status.

Source: Kiribati (2012)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

OFF TRACK

| 6 ON ART

| STATUS OF 22 CASES UNKNOWN

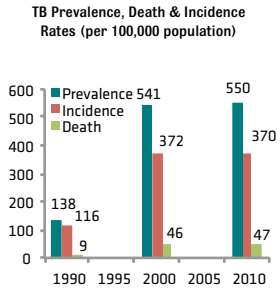
There is no malaria in Kiribati.

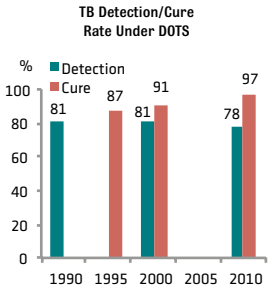
Source: Kiribati (2007)

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE





TB prevalence, incidence and death rates have risen since 1990, despite the improvement in treatment rates under DOTS.

High-density housing and overcrowding in urban areas, such as South Tarawa, facilitates the transmission of TB, with most reported cases found in the urban settlement of Betio. There are also some reported cases of co-infection of TB and HIV in Kiribati.

Source: SPC (2010)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

OFF TRACK

| HIGH LEVEL OF TB

| TREATMENT PROGRESS

TARGET 7.A

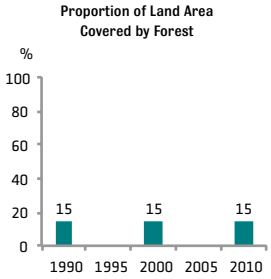
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

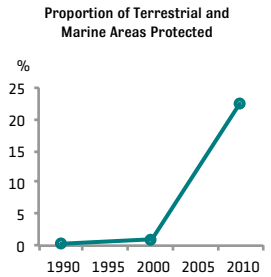
TARGET 7.B

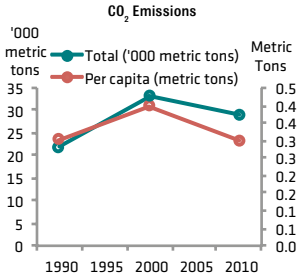
Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

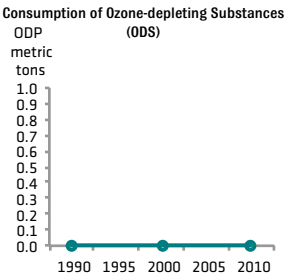
MIXED

- LOW FOREST COVER
- CO_2 EMISSIONS DOWN
- ZERO USE OF ODS
- PROTECTED AREAS UP









Forest cover is relatively low, while protected areas have increased. CO_2 emissions have declined since 2000, with zero reported use of ozone-depleting substances since 1990. No data was available for total water resources used.

Kiribati faces a range of environmental challenges including biodiversity loss, threats to fresh water resource and marine water quality, degradation and overuse of coastal and marine resources, climate change and rising sea levels, land and sea pollution, and poor waste management

Few countries are more vulnerable to the predictable effects of climate change than Kiribati. Without adaptation measures, some parts of Tarawa could become submerged from higher sea levels. In 2007, Kiribati produced a National Adaptation Program of Action to adapt to climate change.

Kiribati is also a strong advocate for emissions reductions in international climate change conventions and treaties, and has chosen to follow a low-carbon development path as part of its overall commitment to a sustainable future. It is currently preparing its Second National Communications to the UNFCCC, which will outline the status of its GHG emissions (including CO_2) as well as measures to mitigate climate change and measures to adapt to climate change. In addition, as part of Kiribati's commitment under the UN Convention on Biodiversity and in line with the 'Micronesia Challenge', in 2006, Kiribati established the Phoenix Islands Protected Area, the largest marine protected area in the world.

Kiribati has tried for many years to come to grips with environmental management by first, establishing a technical department in the ministry dealing with natural resources development and later, moving the department to the ministry dealing with lands and agriculture, the Ministry of Environment, Lands and Agriculture Development (MELAD). However, environment officials have struggled with their multiple roles as advisers, regulators and enforcers, making it difficult to fully integrate the principles of sustainable development across all sectors. Nevertheless, the MELAD recently completed a National Environment Integrated Policy at the end of 2011.

Source: Kiribati (2010, 2007)

According to the 2009 DHS, 91 percent of the population are using an improved drinking water source, while only 31 percent use an improved sanitation facility.

Access to clean water and improved sanitation are ongoing critical issues. Kiribati's main water sources are from limited groundwater and rainwater catchment but contamination of the groundwater and dry spells disrupts water supplies. Although there are currently no desalination plants in Kiribati, there are proposals to introduce solar-based desalination plants. There is a seawater reticulation system in South Tarawa, with untreated sewerage disposed at various ocean outfalls. However, due to the limited coverage of the reticulation system and absence of compost toilets/pit latrines, majority of squatters defecate on the beach or via over-sea latrines.

The Government is working in collaboration with ADB, NZAid and EU to carry out major water and sanitation projects, with ADB and NZAid funding various projects on South Tarawa and the EU focused on the Outer Islands. ADB is looking at improving the quality of the reticulation system and upgrading the main sewer lines, while NZAID is targeting to increase the yield of the rainwater catchment area and construction of in-house plumbing (compost toilets/pit latrines). The Government is also benefitting from policy and capacity building aspects of a regional initiative on sustainable integrated water resources and wastewater management.

Source: SOPAC (2007)

91%

Proportion of Population Using an Improved Drinking Water Source in

2009

31%

Proportion of Population Using an Improved Sanitation Facility in

2009

TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

OFF TRACK

| WATER QUALITY ISSUES

| LOW SANITATION ACCESS

Although there is no official data, anecdotal evidence indicate that squatter settlements in South Tarawa continue to grow from migrants from the outer islands. Squatters in Betio live in poor housing, with cramped conditions and poor access to clean water and proper sanitation. Betio has one of the highest population densities in the world, similar to that of Hong Kong.

Through NZAid, there are tentative plans to build better housing and relocate squatters to these sites.

Source: Kiribati (2007), NZ Herald (2008)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

OFF TRACK

| NO DATA BUT SQUATTERS AN ISSUE

Bibliography

Abott, David (2010). Kiribati Analysis of the 2006 Household Income and Expenditure Survey. Available from [http://www.undppc.org.fj/_resources/article/files/Kiribati_Poverty_Report.pdf

International Monetary Fund (2011). Kiribati: 2011 Article IV Consultation – Staff Report. IMF Country Report No. 11/113. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11113.pdf

Kiribati (2012). Global AIDS Response Progress Kiribati Country Progress Report 2012. Available from [http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_KI_Narrative_Report.pdf

_____ (2010). Kiribati National Assessment Report for MSI+5. Available from http://www.sidsnet.org/msi_5/docs/nars/Pacific/Kiribati-MSI-NAR2009.pdf

_____ (2007). Republic of Kiribati Millennium Development Goals 2007. Available from http://planipolis.iiep.unesco.org/upload/Kiribati/Kiribati_MDG_2007.eng.pdf

Nadkkami, Dev (2008). An Ailing Island in the Sun. New Zealand Herald October 25. Available from http://www.nzherald.co.nz/world/news/article.cfm?c_id=2&objectid=10539367

Nawadra-Taylor, Vasiti (2008). Reproductive Health Commodity Security Status Assessment Report: Republic of Kiribati. Available from http://210.7.20.137/Publications/Connect_RHCS/RHCS_Country_Report/RHCS%20SAR%20Kiribati%20final.pdf

Secretariat of the Pacific Community (2012). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

SOPAC (2007). National Integrated Water Management Diagnostic Report: Kiribati. Available from http://www.sprep.org/att/IRC/eCOPIES/Countries/Kiribati/38.pdf

WHO (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

KIRIBATI

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		21.8 (2006)		[1]
	1.2 Poverty gap ratio (%)	…		…		7.2 (2006)		[1]
	1.3 Poorest quintile in national consumption (%)	6.0 (1996)	*	…		7.8 (2006)	**	*HIES data cited in [2], **[1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		…		43.6 (2010)		SPC from 2010 census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		23.1 (2009)		[3]
	1.9 Food poverty (%)	…		…		5.3 (2006)		[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	76.2 (1990)	*	93.5 (2000)	*	85.0 (2010)	**	*[2], **SPC from MOE
	2.2 Reaches last grade in primary education (%)	98.0 (1990)	*	79.1 (2004)	**	90.1 (2009)	***	*NSO cited in [2], **SPC from NSO, ***SPC from MOE
	2.3 Literacy rates of 15-24 years old (%)	…		92.0 (2000)	*	98.5 (2010)	**	*SPC from NSO, **SPC from 2010 census
MDG 3	3.1a Gender parity index in primary education	…		101.0 (1999)	*	103.0 (2010)	**	*Country data cited in [4], **SPC from MOE
	3.1b Gender parity index in secondary education	…		119.0 (1999)	*	131.0 (2010)	**	*Country data cited in [4], **SPC from MOE
	3.1c Gender parity index in tertiary education	120.0 (1995)		100.0 (2000)		…		USP data* cited in [2]
	3.2 Women in the non-agricultural sector (%)	…		36.8 (2000)		38.5 (2005)		Country census data cited in [4]
	3.3 Seats held by women in parliament (%)	0.0 (1990)	*	4.9 (2000)	*	9.1 (2011)	**	*Country data cited in [4], **SPC
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		69.0 (2005)	*	59.0 (2010)	**	*Census data cited in [5], **SPC from 2010 census
	4.2 Infant mortality (per 1,000 live births)	65.0 (1990)	*	52.0 (2005)	**	45.0 (2010)	***	*Census data cited in [5], **[6], ***SPC from 2010 census
	4.3 Measles immunisation of 1 year old (%)	…		…		89.0 (2010)		MOH & WPRO technical units cited in [7]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	110.0 (1991)		215.0 (2004)		…		MHMS cited in [5]
	5.2 Skilled birth attendance (%)	60.0 (1988)	*	…		79.8 (2009)	**	*MHMS cited in [2], **[3]
	5.3 Contraceptive prevalence rate (%)	…		…		22.3 (2009)		[3]
	5.4 Adolescent birth rate (per 1,000 females)	39.0 (2004-05)	*	…		51.0 (2009)	**	*SPC, **[3]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		88.4 (2009)		[3]
	5.6 Unmet need for family planning (%)	…		…		28.0 (2009)		[3]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		…		
	6.2 Condom use at last high-risk sex (%)	…		…		…		
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	…		…		…		
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	138.0 (1990)		541.0 (2000)		550.0 (2010)		[8]
	6.9b TB death rates (per 100,000)	8.5 (1990)		46.0 (2000)		47.0 (2010)		[8]
	6.9c TB incidence rates (per 100,000)	116.0 (1990)		372.0 (2000)		370.0 (2010)		[8]
	6.10a TB detection rate under DOTS (%)	81.0 (1990)		81.0 (2000)		78.0 (2010)		[8]
	6.10b TB cure rate under DOTS (%)	87.0 (1995)		91.0 (2000)		97.0 (2009)		[8]
MDG 7	7.1 Proportion of land area covered by forest (%)	14.8 (1990)		14.8 (2000)		14.8 (2010)		Estimated data cited in [4]
	7.2a CO2 emissions, total ('000 metric tons)	22.0 (1990)		33.0 (2000)		29.0 (2008)		Global monitoring data cited in [4]
	7.2b CO2 emissions, per capita (metric tons)	0.3 (1990)		0.4 (2000)		0.3 (2008)		Global monitoring data cited in [4]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.2 (1990)		0.2 (2000)		0.1 (2008)		Global monitoring data cited in [4]
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		0.0 (2000)		0.0 (2009)		Country data cited in [4]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.3 (1990)		1.0 (2000)		22.6 (2010)		Estimated data cited in [4]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	…		…		90.6 (2009)		SPC from 2009 DHS
	7.9 Using an improved sanitation facility (%)	…		…		31.2 (2009)		SPC from 2009 DHS
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	41.9 (1990)	*	16.5 (2000)	*	10.5 (2010)	**	*Disbursement basis, OECD DAC country data cited in [4], **[9]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		9.5 (1998)	*	7.9 (2009)	**	*[10], **[11]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	1.7 (1990)	*	4.0 (2000)	**	4.1 (2010)	***	*Telecom Services Kiribati Limited, **ITU estimate & ***Telecom Authority of Kiribati cited in [4]
	8.15 Cellular subscribers per 100 population	0.0 (1990)	*	0.4 (2000)	*	10.1 (2010)	**	*Telecom Services Kiribati Limited & **Telecom Authority of Kiribati cited in [4]
	8.16 Internet users per 100 population	0.0 (1990)		1.8 (2000)		9.0 (2010)		ITU estimate cited in [4]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] David Abbott, *Kiribati Analysis of the 2006 HIES: A Report on the Estimation of Basic Needs Poverty Lines and the Incidence and Characteristics of Poverty in Kiribati*. (Suva, Fiji: Kiribati NSO & UNDP Pacific Centre) Available from http://www.undppc.org.fj/_resources/article/.../Kiribati_Poverty_Report.pdf
[2] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[3] SPC and Kiribati NSO, *Kiribati Demographic and Health Survey 2009* . (Noumea, New Caledonia: SPC). Available from http://www.spc.int/sdp/index.php?option=com_docman&task=cat_view&gid=67&Itemid=42&lang=en
[4] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[5] Kiribati, Ministry of Finance & Economic Planning, *Republic of Kiribati Millennium Development Goals Report 2007*. Available from http://planipolis.iiep.unesco.org/upload/Kiribati/Kiribati_MDG_2007.eng.pdf
[6] SPC and Kiribati NSO, *Kiribati 2005 Census, Volume 2: Analytical Report, January 2007* . (Noumea, New Caledonia: SPC). Available from http://www.spc.int/prism/Country/KI/Stats/Census2005/reports/KIR%20Report%202005%20-%20Volume%20II%20-%20FINAL.pdf
[7] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[8] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[9] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1878201.gif (accessed 8 March 2012)
[10] IMF, "Kiribati: 2001 Article IV Consultation – Staff Report", *IMF Country Report No. 01/165* . (Washington D.C.: IMF, 2001). Available from http://www.imf.org/external/pubs/ft/scr/2001/cr01165.pdf
[11] IMF, "Kiribati: 2011 Article IV Consultation – Staff Report", *IMF Country Report No. 11/113* . (Washington D.C.: IMF, 2011). Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11113.pdf
* "In-country", for USP centres and satellite training.


NBA

REPUBLIC OF THE MARSHALL ISLANDS

is located north of the equator half way between Australia and Hawaii. RMI consists of two roughly parallel chains of 29 coral atolls and 5 single coral islands – 20 atolls and 4 islands are inhabited. Close to half the population live in the capital.

Capital Majuro **Land** 181 sq km **EEZ** 2 million sq km **Population** 54,439 (2010e) **GDP per capita** USD$3,111
Language English, Marshallese
Currency United States dollar
Economy Aid, fisheries

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	No data on proportion below BNPL; hardship likely. No data on poverty gap ratio. Share of poorest quintile low; no recent data.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour productivity. Low employment. No recent data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children down but still high. No data on food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	No progress on net enrolment rate. Survival rate up. High literacy rates.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low economic participation. Low representation in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality fallen. Infant mortality declined steadily. Immunisation coverage up.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. High skilled attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teen fertility still high. 81% antenatal cover. Low unmet need.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	High HIV risk factors. Low condom use. Low HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	4 of 6 on ART.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No Malaria in RMI.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB cases increased. Treatment progress.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	High forest cover. Co_2 emissions up. Use of ODS down. No data on total water resources used. Some protected areas.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Water quality issues. Remaining concerns over sanitation issues.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data; high density urban areas

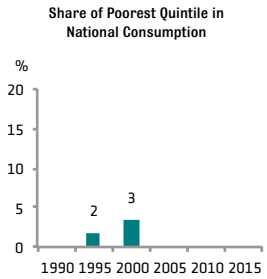
On Track Off Track Mixed Insufficient information Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

OFF TRACK

NO RECENT DATA

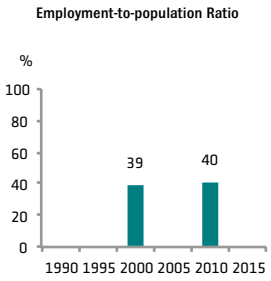


There is no data available for the proportion of the population living below the BNPL and the poverty gap ratio, while there is no recent data on the share of the poorest quintile in national consumption.

With now nearly three-quarters of the population living in the urban centres of Majuro and Ebeye, subsistence is no longer an option for the vast majority of Marshallese. This means that most people in RMI today require employment and wage incomes in order to survive.

In the absence of data, proxy indicators and anecdotal evidence indicate that households are facing increasing difficulties in meeting daily expenses. The double-digit inflation experienced in 2008 (stemming from the sharp rise in global fuel and food prices) likely exacerbated the problem. Although the economy recovered strongly from the adverse impact of the global financial crisis, much of this growth was concentrated in a small number of sectors. RMI has no social safety net and growth in employment in the private sector has remained muted. Consequently, there has been rising unemployment and financial hardship on many of the outer islands.

Source: RMI (2009), IMF (2011)



27%

Proportion of Own-account and Contributing Family Workers in Total Employment in

1999

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

LOW EMPLOYMENT LEVELS

RMI's employment levels are relatively low, while vulnerable employment was around 27 percent in 2000. There was no data on labour productivity.

RMI benefits from large and stable external grants but access to these foreign funds is time limited. The 2004 Compact of Free Association with the United States provides a stream of funding aimed primarily at education, health, and infrastructure projects. But these grants expire in 2024 so fiscal self-sufficiency is RMI's major challenge. In order to achieve fiscal sustainability, expenditure cuts are necessary, requiring the rationalisation of the civil service. The public sector wage bill has doubled since 2000 and the public payroll is significantly higher than other countries in the region. Consequently, Government has frozen or reduced public wages in recent years and are looking at eliminating vacant positions, enforcing mandatory retirement rules, and gradually reducing excessive allowances. Many private activities had been dependent on public spending and unemployment remained high.

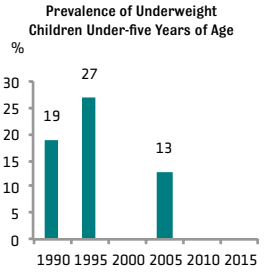
There is also a large private-public wage gap, where public wages are much higher than private sector wages. This hinders private sector employment. However, recent expansion of commercial fishery activities through foreign investment and regional agencies could help spur private sector development. Commercial fisheries, a key source of employment and growth in recent years, have increasingly diversified operations in harvesting, processing, transhipment, and exports.

Source: RMI (2009), IMF (2009, 2011)

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

OFF TRACK



The prevalence of underweight children has declined but remains relatively high. There is no data on food poverty levels.

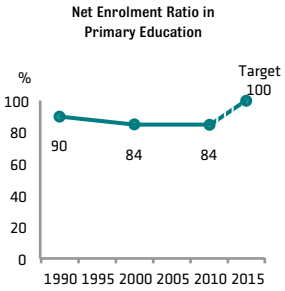
Source: RMI (2009)

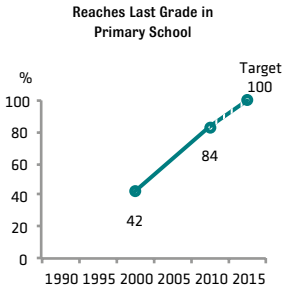
TARGET 2.A

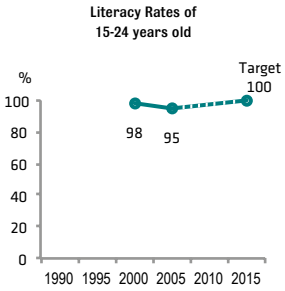
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

MIXED

- NO PROGRESS ON NER
- SURVIVAL RATE UP
- HIGH LITERACY RATES





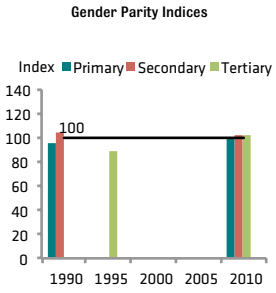


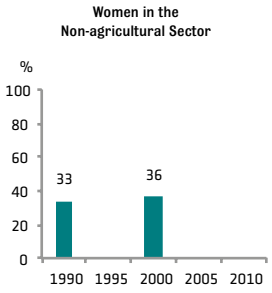
Although the NER remained flat and below 90 percent since 2000, the survival rate recorded a steep increase. Literacy rates fell slightly but remain relatively high.

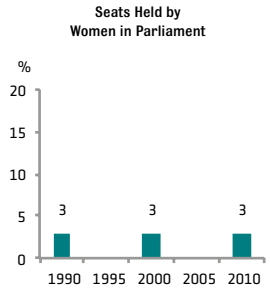
The lack of improvement in the net enrolment rate is likely a result of both a drop-out effect, as well as a push-out effect. An insufficient number of seats in primary schools, particularly in the congested urban areas of Majuro and Ebeye, underpin the push-out phenomenon.

On the other hand, reasons behind the steep improvement in the survival rate are unclear.

Source: RMI (2009)







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

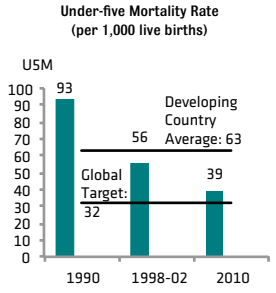
ON TRACK

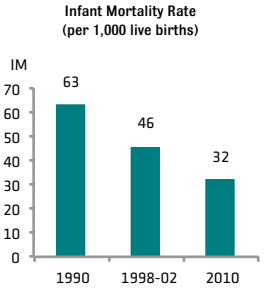
While RMI has achieved gender parity in education, there is low participation of women in the non-agricultural sector and low representation of women in parliament.

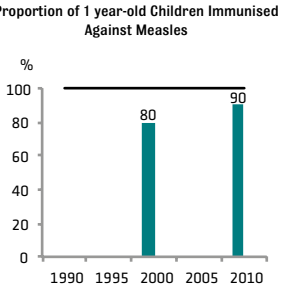
Traditionally, RMI is a matrilineal society where land rights pass through women. However, men are usually delegated the authority to exercise and control these rights. Although women enjoy the same rights as men under the Constitution, there is currently only one woman serving in the 33-member parliament (Nitijela), which has remained unchanged since 1990. However, there are a number of women serving in prominent government positions, including as ministers. In the private sector, although there are more women employed, their positions are usually low-paying.

Source: RMI (2009)

- GENDER PARITY ACHIEVED
- LOW ECO PARTICIPATION
- LOW REPRESENTATION







TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

The under-five mortality and infant mortality rates have declined steadily, consistent with the increase in the measles immunisation coverage.

Source: RMI (2009)

- U5M FALLEN
- IM DECLINED STEADILY
- IMMUNISATION UP

TARGET 5.A

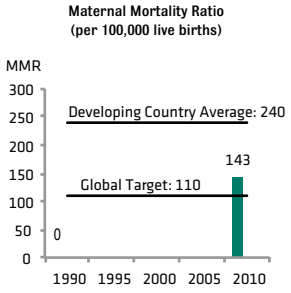
Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

- LOW MATERNAL DEATHS
- HIGH SKILLED ATTENDANCE

99%

Proportion of Births Attended by Skilled Health Personnel in 2010

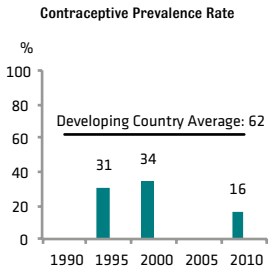


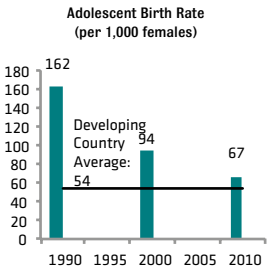
RMI's total population is 54,439 and the average number of live births is around 1,550. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of RMI due to the small size of the population.

Civil registration data indicate that the number of registered maternal deaths ranged between 0 and 3, with most years registering zero, although there is a likelihood of under-reporting. In 2009, health authorities reported 4 maternal deaths, which fell to 2 reported deaths in 2010.

The low level of maternal deaths is consistent with a high level of skilled attendance. There was an increase in trained midwives and maternal health staff at the hospitals on Majuro and Ebeye. There has also been an increase in trained Health Assistants in the outer islands. Strengthening of pre- and postnatal programs, hiring of qualified expatriate medical staff, purchasing of modern monitoring equipment, and improvement of the off-island medical referral system have also contributed to improving maternal health.

Source: RMI (2009)





The contraceptive prevalence rate declined, while there was low unmet need and 81 percent antenatal care coverage. RMI has one of the highest adolescent birth rates in the Pacific. While teen fertility rates have declined, they remain high by international and regional comparison. More effective awareness, advocacy and prevention programs are necessary, as well as improvements in estimates for unmet need.

The strong influence of culture and religion in RMI makes it difficult to openly discuss sexual and reproductive health issues, especially among young people. Traditionally, teenage pregnancy was not a concern, as extended families are willing to adopt child born out of wedlock under the custom of "kajiriri". Teenagers who have children are generally not ostracized (to the extent known in the western world), nor are they considered delinquent in their responsibilities to themselves and to their children.

Source: RMI (2009)

81%

Antenatal Care Coverage in

2007

2%

Unmet Need for Family Planning in

2009

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

| LOW CONTRACEPTIVE USE

| TEEN FERTILITY DOWN BUT STILL HIGH

| LOW UNMET NEED

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

OFF TRACK

- HIGH RISK FACTORS
- LOW CONDOM USE
- LOW HIV/AIDS KNOWLEDGE

15%

Condom Use at Last High-Risk Sex in

2007

33%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2007

Up until 2009, the cumulative HIV/AIDS reported cases totalled 25, of which 10 have died. Authorities reported one new case of HIV in 2011, as well as one AIDS-related death.

The high prevalence of STIs, particularly among younger people (many of whom continue to practice high-risk sexual behaviour), low condom use, and low comprehensive correct knowledge of HIV/AIDS indicate RMI's continued vulnerability to HIV/AIDS. Authorities believe that it is quite possible that while incidence rates of HIV are low (meaning newly detected cases every year are low) the population-wide prevalence rate may be high.

Source: RMI (2009)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

MIXED

- 4 OF 6 ON ART

67%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2010

Only 4 of the 6 people that require ART are receiving it. It is not clear why the other 2 are not taking ART.

Source: RMI (2009)

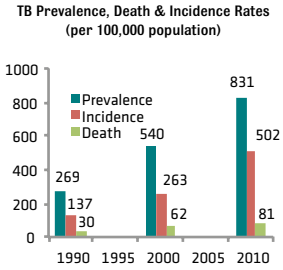
TARGET 6.C.I

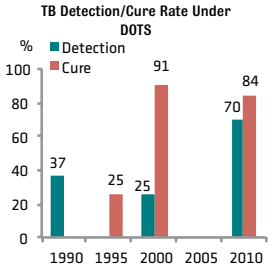
Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in RMI.

Source: RMI (2009)





TB prevalence, death and incidence rates have increased, while treatment under DOTS showed mixed trends.

Environmental conditions underpin the lack of progress in combating TB. Ebeye accounts for majority of the new cases of TB, on account of overly crowded and poor sanitation conditions. TB is also a major concern in densely populated conditions in the Darrit-Uliga-Delap area of the Majuro atoll, where significant numbers of households do not have access to clean water and sanitation, which encourages the rapid spread of air/water-borne and other communicable diseases.

Source: RMI (2009)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

OFF TRACK

| TB CASES INCREASED

| TREATMENT PROGRESS

TARGET 7.A

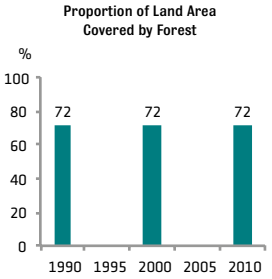
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

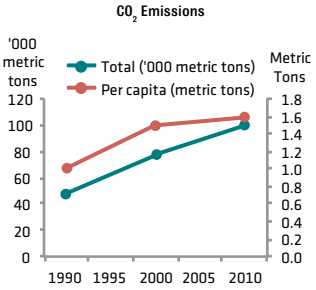
TARGET 7.B

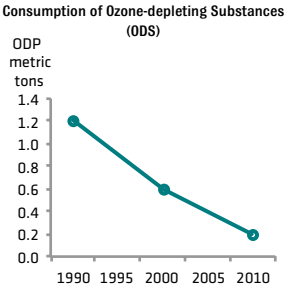
Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

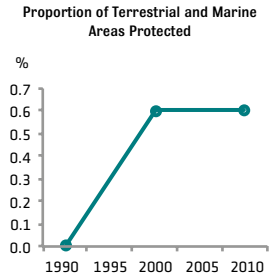
MIXED

- HIGH FOREST COVER
- CO_2 EMISSIONS UP
- USE OF ODS DOWN
- PROTECTED AREAS









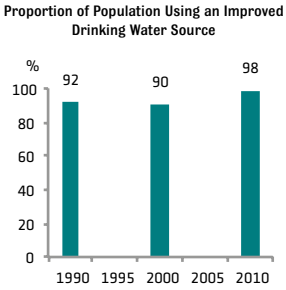
RMI's estimated forest cover was relatively unchanged. Similarly, estimated protected areas remained relatively unchanged since 2000. CO_2 emissions were up, while the use of ODS fell. There was no data on the total water resources used.

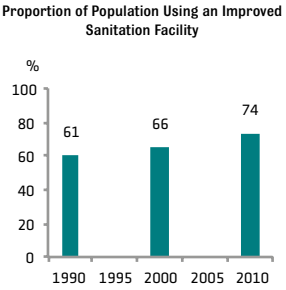
Although RMI faces serious environmental challenges, such as climate change and sea-level rise, it is making somewhat slow progress in mainstreaming sustainable development principles and practices into its planning and development processes.

In addition, although CO_2 emissions increased, RMI's emissions are negligible, even on a per capita basis. The Government is implementing strategies to reduce the nation's reliance on fossil fuels through appropriate renewable energy technologies. This would contribute to a reduction in the nation's CO_2 emissions, although the current level remains lower than those of developed countries. RMI's use of ODS has fallen after RMI banned the importation, sale and use of R12 refrigerant and all other CFCs. In addition, in 2007, as part of the 'Micronesia Challenge' RMI established the Remaanlok Conservation Plan to meet or even exceed targets under the Challenge. RMI is currently preparing its Second National Communications to the UNFCCC, which will outline the current status of its GHG emissions (including CO_2) as well as measures to mitigate climate change and measures to adapt to climate change.

The Government is currently embarking on an initiative to address water resource, wastewater and sanitation management issues and has so far made necessary policy and institutional changes. Since 2011, national events have resulted in agreements on water policy needs and programme for water policy developments, institutional restructuring of coordinating committee and task force to include relevant stakeholders and technical expertise. The Government has undertaken studies on how socio-political factors influence the management of water and land as well as climate vulnerability assessments.

Source: RMI (2009)





TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

OFF TRACK

I WATER QUALITY ISSUES

I REMAINING CONCERNS OVER SANITATION

The proportion of the population using an improved drinking water source, as well as using an improved sanitation facility has increased since 1990. However, various studies indicate ongoing serious concerns over the water quantity and quality problems related to household drinking water. Similarly, there remain serious concerns over sanitation, particularly the percentage of households with no sanitation facilities whatsoever; and the poor sanitation situation in the densely populated urban areas.

Source: RMI (2009)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

OFF TRACK

I NO DATA

Although there is no data on the proportion of urban dwellers living in slums, densely populated villages in Majuro and Ebeye are a common phenomenon. These areas usually have poor housing, with poor access to clean water and proper sanitation. Census and survey data indicate that rural to urban migration is rife, with Majuro receiving hundreds of new migrants from the rural areas every year.

Source: RMI (2009)

Bibliography

Republic of the Marshall Islands (2009). Republic of the Marshall Islands, Millennium Development Goals Progress Report 2009. Available from http://www.undp.org.fj/components/com_publications/pdfs/Marshall%20Islands%20MDG%20Report%2020091259784707.pdf

International Monetary Fund (2011). Republic of the Marshall Islands: 2011 Article IV Consultation – Staff Report, IMF Country Report No. 11/339. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11339.pdf

_____ (2009). Republic of the Marshall Islands: 2010 Article IV Consultation – Staff Report, IMF Country Report No. 10/51. Available from http://www.imf.org/external/pubs/ft/scr/2010/cr1051.pdf

REPUBLIC OF THE MARSHALL ISLANDS

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		…		
	1.2 Poverty gap ratio (%)	…		…		…		
	1.3 Poorest quintile in national consumption (%)	…		1.6 (1999)		3.3 (2002e)		EPPSO cited in [1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		38.6 (1999)	*	40.4 (2011)	**	SPC from *1999 & **2011 census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		26.7 (1999)		…		Country census data cited in [3]
	1.8 Underweight children under age 5 (%)	19.0 (1991)		27.0 (1997)		13.0 (2007)		SPC & 2007 DHS cited in [2]
	1.9 Food poverty (%)	…		…		…		
MDG 2	2.1 Net enrolment ratio in primary education (%)	89.7 (1988)	*	84.1 (1999)	*	84.0 (2011)	**	*Census data cited in [1], **SPC from 2011 census
	2.2 Reaches last grade in primary education (%)	…		42.4 (2002)		83.5 (2008)		Country data cited in [3]
	2.3 Literacy rates of 15-24 years old (%)	…		98.3 (1999)	*	94.9 (2007)	**	SPC from *1999 census & **2007 DHS
MDG 3	3.1a Gender parity index in primary education	95.0 (1989)	*	…		100.0 (2010-11)	**	*MOE cited in [2], **SPC from 2010-11 MOE Yearbook
	3.1b Gender parity index in secondary education	105.0 (1990)	*	…		102.0 (2010-11)	**	*MOE cited in [2], **SPC from 2010-11 MOE Yearbook
	3.1c Gender parity index in tertiary education	…		90.0 (1996)		103.0 (2008)		CMI, MISGLB & USP data cited in [2]
	3.2 Women in the non-agricultural sector (%)	33.2 (1988)		35.9 (1999)		…		Census data cited in [2]
	3.3 Seats held by women in parliament (%)	3.0 (1990)	*	3.0 (2001)	**	3.0 (2011)	**	*[2], **Country data cited in [3]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	93.0 (1988)	*	56.0 (1998-02)	**	39.0 (2011)	***	*Census data cited in [2], **[4], ***SPC from census
	4.2 Infant mortality (per 1,000 live births)	63.0 (1988)	*	46.0 (1998-02)	**	32.1 (2011)	***	*Census data cited in [2], **[4], ***SPC from census
	4.3 Measles immunisation of 1 year old (%)	…		80.0 (2001)	*	90.2 (2009)*	**	*SPC cited in [2], **MOH cited in [5]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	0.0 (1991)	*	…		143.0 (2010)	**	MOH cited in *[1] & **MOH cited in [5]
	5.2 Skilled birth attendance (%)	…		…		99.0 (2010)		MOH cited in [5]
	5.3 Contraceptive prevalence rate (%)	30.6 (1995)	*	34.0 (2001)	*	16.0 (2010)	**	*SPC & 2007 DHS cited in [2], **MOH cited in [5]
	5.4 Adolescent birth rate (per 1,000 females)	162.0 (1988)	*	94.0 (2000)	*	67.0 (2010)	**	*Census data cited in [2], **MOH cited in [5]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		81.2 (2007)		2007 DHS cited in [3]
	5.6 Unmet need for family planning (%)	…		…		2.4 (2009)		MOH cited in [5]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		…		
	6.2 Condom use at last high-risk sex (%)	…		…		15.3 (2007)		2007 DHS (average of men & women) cited in [3]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		33.0 (2007)		2007 DHS (average of men & women) cited in [3]
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	…		…		66.7 (2010)		[6]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	269.0 (1990)		540.0 (2000)		831.0 (2010)		[7]
	6.9b TB death rates (per 100,000)	30.0 (1990)		62.0 (2000)		81.0 (2010)		[7]
	6.9c TB incidence rates (per 100,000)	137.0 (1990)		263.0 (2000)		502.0 (2010)		[7]
	6.10a TB detection rate under DOTS (%)	37.0 (1991)		25.0 (2000)		70.0 (2010)		[7]
	6.10b TB cure rate under DOTS (%)	25.0 (1995)		91.0 (2000)		84.0 (2009)		[7]
MDG 7	7.1 Proportion of land area covered by forest (%)	72.2 (1990)		72.2 (2000)		72.2 (2010)		Country data cited in [3]
	7.2a CO2 emissions, total ('000 metric tons)	48.0 (1990)		77.0 (2000)		99.0 (2008)		Global monitoring data cited in [3]
	7.2b CO2 emissions, per capita (metric tons)	1.0 (1990)		1.5 (2000)		1.6 (2008)		Global monitoring data cited in [3]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	1.2 (1990)		0.6 (2000)		0.2 (2009)		Country data cited in [3]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		0.6 (2000)		0.6 (2010)		Estimated data cited in [3]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	91.5 (1988)	*	90.1 (1999)	*	98.4 (2007)	**	*Census data cited in [2], **[4]
	7.9 Using an improved sanitation facility (%)	60.8 (1988)	*	65.5 (1999)	*	73.7 (2007)	**	*Census data cited in [2], **[4]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	…		45.8 (1998)		48.6 (2010)		*Disbursement basis, OECD DAC country data cited in [3], **[8]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		135.8 (2001)	*	18.4 (2011e)	**	*[9] **[10]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	1.1 (1990)	*	7.7 (2000)	*	6.0 (2011)	**	*NTA cited in [3], **SPC from Ministry of Transportation & Communication
	8.15 Cellular subscribers per 100 population	0.0 (1990)	*	0.9 (2000)	*	24.0 (2011)	**	*NTA cited in [3], **SPC from Ministry of Transportation & Communication
	8.16 Internet users per 100 population	0.0 (1990)	*	1.5 (2000)	*	3.6 (2009)	**	*NTA & **ITU estimate cited in [3]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[2] RMI, EPPSO, *Republic of the Marshall Islands Millennium Development Goals Progress Report 2009* . Available from http://www.undp.org.fj/components/com_publications/pdfs/Marshall%20Islands%20MDG%20Report%202009125784707.pdf
[3] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[4] SPC and EPPSO, *Marshall Islands Demographic and Health Survey 2007* . (Noumea, New Caledonia: SPC). Available from http://www.spc.int/sdp/index.php?option=com_docman&task=cat_view&gid=48&Itemid=42&lang=en
[5] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[6] RMI, *UNGASS Country Progress Report 2010*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/marshallislands_2010_country_progress_report_en.pdf
[7] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[8] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1882099.gif (accessed 8 March 2012)
[9] IMF, Republic of the Marshall Islands: 2005 Article IV Consultation—Staff Report, *IMF Country Report No. 06/95*. Available from http://www.imf.org/external/pubs/ft/scr/2006/cr0695.pdf
[10] IMF, Republic of the Marshall Islands: 2011 Article IV Consultation—Staff Report, *IMF Country Report No. 11/339*. Available from www.imf.org/external/pubs/ft/scr/2011/cr11339.pdf

* Likely represents 12-23 month olds. Measles immunisation administered at [tba] months.

NAURU

is an oval-shaped island located in the south-western Pacific Ocean, 42km south of the equator. In the 1970s Nauru had the highest GDP per capita in the world due to its phosphate. But phosphate reserves were exhausted and poor management led to a sharp decline in wealth.

Capital No official capital **Land** 21 sq km **EEZ** 320,000 sq km
Population 10,086 (2011) **GDP per capita** USD$5,890
Language English, Nauruan
Currency Australian dollar
Economy Aid, phosphate

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	1 in 4 people below BNPL. No data on poverty gap ratio. Low share of income.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on productivity. Weak employment. No data on vulnerable employment
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Low prevalence of underweight children. High food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment rate increased. No data on survival rate. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Achieved gender parity. No recent data on women in non-agricultural sector. No women in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality declined. Infant mortality down slightly. Drug shortage affected measles immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	No data on maternal deaths. 97 percent skilled attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. High teen fertility. High antenatal coverage. High unmet need.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Zero reported cases. Low condom use. Low HIV/AIDS awareness.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Zero reported cases.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Nauru.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	Drop in TB. Treatment improved.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Zero forest coverage. CO_2 emissions up. Zero use of ozone-depleting substances. No data on total water resources uses. Zero protected areas.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Better access to water. Access to improved sanitation down.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data but some evidence of increasing informal settlements.

On Track Off Track Mixed Insufficient information Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

OFF TRACK

- 1 OF 4 BELOW BNPL
- LOW SHARE OF INCOME

25%

Proportion of Population below Basic Needs Poverty Line (BNPL) in

2006

6%

Share of Poorest Quintile in National Consumption in

2006

According to the 2006 HIES, a quarter of Nauru's population live below the basic needs poverty line, while the poorest quintile's share of national consumption was 6 percent.

After independence in 1968, Nauru enjoyed significant wealth through the exploitation of phosphate. At the height of phosphate mining, the country's GDP was one of the highest in the Pacific and living standards were comparable to those of high-income countries. However, as a result of financial mismanagement and poor governance, the Government became heavily indebted and faced bankruptcy in the early 2000s. With primary phosphate deposits and revenues exhausted, Nauru was on the brink of collapse by 2004. Consequently, Government cut costs, froze wages and reduced over-staffed public service departments. This led to a decline in disposable incomes and dependence on aid.

There is little sign now of Nauru's former wealth. Available data indicate that the economy contracted for most of the years between 2005 and 2009, except for a slight reprieve in 2008 due to renewed mining of secondary phosphate. As Nauru continues to face significant economic challenges and with lack of job opportunities, it is likely that hardship is increasing. In other words, more households are finding it difficult to meet day-to-day needs.

Source: Nauru (2012), EU (2007), WHO (2011),

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

- WEAK EMPLOYMENT NUMBERS

50%

Employment-to-population Ratio in

2006

According to the last census in 2006, the employment-to-population ratio was around 50 percent. Government is the largest employer, followed by the mining sector (RonPhos phosphate mining company) and much smaller private sector. Anecdotal evidence suggests that there is likely to be high unemployment, particularly youth unemployment, which is consistent with high truancy at the secondary school level.

In terms of Government initiatives, there are currently various programmes to address unemployment, targeted at the youth and women. The government Youth Programme runs several courses, including basic numeracy/literacy skill courses, as well as a Fishermen's Programme for the unemployed youth, particularly school drop-outs and out-of-school youth.

Nauru has a low prevalence of underweight children, but according to the 2006 HIES, a relatively high proportion of the population below the food poverty line.

Anecdotal evidence suggests that there was a fair degree of food poverty in the aftermath of the financial crisis of 2004 but since the economic recovery and stabilisation of Government, the situation has improved. Nauru imports majority of its food items and there is a general shortage of fresh local produce, particularly fruit and vegetables.

With the assistance of the Taiwan Technical Mission, the Department of Agriculture is currently targeting to produce 6 items (eggs, cucumber watermelon, pumpkin, leafy vegetables and tomatoes) for the domestic market on a sustainable basis by 2015. This project is in line with the Government's food security and import substitution objectives.

6%

Prevalence of Underweight Children Under-five Years of Age in

2007

16%

Proportion of Population Below Basic Food Poverty Line in

2006

TARGET 1.C

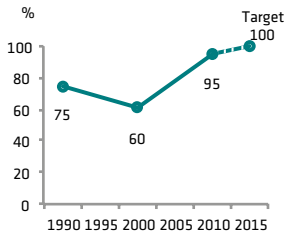
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

MIXED

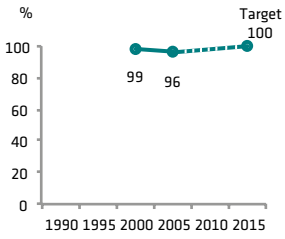
| LOW UNDERWEIGHT PREVALENCE

| HIGH FOOD POVERTY

Net Enrolment Ratio in Primary Education



Literacy Rates of 15-24 years old



The net enrolment rate has increased, while the literacy rate remains high. There is no data on the survival rate.

Primary education in Nauru is free for all students, including the provision of textbooks. However, Nauru has had problems with addressing truancy, particularly in high schools. Anecdotal evidence suggests that the low value of education, due to the lack of job opportunities, underpins the apparent high level of truancy.

Nevertheless, the Government has prioritised its spending on the education sector and in 2011, passed the Education Act, which among other initiatives, takes parents to task if their children are truant. Although data on the survival rate is not available, enrolment rates for the school cohort monitored for primary completion since 2006 indicate that over 80 percent of this cohort should complete primary school by 2015. These combined with the successful extension of school hours from 1 to 3pm suggest cautious optimism that Nauru is on track to achieve MDG 2.

However, there is likely to be ongoing issues with the quality of education received.

TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

| NER INCREASED

| HIGH LITERACY RATE

TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

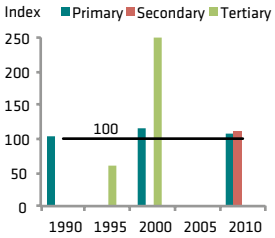
- ACHIEVED GENDER PARITY
- NO WOMEN IN PARLIAMENT

42%

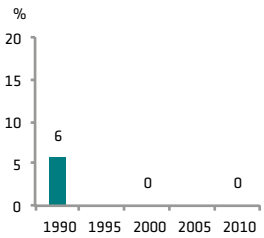
Women in the Non-agricultural Sector in

2002

Gender Parity Indices

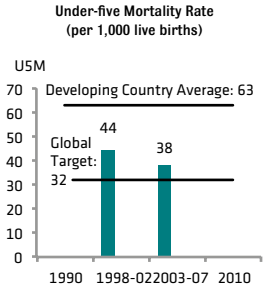


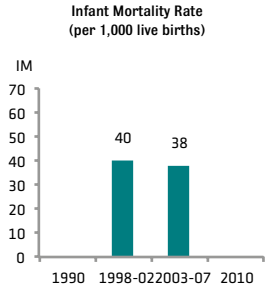
Seats Held by Women in Parliament



Nauru has achieved gender parity in primary and secondary education. Although there is no recent data for the tertiary level, based on earlier data and the outcomes in the primary and secondary levels, it is likely that Nauru is on track to achieve gender parity in tertiary education. However, there are concerns regarding the enrolment of boys at the high school level.

According to the 2002 census, there were 42 percent of women in the non-agricultural sector. Without recent data it is difficult to gauge the trends in women's economic participation in Nauru. Currently, there are no women in parliament and this situation has prevailed since the late 1990s. Therefore, while on track to achieve gender parity, Nauru's progress on the broader goal is mixed.





65%

Proportion of 1 year-old Children Immunised Against Measles in

2010

TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

MIXED

U5M DECLINED

IM DOWN SLIGHTLY

The average annual number of live births in Nauru is around 80. This means that the statistical impact of even one death on the U5M and IM rates, per 1,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Nauru due to the small size of the population. Also as a result of population dynamics, an assessment based on a multi-year period is preferred over a single year.

Based on the annual average number of live births of 80 and the U5M rate derived from the 2007 DHS, the actual number of under-five deaths between 1998 and 2002 was 18, falling to 15 in the subsequent 5-year period (2003-07). Similarly, the actual number of infant deaths was 16 between 1998 and 2002, falling to 15 in the 2003 to 2007 period. The measles immunisation coverage was 65 percent in 2010, mainly due to a shortage of vaccine. As supplies recovered, authorities vaccinated those children that missed out in the following year.

Even though the number of child mortalities has fallen, it is still relatively high for a small population.

97%

Proportion of Births Attended by Skilled Health Personnel in

2007

TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

Nauru's total population is 10,086 and the average number of live births is around 80. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Nauru due to the small size of the population.

There is no data available on the maternal mortality ratio but skilled health personnel attend 97 percent of births. Nauru has an absence of traditional birth attendants. In addition, easy access to the Hospital, high antenatal coverage and the administration of MNCH and safe motherhood programs are positive factors that should contribute to an improvement in maternal health. However, the high adolescent birth rate remains a risk.

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

- LOW CONTRACEPTIVE USE
- HIGH TEEN FERTILITY
- HIGH ANTENATAL COVERAGE
- HIGH UNMET NEED

36%

Contraceptive Prevalence Rate in

2007

Developing Country Average: 62

95%

Antenatal Care Coverage in

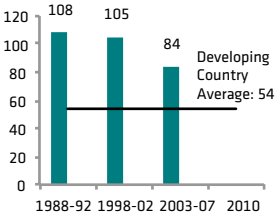
2007

24%

Unmet Need for Family Planning in

2007

Adolescent Birth Rate (per 1,000 females)



By international standards, Nauru has a low contraceptive prevalence rate, consistent with a relatively high unmet need for family planning. While the teenage birth rate has fallen, it still remains high. On a positive note, antenatal care coverage is high.

Teenage fertility is high since Nauru's total fertility has generally declined. Government needs to improve adolescent reproductive health services and the delivery of quality family planning services to ensure universal access to reproductive health.

Source: UNFPA (2011)

NAURU

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

- ZERO REPORTED CASES
- LOW CONDOM USE
- LOW HIV/AIDS AWARENESS

0%

HIV Prevalence Among Population Aged 15-24 years in

2011

13%

Condom Use at Last High-Risk Sex in

2007

12%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2007

Nauru reported two HIV/AIDS cases during the 1990s – an expatriate worker in 1992, who was apparently deported, and a foreign seafarer in 1999, brought onshore due to illness and later died from AIDS-related complications. At present, Nauru has no reported HIV/AIDS case. However, a high level of STIs, low condom use and low comprehensive correct knowledge of HIV/AIDS remain risk factors for Nauru.

Source: Nauru (2010)

Nauru does not have any person living with HIV/AIDS at present.

Source: Nauru (2010)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

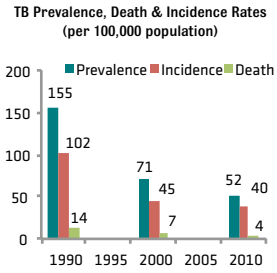
◇ NOT APPLICABLE

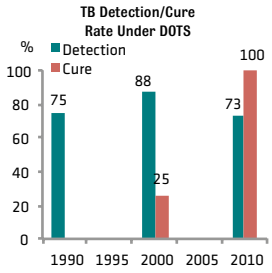
There is no malaria in Nauru.

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

◇ NOT APPLICABLE





TB prevalence, incidence and death rates have declined, while TB treatment has generally improved. Given the low number of TB case notifications reported, Nauru should focus on eliminating TB as a public health problem. Strategies to achieve this goal should centre on advocacy, active case finding, early detection and effective treatment. A national TB programme implementing DOTS could assist in eliminating TB.

Source: SPC (2010)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

▶ ON TRACK

| DROP IN TB

| TREATMENT IMPROVED

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

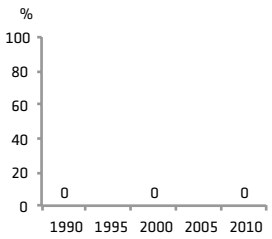
TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

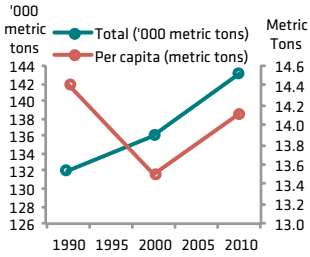
OFF TRACK

- ZERO FOREST COVERAGE
- CO_2 EMISSIONS UP
- ZERO USE OF ODS
- ZERO PROTECTED AREAS

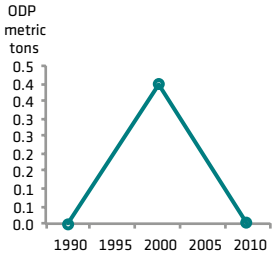
Proportion of Land Area Covered by Forest



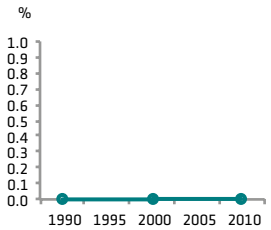
CO_2 Emissions



Consumption of Ozone-depleting Substances (ODS)



Proportion of Terrestrial and Marine Areas Protected



Nauru has zero forest cover and no protected areas. CO_2 emissions have generally increased, while Nauru has zero consumption of ozone-depleting substances.

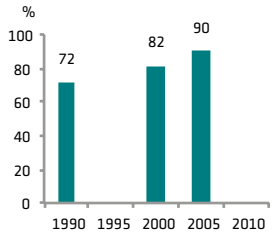
The Government is implementing strategies to reduce the nation's reliance on fossil fuels through appropriate renewable energy technologies. This would contribute to a reduction in the nation's CO_2 emissions, although the current level remains lower than those of developed countries. Nauru is currently preparing its Second National Communications to the UNFCCC, which will outline the current status of its GHG emissions (including CO_2) as well as measures to mitigate climate change and measures to adapt to climate change.

In 1998, the Government of Nauru adopted the National Environmental Strategy and National Environmental Action Plan to respond to environmental challenges. The Government's National Sustainable Development Strategy (2005-2025) clearly identifies environmental protection as a key goal.

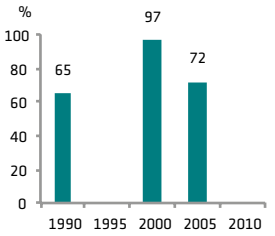
Mined-out phosphate lands cover almost 90 percent of the island. Years of strip-mining the phosphate left behind a barren landscape of deep pits and tall pillars, while the removal of natural vegetation and topsoil from over 70 percent of the land area has made most of the island uninhabitable and barren. Degradation of (inland) topsoil through phosphate mining limits land for agricultural use. Low environmental awareness and lack of protected areas hinders environment promotion efforts. Consequently, there is widespread use of environmentally unsustainable practices.

Source: EU (2007)

Proportion of Population Using an Improved Drinking Water Source



Proportion of Population Using an Improved Sanitation Facility



TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MIXED

| BETTER ACCESS TO SAFE WATER

| SANITATION ACCESS DOWN

The proportion of the population using an improved drinking water source has risen since 1990, while earlier gains made in using improved sanitation facilities have back-tracked since 2000.

Most households rely on rainwater tanks during the wet season and groundwater bores during the dry season. There are also two desalination plants in use but energy costs are a major downside in operating the plants. Increasing contamination of the groundwater bores is an area of concern. There is no wastewater reticulation or treatment system in Nauru, with raw sewage discharged into the sea. Sanitation systems mainly consist of septic tanks and cess pits, with most systems overloaded. Consequently, seepage from the tanks/pits contaminates the groundwater.

Officials are introducing composting toilets as a solution and conducting an integrated approach to water and sanitation management. The Government is currently embarking on an initiative to address water resource, wastewater and sanitation management issues and has so far made progress on engaging communities in the assessment of groundwater quality and installation of technology for improved sanitation practices. The Government has also mobilised additional resources to value-add this initiative.

Source: SOPAC (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

INSUFFICIENT INFORMATION

There is no official data on the proportion of urban population living in slums. However, anecdotal evidence suggests informal settlements exist in some parts of Nauru.

Bibliography

European Union (2007). Government of Nauru – European Community EDF 10: Country Strategy Paper & National Indicative Programme (For the period 2008-2013). Available from http://ec.europa.eu/development/icenter/repository/scanned_nr_csp10_en.pdf

Nauru, Bureau of Statistics (2012). National Accounts. Available from http://www.spc.int/prism/country/nr/stats/Publication/GDP/NA%20Publication%20Tables.pdf

_____, UNGASS Taskforce (2010). UNGASS Country Progress Report 2010, Nauru, Reporting Period: January 2008-December 2009. Available from http://www.unaids.org/fr/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries/file,33619,fr..pdf

Secretariat of the Pacific Community (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

SOPAC (2007). National Integrated Water Management Diagnostic Report: Nauru. Available from http://www.sprep.org/att/IRC/eCOPIES/Countries/Nauru/12.pdf

UNFPA (2011). Nauru. Available from http://countryoffice.unfpa.org/filemanager/files/pacific/cp12.pdf

World Health Organisation (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

NAURU

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		25.1 (2006)		[1]
	1.2 Poverty gap ratio (%)	…		…		…		
	1.3 Poorest quintile in national consumption (%)	…		…		6.4 (2006)		[1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		…		49.5 (2006)		SPC from 2006 mini-census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		5.6 (2007)		[2]
	1.9 Food poverty (%)	…		…		16.0 (2006)		[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	75.1 (1992)	*	60.3 (2002)	*	95.0 (2011)	**	*Census data cited in [3], **SPC from MOE
	2.2 Reaches last grade in primary education (%)	…		…		…		
	2.3 Literacy rates of 15-24 years old (%)	…		99.0 (2002)	*	96.0 (2007)	**	SPC from *NSO & **2007 DHS
MDG 3	3.1a Gender parity index in primary education	103.0 (1992)	*	115.0 (2000)	*	106.0 (2011)	**	*Census data cited in [3], **SPC from MOE
	3.1b Gender parity index in secondary education	…		…		110.0 (2011)		SPC from MOE
	3.1c Gender parity index in tertiary education	60.0 (1995)		250.0 (2000)		…		USP data^ cited in [3]
	3.2 Women in the non-agricultural sector (%)	…		42.0 (2002)		…		SPC from 2002 census
	3.3 Seats held by women in parliament (%)	5.6 (1990)		0.0 (2000)		0.0 (2011)		Country data cited in [4]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		44.0 (1998-02)		37.9 (2003-07)		[2]
	4.2 Infant mortality (per 1,000 live births)	…		40.0 (1998-02)		37.9 (2003-07)		[2]
	4.3 Measles immunisation of 1 year old (%)	…		…		65.0 (2010)^		PIFS from MOH
MDG 5	5.1 Maternal mortality (per 100,000 live births)	…		…		…		
	5.2 Skilled birth attendance (%)	…		…		97.4 (2007)		2007 DHS cited in [4]
	5.3 Contraceptive prevalence rate (%)	…		…		35.6 (2007)		2007 DHS cited in [4]
	5.4 Adolescent birth rate (per 1,000 females)	108.0 (1988-92)		105.0 (1998-02)		84.0 (2003-07)		[2]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		94.6 (2007)		2007 DHS cited in [4]
	5.6 Unmet need for family planning (%)	…		…		23.5 (2007)		[2]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		0.0 (2011)		SPC
	6.2 Condom use at last high-risk sex (%)	…		…		13.3 (2007)		2007 DHS (average of men & women) cited in [4]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		11.5 (2007)		2007 DHS (average of men & women) cited in [4]
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	n/a		n/a		n/a		
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	155.0 (1990)		71.0 (2000)		52.0 (2010)		[5]
	6.9b TB death rates (per 100,000)	14.0 (1990)		6.6 (2000)		3.8 (2010)		[5]
	6.9c TB incidence rates (per 100,000)	102.0 (1990)		45.0 (2000)		40.0 (2010)		[5]
	6.10a TB detection rate under DOTS (%)	75.0 (1990)		88.0 (2000)		73.0 (2010)		[5]
	6.10b TB cure rate under DOTS (%)	…		25.0 (2000)		100.0 (2008)		[5]
MDG 7	7.1 Proportion of land area covered by forest (%)	0.0 (1990)		0.0 (2000)		0.0 (2010)		Estimated data cited in [4]
	7.2a CO2 emissions, total ('000 metric tons)	132.0 (1990)		136.0 (2000)		143.0 (2008)		Global monitoring data cited in [4]
	7.2b CO2 emissions, per capita (metric tons)	14.4 (1990)		13.5 (2000)		14.1 (2008)		Global monitoring data cited in [4]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		0.4 (2000)		0.0 (2009)		Country data cited in [4]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		0.0 (2000)		0.0 (2010)		Estimated data cited in [4]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	71.7 (1992)	*	81.7 (2002)	*	90.1 (2007)	**	*Census data cited in [3], **[2]
	7.9 Using an improved sanitation facility (%)	65.3 (1990)	*	96.9 (2002)	*	72.2 (2007)	**	*Census data cited in [3], **[2]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	0.2 (1990)		4.0 (2000)		24.1 (2009)		Disbursement basis, OECD DAC country data cited in [4]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		…		…		
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	13.1 (1990)	*	17.9 (2000)	**	n/a	***	*ITU estimate & **Min of Transport & Telecom cited in [4], ***Nauru no longer has an operational cable network
	8.15 Cellular subscribers per 100 population	0.0 (1990)	*	12.0 (2000)	**	58.9 (2011)	***	*ITU estimate & **Min of Transport & Telecom cited in [4], ***SPC from Ministry of Transport & Telecom
	8.16 Internet users per 100 population	0.0 (1990)	*	3.0 (2001)	**	5.6 (2011)	***	*ITU estimate & **Min of Transport & Telecom cited in [4], ***SPC from Ministry of Transport & Telecom

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Ramrakha Detenamo, Poverty Incidence in Nauru, An Assessment of Povery, paper presented at the 7th United Nations Statistical Institute for Asia and the Pacific Research-based Training Programme, Korea, 9 June to 8 August, 2008
[2] SPC and Nauru Bureau of Statistics, *Nauru Demographic and Health Survey 2007* . (Noumea, New Caledonia: SPC). Available from http://www.spc.int/prism/country/nr/stats/Publication/DHS/Report/NauruDHS-Report_TOC&Summary.pdf
[3] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[4] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[5] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf

^ "In-country", for USP centres and satellite training.
^ According to health authorities, 100% of 1 year olds were immunised against measles from 2007-09. The 65% recorded in 2010 was due to the shortage of vaccine and the remaining children were immunised in 2011.

NIUE

is a raised coral atoll in the southern Pacific Ocean, northeast of New Zealand in a triangle between Tonga, Samoa and the Cook Islands. Niue has 14 villages, with one-third of the population or approximately 490 people living in Alofi, the capital.

Capital Alofi Land 259 sq km EEZ 390,000 sq km
Population 1,611 (2011p) GDP per capita USD$10,358
Language English, Niuean
Currency New Zealand dollar
Economy Tourism, fisheries and agriculture

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Poverty not a concern. No recent data on indicators.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour productivity. High employment. Low vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Zero prevalence of underweight children. No food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	100% net enrolment. 100% survival rate. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Achieved gender parity. High economic participation in non-agricultural employment. Good representation of women in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	One under-five death in 5 years. Zero infant deaths in 5 years. 100% measles immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Zero maternal deaths. 100% skilled birth attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	No recent data on contraceptive use. Teen fertility down. 100% antenatal coverage. No data on unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Zero reported cases. No data on condom use. High HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Niue has zero reported HIV/AIDS cases.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Niue
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	Zero reported TB cases. Free from TB.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	High incidence of NCDs.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest cover still high. CO_2 emissions unchanged. Zero use of ozone-depleting substances. No data on total water resources used. Protected areas up.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	100% access to clean water. 100% access to proper sanitation.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No slum dwellers in Niue.
MDG 7 PLUS* Waste Management	TARGETS By 2015 paper, plastic (all forms), aluminium, copper, tin, glass and rubber shall be recycled/reuse; By 2015, domestic waste will be collected as organic and inorganic waste materials; by 2015, commercial and industrial waste is reduced.	
MDG PLUS* Promote Sustainable Population Development	TARGETS Increase and maintain Niue's population to at least 1,800 by the year 2015; At least 80% of senior secondary students to receive vocational and guidance counselling by 2015; At least 30% of secondary and tertiary school leavers to be employed by the year 2010; Development of alternative energy and water-resource management to a capacity that allow 10% of the population to rely on alternate sources; At least 10% of the unoccupied houses to be renovated and occupied by the year 2015.	

**Not discussed in detail. See Niue (2007) for more information.*

On Track | Off Track | Mixed | Insufficient information | Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

ON TRACK

- POVERTY NOT A CONCERN

13%

Proportion of Population below Basic Needs Poverty Line (BNPL) in

2002

0%

Poverty Gap Ratio in

2002

7%

Share of Poorest Quintile in National Consumption in

2002

Poverty is not a concern in Niue. Although there is no recent data, according to the 2002 HIES, 13 percent of the population fell below the BNPL, the share of the poorest quintile's consumption was 7 percent, while the depth of poverty was zero.

The BNPL was calculated at that time as NZ$86 per week, which included the cost of a sufficient diet and other non-food expenditure. In Niue's context, this meant that 13 percent of the population spent less than NZ$86 a week, which was estimated to meet both essential and discretionary expenditures. However, with free education and health services, and most Niuean families growing their own food crops or fishing for subsistence, the level of financial hardship is limited.

Even without latest data, anecdotal evidence suggests that hardship is still fairly limited in Niue.

Source: Niue (2007, 2004)

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

ON TRACK

- HIGH EMPLOYMENT
- LOW VULNERABLE EMPLOYMENT

80%

Employment-to-population Ratio in

2006

13%

Proportion of Own-account and Contributing Family Workers in Total Employment in

2006

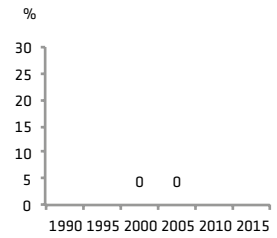
Population decline is a major concern for Niue. Outmigration, especially to New Zealand (all Niueans are New Zealand citizens), dates back to the early 1950s, picking up in the late 1960s and especially after the opening of Niue's international airport. Niue's population peaked in 1966 at 5,194, declining steadily to 1,615 in 2011 (preliminary census count). Of the 1,611 people counted in the census, 125 were tourists.

The decline in population has an adverse impact on labour market conditions, as well as on efforts to grow the economy. Nevertheless, of the working-age population remaining, a high level (80%) is involved in employment both in the formal and informal sectors. Government is the main employer with around 400 employees. A low proportion (13%) is in vulnerable employment, while there is no data on productivity levels.

Addressing the population decline continues to be a key priority for Niue. The Government of Niue is focussed on addressing the population decline through various initiatives to attract Niueans living in New Zealand (approximated 22,500), including developing the private sector and through tourism.

Source: Niue (2007), NZ (2012), Radio NZ (2011)

Prevalence of Underweight Children Under-five Years of Age



0%

Proportion of Population Below Basic Food Poverty Line in 2002

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

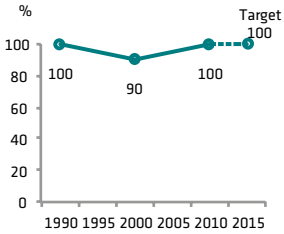
ON TRACK

- ZERO PREVALENCE
- NO FOOD POVERTY

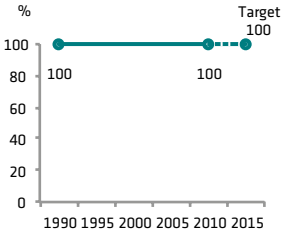
There is zero prevalence of underweight children and no food poverty in Niue. Niue's land tenure system allows all Niueans to enjoy free access to land for subsistence farming, as well as to the sea, where Niueans fish for food.

Source: Niue (2007)

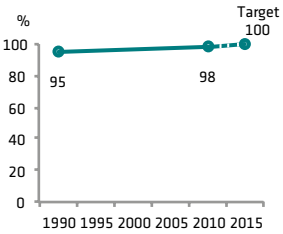
Net Enrolment Ratio in Primary Education



Reaches Last Grade in Primary School



Literacy Rates of 15-24 years old



TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- 100% NET ENROLMENT
- 100% SURVIVAL RATE
- HIGH LITERACY RATE

Latest data indicated that Niue has 100 percent net enrolment and survival rates, with a high literacy rate.

In Niue, education is free and it is compulsory for children between the ages of 5 and 16. Given Niue's close constitutionally relationship with New Zealand, Niue's school curriculum largely reflects the New Zealand Curriculum Framework but contextualised to Niue' s situation.

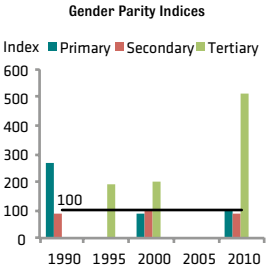
Source: Niue (2007)

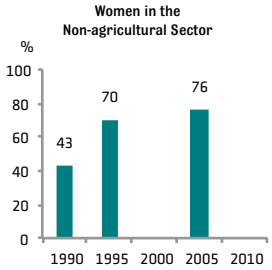
TARGET 3.A

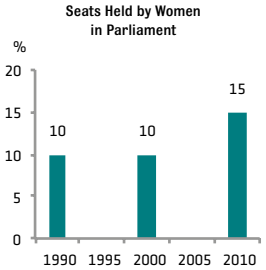
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

- ACHIEVED GENDER PARITY
- HIGH ECO PARTICIPATION
- GOOD REPRESENTATION







Niue has achieved gender parity in education in the primary and tertiary level. Although the ratio of girls to boys in secondary school is less than parity, this is likely a reason of outmigration rather than students dropping out.

There is a high participation of women in the non-agricultural sector, as well as good representation in parliament. Women's participation in national and local government is also high.

Niue has historically offered women equality under the law and equal access to social and economic services.

Source: Niue (2007)

NIUE

TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

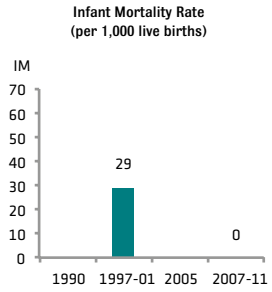
- ONE DEATH IN 5 YEARS
- ZERO DEATHS IN 5 YEARS
- 100% IMMUNISATION COVERAGE

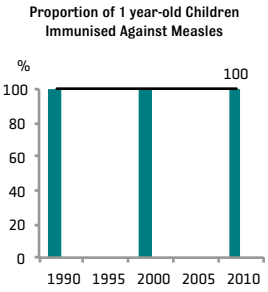
7%

Under-five Mortality Rate (per 1,000 live births) in

2007-11

Developing Country Average: 63

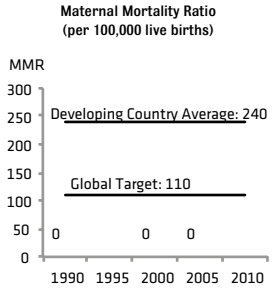


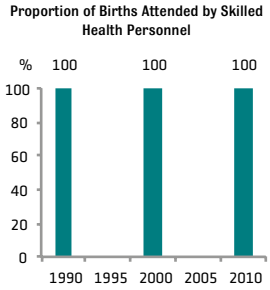


The average annual number of live births in Niue is around 28. This means that the statistical impact of even one death on the U5M and IM rates, per 1,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Niue due to the small size of the population.

Niue's national target is to have zero child mortalities. Between 2007 and 2011, of the 141 live births, there was only one under-five mortality in 2011, while there were no infant deaths. There is also complete coverage of the proportion of children immunised against measles. All Niuean citizens enjoy free quality health care services.

Source: Niue (2007)





TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

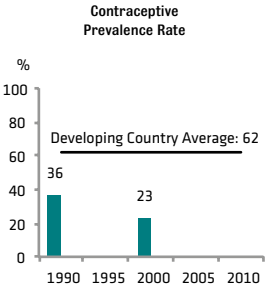
Niue's total population is 1,615 and the average number of live births is around 28. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Niue due to the small size of the population.

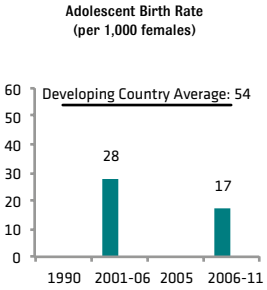
Niue's national target is to have zero maternal deaths and since the early 1980s, authorities have not reported any maternal deaths. These outcomes are consistent with the general high level of health care provided for free for Niue citizens, including maternal health services, which is easily accessible and of high quality. Latest data reported 100 percent antenatal care coverage.

Source: Niue (2007)

| ZERO MATERNAL DEATHS

| 100% SKILLED ATTENDANCE





100%

Antenatal Care Coverage in 2008

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

ON TRACK

Niue's teen fertility rate has dropped and well below international standards, while antenatal care coverage was 100 percent. Although there is no recent data, the last reported data in 2000 indicated low contraceptive prevalence rate. No data is available for unmet need for family planning.

Consistent with high quality health services provided, there is likely to be high access to reproductive health services.

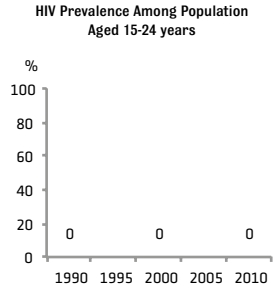
Source: Niue (2007)

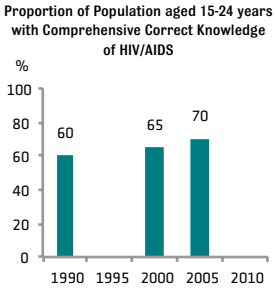
TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

- ZERO REPORTED CASES
- HIGH HIV/AIDS KNOWLEDGE





So far, Niue has not reported any HIV/AIDS cases and has a high proportion of the population with comprehensive correct knowledge of HIV/AIDS.

Source: SPC (2011)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

NOT APPLICABLE

Niue has zero reported cases.

Source: SPC (2011)

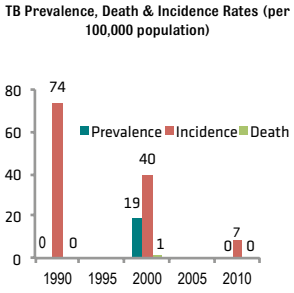
TARGET 6.C.I

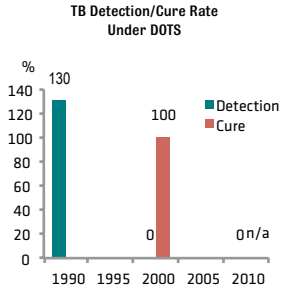
Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in Niue.

Source: Niue (2007)





TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

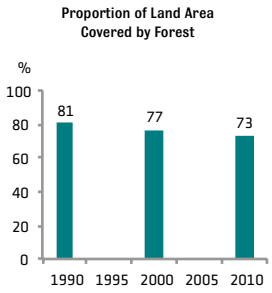
ON TRACK

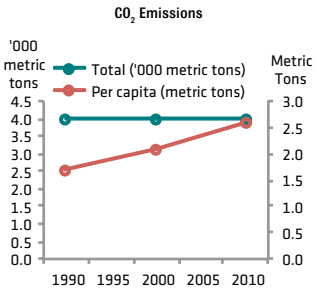
Historically, the number of TB cases in Niue has been small and there have been no recent TB cases. Consequently, TB is not a concern for Niue.

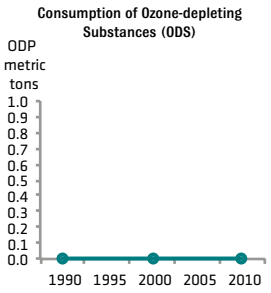
Source: Niue (2007)

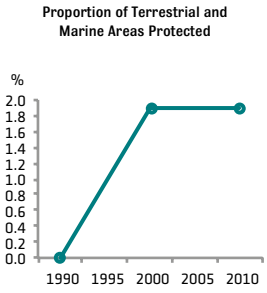
| ZERO REPORTED TB CASES

| FREE FROM TB









Although Niue's estimated forest cover is high, it is declining. Protected areas have increased since 1990. Niue's CO2 emissions are relatively small and Niue has not used ozone-depleting substances since 1990. There was no data on total water resources uses.

Niue is committed to the sound environmental management of its natural resources as identified in its 2009-2013 National Strategic Plan. The sustainable use and management of Niue's natural resources and environment for present and future generations is one of six pillars in Niue's national plan.

Source: Niue (2007, 2009)

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

| FOREST COVER HIGH BUT DECLINING

| CO_2 EMISSIONS UNCHANGED

| ZERO USE OF ODS

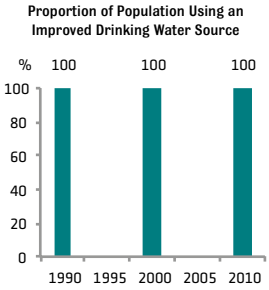
| PROTECTED AREAS UP

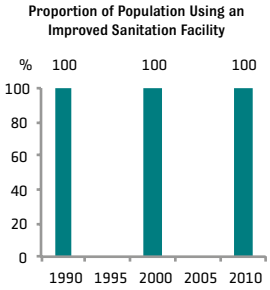
TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

ON TRACK

| 100% ACCESS





All Niueans are able to access clean water and proper sanitation.

Source: Niue (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

NOT APPLICABLE

There are no slum dwellers in Niue.

Source: Niue (2007)

NIUE

Bibliography

Niue (2009). Niue National Strategic Plan 2009-2013. Available from http://www.sprep.org/att/irc/ecopies/countries/niue/40.pdf

_____ (2007). Niue Millennium Development Goals 2007 Report. Available from http://planipolis.iiep.unesco.org/upload/Niue/Niue%20MDG%202007.pdf

_____ (2004). Poverty in Niue The Analysis, Report Based on the 2002 Household Income and Expenditure Survey. Available from http://www.spc.int/prism/Country/NU/stats/Reports/Poverty/Poverty%20in%20Niue%20Part1.pdf

New Zealand (2012). Niue. Available from http://www.mfat.govt.nz/Countries/Pacific/Niue.php

Radio New Zealand (2011). First Look at Niue Census. Available from http://www.rnzi.com/pages/news.php?op=read&id=63543

Secretariat of the Pacific Community (2011). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

NIUE

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		13.0 (2002)		…		SPC from 2002 HIES
	1.2 Poverty gap ratio (%)	…		0.0 (2002)		…		NSO cited in [1]
	1.3 Poorest quintile in national consumption (%)	…		6.6 (2002)		…		NSO cited in [1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		…		80.4 (2006)		SPC from 2006 census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		13.2 (2006)		SPC from 2006 census
	1.8 Underweight children under age 5 (%)	…		0.0 (2002)	*	0.0 (2005)	**	*NSO from MOH cited in [1], **Niue Foou Hospital data cited in [2]
	1.9 Food poverty (%)	…		0.0 (2002)		…		NSO cited in [1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	100.0 (1991)	*	90.2 (2001)	**	100.0 (2011)	**	*NSO from MOE cited in [1], **NSO from census cited in [3], ***SPC from 2011 census
	2.2 Reaches last grade in primary education (%)	100.0 (1991)	*	…		100.0 (2010)	**	*NSO from MOE cited in [1], **SPC from 2011 census
	2.3 Literacy rates of 15-24 years old (%)	95.0 (1992)		…		98.0 (2011)		*NSO from MOE cited in [1], **SPC from 2011 census
MDG 3	3.1a Gender parity index in primary education	270.0 (1991)	*	90.0 (2001)	*	100.0 (2011)	**	*NSO cited in [1], **SPC from 2011 census
	3.1b Gender parity index in secondary education	90.0 (1991)	*	100.0 (2001)	*	86.0 (2011)		*NSO cited in [1], **SPC from 2011 census
	3.1c Gender parity index in tertiary education	190.0 (1995)	*	200.0 (2002)	**	517.0 (2011)	***	*USP data~ cited in [3], **NSO cited in [1], **SPC from 2011 census
	3.2 Women in the non-agricultural sector (%)	43.0 (1991)		70.0 (1997)		76.0 (2006)		Census data cited in [1]
	3.3 Seats held by women in parliament (%)	10.0 (1990)	*	10.0 (2002)		15.0 (2011)	**	*Justice cited in [1], **PIFS extrapolated from [4]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		…		7.1 (2007-11)^		PIFS from MOH
	4.2 Infant mortality (per 1,000 live births)	…		29.4 (1997-01)	*	0.0 (2007-11)	**	*[5], **PIFS from MOH
	4.3 Measles immunisation of 1 year old (%)	100.0 (1991)	*	100.0 (2001)	*	100.0 (2011)	**	*MOH cited in [1], **PIFS from MOH
MDG 5	5.1 Maternal mortality (per 100,000 live births)#	0.0 (1991)#		0.0 (2001)#		0.0 (2006)#		MOH cited in [1]
	5.2 Skilled birth attendance (%)	100.0 (1990)		100.0 (2000)		100.0 (2011)		NSO
	5.3 Contraceptive prevalence rate (%)	35.9 (1991)		22.6 (2001)		…		MOH cited in [1]
	5.4 Adolescent birth rate (per 1,000 females)	…		27.7 (2001-06)	*	16.9 (2006-11)	**	*[5], **NSO from 2011 census
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		100.0 (2008)		Country adjusted data, FPI~ cited in [6]
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1991)	*	0.0 (2001)	*	0.0 (2010)	**	*MOH cited in [1], **SPC
	6.2 Condom use at last high-risk sex (%)	…		…		…		
	6.3 15-24 years old awareness of HIV/AIDS (%)	60.0 (1991)		65.0 (2001)		70.0 (2006)		MOH cited in [1]
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	n/a		n/a		n/a		
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	0.0 (1990)		19.0 (2000)		0.0 (2010)		[7]
	6.9b TB death rates (per 100,000)	0.0 (1990)		1.0 (2000)		0.0 (2010)		[7]
	6.9c TB incidence rates (per 100,000)	74.0 (1990)		40.0 (2000)		6.5 (2010)		[7]
	6.10a TB detection rate under DOTS (%)	130.0 (1992)		0.0 (2000)		0.0 (2010)		[7]
	6.10b TB cure rate under DOTS (%)	…		100.0 (1999)		n/a (2008)		[7]^No cases in 2008
MDG 7	7.1 Proportion of land area covered by forest (%)	80.8 (1990)		76.9 (2000)		73.1 (2010)		Estimated data cited in [6]
	7.2a CO2 emissions, total ('000 metric tons)	4.0 (1990)		4.0 (2000)		4.0 (2008)		Global monitoring data cited in [6]
	7.2b CO2 emissions, per capita (metric tons)	1.7 (1990)		2.1 (2000)		2.6 (2008)		Global monitoring data cited in [6]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		0.0 (2000)		0.0 (2009)		Country data cited in [6]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		1.9 (2000)		1.9 (2010)		Estimated data cited in [6]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	100.0 (1990)		100.0 (2000)		100.0 (2010)		[8]
	7.9 Using an improved sanitation facility (%)	100.0 (1990)		100.0 (2000)		100.0 (2010)		[8]
	7.10 Urban population living in slums (%)	n/a		n/a		n/a		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	7.2 (1990)		3.2 (2000)		9.0 (2009)		Disbursement basis, OECD DAC country data cited in [6]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		…		…		
	8.13 Population with access to essential drugs (%)	100.0 (1991)		100.0 (2001)		100.0 (2006)		MOH cited in [1]
	8.14 Telephone lines per 100 population	17.7 (1992)	*	55.3 (2000)	**	62.2 (2011)	***	*Posts and Telecom & **ITU estimate cited in [6], ***SPC from Niue Telecom
	8.15 Cellular subscribers per 100 population	…		…		11.8 (2011)		SPC from Niue Telecom
	8.16 Internet users per 100 population	0.0 (1990)		26.5 (2000)		74.5 (2009)		ITU estimate cited in [6]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Niue, Economics, Planning Development & Statistics Unit, Premiers Department, *Niue Millennium Development Goals 2006 Report*. Available from http://planipolis.iiep.unesco.org/upload/Niue/Niue%20MDG%202007.pdf
[2] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[3] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[4] Lesley Clark and Charmaine Rodrigues, *Utilising Temporary Special Measures to Promote Gender Balance in Pacific Legislatures: A Guide to Options*. (Suva, Fiji: UNDP & PIFS, 2008).
[5] Niue, National Planning & Development Office and SPC, *Niue Population Profile based on 2006 Census of Population and Housing: a Guide for Planners and Policy-Makers*. Available from http://www.spc.int/.../Census%202006/NIUE%20PROFILE-25-02WEB.pdf
[6] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[7] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[8] WHO and UNICEF JMP for Water Supply and Sanitation, Data and Estimates - Country Files. Available from http://www.wssinfo.org/documents-links/documents/?tx_displaycontroller[type]=country_files (accessed 8 March 2012)

~ "In-country", for USP centres and satellite training.
^ 1 death was recorded from 26 live births in 2011. No deaths recorded from 2007-2010.
# Single year figure unstable due to small size of population.

PALAU

lies southeast of the Philippines and consists of 8 principal islands, with more than 250 smaller ones. The islands share maritime boundaries with Indonesia, the Philippines, and the Federated States of Micronesia. Around 77 percent of the population live in the capital.

Capital Koror Land 487 sq km EEZ 600,900 sq km
Population 20,518 (2010e) GDP per capita USD$10,532
Language English, Palauan
Currency United States dollar
Economy Tourism, aid, fisheries

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Evidence of hardship. 7% poverty gap ratio. 10% share for poorest quintile.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour productivity. High employment. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Low prevalence of underweight children. No food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High net enrolment rate. High survival rate. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low economic participation. Representation in parliament increased.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality low and declining. Infant mortality declined. Vaccinated at 2 years.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Zero maternal deaths. High skilled attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teen fertility low. High antenatal coverage. No data on unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	10 reported HIV/AIDS cases so far. No data on condom use. No data on HIV/AIDS awareness.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	100% coverage.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Palau.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	Low number of TB cases. Treatment success.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	8 of 10 leading causes of death due to NCDs.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	High forest cover. Low CO_2 emissions. Zero use of ODS. No data on total water resources used. Protected areas up.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	High access to water. Improved sanitation high.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data; not an issue.

**Not discussed in detail. See Palau (2008) for more information.*

On Track Off Track Mixed Insufficient information Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

MIXED

| EVIDENCE OF HARDSHIP

25%

Proportion of Population below Basic Needs Poverty Line (BNPL) in

2006

7%

Poverty Gap Ratio in

2006

10%

Share of Poorest Quintile in National Consumption in

2006

According to the 2006 HIES, a quarter of the population live below the BNPL, while the poverty gap ratio is 7 percent and the poorest quintile's share of consumption was 10 percent. Rural-urban differences in the level of poverty are minimal due to compact geography, high GDP and relatively low level of subsistence production. The high cost of living in Palau and relatively low wages of immigrant workers in the tourism sector contribute to the level of households that fall below the BNPL.

The global financial crisis adversely impacted Palau's economy through the fall in tourism demand. Palau posted three consecutive years of negative growth between 2006/07 and 2008/09. However, the economy has since recovered strongly, led by the rebound in tourism. Inflation has also eased since its peak of 11.9 percent in 2007/08. The rebound in tourism, an important source of employment, and easing prices should contribute to alleviating hardship.

Source: Palau (2008), IMF (2012)

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

MIXED

66%

Employment-to-population Ratio in

2005

Palau has a relatively high level of employment (66%) but an unusual labour force profile, as there are more jobs than Palauan workers. This is largely due to a mismatch between market demand and labour force skills, so many Palauans opt out of the labour force, while others immigrate to the US for better job prospects. There is no data on labour productivity and vulnerable employment.

Source: Palau (2008)

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

| LOW UNDERWEIGHT PREVALENCE

| NO FOOD POVERTY

2%

Prevalence of Underweight Children Under-five Years of Age in

2010

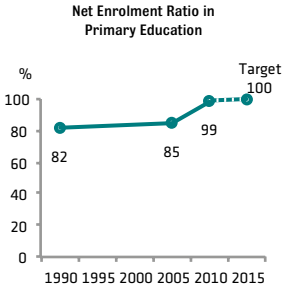
0%

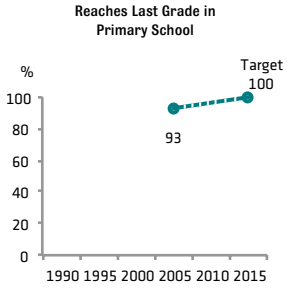
Proportion of Population Below Basic Food Poverty Line in

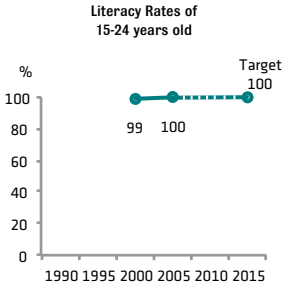
2006

Palau has a low prevalence of underweight children and no evidence of food poverty. However, malnutrition is widespread due to poor diet practices and high incidence of overweight/obesity.

Source: Abott (2008), Palau (2008)







TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- HIGH NET ENROLMENT RATE
- HIGH SURVIVAL RATE
- HIGH LITERACY RATE

Palau has high net enrolment, survival and literacy rates.

Traditionally, Palauans place a high value on education. In the 1920s, nearly 90 percent of Palauan children attended schools established by the Japanese colonial administration, a participation rate far higher than in other parts of the Pacific at the time. The Government of Palau provides free public education for all levels for all citizens and allocates a high level of expenditure on education (around 11 percent of GDP in 2007). In addition, Palau has legislation mandating school attendance for children 6-17 years of age.

The Ministry of Education has prepared a series of 10-year master plans for education, with the recent plan covering the years between 2006 and 2016. This Plan focuses on improving student achievement and quality of instruction by improving teacher training and certification, upgrading school facilities, improving school governance, strengthening student support services, and making the curriculum more relevant.

Source: Palau (2008)

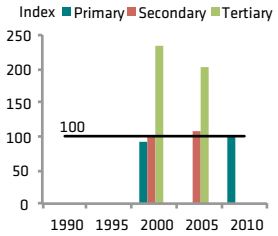
TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

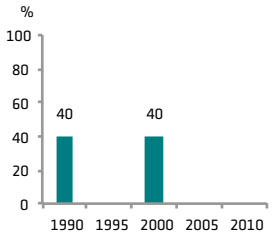
ON TRACK

- GENDER PARITY ACHIEVED
- LOW ECO PARTICIPATION
- REPRESENTATION INCREASED

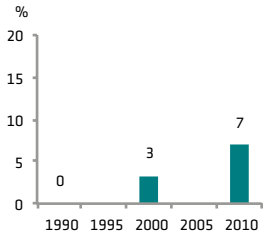
Gender Parity Indices



Women in the Non-agricultural Sector



Seats Held by Women in Parliament

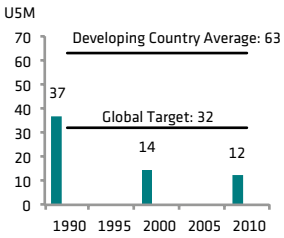


Palau has achieved gender parity in secondary and tertiary education, and is close to parity at the primary level. Women's representation in parliament has increased since 1990, although women in the non-agricultural sector remain relatively low.

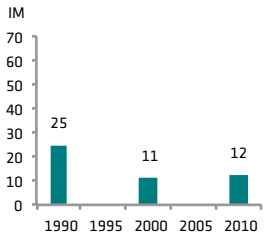
Palau is a matriarchal and matrilineal society where women have traditionally held positions of power and respect. As evident from the gender parity index for tertiary level, Palauan women enjoy higher levels of education and while less likely to participate in the formal labour market, when women do enter the workforce, on average, they earn more than men. In the public service, women dominate the Judicial branch of government and many sit on public sector boards and commissions. However, women remain under-represented in the national congress, cabinet and the top echelon of the civil service. In addition, although Palau has signed CEDAW, it has not yet ratified the Convention.

Source: Palau (2008)

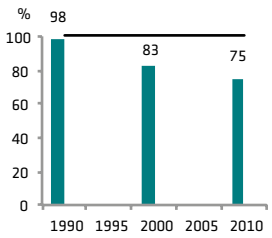
Under-five Mortality Rate (per 1,000 live births)



Infant Mortality Rate (per 1,000 live births)



Proportion of 1 year-old Children Immunised Against Measles



TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

- U5M LOW AND DECLINING
- IM DECLINED
- VACCINATED AT 2 YEARS

The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Palau. Palau's baseline rate was well below the developing country average in 1990 and continues to track much lower than the developing average. Therefore, in the absence of an explicit national target, the overall trends in child mortality rates and measles immunisation coverage determines Palau's progress against the goal of reducing child mortality.

In that context, Palau is making good progress, with the under-five and infant mortalities declining since 1990 and low by international comparison. Palau's compact geography, good transportation and communications infrastructure, high level of health expenditure and well-developed primary health care system ensure essential health services are accessible to all Palauans. Government also provides public health services either free of charge or at highly subsidised rates, which includes prenatal, postnatal, well-child and immunisation services.

The decline in the estimated measles immunisation coverage is not an area for concern. This is because Palau follows US immunisation protocols where the measles, mumps, rubella vaccine is administered in two doses during the second year of life. Therefore, existing protocols preclude administering the MMR vaccine to children younger than 12 months. Instead, the Ministry of Health routinely monitors 'children fully immunised by 36 months' and figures typically range between 95 and 98 percent.

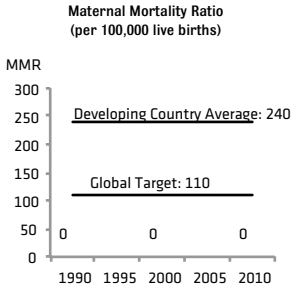
Source: Palau (2008)

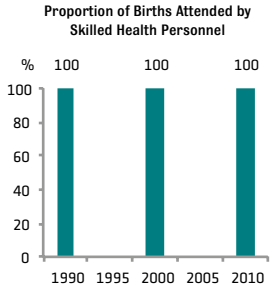
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

- ZERO MATERNAL DEATHS
- HIGH SKILLED ATTENDANCE



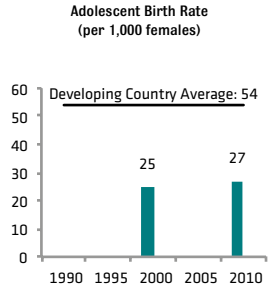


Palau's total population is 20,518 and the average number of live births is around 250-300. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Palau due to the small size of the population.

Since 1990 to date, Palau recorded only one maternal death in 1993. This outcome is a result of universal access to prenatal and obstetric services at low or no cost. All deliveries occur in health facilities under the supervision of skilled personnel. Antenatal care coverage is also high – it is rare for a pregnant woman to come to term before accessing an antenatal clinic.

However, health official are concerned over the increase in high risk pregnancies due to increasing levels of maternal obesity and prevalence of obesity-related NCDs, including among young women.

Source: Palau (2008)



22%

Contraceptive Prevalence Rate in

2010

Developing Country Average: 62

90%

Antenatal Care Coverage in

2010

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

ON TRACK

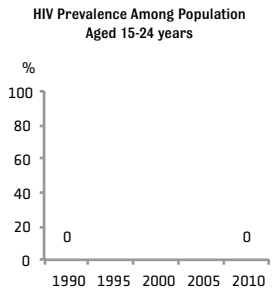
- LOW CONTRACEPTIVE USE
- TEEN FERTILITY LOW
- HIGH ANTENATAL COVERAGE

Palau has a low contraceptive prevalence rate, low teen fertility and high antenatal coverage. There is no data on unmet need for family planning.

In Palau, all women have good access to reproductive health services at little or no cost but not all women make optimal use of the available services. For instance, despite the availability, accessibility and affordability of contraceptives, the contraceptive prevalence rate is low. However, the fertility rate has declined, which has baffled health authorities.

In the 1970s and 1980s, teen pregnancy was a serious public health issue but aggressive teen-targeted reproductive health education, expanded counselling and contraceptive services and social factors (better education and employment opportunities for girls and women) resulted in a decline in teen fertility. The adolescent birth rate remains low by international and regional comparison.

Source: Palau (2008)



2%

Condom Use at Last High-Risk Sex in

2003

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

- 10 REPORTED CASES SO FAR
- LOW CONDOM USE

Palau detected its first HIV/AIDS case in 1993 and up until 2009, the cumulative HIV/AIDS reported cases totalled 10. By the end of 2009, 3 had died from AIDS-related illnesses. The estimated condom use at last high-risk sex is very low at 2 percent.

Palau's HIV/AIDS programme focuses on awareness, education, screening and prevention. There is an aggressive outreach and education program targeting youth that includes a network of trained peer mentors.

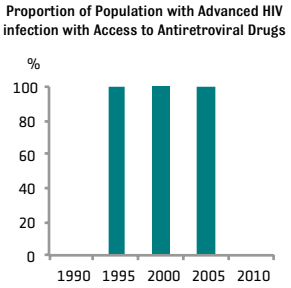
Source: Palau (2008)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

- 100% COVERAGE



All the people that are living with HIV/AIDS in Palau and require antiretroviral therapy are receiving the drugs for free.

Source: Palau (2008)

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in Palau.

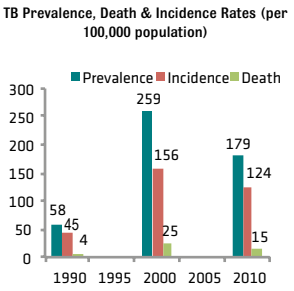
Source: Palau (2008)

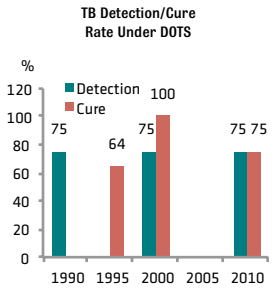
TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

ON TRACK

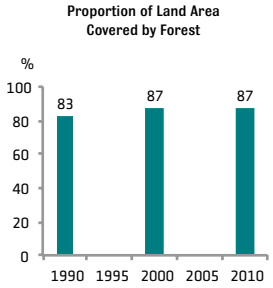
- LOW NUMBER OF TB CASES
- TREATMENT SUCCESS

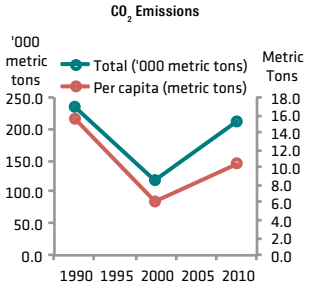


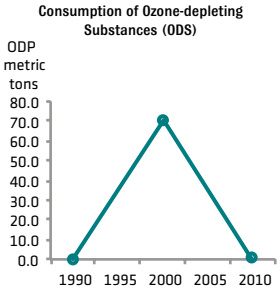


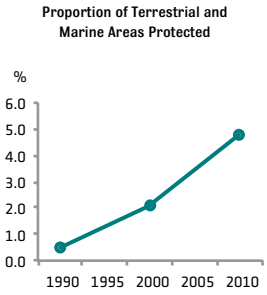
Palau's small population size magnifies the TB prevalence, incidence and death rates per 100,000 population. Palau in fact has a low number of TB case notifications and elimination of TB is a possibility. Strategies to achieve the goal of eliminating TB should centre on active case finding, early detection and effective treatment.

Source: SPC (2010)









Palau has high forest cover and reported an increase in protected areas. CO_2 emissions are low, while there is zero use of ozone-depleting substances. There is no data on the total water resources used.

Since independence in 1994, Palau has prioritised environmental sustainability in its national plans and participates actively in regional and global arenas to promote the environment. Palau has ratified many environmental treaties and conventions. In addition, Palau omits a small number of CO_2 emissions and made efforts to reduce the use of ODS since 2001. The Government is implementing strategies to reduce the nation's reliance on fossil fuels through appropriate renewable energy technologies. This would contribute to a reduction in the nation's carbon dioxide emissions, although the current level remains lower than those of developed countries.

Furthermore, Palau has a long tradition of protected areas and currently has 36 protected areas and already exceeded the targets set by the 'Micronesian Challenge' – conserve 30 percent of near-shore and 20 percent of terrestrial resources by or before 2020.

Source: Palau (2008)

TARGET 7.A

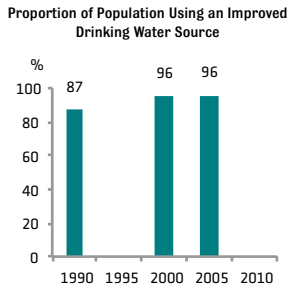
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

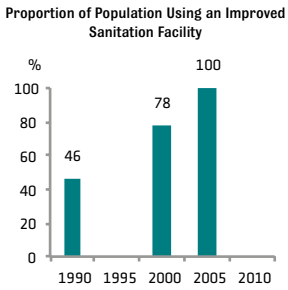
TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

- HIGH FOREST COVER
- LOW CO_2 EMISSIONS
- ZERO USE OF ODS
- PROTECTED AREAS UP





According to census data, the proportion of the population using an improved drinking water source has increased and remains high, while the proportion of the population using an improved sanitation facility improved significantly. Most households in the urban area of Koror enjoyed good access to clean water to begin with so Government focussed on improving access in the rural areas.

Source: Palau (2008)

TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

ON TRACK

- HIGH ACCESS TO WATER
- IMPROVED SANITATION HIGH

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

ON TRACK

NO DATA

Although there is no data on the proportion of urban population living in slums, Palau's high access to clean water and improved sanitation, and a decline in crowded households indicate that informal settlements is not an issue for Palau.

Source: Palau (2008)

Bibliography

Abott, David (2008). Palau Analysis of the 2006 Household Income and Expenditure Survey. Available from http://www.undppc.org.fj/_resources/article/files/UNDPPC%20Palau%20Report.pdf

International Monetary Fund (2012). Palau: 2012 Article IV Consultation – Staff Report. IMF Country Report No. 12/54. Available from http://www.imf.org/external/pubs/ft/scr/2012/cr1254.pdf

Palau (2008). The Millennium Development Goals: Initial Status Report, Republic of Palau 2008. Available from http://planipolis.iiep.unesco.org/upload/Palau/Palau_MDG_2008.eng.pdf

Secretariat of the Pacific Community (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

PALAU

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		24.9 (2006)		[1]
	1.2 Poverty gap ratio (%)	…		…		6.6 (2006)		[1]
	1.3 Poorest quintile in national consumption (%)	…		…		10.2 (2006)		[1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		…		65.7 (2005)		SPC from census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		2.2 (2010)		MOH cited in [2]
	1.9 Food poverty (%)	…		…		0.0 (2006)		[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	81.8 (1990)	•	85.0 (2004-05)	**	99.0 (2009-10)		*Census data cited in [3], **MOE cited in [4]
	2.2 Reaches last grade in primary education (%)	…		…		93.0 (2005)		MOE cited in [4]
	2.3 Literacy rates of 15-24 years old (%)	…		99.0 (2000)		99.7 (2005)		Office of Planning and Statistics cited in [4]
MDG 3	3.1a Gender parity index in primary education	…		91.0 (2000)	•	98.0 (2009-10)	**	*MOE cited in [4], **SPC from MOE
	3.1b Gender parity index in secondary education	…		98.0 (2000)	•	109.0 (2005-06)	**	*MOE cited in [4], **SPC from MOE
	3.1c Gender parity index in tertiary education	…		235.0 (2000)		204.0 (2002)		Estimated data cited in [5]
	3.2 Women in the non-agricultural sector (%)	39.6 (1990)	•	39.6 (2000)	**	…		*Estimated data & **country census data cited in [5]
	3.3 Seats held by women in parliament (%)	0.0 (1990)	•	3.3 (2000)	•	6.9 (2011)	**	*[4], **PIFS extrapolated from [6]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)^	36.8 (1990)+	•	14.4 (2000)+	•	12.2 (2010)+	**	MOH cited in *[4] & **[2]
	4.2 Infant mortality (per 1,000 live births)^	24.5 (1990)+	•	10.8 (2000)+	•	12.2 (2010)+	**	MOH cited in *[4] & **[2]
	4.3 Measles immunisation of 1 year old (%)	98.0 (1990)		83.0 (2000)		75.0 (2009)		Estimated data cited in [5]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	0.0 (1990)	•	0.0 (2000)	•	0.0 (2010)	**	MOH cited in *[4] & **[2]
	5.2 Skilled birth attendance (%)	100.0 (1990)	•	100.0 (2000)		100.0 (2010)	**	MOH cited in *[4] & **[2]
	5.3 Contraceptive prevalence rate (%)	…		…		22.3 (2010)		MOH cited in [2]
	5.4 Adolescent birth rate (per 1,000 females)	…		24.8 (2000)	•	27.0 (2010)	**	MOH cited in *[4] & **[2]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		90.3 (2010)		MOH cited in [2]
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1990)	•	…		0.0 (2010)	**	MOH cited in *[4] & **[2]
	6.2 Condom use at last high-risk sex (%)	…		1.8 (2003)		…		Country survey' data cited in [5]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	100.0 (1995)		100.0 (2000)		100.0 (2007)		MOH cited in [4]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	58.0 (1990)		259.0 (2000)		179.0 (2010)		[7]
	6.9b TB death rates (per 100,000)	4.2 (1990)		25.0 (2000)		15.0 (2010)		[7]
	6.9c TB incidence rates (per 100,000)	45.0 (1990)		156.0 (2000)		124.0 (2010)		[7]
	6.10a TB detection rate under DOTS (%)	75.0 (1991)		75.0 (1999)		75.0 (2010)		[7]
	6.10b TB cure rate under DOTS (%)	64.0 (1994)		100.0 (2001)		75.0 (2009)		[7]
MDG 7	7.1 Proportion of land area covered by forest (%)	82.6 (1990)		87.0 (2000)		87.0 (2010)		Country data cited in [5]
	7.2a CO2 emissions, total ('000 metric tons)	235.0 (1990)		117.0 (2000)		213.0 (2008)		Global monitoring data cited in [5]
	7.2b CO2 emissions, per capita (metric tons)	15.7 (1990)		6.1 (2000)		10.4 (2008)		Global monitoring data cited in [5]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		70.7 (2000)		0.1 (2009)		Country data cited in [5]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.5 (1990)		2.1 (2000)		4.8 (2010)		Estimated data cited in [5]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	86.8 (1990)		95.5 (2000)		95.7 (2005)		Census data cited in [4]
	7.9 Using an improved sanitation facility (%)	46.3 (1990)		77.5 (2000)		99.9 (2005)		Census data cited in [4]
	7.10 Urban population living in slums (%)	…				…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	65.0 (1995)		39.0 (2000)		35.0 (2007)		US GAO & MOF cited in [4]
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	0.0 (1992)	•	31.2 (2000)	•	19.8 (2010)	**	*Disbursement basis, OECD DAC country data cited in [5], **[8]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	0.0 (1995)		0.0 (2000)		0.0 (2007)		COFA cited in [4]
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		1.2 (2000)	•	48.3 (2011e)	**	*[9], **[10]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	…		35.4 (2002)		34.1 (2010)		ITU estimate cited in [5]
	8.15 Cellular subscribers per 100 population	…		12.6 (2002)		70.9 (2010)		ITU estimate cited in [5]
	8.16 Internet users per 100 population	…		6.1 (2000)		5.7 (2007)		Office of Planning and Statistics/PNCC cited in [4]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] David Abbott, *Palau: Analysis of the 2006 HIES.* (Suva, Fiji: Palau Office of Planning and Statistics & UNDP Pacific Centre, 2008). Available from http://www.undppc.org.fj/_resources/.../UNDPPC%20Palau%20Report.pdf
[2] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[3] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004.* Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[4] Palau, MDG Task Force, Ministry of Finance, *The Millennium Development Goals: Initial Status Report Republic of Palau, 2008.* Available from http://planipolis.iiep.unesco.org/upload/Palau/Palau_MDG_2008.eng.pdf
[5] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 1 March 2012)
[6] Lesley Clark and Charmaine Rodrigues, *Utilising Temporary Special Measures to Promote Gender Balance in Pacific Legislatures: A Guide to Options.* (Suva, Fiji: UNDP & PIFS, 2008)
[7] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[8] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1882809.gif (accessed 8 March 2012)
[9] IMF, Palau: 2003 Article IV Consultation—Staff Report, *IMF Country Report No. 04/85.* Available from http://www.imf.org/external/pubs/ft/scr/2004/cr0485.pdf
[10] IMF, Palau: 2012 Article IV Consultation—Staff Report, *IMF Country Report No. 12/54.* Available from http://www.imf.org/external/pubs/ft/scr/2012/cr1254.pdf

• Single year figure unstable due to small size of population.
^ 2003 Palau Population, Environment and Labor Force Survey.

PAPUA NEW GUINEA

is located on the western edge of the Pacific ocean, between the equator and north east of Australia. The geography is diverse and, in places, extremely rugged. It is the largest of the FICs in land mass and population. Majority of the population live in rural areas.

Capital Port Moresby Land 463,000 sq km EEZ 2.4 million sq km
Population 7.0 million (2011) GDP per capita USD$1,272
Language English, Tok Pisin, Hiri Motu
Currency Kina
Economy Agriculture, fisheries, forestry, mining

MDGs PROGRESS

PNG considered the global targets associated with the MDGs as over-ambitious, unrealistic and therefore out of reach. Consequently, in 2003-2004, PNG developed its own set of national targets and indicators associated with each of the MDGs, to better reflect the realities in the country. PNG assesses its MDGs progress against these localised targets.

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	LOCALISED TARGET 1.A* Decrease by 2015, the proportion of people below the lower poverty line by 10 percent (using the 1996 national average figure of 30 percent as the benchmark figure) LOCALISED TARGET 1.B* Increase by 2015, commercial agricultural production by 10 percent and subsistence agricultural production by 34 percent.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	LOCALISED TARGET 2.A* Achieve, by 2015, a Gross Enrolment Rate of 85% at the primary level. LOCALISED TARGET 2.B* Achieve, by 2015, a Cohort Retention Ratio of 70% at the primary level. LOCALISED TARGET 2.C* Achieve, by 2015, a Youth Literacy Ratio of 70%.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	LOCALISED TARGET 3.A* Eliminate gender disparity at the primary and lower secondary level by 2015 and at the upper secondary level and above by 2030.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	LOCALISED TARGET 4.A* Reduce the Infant Mortality Rate to 44 per thousand by 2015. LOCALISED TARGET 4.B* Reduce the Under Five Mortality Rate to 72 per thousand by 2015.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate TARGET 5.B Achieve, by 2015, universal access to reproductive health	LOCALISED TARGET 5.A* Decrease the maternal mortality ratio to 274 per 100,000 live births by 2015.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	LOCALISED TARGET 6.A* Have controlled by 2015 and stabilised the spread of HIV/AIDS by 2020. LOCALISED TARGET 6.B* Have controlled by 2015, and either stabilised or reversed the incidence of pneumonia, TB, malaria and other diseases by 2020.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	LOCALISED TARGET 7.A* Implement the principles of sustainable development through sector specific programs by 2010 and no later than 2015. LOCALISED TARGET 7.B* By 2020, increase commercial use of land and natural resources through improvements in environmentally friendly technologies and methods of production. LOCALISED TARGET 7.C* Increase to 60 percent the number of households with access to safe water by 2010 and to 85 percent by 2020. LOCALISED TARGET 7.D* By 2020, to have achieved a significant improvement in the lives of disadvantaged and vulnerable groups in urban areas.

**PNG's localised targets. See PNG (2010a, 2009) for more information.*

On Track | Off Track | Mixed | Insufficient information | Not applicable

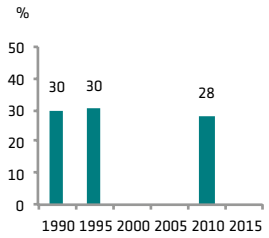
TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

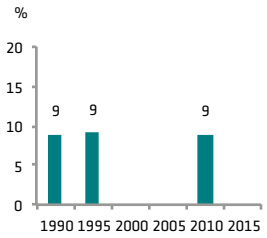
OFF TRACK

- 2 MILLION POOR
- POVERTY GAP UNCHANGED
- INCOME INEQUALITY

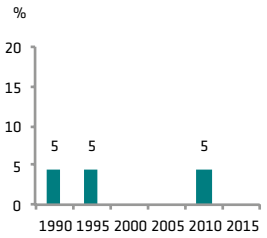
Proportion of Population below Basic Needs Poverty Line (BNPL)



Poverty Gap Ratio



Share of Poorest Quintile in National Consumption



Although the proportion of the population below the BNPL declined slightly, it indicates that around 2 million people remain poor and/or face hardship. The depth of poverty remains unchanged, while the share of the poorest quintile in national consumption remains low.

However, the Government anticipates that PNG is likely to achieve its national target in terms of a 10 percent reduction in the proportion of people below the lower poverty line. Authorities measured progress through several proxy indices (employment, food security & malnutrition, education & literacy and longevity etc). Since 1990, the combined impact of all these proxy indices indicates a small improvement of about 5 to 10 percent in the poverty situation. In other words, PNG is more or less on track with its national target. However, the estimated Gini coefficient continues to remain high, which is a clear indication that the improvement in the poverty index does not necessarily translate into equitable development.

PNG faces significant economic and social challenges in addressing poverty, including the effects of the HIV/AIDS epidemic. One of PNG's key challenges is to translate the economic benefits from its mineral wealth into broad-based improvements in living standards. Low levels of education, poor housing and lack of access to clean water and proper sanitation are some of the social challenges. Most importantly, the HIV/AIDS epidemic in PNG is a major barrier, not just in achieving the poverty goal but all the MDGs.

Government's 2010-2030 Development Strategic Plan focuses on the concept of economic corridors to alleviate poverty. In other words, converting corridors of poverty into economic corridors. The objective is to extend the benefits of development to the poorest regions, which are also areas that have strong economic potential. The Strategic Plan identified ten economic corridors, with the Petroleum Resource Area Economic Corridor along the PNG LNG project the first one to be implemented.

Source: PNG (2010a, 2009)

PNG recorded a high level of employment-to-population ratio in 2000 based on the census. Employment rates are likely to remain high because the definition of employment accounts for the large number of the population engaged in the subsistence sector. Only a very small proportion of the employed have a wage job and this rate declined between 1990 and 2000 from 15 to 10 percent. However, formal employment has increased since 2000, underpinned by the pre-investment and construction phase of the LNG project. The urban unemployment rate is high, especially among the youth, which has an adverse impact on the law and order situation.

Although there is no data available on the growth rate of GDP per person employed, authorities are concerned that the HIV/AIDS epidemic could lead to a significant loss in productive capacity. There is no data on vulnerable employment.

Source: PNG (2010a, 2009)

76%

Employment-to-population Ratio in

2000

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

| SUBSISTENCE EMPLOYMENT

PNG has a high estimated prevalence of underweight children, although very few children are severely underweight. The problem of underweight children is concentrated in the Northern region and it is greater for male than for female children. There is no data on the proportion of population below the basic food poverty line.

PNG's national target is to reduce the proportion of underweight births to total births to 9 percent but recent data indicate no improvement.

Source: PNG (2010a, 2009)

23%

Prevalence of Underweight Children Under-five Years of Age in

2009e

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

OFF TRACK

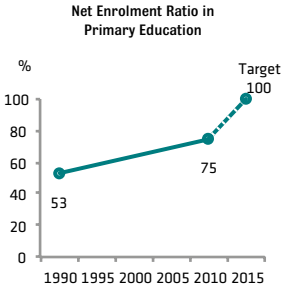
| HIGH UNDERWEIGHT PREVALENCE

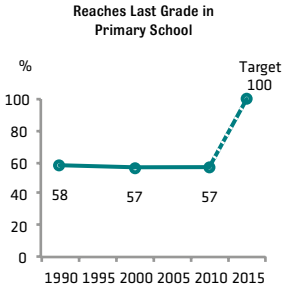
TARGET 2.A

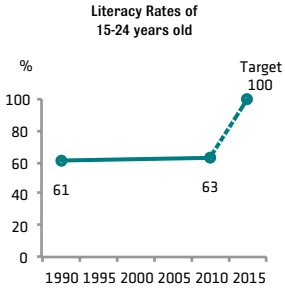
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

OFF TRACK

- NER IMPROVED
- SURVIVAL RATE UNCHANGED
- LITERACY RATE LOW





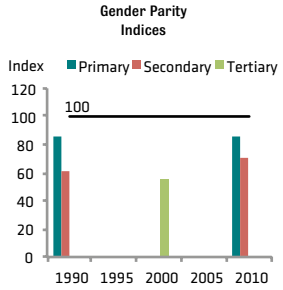


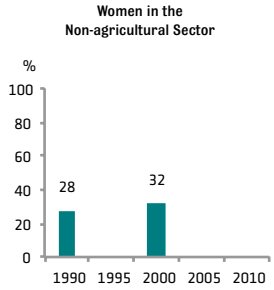
Although the net enrolment rate has improved significantly, survival and literacy rates remained low. PNG introduced educational reforms in the 1990s but delayed the implementation of these reforms. However, the 2010 government decision to abolish school fees for the first three years of basic education (extended to grade 10 in 2011) and better coordination among the major development partners in the education sector with the Government of PNG are some key initiatives in place to improve education outcomes.

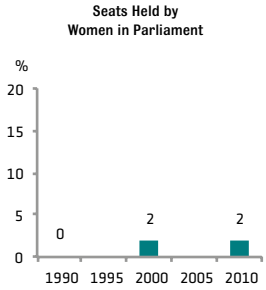
Against its national MDG targets – gross enrolment rate of 85 percent, cohort retention ratio of 70 percent and youth literacy ratio of 70 percent – it appears that PNG is slightly lagging behind with regards to access to school and more significantly with regards to retention and youth literacy. However, authorities indicated that PNG could potentially reach its national targets with more concerted effort.

The Department of Education lists a large number of 'in-school', as well as 'out-of-school' factors that have a negative impact on access, retention and achievement. 'In-school' factors are those linked to the education system, such as lack of educational infrastructure, absenteeism and financial barriers (school fees, textbooks etc). 'Out-of-school' factors are those linked to parents and the community, such as lack of parental support and community responsibility towards education, low value of education due to limited growth in paid employment opportunities, as well as law and order problems. The HIV/AIDS epidemic also has an increasingly adverse impact of education outcomes.

Source: PNG (2010a, 2009), AusAID







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

OFF TRACK

I FAR FROM GENDER PARITY

I LOW ECO PARTICIPATION

The gender parity indices for primary and secondary levels improved slightly since 1990 but remain far from equality. There is insufficient data on gender parity at the tertiary level. Although no recent data is available, women's employment in the non-agricultural sector is likely low, given the prevailing and large subsistence-base of the PNG economy. Similarly, women's representation in parliament is generally low. Before the 2012 elections, Government introduced a Bill to allow 22 reserve seats for women, out of a total of 109, but could not get the Bill passed.

PNG's own assessment is that it could potentially achieve its national target to eliminate gender disparity at the primary and lower secondary level by 2015 and at the upper secondary level and above by 2030. There is gender disparity in many areas (education, literacy, employment, morbidity, mortality etc.), underpinned by PNG's gender culture, which places women in a disadvantaged position. Gender based violence in particular is widespread and is a key factor affecting the achievement of gender equality and the empowerment of women.

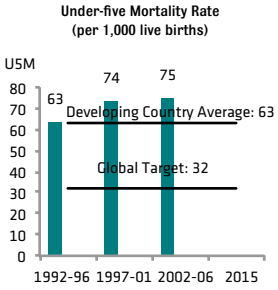
Source: PNG (2010a, 2009), Islands Business (2012)

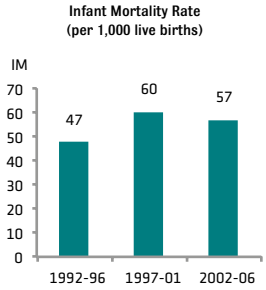
TARGET 4.A

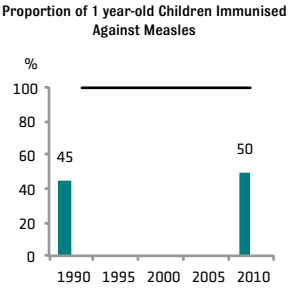
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

OFF TRACK

- U5M HIGH AND INCREASING
- HIGH IM
- LOW COVERAGE







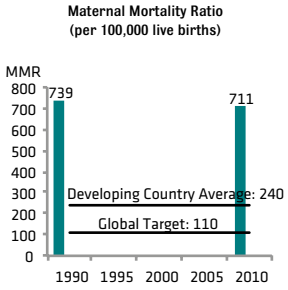
PNG's under-five mortality has increased steadily and is above the developing country average. Similarly, the infant mortality rate has increased since the early 1990s and remains relatively high. At the same time, measles immunisation rates only increased slightly and remain quite low. Only half of PNG's 1-year olds are immunised against measles. In addition, many infants and young children in PNG die from malaria and TB, as well as HIV/AIDS related diseases.

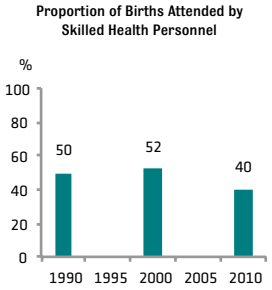
However, PNG will likely achieve its more modest national targets of an U5M rate of 72 and IMR of 44 by 2015.

Delivery of basic health services, especially to the rural sector, a dysfunctional health care system and funding limitations are some key challenges. In addition, the lack of proper sanitation and safe water supply, as well as lack of funding for NGOs, mostly involved in health care at the grassroots levels, are areas of concern.

Authorities recognise that improving the crumbling health care delivery system, especially in large parts of the rural sector, is the cornerstone of intervention strategies. Under the National Health Plan (2011-2020), the National Department of Health (NDOH) intends to replace government-owned Aid Posts with Community Health Posts. The Aid Posts deteriorated over time due to financial constraints, lack of well trained staff, land ownership issues, damage, theft etc. Government expects the Community Health Posts, supported by outreach services of the NDOH, to be more effective. However, the benefits of these improvements are likely in the long term and are dependent on strong financial support.

Source: PNG (2010a, 2009)





TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

OFF TRACK

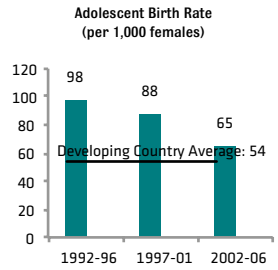
- HIGH MMR
- LOW AND DECLINING SKILLED BIRTH ATTENDANCE

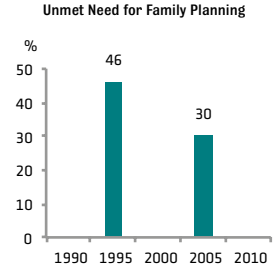
The estimated maternal mortality ratio for PNG is one of the highest in the Asia Pacific region and almost three times higher than the developing country average. While there are issues regarding the robustness of the MMR estimates, derived from an indirect 'sisterhood' method, the low level of skilled birth attendance corroborates the estimated high level of maternal deaths. The high level of fertility, high teenage pregnancy and low antenatal care coverage contribute to the high level of maternal mortality.

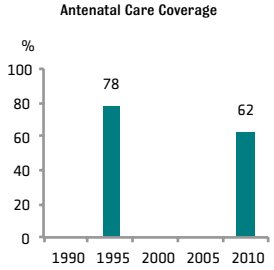
PNG's national target is to achieve a MMR of 274 by 2015, and based on trends, PNG is very unlikely to meet its national target. PNG's very high level of maternal mortality is another clear indication of significant gender disparity and inequity.

The lack of access to basic health services is the main reason for the high level of maternal mortality. The Department of Health plans to introduce Community Health Posts to improve access to basic health services. Other issues include the lack of proper sanitation and safe water supply.

Source: PNG (2010a, 2009)







TARGET 5.B

Achieve, by 2015, universal access to reproductive health

OFF TRACK

- LOW PREVALENCE
- TEEN FERTILITY DOWN
- ANTENATAL CARE DOWN
- UNMET NEED DOWN

PNG's contraceptive prevalence rate is relatively low, while the antenatal coverage has declined. Although the unmet need for family planning has fallen, it is still relatively high. Similarly, the teenage fertility rate has fallen steadily but remains high and above the developing country average.

Reproductive health care and family planning is non-existent or not very effective in most parts of PNG, particularly in isolated rural areas. Interventions that promote birth spacing and highlight risky behaviour remain ineffective, while contraceptives are not readily available for majority of women in PNG.

Source: PNG (2010a, 2009)

32%

Contraceptive Prevalence Rate In

2006

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

OFF TRACK

- HIV/AIDS EPIDEMIC
- LOW CONDOM USE
- LOW HIV/AIDS AWARENESS

42%

Condom Use at Last High-Risk Sex in

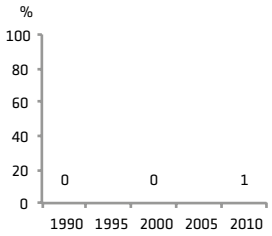
2006

22%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2008

HIV Prevalence Among Population Aged 15-24 years



PNG recorded its first case of HIV/AIDS in 1987 and the number of cumulative cases has increased to 31,609 at the end of 2010. Of the known male and female cases, females accounted for 55 percent of the cases, while the number of infected children continues to increase. Gender inequality and in particular gender based violence is one of the key factors driving the HIV/AIDS epidemic in PNG. Therefore, reversing the course of the epidemic will depend to a significant degree on the empowerment of women.

There is as yet no sign that the HIV/AIDS epidemic has stabilised. Therefore, PNG is very unlikely to achieve its national target to have controlled by 2015 and stabilised the spread of HIV/AIDS by 2020.

The Government of PNG officially launched its national response to the HIV/AIDS epidemic in 1997 and recently completed a National HIV Strategy (2011-2015). However, PNG generally lacks the political commitment to combat HIV/AIDS, evident by the limited budgetary allocation in this area. Development assistance, including from the Global Fund, account for more than 90 percent of all the resources dedicated to the fight against HIV/AIDS.

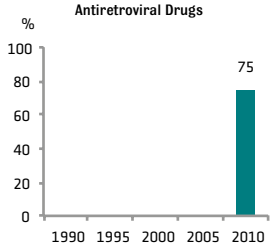
Source: PNG (2010a, 2009), SPC (2011)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

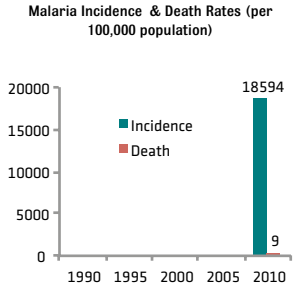
OFF TRACK

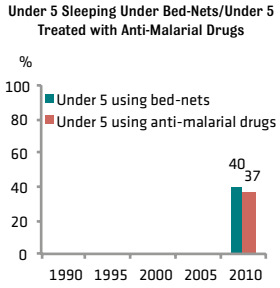
Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs



PNG scaled up its national antiretroviral treatment programme since 2007 and coverage subsequently increased from 23 percent in 2007 to around 75 percent in 2009. However, there are still some concerns regarding the coverage and availability of antiretroviral drugs.

Source: PNG (2010a, 2010b, 2009)





TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

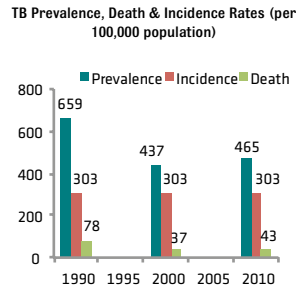
OFF TRACK

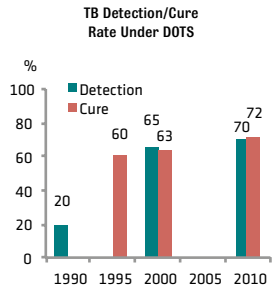
I HIGH MALARIA BURDEN

I LOW USE OF NETS & DRUGS

Malaria is endemic in all coastal provinces of PNG and it is one of the leading causes of morbidity and mortality, making malaria the highest disease burden in PNG. The HIV/AIDS epidemic in PNG exacerbates the incidence of malaria, as those infected with HIV are vulnerable to malaria. Children under 5 years and pregnant women are also vulnerable to malaria. Funds from the Global Fund have been instrumental in the fight against malaria, particularly in the free distribution of insecticide-treated nets. However, overall, progress is slow and insufficient to ensure that PNG will meet the global target. For the same reason, PNG is very unlikely to meet its own national target to have controlled by 2015 and stabilised the spread of malaria by 2020.

Source: PNG (2010a, 2009)





Although the prevalence of TB fell from 1990, it increased slightly from 2000 and remains relatively high, while incidence rates remain relatively unchanged. Similarly, death rates from TB have fallen since 1990 but remain high. Given the HIV/AIDS epidemic in PNG, and its close association with TB, authorities expect death rates from TB to increase.

There was generally low treatment success under DOTS, which could be a result of interrupted TB drug supply, limited access to TB clinic services, poorly functioning or non-existent DOTS, costs associated with TB treatment, drug resistance and the high prevalence of HIV.

Source: PNG (2010a, 2009), SPC (2010)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

OFF TRACK

I STILL HIGH TB BURDEN

I LOW TREATMENT SUCCESS

TARGET 7.A

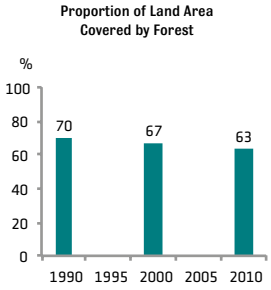
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

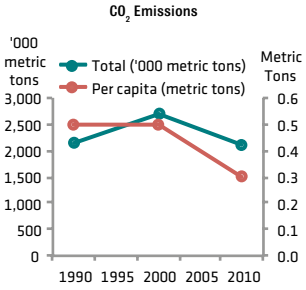
TARGET 7.B

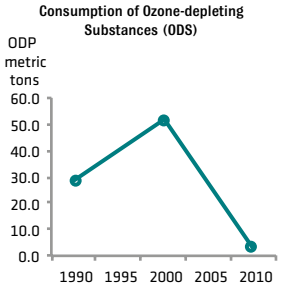
Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

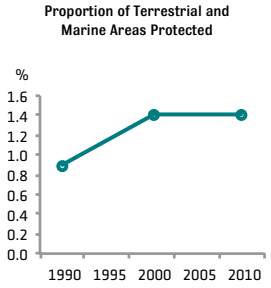
OFF TRACK

- MODERATE DEFORESTATION
- CO_2 EMISSIONS DOWN
- USE OF ODS NEAR ZERO
- PROTECTED AREAS UP









Since 1990, the estimated forest cover declined slightly, while protected areas have increased. CO_2 emissions have also trended downward, while PNG's use of ozone-depleting substances neared zero. There is no data on the total water resources used.

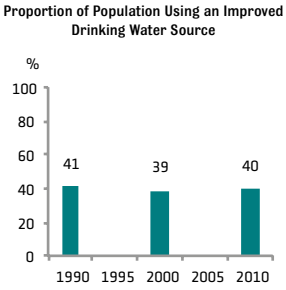
Indiscriminate logging was rife in the 1970s and 1980s but since 1990, PNG established Forest Management Agreements with landowners to address the problem. Authorities also expect future logging to take place in less accessible and more difficult terrain, which should slow deforestation. However, the rapidly growing population and subsequent demand for land is a potential risk factor. In addition, while a rigorous regulatory regime is in place, enforcement is a major issue.

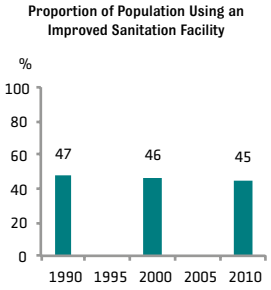
Funding for maintaining PNG's wealth of biodiversity has declined substantially. As PNG does not have a proper system of nature reserves, the Government establishes protected areas to conserve biodiversity. However, landowners maintain rights to access and use these protected areas.

PNG's environmental track record is largely poor. Activities in the mining sector have adversely affected the environment, in some cases quite detrimentally. Mining activities produce vast amounts of waste. Unfortunately, the lack of infrastructure, resources and appropriate legislation and policies has led to poor waste management and waste disposal practices. Untreated tailing disposal from the mines adversely affect both freshwater and coastal marine environments.

PNG has signed 46 multilateral environmental agreements and adopted several indicators for the monitoring of progress. However, authorities have not measured most of the indicators and some of the indicators may never be measured. Monitoring that is carried out is fragmented and uncoordinated. In addition, conflicting views with regards to environmental issues makes monitoring very difficult.

Source: PNG (2010a, 2009)





TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

OFF TRACK

I POOR ACCESS TO WATER

I LOW ACCESS TO SANITATION

Access to an improved drinking water source, as well as access to an improved sanitation facility has remained low and relatively unchanged since 1990.

Even though PNG has one of the highest stocks of fresh water per capita in the world, a very large proportion of the population does not have access to a safe water supply. The proportion of urban households with access to a safe water supply is about 7 times higher than for rural households. About 70 percent of rural households use drinking water from a spring, river, stream, pond, lake or dam. Therefore, given the poor waste management practices from mining and agricultural activity, the proportion of people using contaminated water is likely to increase.

Majority of rural households use traditional pit toilets, while a significant proportion does not have any toilet facilities at all. While a large proportion of urban households have a flush toilet, this proportion has fallen sharply since the 1990s. The large increase in the urban population, particularly the squatter population, is a contributing factor.

Source: PNG (2010a, 2009)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

OFF TRACK

There is no data on the proportion of the urban population living in slums, or more accurately, squatter settlements in PNG.

However, squatter settlements have increased in and around PNG's urban centres. The rural to urban drift has created a landless class of migrants living in squatter settlements. Squatter areas also house majority of the unemployed and under-employed, especially the youth.

Source: PNG (2010a, 2009)

Bibliography

Papua New Guinea (2010a). Millennium Development Goals Second National Progress Comprehensive Report for Papua New Guinea 2010. PNG Department of National Planning and Monitoring. Available from http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/Papua%20New%20Guinea/MDG%20PNG%20COMPREHENSIVE%20REPORT%202010_Proof_6%20Change_1Feb2012revLB.pdf

_____ (2010b). UNGASS 2010 Country Progress Report Papua New Guinea, Reporting Period January 2008-December 2010. Available from http://www.wpro.who.int/topics/adolescent_health/png_fs.pdf

_____ (2009). Millennium Development Goals Second National Progress Summary Report 2009 for Papua New Guinea. PNG Department of National Planning and Monitoring. Available from http://www.undp.org.pg/docs/publications/EXECUTIVE_SUMMARY_MDG_report.pdf

Islands Business (2012). Reserved Seats for Women Bill in PNG Shelved. Available from http://www.islandsbusiness.com/news/index_dynamic/containerNameToReplace=MiddleMiddle/focusModuleID=130/focusContentID=27397/tableName=mediaRelease/overideSkinName=newsArticle-full.tpl

Secretariat of the Pacific Community (2011). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

PAPUA NEW GUINEA

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	30.0 (1990e)	*	30.2 (1996)	**	28.0 (2009e)	*	*Derived from survey^ & census^ data & ** 1996 DHS cited in [1]
	1.2 Poverty gap ratio (%)	9.0 (1990e)	*	9.1 (1996)	**	9.0 (2009e)	*	*Derived from survey^ & census^ data & ** 1996 DHS cited in [1]
	1.3 Poorest quintile in national consumption (%)	4.5 (1990e)	*	4.5 (1996)	**	4.5 (2009e)	*	*Derived from survey^ & census^ data & ** 1996 DHS cited in [1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		76.3 (2000)		…		SPC from Census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		23.0 (2009e)		Derived from NHIS & survey data# cited in [1]
	1.9 Food poverty (%)	…		…		…		
MDG 2	2.1 Net enrolment ratio in primary education (%)	53.1 (1990)	*	…		74.9 (2010)	**	SPC from *census & **DOE
	2.2 Reaches last grade in primary education (%)	58.1 (1990)	*	56.8 (2000)	*	56.9 (2009)	**	*[2]. **SPC from DOE
	2.3 Literacy rates of 15-24 years old (%)	61.0 (1990e)		…		63.0 (2009e)		Derived from census^ data cited in [1]
MDG 3	3.1a Gender parity index in primary education	85.0 (1991)	*	…		86.0 (2010)	**	*Country data cited in [3], **SPC from MOE
	3.1b Gender parity index in secondary education	62.0 (1991)		…		71.0 (2009)		Country data cited in [3]
	3.1c Gender parity index in tertiary education	…		55.0 (1999)		…		Estimated data cited in [3]
	3.2 Women in the non-agricultural sector (%)	27.9 (1990)		32.1 (2000)		…		Country census data cited in [3]
	3.3 Seats held by women in parliament (%)	0.0 (1990)	*	1.8 (2000)	*	1.8 (2011)	**	*Country data cited in [3], **PIFS
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	63.4 (1992-96)		73.7 (1997-01)		74.7 (2002-06)		[4]
	4.2 Infant mortality (per 1,000 live births)	47.3 (1992-96)		60.1 (1997-01)		56.7 (2002-06)		[4]
	4.3 Measles immunisation of 1 year old (%)	45.0 (1990e)	*	…		50.0 (2010)	**	*Derived from NHIS data cited in [1], **NHIS cited in [5]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	739.0 (1990e)		…		711.0 (2009e)		Derived from 2006 DHS cited in [1]
	5.2 Skilled birth attendance (%)	50.0 (1990e)	*	51.8 (2006)	**	40.0 (2010)	***	*Derived from 2006 DHS & **2006 DHS cited in [1], ***NHIS cited in [5]
	5.3 Contraceptive prevalence rate (%)	…		…		32.4 (2006)		[4]
	5.4 Adolescent birth rate (per 1,000 females)	98.0 (1992-96)		88.0 (1997-01)		65.0 (2002-06)		[4]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		77.5 (1996)	*	62.0 (2010)	**	*SPC from 1996 DHS, **NHIS cited in [5]
	5.6 Unmet need for family planning (%)	…		45.9 (1996)		29.8 (2006)		SPC from 1996 & 2006 DHS
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1990)		0.2 (2000)		0.8 (2009)		Estimated data cited in [3]
	6.2 Condom use at last high-risk sex (%)	…		…		42.3 (2006)		2006 DHS (average of men & women) cited in [3]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		21.9 (2008)		[6]
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	…		…		74.5 (2009)		[6]
	6.6a Malaria incidence rate (per 100,000)	…		…		18594.0 (2010)		SPC derived from [7]
	6.6b Malaria death rate (per 100,000)	…		…		9.1 (2010)		SPC derived from [7]
	6.7 Under 5 sleeping under bed-nets (%)	…		…		39.5 (2008)		SPC
	6.8 Under 5 treated with anti-malarial drugs (%)	…		…		37.3 (2008)		SPC
	6.9a TB prevalence rates (per 100,000)	659.0 (1990)		437.0 (2000)		465.0 (2010)		[8]
	6.9b TB death rates (per 100,000)	78.0 (1990)		37.0 (2000)		43.0 (2010)		[8]
	6.9c TB incidence rates (per 100,000)	303.0 (1990)		303.0 (2000)		303.0 (2010)		[8]
	6.10a TB detection rate under DOTS (%)	20.0 (1990)		65.0 (2000)		70.0 (2010)		[8]
	6.10b TB cure rate under DOTS (%)	60.0 (1994)		63.0 (2000)		72.0 (2009)		[8]
MDG 7	7.1 Proportion of land area covered by forest (%)	69.6 (1990)		66.5 (2000)		63.4 (2010)		Country data cited in [3]
	7.2a CO2 emissions, total ('000 metric tons)	2142.0 (1990)		2688.0 (2000)		2109.0 (2008)		Global monitoring data cited in [3]
	7.2b CO2 emissions, per capita (metric tons)	0.5 (1990)		0.5 (2000)		0.3 (2008)		Global monitoring data cited in [3]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.3 (1990)		0.3 (2000)		0.2 (2008)		Global monitoring data cited in [3]
	7.3 Use of ODS (ODP metric tons)	28.5 (1991)		52.0 (2000)		3.2 (2009)		Country data cited in [3]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		0.0 (2000)		…		
	7.6 Protected terrestrial and marine areas (%)	0.9 (1990)		1.4 (2000)		1.4 (2010)		Estimated data cited in [3]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	41.0 (1990)		39.0 (2000)		40.0 (2010)		[9]
	7.9 Using an improved sanitation facility (%)	47.0 (1990)		46.0 (2000)		45.0 (2010)		[9]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	13.3 (1990)	*	8.3 (2000)	*	5.5 (2010)	**	*Disbursement basis, OECD DAC country data cited in [3], **[10]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	18.4 (1990)	*	8.0 (2000)	*	2.0 (2010e)	**	*Country adjusted data cited in [3], **[11]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	0.7 (1990)	*	1.2 (2000)	*	1.8 (2010)	**	*ITU estimate & **National Information & Communications Technology Authority cited in [3]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		0.2 (2000)		27.8 (2010)		ITU estimate cited in [3]
	8.16 Internet users per 100 population	0.0 (1990)	*	0.8 (2000)	*	1.3 (2010)	**	*Telikom PNG & **National Information & Communications Technology Authority cited in [3]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] PNG, Department of National Planning and Monitoring, *Millennium Development Goals National Progress Summary Report for Papua New Guinea 2009*. (PNG, 2009)
[2] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[3] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[4] PNG NSO, *Papua New Guinea Demographic and Health Survey 2006* . Available from http://www.phtpacific.org/sites/default/files/surveys_dev_reports/90/files/PNG_DemographicHealthSurvey-2006_2009-07_GoPNG.pdf
[5] PNG, *2011 Sector Performance Annual Review: Assessment of Sector Performance, 2006-2010 National Report*. Available from http://www.adi.org.au/upload/2011_SectorPerformanceAnnualReview.pdf
[6] PNG, National AIDS Council Secretariat, *UNGASS 2010 Country Progress Report Papua New Guinea*. Available from http://www.unaids.org.
[7] WHO, *World Malaria Report 2011* . Available from http://www.who.int/malaria/world_malaria_report_2011/9789241564403_eng.pdf
[8] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[9] WHO and UNICEF JMP for Water Supply and Sanitation, Data and Estimates - Country Files. Available from http://www.wssinfo.org/documents-links/documents/?tx_displaycontroller[type]=country_files (accessed 8 March 2012)
[10] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1882836.gif (accessed 8 March 2012)
[11] IMF, Papua New Guinea: 2011 Article IV Consultation—Staff Report, *IMF Country Report No. 11/117*. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11117.pdf

^ 1996 HIES and 1996 & 2006 DHS.
^ 2000 census.
# 2005 Micro Nutrients Survey.


SAMOA

SAMOA

is located south of the equator, about halfway between Hawaii and New Zealand. The country consists of two large islands (Upolu and Savai'i) and eight small islets. Upolu is home to nearly three-quarters of the population.

Capital Apia **Land** 2,820 sq km **EEZ** 120,000 sq km
Population 186,340 (2011) **GDP per capita** USD$3,480
Language Samoan, English
Currency Tala
Economy Agriculture, fisheries, tourism, remittances

MDGs PROGRESS

● MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship increased. Depth of poverty up. Income inequality persists.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Increase in productivity. Weak job conditions. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Low prevalence of underweight children. Low food poverty.
▶ MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High net enrolment. Survival rate down. Literacy rates high. Strong government commitment.
● MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Reverse gender gap an issue. Women's employment up but room to improve. Low representation in parliament
▶ MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	No quality data but likely low under-five mortality. Infant mortality low. Immunisation increased. Danger of trend reversal.
● MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. Skilled birth attendance up.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. High unmet need for family planning. Teen pregnancy up. Antenatal care high.
● MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Zero prevalence of 15-24 years age group. Low condom use. Low HIV/AIDS awareness. High STIs.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	8 of 9 people receiving treatment. 1 in denial.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Samoa.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB cases fallen. TB cure rate high.
■ **MDG 6 PLUS* Combat NCDs**	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	High prevalence of obesity and diabetes. High risk of NCDs. Suicide attempts and deaths on the rise.
▶ MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	High forest cover. CO_2 emissions up. Use of ozone-depleting substances almost zero. Protected areas up. No data on total water resources used.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Water quality issues. Room to improve in access to proper sanitation.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data. Anecdotal evidence of informal settlements.

**Not discussed in detail. See Samoa(2010a) for more information.*

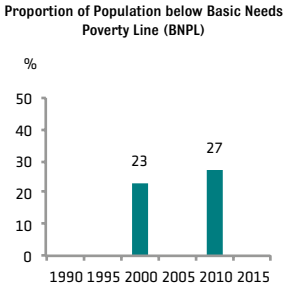
▶ On Track ■ Off Track ● Mixed ✦ Insufficient information ◇ Not applicable

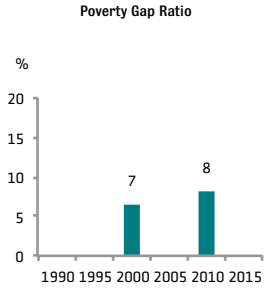
TARGET 1.A

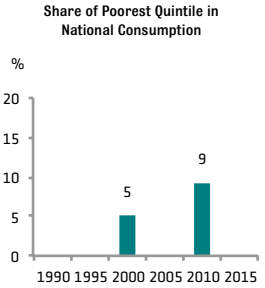
Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

OFF TRACK

- HARDHSIP INCREASED
- DEPTH OF POVERTY UP
- INCOME INEQUALITY







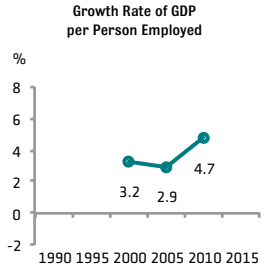
The level of poverty, or more accurately, hardship, in Samoa, as measured by the proportion of the population below the BNPL, increased between 2002 and 2008. This is despite relatively good economic growth in the early-to-mid 2000s. The increase in the depth of poverty also indicates that the disadvantaged generally did not benefit from the earlier economic expansion. Although the share of the poorest quintile in national consumption increased, the higher Gini coefficient calculated from the 2008 HIES indicates that income inequality persists.

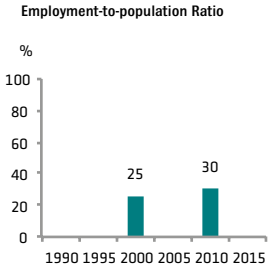
Economic growth outcomes only just recovered in 2010 from the adverse impact of the global crisis and 2009 tsunami. However, generally weak labour market conditions continue, exacerbated by job cuts by Samoa's biggest private employer (Yazaki Samoa). In addition, although inflation eased from its peak of 11.5 percent in 2008, prices have recently trended upwards and inflation was 5.2 percent at the end of 2011. These conditions make it difficult for households to get out of hardship.

It is important to note that the increase in the level and depth of hardship was significant for the rural areas, especially Savai'i, which accounts for a quarter of the poor in Samoa. Hardship in the urban centres generally declined. This means that more households in the rural areas are struggling to meet their basic living expenses on a daily or weekly basis i.e. to pay bills and/or purchase adequate and nutritious food etc.

Reducing hardship is a key priority for the Government of Samoa. The Government recognises the need to target pro-poor growth, as well as developing the rural areas through assistance to the agriculture and tourism sectors. The Government also recognises that increasing access to customary land for development is important and has undertaken legal and policy reforms to this end.

Source: Abbott (2012), Samoa (2012, 2010a)





TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

MIXED

| INCREASE IN PRODUCTIVITY

| WEAK JOB CONDITIONS

Although the labour productivity growth rate and employment-to-population indicators has trended upwards, creating and sustaining job opportunities remain a challenge. Addressing youth unemployment is also a key challenge.

The impact of the global financial crisis took its toll on the Samoan labour market, with 53 percent of employers freezing or cutting jobs in the aftermath of the crisis. Samoa's largest private employer, Yazaki Samoa, which makes harnesses for Australia's automotive industry, slashed jobs as the global slump in the automotive industry reduced demand for its product. The closure of American Samoa's canneries, which employed mostly workers from Samoa, has also weakened employment conditions.

In the past, the civil service or public sector, provided a lot of the growth in paid jobs, but this avenue for job growth is narrowing. One of Government's key objectives, as highlighted in the Strategy for the Development of Samoa (2008-12), is to encourage more private sector jobs. There is also the recognition that the informal sector is most likely to deliver on opportunities for decent work particularly for youth. Government has invested significantly into programs linking increased production to tourism, promotion of programs that deliver on employable skills, credit availability for the informal sector and technical cooperation facilities for civil society, private sector and NGOs.

The Government's key strategy is to promote employment opportunities in overseas seasonal workers' programmes, such as the New Zealand Recognised Seasonal Employment Scheme, which Samoa has accessed since 2007. More recently, Samoa embarked with a seasonal worker programme with Australia.

Source: Samoa (2010a), ILO (2009), Pacific Periscope (2011), Radio New Zealand International (2012), National University of Samoa (2006)

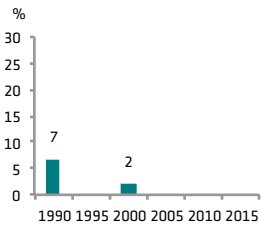
TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

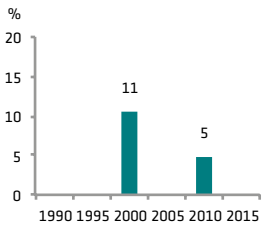
ON TRACK

- LOW UNDERWEIGHT PREVALENCE
- LOW FOOD POVERTY

Prevalence of Underweight Children Under-five Years of Age



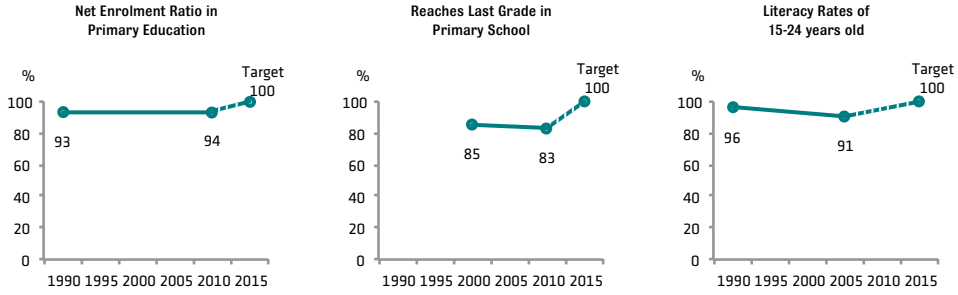
Proportion of Population Below Basic Food Poverty Line



In Samoa, as with other countries in the Pacific, there is a low prevalence of underweight children, as well as low food poverty. However, there are concerns that the poorest households are not receiving adequate nutrition despite an increase in dietary energy supply. In addition, there is growing concern of overweight children, linked to the high risk of NCDs in Samoa.

To address food security, as well as to provide for income generation, the Government is focussed on raising the level of participation of subsistence farmers in agriculture production.

Source: Samoa (2010a, 2004)



TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- HIGH NET ENROLMENT
- SURVIVAL RATE DOWN
- LITERACY RATES HIGH

Although Samoa's net enrolment and literacy rates are relatively high, the survival rate to the end of primary school is lower and it has declined in recent years. There are several reasons for the low survival rate, including lack of affordability of school fees, lack of parental support and low priority placed on education, as well as loss of interest in school and peer pressure.

Even though the Compulsory Education Act has been in place since 1992, the Act was not strictly enforced. However, the situation has changed since the passing of the 2008 Education Bill, which fines parents and caregivers for failing to send children to school. In addition, in 2010, Samoa introduced a School Fee Grant Scheme, which covers the full payment of primary school fees. Moreover, the Government selected a special task force in 2010 to implement and monitor the compulsory education legislation. Government is also addressing teacher shortages through the implementation of the fast-track programmes under the National Teacher Development Framework.

These initiatives, coupled with Government's strong commitment to the education sector, which generally receives the largest sectoral budget allocation, should reverse the trend in the survival rate in the coming years. Therefore, Samoa is on track to achieve universal primary education.

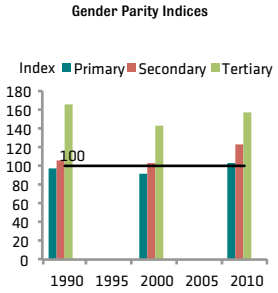
Source: Samoa (2010a, 2007)

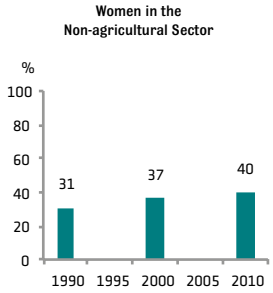
TARGET 3.A

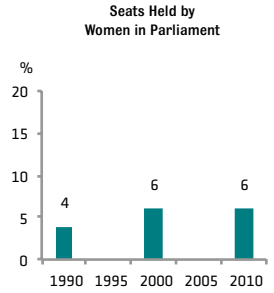
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

- GENDER PARITY ACHIEVED
- WOMEN'S EMPLOYMENT UP
- LOW REPRESENTATION







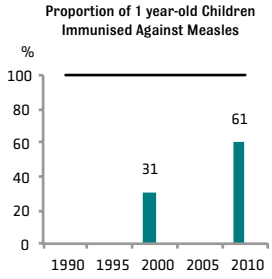
Samoa has achieved gender parity in all levels of education, with girls outperforming their male counterparts at all levels of education. However, there is concern over the performance of boys, with males less likely to complete secondary and tertiary education compared to girls. Government recognises this 'reverse gender gap' as an area for concern, linked to the higher risk of male unemployment, crime and violence against women and children. Consequently, with the support of the development partners, Government introduced school fee schemes to encourage higher male enrolment at secondary level.

On the empowerment indicators, women employed in the non-agricultural sector have increased over the years. However, Samoa's National Policy for Women (2010-15) recognises that while several support programs and services targeting women in the micro and small business development sector are in existence, much work remains to strengthen relevant policy and legal frameworks in place.

Women's representation in parliament is also an area in need of improvement. The low number of women politicians reflects significant obstacles, including the political system where only a chiefly (matai) title holder can run for election, as well as social and customary attitudes about women's roles, manifested in the deference of chiefly (matai) titles men, while women adopt more supportive roles to leadership. However, to redress the situation, Samoa in early 2012 announced it is looking into legislation which will facilitate a quota system for female representation in parliament.

Therefore, accounting for the relatively slow progress on women's empowerment compared to gender equality, Samoa's progress on the broader goal is mixed.

Source: Samoa (2010a, 2010b)



20%

Infant Mortality Rate (per 1,000 live births) in

2002-06

TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

| NO DATA BUT LIKELY LOW U5M

| INFANT MORTALITY LOW

| IMMUNISATION INCREASED

Although the under-five and infant mortality rates are available from the 2009 DHS, issues with sample coverage and very large confidence intervals indicated weak quality data. Hence, this Report does not report U5M and IM data from the 2009 DHS. The infant mortality rate reported is from the 2006 census, covering the five year period preceding the census.

Nevertheless, based on administrative data and anecdotal evidence, child mortality rates are declining and well below international averages. This is one of the main reasons that Samoa's national goal is to 'Improve Child Health' rather than 'Reduce Child Mortality'.

However, the Government recognises the danger of a trend reversal if it does not sustain effective services delivery and targeted prevention programmes. The Ministry of Health is working closely with the Ministry of Women, Community and Social Development, NGOs and development partners to raise the immunisation rates of children.

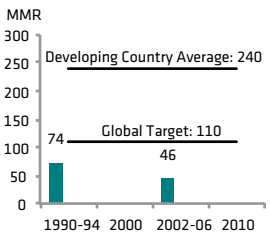
Source: Samoa (2011a, 2010a)

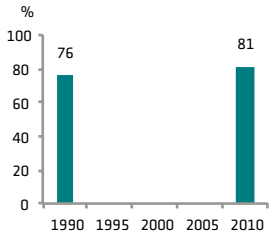
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

- LOW MATERNAL DEATHS
- SKILLED ATTENDANCE UP





Samoa's total population is 186,340 and the average number of live births is around 15,000. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. For example, Samoa recorded seven maternal deaths between 2002 and 2006, resulting in an MMR of 46. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Samoa due to the small size of the population.

In this case, a better indicator for maternal health is the proportion of skilled birth attendance, which has increased since 1990. However, there are still concerns over access to skilled birth attendants in the rural area.

Source: Samoa (2010a)

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

OFF TRACK

- LOW CONTRACEPTIVE USE
- TEEN PREGNANCY UP
- ANTENATAL CARE HIGH
- HIGH UNMET NEED

93%

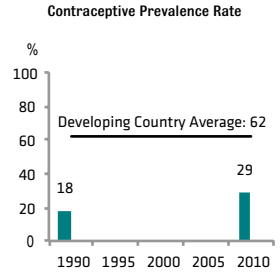
Antenatal Care Coverage in

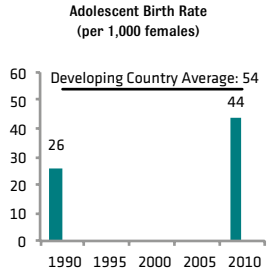
2009

46%

Unmet Need for Family Planning in

2009

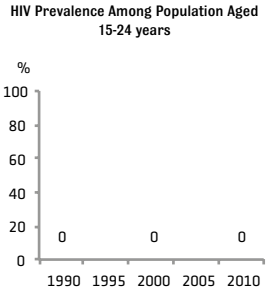




Compared to the developing country average, Samoa's contraceptive prevalence rate is low, which is consistent with the relatively high level of unmet need for family planning. Ensuring easy access to contraception is a major challenge, as Samoa's small population makes it difficult to ensure confidentiality amid strict cultural norms. The lack of easy access to contraceptives is also likely underpinning the increase in teenage pregnancies, with teenage fertility significantly higher in the rural areas.

Samoa's sexual and reproductive health issues are complex and require further study. For instance, while the unmet need for family planning is high, the large majority of women not using contraceptives are opposed to it. Nevertheless, Government recognises the importance of intensive awareness campaigns and improvement in service delivery but it has noted that limited funding is a major challenge for improving Samoa's access to reproductive health.

Source: Samoa (2010a), UNFPA (2011)



Samoa reported its first HIV/AIDS case in 1990. At the end of 2011, Samoa reported a cumulative total of 22 cases, of which 9 had died, with 13 currently living with HIV/AIDS. There was one new HIV case reported in 2011. Health authorities indicated that there were no cases reported for the 15-24 years age group, while the main mode of transmission was through heterosexual contact.

Even though the absolute numbers are small, HIV/AIDS is still a concern given the high prevalence of STIs, low condom use and low comprehensive correct knowledge of HIV/AIDS.

Samoa's response to the global HIV/AIDS crisis was immediate, comprehensive and aggressive. In 1988, the Government established a National AIDS Coordinating Council and a Technical AIDS Committee, which managed the implementation and monitoring of the National AIDS Prevention Programme. Samoa has since updated its policies and now has an updated 2011-2016 National HIV/AIDS Policy.

Source: Samoa (2010a, 2011b), SPC (2011)

15%

Condom Use at Last High-Risk Sex in

2009

4%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2009

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

MIXED

- LOW PREVALENCE
- LOW CONDOM USE
- NEED FOR INCREASED AWARENESS

Supported by the Global Fund, Government offers antiretroviral treatments free to those needing it. Only 9 of the 13 persons living with HIV/AIDS require ARV treatment, of which 6 are accessing treatment from Government, with 2 accessing treatment privately. One person has refused treatment due to denial of the person's HIV/AIDS status.

Source: Samoa (2010a, 2011b)

89%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2010

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

- 6 OF 9 ON ART

TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in Samoa.

Source: Samoa (2010a, 2004)

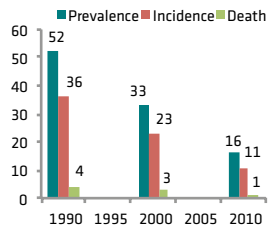
TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

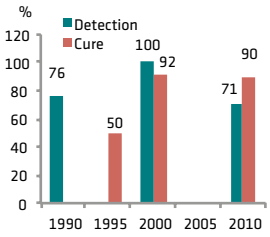
ON TRACK

- TB CASES FALLEN
- TB CURE RATE HIGH

TB Prevalence, Death & Incidence Rates (per 100,000 population)



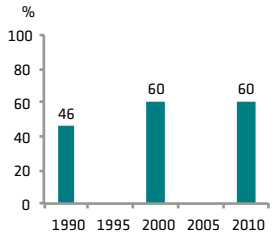
TB Detection/Cure Rate Under DOTS



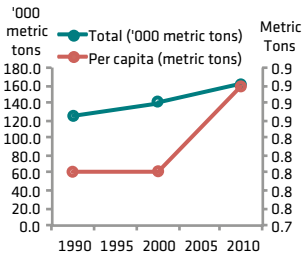
The prevalence, incidence and death rates from TB have fallen significantly, while the detection rates remain relatively high. The case notification rate in Samoa has generally declined over time, while the treatment success rate has been consistently above the internationally recommended target of 85 percent. However, the case detection rate in recent years was relatively low, likely due to the identification of too many suspects who do not fit the criteria for a TB suspect or poor quality sputum specimens.

Source: SPC (2010)

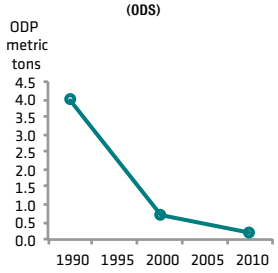
Proportion of Land Area Covered by Forest



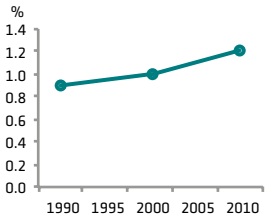
CO_2 Emissions



Consumption of Ozone-depleting Substances (ODS)



Proportion of Terrestrial and Marine Areas Protected



Samoa has relatively high forest cover. The reported increase in the forest cover is mainly underpinned by a change in the definition, which captured areas previously not classified as forests. Authorities anticipate agro-deforestation to increase, in line with Government's plan to further develop and expand the agricultural sector.

Greenhouse emissions have increased over the years, with major air pollutants emanating from motor vehicle exhaust and sulphur dioxide from power plants. However, the consumption of ozone-depleting substances has fallen to almost zero, in line with commitments under the Montreal Protocol. Samoa became CFC-free in 2003.

Although the proportion of terrestrial and marine areas protected has risen, the loss of biodiversity remains a concern. Risks include deforestation, coral reef deterioration, habitat degradation and loss, and the introduction of certain non-indigenous species. The International Council for Bird Preservation listed Samoa as one of the world's 'Endemic Bird Areas' that is in need of urgent conservation attention.

Government has incorporated the principles of sustainable development in its national development plan and places a high priority on environmental sustainability. The Government has also implemented successful conservation programs, as well as recording significant achievements in progressing the National Environment and Development Management Strategy.

Source: Samoa (2010a, 2008)

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

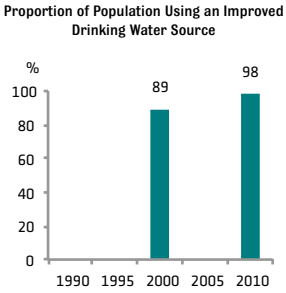
- HIGH FOREST COVER
- CO_2 EMMISSIONS UP
- USE OF ODS ALMOST ZERO
- PROTECTED AREAS UP

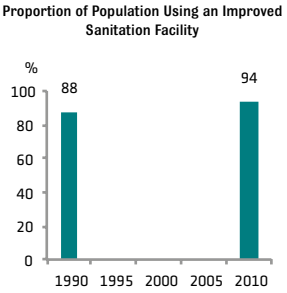
TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MIXED

- WATER QUALITY ISSUES
- ROOM TO IMPROVE





The proportion of the population using an improved drinking water source has increased and is relatively high. However, the figures do not provide an accurate picture of access to safe water. Findings from initial water quality surveys indicate that access to safe water is likely much lower, even as low as 30-40 percent.

The proportion of the population using an improved sanitation facility has risen. However, some households that report access to a 'flush toilet', have no piped water supply or intermittent supply only, and flushed by filling the cistern with a bucket. One of the other major concerns is the large number of septic tanks without a sealed floor, which allows drainage into the environment.

To address these issues, Samoa has adopted more integrated water resource management approaches, which is evident in many of the programmes currently undertaken.

Source: Samoa (2010a), SOPAC (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

INSUFFICIENT INFORMATION

There is no data and recognised definition of slum dwellers in Samoa. However, there is some anecdotal evidence of informal settlements in Apia that may lack proper access to water/sanitation facilities, as well as lack of secure land tenure.

Source: Samoa (2010a), Abott (2012)

Bibliography

Abbott, David (2012). Samoa: Analysis of the 2008 Household Income and Expenditure Survey. Available from http://www.undp.org.ws/Portals/12/News%20Room/Publications/Poverty%20Report/SAM_Poverty_Analysis_Report_Final_280310.pdf

International Labour Organisation (2009). Decent Work Programme Samoa (2009-2012). Available from http://www.ilo.org/public/english/bureau/program/dwcp/download/samoa.pdf

National University of Samoa (2006). Samoa National Human Development Report 2006: Sustainable Livelihoods in a Changing Samoa. Available from http://hdr.undp.org/en/reports/national/asiathepacific/samoa/Samoa_NHDR_2006_en.pdf

Pacific Periscope (2011). Yazaki Saddled with Air Freight Costs. October 14, 2011. Available from http://www.pacifictradeinvest.com/wp/?p=1791

Radio New Zealand International (2012). Samoa Government Starts Registration for Australia RSE Scheme. Available from http://www.rnzi.com/pages/news.php?op=read&id=67370

Samoa, Bureau of Statistics (2012). Key Statistics. Available from http://www.sbs.gov.ws/Home/tabid/3277/language/en-NZ/Default.aspx

_____, Ministry of Health (2011a). Annual Report: Financial Year 2009-2010. Available from http://www.health.gov.ws/Portals/189/Annual%20Report%20FY0910.pdf

_____, Ministry of Health (2011b). National HIV & AIDS Policy 2011-2016. Available from http://www.health.gov.ws/Portals/189/HIV%20&%20AIDS%20Policy.pdf

_____ (2010a). Millennium Development Goals: Second Progress Report 2010. Available from http://www.mof.gov.ws/Portals/195/Services/Aid%20Coordination/mdg_report.pdf

_____ Ministry of Women, Community and Social Development (2010b). National Policy for Women of Samoa 2010-2015. Available from http://sgdatabase.unwomen.org/uploads/NATIONAL%20POLICY%20FOR%20WOMEN%202010-2015.pdf

_____, Ministry of Finance (2008). Strategy for the Development of Samoa: 2008-2012, Ensuring Sustainable Economic Progress and Social Progress. Available from http://www.sprep.org/att/IRC/eCOPIES/Countries/Samoa/104.pdf

_____, Ministry of Education, Sports and Culture (2007). Education for All: Mid-Decade Assessment Report Samoa 2007. Available from http://www.mesc.gov.ws/pdf/efa_web.pdf

_____ (2004). Millennium Development Goals: First Progress Report 2004. Available from http://www.un.int/wcm/webdav/site/samoa/shared/.../1123735453.docdress

Secretariat of the Pacific Community (2011). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

SOPAC (2007). National Integrated Water Management Diagnostic Report: Samoa. Available from http://www.sprep.org/att/IRC/eCOPIES/Countries/Samoa/84.pdf

UNFPA (2011). Samoa. Available from http://countryoffice.unfpa.org/filemanager/files/pacific/cp4.pdf

SAMOA

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		22.9 (2002)	•	26.9 (2008)	••	*SPC from 2002 HIES, **[1]
	1.2 Poverty gap ratio (%)	…		6.6 (2002)	•	8.2 (2008)	••	*SPC from 2002 HIES, **[1]
	1.3 Poorest quintile in national consumption (%)	…		5.2 (2002)	•	9.3 (2008)	••	*SPC from 2002 HIES, **[1]
	1.4 Growth rate of GDP per person employed (%)	3.2 (1999)		2.9 (2002)		4.7 (2009)		[2]
	1.5 Employment-to-population ratio (%)	…		25.3 (2001)		30.0 (2009)		[2]
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	6.6 (1990)		1.9 (1999)		…		[2]
	1.9 Food poverty (%)	…		10.6 (2002)	•	4.9 (2008)	••	*[2], **[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	93.0 (1991)	•	…		94.0 (2011)	••	*MESC cited in [2], **SPC from MOE
	2.2 Reaches last grade in primary education (%)	…		85.3 (2001)		83.3 (2010)		MESC cited in [2]
	2.3 Literacy rates of 15-24 years old (%)	96.0 (1991)	•	…		90.6 (2006)	••	*[2], **SPC from census
MDG 3	3.1a Gender parity index in primary education	98.0 (1990)	•	93.0 (2002)	•	102.0 (2011)	••	*[2], **SPC from 2011 Samoa Education Digest
	3.1b Gender parity index in secondary education	106.0 (1990)	•	104.0 (2002)	•	123.0 (2011)	••	*[2], **SPC from 2011 Samoa Education Digest
	3.1c Gender parity index in tertiary education	166.0 (1990)		143.0 (2002)		156.0 (2009)		[2]
	3.2 Women in the non-agricultural sector (%)	31.0 (1990)	•	36.7 (2001)	••	40.1 (2009)	•	*[2], **Country census data cited in [2]
	3.3 Seats held by women in parliament (%)	4.0 (1990)	•	6.1 (2002)	•	6.1 (2011)	••	*[2], **Samoa parliament website*
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		…		…		
	4.2 Infant mortality (per 1,000 live births)	…		…		20.4 (2002-06)		SPC from census
	4.3 Measles immunisation of 1 year old (%)	…		31.0 (2001)	•	60.6 (2010)	••	*[2],**WPRO technical units cited in [3]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	74.0 (1990-94)		…		46.0 (2002-06)		[2]
	5.2 Skilled birth attendance (%)	76.0 (1991)	•	…		80.8 (2009)	••	*[2], **[4]
	5.3 Contraceptive prevalence rate (%)	18.0 (1991)	•	…		28.7 (2009)	••	*[2], **[4]
	5.4 Adolescent birth rate (per 1,000 females)	26.0 (1992)	•	…		44.0 (2009)	••	*[2], **[4]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		92.7 (2009)		[4]
	5.6 Unmet need for family planning (%)	…		…		45.6 (2009)		[4]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	0.0 (1990)		0.0 (2000)		0.0 (2009)		[5]
	6.2 Condom use at last high-risk sex (%)	…		…		14.7 (2009)		[2]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		3.8 (2009)		[4]
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	…		…		88.9 (2010)		[2]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	52.0 (1990)		33.0 (2000)		16.0 (2010)		[6]
	6.9b TB death rates (per 100,000)	4.4 (1990)		2.7 (2000)		1.3 (2010)		[6]
	6.9c TB incidence rates (per 100,000)	36.0 (1990)		23.0 (2000)		11.0 (2010)		[6]
	6.10a TB detection rate under DOTS (%)	76.0 (1990)		100.0 (2000)		71.0 (2010)		[6]
	6.10b TB cure rate under DOTS (%)	50.0 (1994)		92.0 (2000)		90.0 (2009)		[6]
MDG 7	7.1 Proportion of land area covered by forest (%)	45.9 (1990)		60.4 (2000)		60.4 (2010)		Country data cited in [7]
	7.2a CO2 emissions, total ('000 metric tons)	125.0 (1990)		139.0 (2000)		161.0 (2008)		Global monitoring data cited in [7]
	7.2b CO2 emissions, per capita (metric tons)	0.8 (1990)		0.8 (2000)		0.9 (2008)		Global monitoring data cited in [7]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.3 (1990)		0.3 (2000)		0.2 (2008)		Global monitoring data cited in [7]
	7.3 Use of ODS (ODP metric tons)	4.0 (1991)		0.7 (2000)		0.2 (2009)		Country data cited in [7]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.9 (1990)		1.0 (2000)		1.2 (2010)		Estimated data cited in [7]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	…		88.6 (2001)	•	97.7 (2009)	••	*Census data cited in [2], **[4]
	7.9 Using an improved sanitation facility (%)	88.0 (1991)		…		94.1 (2009)		*Census data cited in [2], **[4]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	28.9 (1990)	•	11.7 (2000)	•	27.1 (2010)	••	*Disbursement basis, OECD DAC country data cited in [7], **[8]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	10.6 (1990)		5.7 (1999)		4.6 (2009)		Country adjusted data cited in [7]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	2.5 (1990)	•	4.8 (2000)	•	19.3 (2010)	••	*Country data* & **ITU estimate cited in [7]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		1.4 (2000)		91.4 (2010)		ITU estimate cited in [7]
	8.16 Internet users per 100 population	0.0 (1990)	•	0.6 (2000)	•	7.0 (2010)	••	*Country data* & **ITU estimate cited in [7]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Samoa Bureau of Statistics and UNDP Pacific Centre, *Samoa A Report on the Estimation of Basic Needs Poverty Lines and the Incidence and Characteristics of Hardship & Poverty*. (draft)
[2] Samoa, National MDG Taskforce, Ministry of Finance, *Millennium Development Goals: Second Progress Report 2010*. Available from http://www.mof.gov.ws/Portals/195/Services/Aid%20Coordination/mdg_report.pdf
[3] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[4] MOH (Samoa), Bureau of Statistics (Samoa) and ICF Macro, *Samoa Demographic and Health Survey 2009* . Available from http://www.health.gov.ws/Portals/189/2009%20SDHS.pdf
[5] Samoa, *UNGASS Country Progress Report, Samoa, Reporting Period: January 2008-December 2009*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/samoa_2010_country_progress_report_en.pdf
[6] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[7] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[8] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1878439.gif (accessed 8 March 2012)

* Available from http://http://www.parliament.gov.ws/MembersofParliament/tabid/5173/language/en-US/Default.aspx
* Samoa Communications Limited.

SOLOMON ISLANDS

is located east of Papua New Guinea and is made up 992 islands. The country is divided into 9 provinces, with the capital Honiara situated in the Guadalcanal province. The other densely populated areas are Malaita and Temotu.

Capital Honiara **Land** 28,370 sq km **EEZ** 1.35 million sq km
Population 549,574 (2010e) **GDP per capita** USD$1,280
Language English, Pijin, local languages
Currency Solomon Islands dollar
Economy Agriculture, fisheries and forestry

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship not extreme poverty. 8% poverty gap. 7% share of consumption.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	No data on labour producitivity. Employment levels recovered. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Nutrition a concern. Low food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment rate recovered. Survival rate improved. Literacy rates up.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender gaps persist. Low economic participation. Very low representation of women in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	No improvement in under-five mortality. No improvement in infant mortality. Less than full immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Weak data on maternal mortality. Skilled attendance requires improvement.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Contraceptive use up but still low. Teen fertility down but still high. 80% antenatal coverage. 11% unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	17 cases so far. Low condom use. Low HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	8 of 10 or ART. 2 refusing treatment due to stigma and discrimination.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	Burden of disease down. Bed-nets improved.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB down but still high burden. Good progress in treatment under DOTS.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest cover down. Co2 emissions stable. Use of ODS up. No data on total water resources used. Low protected areas.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Access to water improved. Very low sanitation use.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Nod data; squatters increasing.

On Track Off Track Mixed Insufficient information Not applicable

TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

MIXED

23%

Proportion of Population below Basic Needs Poverty Line (BNPL) in

2006

8%

Poverty Gap Ratio in

2006

7%

Share of Poorest Quintile in National Consumption in

2006

According to the 2006 HIES, the proportion of the population below the BNPL was 23 percent, the poverty gap ratio was 8 percent and poorest quintile's share of national consumption was 7 percent.

Poverty in the Solomon Island context does not mean hunger or destitution, but rather households face increasing hardship i.e. struggling to meet daily/weekly living expenses, particularly those that require cash payments. There are also households that experience difficulties in accessing basic social services and limited employment opportunities.

Solomon Islands have benefited from strong economic growth, led by the natural resource sectors (logging, mining) but this has failed to trickle down to the more disadvantaged. Double-digit inflation recorded in 2008, following higher global food and fuel prices, likely exacerbated conditions for poor households. A mitigating factor is that many rural households are dependent on subsistence agriculture, although increasing monetisation could push more households into hardship

Source: Abbott (2008)

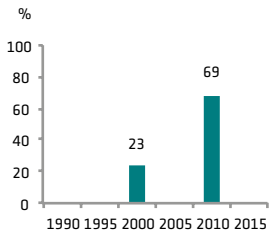
TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

EMPLOYMENT RECOVERED

Employment-to-population Ratio



Since the ending of civil unrest in 2003, employment levels have recovered. Although there is no data on vulnerable employment, a large majority of the population is involved in subsistence agriculture. Anecdotal evidence suggests that unemployment remains high and appears to be concentrated among youth. Government recognises the need to develop an investment climate that attracts foreign investment and provides employment and income.

Source: IMF (2011)

The prevalence of underweight children and the proportion of the population below the food poverty line are relatively low. However, households experiencing food poverty may not necessarily be going hungry. Rather, they are likely to be consuming a very poor diet with inadequate nutrition, and are thus more likely to experience health problems as a result.

These health problems then translate into lower learning abilities in children at school and less likelihood of adults getting employment; a perpetuation of the poverty cycle. The reported increases in NCDs, most related to diet (diabetes, hypertension, and high blood-pressure), suggest that many households have a poor level of nutrition.

Source: Abbott (2008)

14%

Prevalence of Underweight Children Under-five Years of Age in

2007

11%

Proportion of Population Below Basic Food Poverty Line in

2006

TARGET 1.C

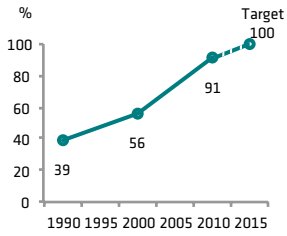
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

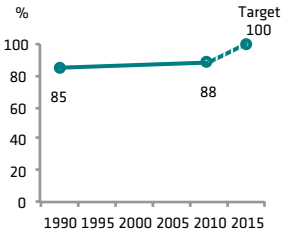
| NUTRITION A CONCERN

| LOW FOOD POVERTY

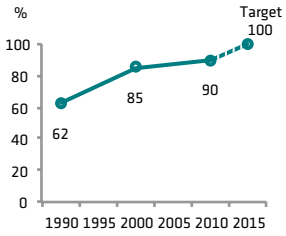
Net Enrolment Ratio in Primary Education



Reaches Last Grade in Primary School



Literacy Rates of 15-24 years old



Solomon Islands made remarkable progress in recuperating lost ground in education following civil unrest that spanned between 1998 and 2003. The net enrolment and literacy rates improved significantly, while the survival rate recorded a slight improvement.

The civil unrest seriously disrupted schools on Guadalcanal; some were burnt down or vandalised, others closed as teachers and students fled violence and those that remained open, struggled to accommodate the large displaced student population.

The 2003 Regional Assistance Mission to the Solomon Islands (RAMSI), which restored law and order and stabilised government finances to resume basic public service delivery, was the catalyst in rebuilding the education sector. In addition, the Solomon Islands government has consistently prioritised education during the post-conflict period. In 2009, the Solomon Islands government fulfilled its promise to deliver fee-free education up to form three. Under the program, over 600 primary schools and 200 secondary schools receive grants in lieu of fees. The scheme is funded primarily by NZAID, with additional contributions from Taiwan/Republic of China and the Solomon Islands government.

Source: Whalan (2010)

TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

MIXED

| NER RECOVERED

| SURVIVAL RATE IMPROVED

| LITERACY RATES UP

TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

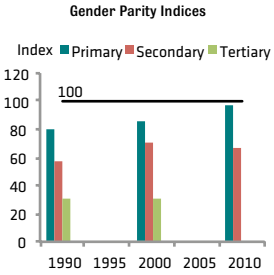
OFF TRACK

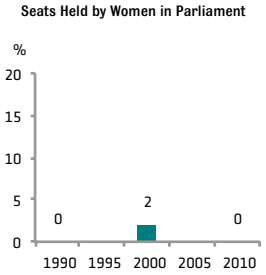
- GENDER GAP PERSISTS
- LOW ECO PARTICIPATION
- VERY LOW REPRESENTATION

31%

Women in the Non-agricultural Sector in

1999





Although close to gender parity in primary school, Solomon Islands has significant gaps at secondary, and possibly, tertiary education levels. Women's participation in the non-agricultural sector is low and there are currently no women represented in parliament.

The Solomon Islands is culturally a male-dominated society. Given the generally subsistence agricultural lifestyle, and the traditional roles of women, there are few women entering the non-agricultural sector. Women are severely under-represented in many political and government institutions – only a few women are permanent secretaries and ministers. Domestic violence is common and widespread, which undermines efforts to achieve gender equality and empower women.

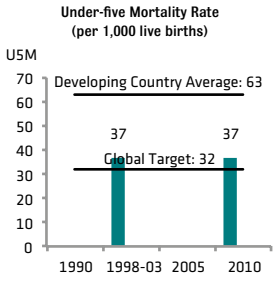
Source: EU (2007)

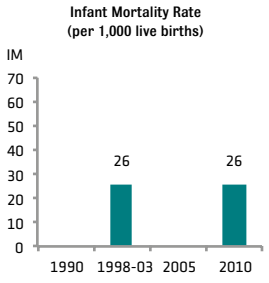
TARGET 4.A

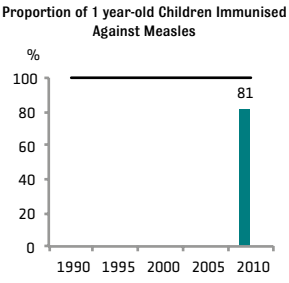
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

OFF TRACK

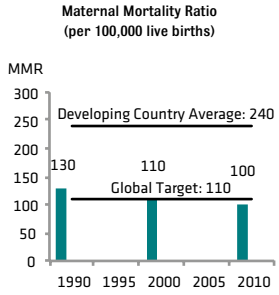
- NO IMPROVEMENT IN U5M & IM
- LESS THAN FULL IMMUNISATION COVERAGE







According to available figures, there was no improvement in the level of under-five and infant mortalities.



85%

Proportion of Births Attended by Skilled Health Personnel in 2007

TARGET 5.A

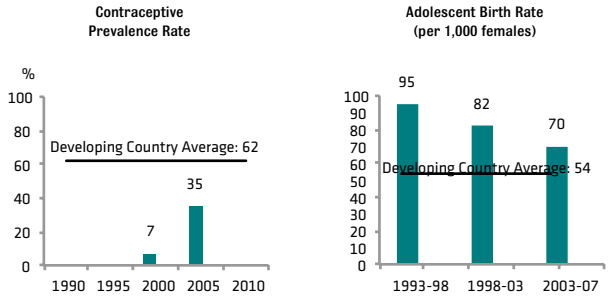
Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

OFF TRACK

| WEAK DATA

| NEED FOR IMPROVEMENT

There is no data currently available on the level of maternal deaths, either from surveys or censuses. The WHO's modelled estimate indicates that Solomon Islands' MMR is around 100. With less than full coverage of births attended by skilled health personnel, as well as less than full antenatal care coverage, there is likely significant room for improvement in improving maternal health.



80%

Antenatal Care Coverage in 2007

11%

Unmet Need for Family Planning in 2007

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

OFF TRACK

| CONTRACEPTIVE USE UP

| TEEN PREGNANCY STILL HIGH

SOLOMON ISLANDS

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

MIXED

- 17 CASES SO FAR
- LOW CONDOM USE
- LOW HIV/AIDS KNOWLEDGE

0%

HIV Prevalence Among Population Aged 15-24 years in

2010

21%

Condom Use at Last High-Risk Sex in

2007

32%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2007

Solomon Islands detected its first HIV/AIDS case in 1994 and up until 2009, the cumulative HIV/AIDS reported cases totalled 17. By the end of 2009, 7 had died from AIDS-related illnesses. There were two new cases each reported for 2010 and 2011. Increasing rates of STIs is a major risk factor for transmission, as well as the low condom use and low comprehensive correct knowledge of HIV/AIDS.

Source: Solomon Islands (2012)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

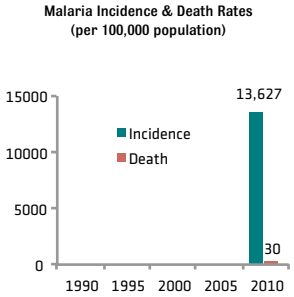
100%

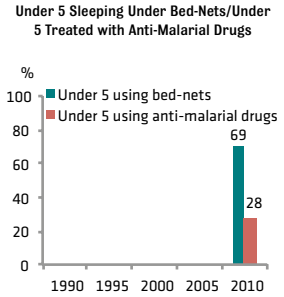
Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2009

Eight of the people currently living with HIV are on antiretroviral treatment. Two HIV positive people are not taking antiretroviral therapy for reasons attributed to fear of stigma and discrimination.

Source: Solomon Islands (2012)





With the dissipation of ethnic conflict during 1998-2003 and with the support of the Global Fund, AusAID, World Bank and Rotary International, Solomon Islands made progress in combating malaria. The malaria burden, measured by annual parasite incidence (API), has been declining steadily over the years. From an API of 167 per 1,000 population in 2002, data from 2010 show an API of 76 per 1,000 population. The maintenance of progress, however, is dependent on continued efforts and financial support.

Source: WHO (2011)

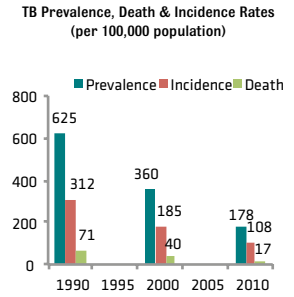
TARGET 6.C.I

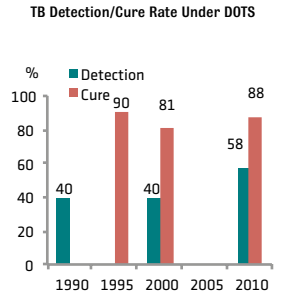
Have halted by 2015 and begun to reverse the spread of Malaria

ON TRACK

| BURDEN OF DISEASE DOWN

| BED-NETS IMPROVED





Solomon Islands' prevalence, death and incidence rates have declined, while there was good treatment success under DOTS. However, the TB disease burden remains high in the Solomon Islands and more concerted effort is needed to combat TB. Efforts to detect and treat new cases of TB should be a focus of the national TB programme.

Source: SPC (2010)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

MIXED

| TB DOWN

| GOOD PROGRESS

TARGET 7.A

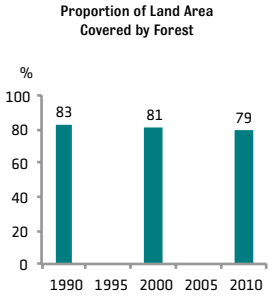
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

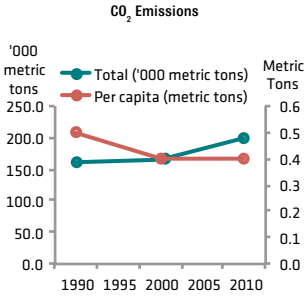
TARGET 7.B

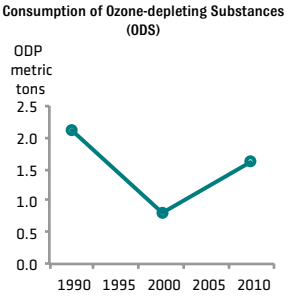
Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

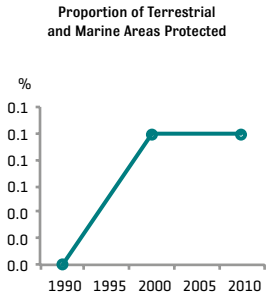
OFF TRACK

- FOREST COVER DOWN
- CO_2 EMISSIONS STABLE
- USE OF ODS UP
- LOW PROTECTED AREAS









Forest cover has fallen, while there is low level of protected areas. CO_2 emissions are stable, while the use of ODS increased from 2000.

Solomon Islands' environment remains largely intact due to the relatively low population density, short history of significant exploitation and high productivity of the seas, which has limited the reliance of populations on the land for animal protein. However, environmental degradation and change is a very significant problem due to rapidly accelerating land use, logging and the effects of global environmental change on seascapes and terrestrial landscapes.

Logging activities adversely affected Solomon Islands' forest cover, and increased activities are set to exhaust the accessible resource in the very near future. Logging activities continue to also cause siltation problems for reefs in those coastal areas downstream of them. Contrary to expectations, there was some acceleration in extraction in 2009, but with continued low prices in key Asian log markets, authorities expect subdued logging activities.

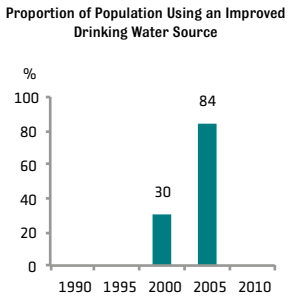
Source: Solomon Islands (2010)

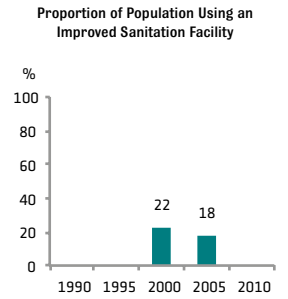
TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MIXED

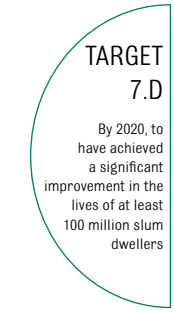
- ACCESS IMPROVED
- VERY LOW SANITATION USE





Although the proportion of the population using an improved drinking source improved significantly, the proportion of the population using an improved sanitation facility remains very low.

Although there is no data available on the proportion of the urban population living in slums, squatter settlements have increased.



Bibliography

Abbott, David (2008). Solomon Islands: Analysis of the 2005/06 Household Income and Expenditure Survey. Available from http://www.undppc.org.fj/_resources/article/files/solomon%20report%20final%20LOW.pdf

European Union (2007). Solomon Islands – European Community Country Strategy Paper and National Indicative Programme for the period 2008-2013. Available from http://ec.europa.eu/development/icenter/repository/scanned_sb_csp10_en.pdf

International Monetary Fund (2011). Solomon Islands: 2011 Article IV Consultation – Staff Report, IMF Country Report No. 11/359. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr359.pdf

Secretariat of the Pacific Community (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

Solomon Islands (2012). Solomon Islands Global Aids Response Progress Report 2012. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_SB_Narrative_Report[1].pdf

_____ (2010). Solomon Islands Country Report for MSI+5. Available from http://www.sidsnet.org/msi_5/docs/nars/Pacific/Solomon-Islands-MSI-NAR2010.pdf

Whalan, Jeni (2010). Background Paper Prepared for the Education for All Global Monitoring Report 2011 The Hidden Crisis: Armed Conflict and Education: Education for All: Solomon Islands. Available from http://unsw.academia.edu/JeniWhalan/Papers/525031/Education_for_All_Solomon_Islands

World Health Organisation (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

SOLOMON ISLANDS

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		…		22.7 (2006)		[1]
	1.2 Poverty gap ratio (%)	…		…		7.5 (2006)		[1]
	1.3 Poorest quintile in national consumption (%)	…		…		6.7 (2006)		[1]
	1.4 Growth rate of GDP per person employed (%)	…		…		…		
	1.5 Employment-to-population ratio (%)	…		23.1 (1999)	*	68.6 (2009)	**	SPC from *NSO & **census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		14.2 (2007)		[2]
	1.9 Food poverty (%)	…		…		10.6 (2006)		[1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	39.0 (1986)	*	56.0 (1999)	*	90.7 (2010)	**	*NSO from census cited in [3], **SPC from MOE
	2.2 Reaches last grade in primary education (%)	85.0 (1991)		…		88.3 (2009)		SPC from MOE
	2.3 Literacy rates of 15-24 years old (%)	62.0 (1991)	*	84.5 (1999)	**	89.5 (2009)	**	*NSO cited in [3], **SPC from census
MDG 3	3.1a Gender parity index in primary education	80.0 (1986)	*	86.0 (1999)	*	98.0 (2010)	**	*NSO from census cited in [3], **SPC from MOE
	3.1b Gender parity index in secondary education	57.0 (1986)	*	70.0 (1999)		66.0 (2010)	**	*NSO from census cited in [3], **SPC from MOE
	3.1c Gender parity index in tertiary education	30.0 (1995)		30.0 (2000)		…		USP data* cited in [3]
	3.2 Women in the non-agricultural sector (%)	…		30.8 (1999)		…		Country census data cited in [4]
	3.3 Seats held by women in parliament (%)	0.0 (1990)		2.0 (2000)		0.0 (2011)		Country data cited in [4]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		37.0 (1998-03)	*	37.0 (2009)	**	*[2], **Census Report cited in [5]
	4.2 Infant mortality (per 1,000 live births)	…		26.0 (1998-03)	*	26.0 (2009)	**	*[2], **Census Report cited in [5]
	4.3 Measles immunisation of 1 year old (%)	…		…		80.6 (2007)		[2]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	130.0 (1990)		110.0 (2000)		100.0 (2008)		Modeled data cited in [4]
	5.2 Skilled birth attendance (%)	…		…		84.5 (2007)		[2]
	5.3 Contraceptive prevalence rate (%)	6.8 (2001)	*	…		34.6 (2007)	**	*MOH cited in [3], **[2]
	5.4 Adolescent birth rate (per 1,000 females)	95.0 (1993-98)		82.0 (1998-03)		70.0 (2003-07)		SPC from 2007 DHS
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		79.8 (2007)		[2]
	5.6 Unmet need for family planning (%)	…		…		11.1 (2007)		[2]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		0.0 (2010)		SPC
	6.2 Condom use at last high-risk sex (%)	…		…		21.1 (2007)		[2]^
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		32.2 (2007)		2007 DHS (average of men & women) cited in [4]
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	…		…		100.0 (2009)		[6]
	6.6a Malaria incidence rate (per 100,000)	…		…		13626.7 (2010)		SPC derived from [7]
	6.6b Malaria death rate (per 100,000)	…		…		30.0 (2008)		SPC derived from [7]
	6.7 Under 5 sleeping under bed-nets (%)	…		…		69.4 (2011)		SPC from 2011 Solomon Islands Malaria Indicator Survey
	6.8 Under 5 treated with anti-malarial drugs (%)	…		…		27.9 (2011)		SPC from 2011 Solomon Islands Malaria Indicator Survey
	6.9a TB prevalence rates (per 100,000)	625.0 (1990)		360.0 (2000)		178.0 (2010)		[8]
	6.9b TB death rates (per 100,000)	71.0 (1990)		40.0 (2000)		17.0 (2010)		[8]
	6.9c TB incidence rates (per 100,000)	312.0 (1990)		185.0 (2000)		108.0 (2010)		[8]
	6.10a TB detection rate under DOTS (%)	40.0 (1990)		40.0 (2000)		58.0 (2010)		[8]
	6.10b TB cure rate under DOTS (%)	90.0 (1994)		81.0 (2000)		88.0 (2009)		[8]
MDG 7	7.1 Proportion of land area covered by forest (%)	83.0 (1990)		81.0 (2000)		79.1 (2010)		Country data cited in [4]
	7.2a CO2 emissions, total ('000 metric tons)	161.0 (1990)		165.0 (2000)		198.0 (2008)		Global monitoring data cited in [4]
	7.2b CO2 emissions, per capita (metric tons)	0.5 (1990)		0.4 (2000)		0.4 (2008)		Global monitoring data cited in [4]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.2 (1990)		0.2 (2000)		0.2 (2008)		Global monitoring data cited in [4]
	7.3 Use of ODS (ODP metric tons)	2.1 (1990)		0.8 (2000)		1.6 (2009)		Country data cited in [4]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		0.1 (2000)		0.1 (2010)		Estimated data cited in [4]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	…		29.8 (1999)	*	84.2 (2007)	**	*Census data cited in [3], **[2]
	7.9 Using an improved sanitation facility (%)	…		22.4 (1999)	*	17.6 (2007)	**	*Census data cited in [3], **[2]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	22.0 (1990)	*	15.7 (2000)	*	61.4 (2010)	**	*Disbursement basis, OECD DAC country data cited in [4], **[9]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	11.3 (1990)	*	2.8 (2000)	*	4.7 (2010)	**	*Country adjusted data cited in [4], **[10]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	1.5 (1990)	*	1.9 (2000)	*	1.6 (2010)	**	*Country data# & **ITU estimate cited in [4]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		0.3 (2000)		5.6 (2010)		ITU estimate cited in [4]
	8.16 Internet users per 100 population	0.0 (1990)		0.5 (2000)		5.0 (2010)		ITU estimate cited in [4]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] David Abbott, *Solomon Islands: Analysis of the 2005/06 HIES*. (Suva, Fiji: Solomon Islands NSO & UNDP Pacific Centre, 2008). Available from http://www.undppc.org.fj/_resources/article/files/solomon%20report%20final%20LOW.pdf
[2] Solomon Islands NSO, SPC and Macro International Inc., *Solomon Islands 2006-07 Demographic and Health Survey* . Available from http://www.spc.int/prism/country/sb/stats/Censuses%20and%20Surveys/DHS.htm
[3] SPC, *Pacific Islands Regional Millennium Development Goals Report 2004*. Available from http://www.arab-hdr.org/publications/other/undp/mdgr/regional/asia-pacific/mdg-pacific-04e.pdf
[4] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[5] WHO, *Western Pacific Country Health Information Profiles: 2011 Revision* . Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf
[6] Solomon Islands, National AIDS Committee, *UNGASS Country Progress Report 2010 Solomon Islands*. Available from http://aidsdatahub.org/dmdocuments/solomonislands_2010_country_progress_report_en.pdf
[7] WHO, *World Malaria Report 2011* . Available from http://www.who.int/malaria/world_malaria_report_2011/9789241564403_eng.pdf
[8] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[9] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1901401.gif (accessed 8 March 2012)
[10] IMF, Solomon Islands: 2011 Article IV Consultation—Staff Report, *IMF Country Report No. 11/359*. Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11359.pdf

^ "In-country", for USP centres and satellite training.
* Average of men and women.
# Solomon Telekom Company Limited.

TONGA

The Kingdom of TONGA is an archipelago, directly south of Samoa and about two-thirds of the way from Hawaii to New Zealand. There are over 170 islands, of which 36 are inhabited. Around 70 percent of the population live in the island group of Tongatapu, which houses the capital.

Capital Nuku'alofa **Land** 718 sq km **EEZ** 700,000 sq km
Population 103,036 (2011) **GDP per capita** USD$4,118
Language English, Tongan
Currency Pa'anga
Economy Agriculture, remittances

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship increased. Poverty gap unchanged. Income inequality persists.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Labour productivity down. Employment down. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Very low prevalence of underweight children. Very low food poverty. Concern over overweight children.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High net enrolment rate. High survival rate. High literacy rate. Strong government support.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Close to gender parity for secondary and tertiary levels. Slow progress in women in non-agricultural sector. Low representation of women in parliament
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Low under-five mortality. Low infant mortality. High measles immunisation.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. 99% skilled birth attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Low teen birth rate. High antenatal care. No data on unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18 cumulative reported HIV/AIDS cases since 1987. Low condom use and awareness of HIV/AIDS. High STIs
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	One person living with HIV/AIDS does not yet require ART.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Tonga.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB cases down. TB treatment success.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	NCDs account for 4 of 5 deaths. Highest rate of diabetes in the world.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest cover unchanged. CO_2 emissions up. Zero use of ozone-depleting substances. Water resource use unchanged. Protected terrestrial and marine areas up.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	High access to water. Improved sanitation up.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data available but some concern on informal settlements.

**Not discussed in detail. See Tonga (2010a) for more information.*

On Track Off Track Mixed Insufficient information Not applicable

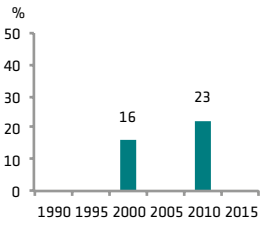
TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

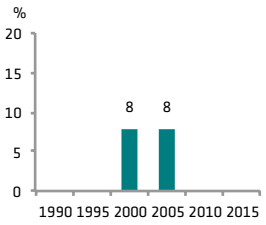
OFF TRACK

- HARDSHIP INCREASED
- POVERTY GAP UNCHANGED
- INCOME INEQUALITY

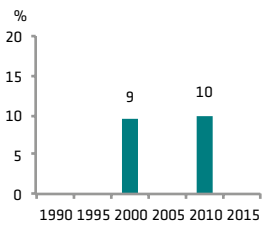
Proportion of Population below Basic Needs Poverty Line (BNPL)



Poverty Gap Ratio



Share of Poorest Quintile in National Consumption



The level of hardship in Tonga, as measured by the proportion of the population below the BNPL, increased between 2001 and 2009. The depth of poverty remained unchanged while income inequality persisted, particularly between the urban and rural centres.

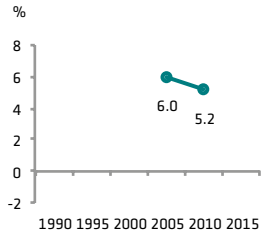
During this period, economic growth was generally low, averaging around 1 percent, underpinned by poor macroeconomic policies, adverse impact of the 2006 Nuku'alofa civil unrest, global financial crisis and 2009 tsunami. Government also cut public sector jobs by around 20 percent in 2006. Inflation was relatively high during this period, averaging around 8 percent, largely a result of higher global food and oil prices. The global financial crisis also led to a fall in remittances, which is a major source of income for many households. These conditions make it difficult for households to cope with hardship.

While not widespread before, more households in Tonga face increasing difficulties in meeting their daily expenses. This is particularly evident for migrant families from the outer islands to the capital city. The Ha'apai island group is one of the least developed regions in Tonga and many households have emigrated to Nuku'alofa in search of work and further education. Poor communities living on the other outer islands of 'Eua, Niuas and Vava'u face additional challenges, having limited access to basic goods and services.

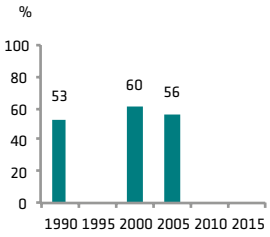
Government recognises the need to step up efforts to combat growing hardship, which include ongoing structural reforms and development of the private sector. In November 2011, the World Bank approved a US$9 million grant to make the economy stronger, make debt more sustainable and build resilience to shocks, as well as to design a community-led scheme for social protection to reduce poverty.

Source: Abbott (2012), Tonga (2012, 2011, 2010a), IMF (2007), World Bank (2011)

Growth Rate of GDP per Person Employed



Employment-to-population Ratio



57%

Proportion of Own-account and Contributing Family Workers in Total Employment in 1996

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

MIXED

| PRODUCTIVITY DOWN

| EMPLOYMENT DOWN

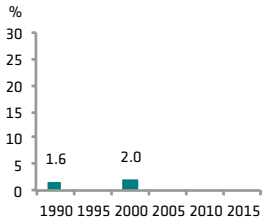
Available data indicate that labour productivity and employment-to-population ratios declined, while there is no recent data available for vulnerable employment. Youth unemployment is an area of concern, as the youth accounts for 46 percent of total unemployment.

To mitigate a large civil service wage bill, Government downsized the public sector in 2006, cutting 20 percent of jobs through voluntary redundancies. Nevertheless, the number of public servants remains high in Tonga, with relatively higher public service pay, which limits the growth of private sector employment.

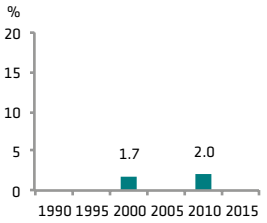
New Zealand and Australia's seasonal worker schemes provide much-needed jobs for Tongan workers. However, the Government of Tonga recognises the importance of private sector-led job creation as a more sustainable strategy.

Source: Tonga (2010a), IMF (2007)

Prevalence of Underweight Children Under-five Years of Age



Proportion of Population Below Basic Food Poverty Line



TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

| VERY LOW UNDERWEIGHT PREVALENCE

| VERY LOW FOOD POVERTY

Tonga has very low prevalence of underweight children and very low food poverty. Overweight children and the quality of nutrition are, however, areas of concern. Poor nutrition practices such as heavy reliance on starchy foods and high consumption of fatty foods contributes to obesity in children.

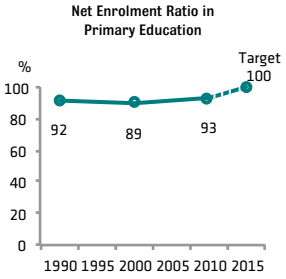
Source: Tonga (2010a)

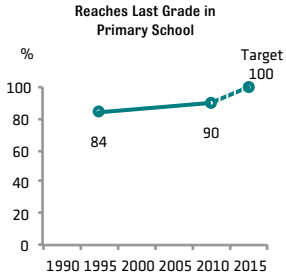
TARGET 2.A

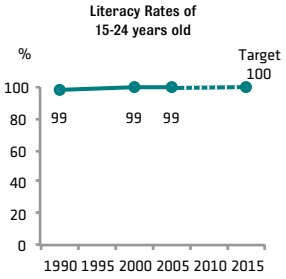
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- HIGH NET ENROLMENT
- SURVIVAL RATE IMPROVED
- HIGH LITERACY RATE







Primary education outcomes in Tonga are quite good, with high net enrolment and improving survival rates, as well as high literacy rates. These outcomes reflect Government's dedicated approach to the sector. Since 1962, Tonga has ensured that primary education is compulsory and free until class 6.

Government's focus is on raising the quality of education and improving access to the more disadvantaged communities, especially in the outer islands. Tonga has in place an Education Policy Framework 2004-2019, which provides a broad outline strategy for the development of the education system over the 15 year period. The long-term education plan is the foundation for the Ministry of Education's shorter-term Corporate and Management plans.

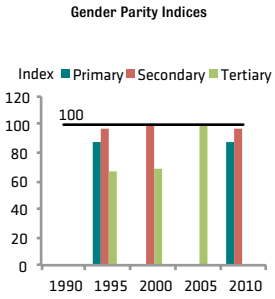
Source: Tonga (2010a)

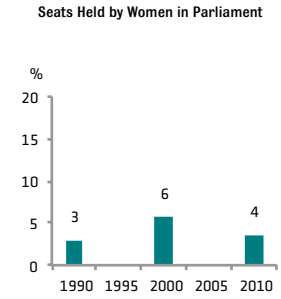
TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

MIXED

- CLOSE TO GENDER PARITY
- LOW ECO PARTICIPATION
- LOW REPRESENTATION





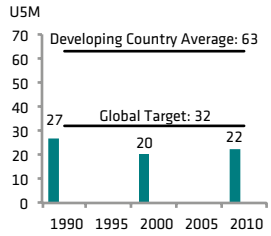
The gender parity index rose slightly to 88 for the primary level, with the index close to parity for secondary and tertiary levels.

Women's employment in the non-agricultural sector recorded slow progress, with majority of women employed in the unskilled or clerical level positions. In keeping with Tongan traditions, many women choose to remain at home and forgo the opportunity for a career. Difficulties in balancing family life with the demands of full time employment are also an underlying reason.

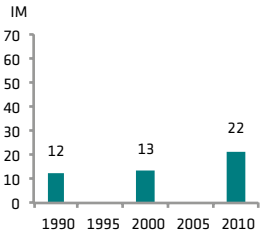
There is low representation of women in parliament in Tonga. In addition, women in leadership positions are lacking, particularly in the civil service. The traditional view that decision-making and politics is the domain of men is predominant. However, on a positive note, more women are entering the private sector as business entrepreneurs.

Source: Tonga (2010a)

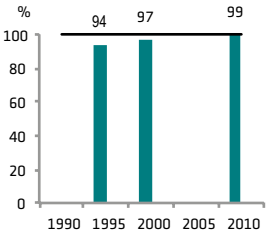
Under-five Mortality Rate (per 1,000 live births)



Infant Mortality Rate (per 1,000 live births)



Proportion of 1 year-old Children Immunised Against Measles



TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

| LOW U5M

| LOW IM

| HIGH IMMUNISATION

The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Tonga. Tonga's baseline rate was well below the developing country average in 1990 and continues to track much lower than the developing average. Therefore, in the absence of an explicit national target, the overall trends in child mortality rates and measles immunisation coverage determines Tonga's progress against the goal of reducing child mortality.

Historical child mortality data are likely under-reported, which prevents a proper trend analysis. However, more reliable recent data indicate relatively low child mortality rates. There are several reasons for the low rates, but at the core is the Government's commitment to delivering key interventions, such as immunisations, antenatal care and trained delivery care to the entire population. The Government provides free health services through 4 hospitals, 14 health centres and 34 maternal and child health clinics, which are scattered throughout the four main districts. Tonga's outcome indicates that it is possible to provide high coverage of services in an island state with isolated populations, and that this strategy pays off.

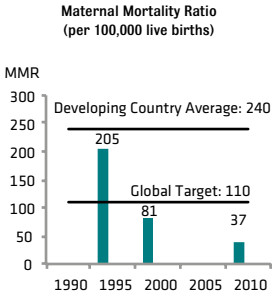
Source: Tonga (2010), WHO (2011), Waqatakirewa (2008)

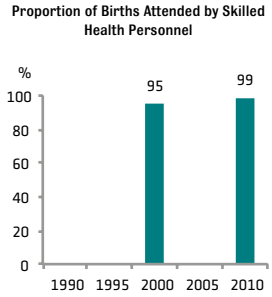
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

ON TRACK

I LOW MATERNAL DEATHS

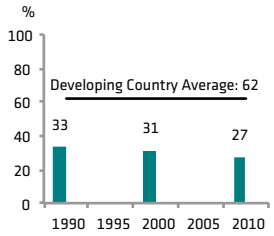


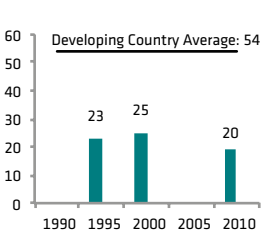


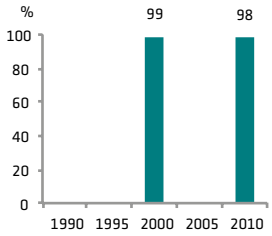
Tonga's total population is 103,036 and the average number of live births is around 2,600. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Tonga due to the small size of the population.

There are very few maternal deaths recorded in Tonga, with only 2 deaths recorded in 2008. Almost all women give birth at the hospital or at home with a skilled birth attendant. These positive outcomes are a result of the Ministry of Health's strong commitment to improving maternal health. One of the key lessons Tonga learned from the Safe Motherhood programme was to increase the number of skilled birth attendants, as good antenatal care coverage alone was not sufficient enough to reduce maternal mortality.

Source: Tonga (2010a)







TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

- LOW CONTRACEPTIVE USE
- LOW TEEN BIRTH RATE
- HIGH ANTENATAL CARE

Compared to the developing country average, Tonga has a low contraceptive prevalence rate, with no data available for unmet need for family planning. However, antenatal care coverage is high, while teenage birth rates are relatively low.

Opposition to family planning was strong in the 1960s and 1970s, but Tonga gradually accepted the utility of family planning. Therefore, although contraceptive use is low, the steady decline in the total fertility rate suggests that women are taking action to reduce the size of their families. Nevertheless, anecdotal evidence suggests that there is likely some unmet need for family planning, particularly for birth spacing and unwanted pregnancy (expressed as 'too many children'). With the support of UNFPA, the Ministry of Health produced a Reproductive Health Policy for the first time in 2008 outlining various strategies to address the low contraceptive prevalence rate.

Teen pregnancy rates are comparatively low. However, there is still a need for better sex education and improved access to contraceptives for youth. The Tonga Family Health Association, a civil society organisation, complements the work of the Ministry of Health by providing adolescent reproductive health education and services.

Source: Tonga (2010a)

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

- 18 CASES SO FAR
- LOW CONDOM USE

21%

Condom Use at Last High-Risk Sex in

2008

36%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2008

Tonga reported its first HIV/AIDS case in 1987. At the end of 2011, Tonga reported a cumulative total of 18 cases, of which 12 had died, 5 left the country, with only one person currently living with HIV/AIDS in Tonga. Tonga did not report any new HIV cases in 2011.

Even though the absolute numbers are small, HIV/AIDS is still a concern given the high prevalence of STIs, low condom use and relatively low comprehensive correct knowledge of HIV/AIDS.

A multitude of organisations and government partners are involved in combating HIV/AIDS/STIs in Tonga, with the Ministry of Health taking the lead role. Some of the preventative initiatives include youth prevention programmes, peer education, condom campaigns, voluntary confidential counselling and testing, as well as the introduction of family life education programmes.

Source: Tonga (2010a, 2010b), SPC (2011)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

NOT APPLICABLE

The person that is living with HIV/AIDS in Tonga does not yet require antiretroviral therapy.

ART is not in place in Tonga but Tonga can access ART and STI drugs through Fiji with the support of the Global Fund. Fiji Pharmaceutical Services plays a regional role in supplying these commodities to Pacific nations.

Source: Tonga (2010a, 2010b)

TARGET 6.C.I

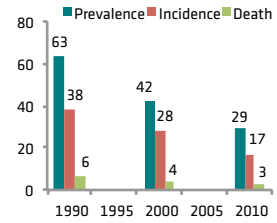
Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

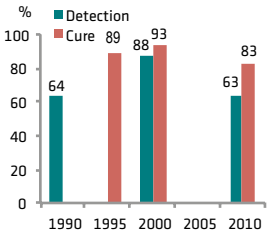
There is no malaria in Tonga.

Source: Tonga (2010a)

TB Prevalence, Death & Incidence Rates (per 100,000 population)



TB Detection/Cure Rate Under DOTS



The prevalence, incidence and death rates from TB have fallen steadily. Tonga's national TB programme recorded high rates of treatment success and case detection, and since 2002 these have been above the internationally recommended targets.

Tonga has undergone an epidemiological transition where NCDs have replaced infectious diseases, except for some dengue and typhoid outbreaks, and a few other minor parasitic diseases.

Source: Tonga (2010a), SPC(2010)

TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

ON TRACK

- TB CASES DOWN
- TB TREATMENT SUCCESS

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

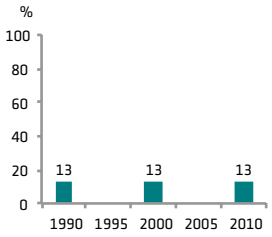
TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

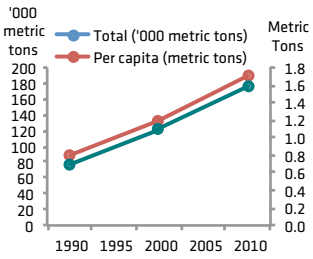
ON TRACK

- FOREST COVER UNCHANGED
- CO_2 EMISSIONS UP
- ZERO USE OF ODS
- PROTECTED AREAS UP

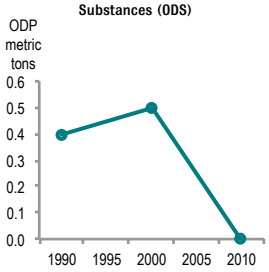
Proportion of Land Area Covered by Forest



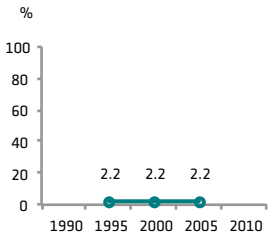
CO_2 Emissions



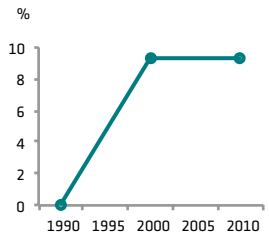
Consumption of Ozone-depleting Substances (ODS)



Proportion of Total Water Resources Used



Proportion of Terrestrial and Marine Areas Protected



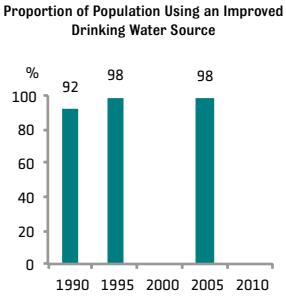
The proportion of forests has remained constant throughout the years, as very little clearing or planting has taken place. The proportion of total water resources used is the same, while protected terrestrial and marine areas have increased since 1990. While CO_2 emissions are up, Tonga recorded zero use of ozone-depleting substances.

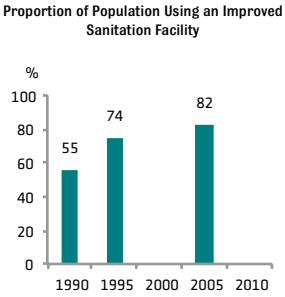
The Government is implementing strategies to reduce the nation's reliance on fossil fuels through appropriate renewable energy technologies. This would contribute to a reduction in the nation's carbon dioxide emissions, although the current level remains lower than those of developed countries. Tonga has submitted its Second National Communications to the UNFCCC, which outlines the current status of its GHG emissions (including CO_2) as well as measures to mitigate climate change and measures to adapt to climate change.

Tonga faces several challenges in environmental management – competing demands for land due to population growth, urbanisation and commercial agriculture, heavy reliance on imported petroleum products to meet energy demands, and historically poor natural resource management and biodiversity conservation. Agricultural activities in Tonga are exhausting the fertility of the soil and attempts at reforestation have had limited success.

However, Tonga has taken important steps to ensure environmental sustainability with the set up of the new Ministry of Environment and Climate Change in 2009. The Government is committed to ensure sustainable development by enforcing Environmental Impact Assessments, strengthening the national capability for environmental management and integrating sustainable development into all of its policies and budgetary processes. Improving the implementation of programs and enforcement of legislation are key areas currently examined.

Source: Tonga (2010a, 2011)





TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

ON TRACK

I HIGH ACCESS TO SAFE WATER

I SANITATION IMPROVED

The proportion of the population using an improved drinking water source continues to be relatively high, while the proportion of the population using an improved sanitation facility has increased steadily since 1990.

The main source of water supply in Tonga is from groundwater, with rainwater catchment supplementing households in dry spells. However, increasing contamination of the groundwater from agricultural and commercial land use is an increasing source of concern.

Sanitation systems in Nuku'alofa are predominantly flush toilets. Some houses have both pit latrines and septic tank systems, and in the non-urban areas of Tonga many people still use pit latrines. There is no centralised reticulated sewerage system in Tonga so the community, with the supervision of the Ministry of Health at times, is largely responsible for wastewater management. High cost and associated complexity prevents the introduction of a reticulated sewerage system in Nuku'alofa and other urban areas throughout Tonga.

Source: Tonga (2010a), SOPAC (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

INSUFFICIENT INFORMATION

I NO DATA BUT GROWING CONCERN

Although there is no data available, anecdotal evidence suggest an increase in informal settlements in Nuku'alofa, especially around the swampy areas. There is also some anecdotal evidence of growing numbers of people living in overcrowded and sometimes poor quality housing conditions. The rural-to-urban drift, lack of employment and lack of secure land tenure, are major underlying factors.

Source: Tonga (2010a), Abbott (2012)

Bibliography

Abbott, David (2012). Tonga: Analysis of the 2009 Household Income and Expenditure Survey. (Draft).

International Monetary Fund (2007). Tonga: Selected Issues and Statistical Appendix. IMF Country Report No. 07/298. Available from http://www.imf.org/external/pubs/ft/scr/2007/cr07298.pdf

Secretariat of the Pacific Community (2011). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

Tonga, Department of Statistics (2012). National Accounts. Available from http://www.spc.int/prism/tonga/index.php/economic/national-accounts

_____, Ministry of Finance and National Planning (2011). Tonga Strategic Development Framework (TSDF), 2011-2014. Available from http://www.finance.gov.to/sites/default/files/Tonga_Strategic_Development_Framework.pdf

_____, Ministry of Finance and National Planning (2010a). 2nd National Millennium Development Goals Report. Available from http://www.undp.org.fj/pdf/Tonga_MDG.pdf

_____, Country Coordinating Mechanism (2010b). Kingdom of Tonga, Country Progress report to the United Nations General Assembly Special Session for Monitoring the Declaration of Commitment to HIV and AIDS, January 2008-December 2009. Available from http://www.unaids.org.fj/_files/pdfs/2010_tonga_2010.pdf

Waqatakirewa, Lepani (2008). Reproductive Health Commodity Security Status Assessment Report: Kingdom of Tonga, UNFPA Office for the Pacific. Available from http://210.7.20.137/Publications/Connect_RHCS/RHCS_Country_Report/Tonga%20FINAL.pdf

World Bank (2011). World Bank Board Approves US $9 Million Grant for Tonga, Press Release No:2012/165/EAP . Available from http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23053692~menuPK:34463~pagePK:34370~piPK:34424~theSitePK:4607,00.html

World Health Organisation (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

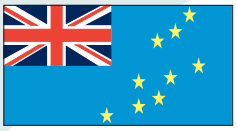
TONGA

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		16.2 (2001)		22.5 (2009)		NSO from 2009 HIES cited in [1]
	1.2 Poverty gap ratio (%)	…		7.7 (2001)		7.7 (2004)		NSO from 2009 HIES cited in [1]
	1.3 Poorest quintile in national consumption (%)	…		9.4 (2001)		10.0 (2009)		NSO from 2009 HIES cited in [1]
	1.4 Growth rate of GDP per person employed (%)	…		6.0 (2004)		5.2 (2008)		NSO & SPC cited in [1]
	1.5 Employment-to-population ratio (%)	53.1 (1990)		60.3 (2003)		55.9 (2006)		NSO cited in [1]
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	…		57.0 (1996)		…		Census data cited in [2]
	1.8 Underweight children under age 5 (%)	1.6 (1986)		2.0 (1999)		…		NSO from 2009 HIES cited in [1]
	1.9 Food poverty (%)	…		1.7 (2001)		2.0 (2009)		NSO from 2009 HIES cited in [1]
MDG 2	2.1 Net enrolment ratio in primary education (%)	91.6 (1990)		89.4 (2000)		93.0 (2008)		MEWAC cited in [1]
	2.2 Reaches last grade in primary education (%)	…		84.0 (1996)		90.0 (2007)		MEWAC cited in [1]
	2.3 Literacy rates of 15-24 years old (%)	98.8 (1990)		99.3 (1996)		99.4 (2006)		MEWAC cited in [1]
MDG 3	3.1a Gender parity index in primary education	…		87.0 (1997)		88.0 (2008)		MEWAC cited in [1]
	3.1b Gender parity index in secondary education	97.0 (1995)		99.0 (2000)		97.0 (2009)		MEWAC cited in [1]
	3.1c Gender parity index in tertiary education	67.0 (1995)		69.0 (2000)		99.0 (2005)		MEWAC cited in [1]
	3.2 Women in the non-agricultural sector (%)	33.7 (1986)		35.7 (1996)		39.2 (2006)		Census data cited in [1]
	3.3 Seats held by women in parliament (%)	3.0 (1990)		5.7 (2000)		3.6 (2011)	**	*Parliament Office cited in [1], **Parliament website˚
MDG 4	4.1 Under 5 mortality (per 1,000 live births)^	27.0 (1990)^#	•	20.0 (2001)^#	•	22.4 (2009)^	**	*MOH cited in [1], **[3]
	4.2 Infant mortality (per 1,000 live births)^	12.2 (1991)^#	•	13.0 (2000)^#	•	21.5 (2010)^	**	*MOH cited in [1], **[3]
	4.3 Measles immunisation of 1 year old (%)	94.0 (1994)	•	97.0 (2001)	•	99.4 (2009)	**	*MOH cited in [1], **SPC from Tonga health statistics
MDG 5	5.1 Maternal mortality (per 100,000 live births)	204.7 (1995)	•	81.4 (2000)	•	37.1 (2010)	**	*MOH cited in [1], **[3]
	5.2 Skilled birth attendance (%)	96.0 (1999)	•	95.0 (2001)	•	99.0 (2010)	**	*MOH cited in [1], **[3]
	5.3 Contraceptive prevalence rate (%)	33.0 (1990)		30.7 (2000)		27.0 (2008)		MOH, Reproductive Health Unit cited in [1]
	5.4 Adolescent birth rate (per 1,000 females)	23.0 (1995)		25.0 (2000)		19.6 (2008)		MOH, Reproductive Health Unit cited in [1]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		98.5 (2002)		97.7 (2010)	**	*MOH, Reproductive Health Unit cited in [1], **[3]
	5.6 Unmet need for family planning (%)	…		…		…		
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		…		
	6.2 Condom use at last high-risk sex (%)	…		…		21.1 (2008)		Youth SGS Survey & MOH cited in [1]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		36.4 (2008)		Youth SGS Survey & MOH cited in [1]
	6.4 Orphans to non-orphans attending school	…		…		…		
	6.5 Access to antiretroviral drugs (%)	n/a		n/a		n/a		
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	63.0 (1990)		42.0 (2000)		29.0 (2010)		[4]
	6.9b TB death rates (per 100,000)	6.1 (1990)		3.7 (2000)		2.9 (2010)		[4]
	6.9c TB incidence rates (per 100,000)	38.0 (1990)		28.0 (2000)		17.0 (2010)		[4]
	6.10a TB detection rate under DOTS (%)	64.0 (1990)		88.0 (2000)		63.0 (2010)		[4]
	6.10b TB cure rate under DOTS (%)	89.0 (1994)		93.0 (2000)		83.0 (2009)		[4]
MDG 7	7.1 Proportion of land area covered by forest (%)	12.5 (1990)		12.5 (2000)		12.5 (2010)		Country data cited in [2]
	7.2a CO2 emissions, total ('000 metric tons)	77.0 (1990)		121.0 (2000)		176.0 (2008)		Global monitoring data cited in [2]
	7.2b CO2 emissions, per capita (metric tons)	0.8 (1990)		1.2 (2000)		1.7 (2008)		Global monitoring data cited in [2]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.3 (1990)		0.3 (2000)		0.4 (2008)		Global monitoring data cited in [2]
	7.3 Use of ODS (ODP metric tons)	0.4 (1991)		0.5 (2000)		0.0 (2009)		Country data cited in [2]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	2.2 (1995)		2.2 (2000)		2.2 (2005)		MECC cited in [1]
	7.6 Protected terrestrial and marine areas (%)	0.1 (1990)		9.4 (2000)		9.4 (2010)		Estimated data cited in [2]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	91.5 (1990)		98.2 (1996)		98.0 (2006)		Census data cited in [1]
	7.9 Using an improved sanitation facility (%)	55.0 (1986)		74.0 (1996)		82.0 (2006)		Census data cited in [1]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	25.5 (1990)	•	12.1 (2000)	•	19.5 (2010)	**	*Disbursement basis, OECD DAC country data cited in [2], **[5]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	9.0 (1995)				14.3 (2005)		MOFNP cited in [1]
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	3.5 (1990)	•	8.3 (2001)		15.0 (2009)	**	*Country adjusted data cited in [2], **[6]
	8.13 Population with access to essential drugs (%)	…		95.0 (2002)		…		MOH cited in [1]
	8.14 Telephone lines per 100 population	4.6 (1990)	•	9.9 (2000)	•	29.8 (2010)	**	*Country data¨ & ITU estimate cited in [2]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		0.2 (2000)		52.2 (2010)		ITU estimate cited in [2]
	8.16 Internet users per 100 population	0.0 (1990)		2.4 (2000)		12.0 (2010)		ITU estimate cited in [2]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Tonga, Ministry of Finance and National Planning, *2nd National Millennium Development Goals Report Tonga: Status and Progress between 1990-2010.* Available from http://www.undp.org.fj/pdf/Tonga_MDG.pdf
[2] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[3] Tonga, Ministry of Health, *Report of the Minister for Health for the year 2010.* Available from http://www.health.gov.to/sites/default/files/AR%202010%20Final%20Print.docx
[4] WHO, *Global Tuberculosis Control 2011* . Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[5] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1883137.gif (accessed 8 March 2012)
[6] IMF, "Tonga: 2011 Article IV Consultation – Staff Report", *IMF Country Report No. 11/110* . (Washington D.C.: IMF, 2011). Available from http://www.imf.org/external/pubs/ft/scr/2011/cr11110.pdf

˚ Available from http://www.parliament.gov.to/
^ Single year figure unstable due to small size of population.
# Under-reporting an issue.
¨ *Tonga Telecommunications Commission, **Tonga Communications Corporation Limited.



TUVALU

is located in the Pacific ocean midway between Hawaii and Australia, consisting of 9 low lying coral islands. The limited land in Tuvalu is generally of low quality with poor fertility. Almost half of Tuvalu's population lives in the capital city.

Capital Funafuti **Land** 25.6 sq km **EEZ** 900,000 sq km
Population 11,149 (2010e) **GDP per capita** USD$2,447
Language English, Tuvaluan
Currency Australian dollar
Economy Aid, remittances, fisheries

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Hardship increased. Depth of poverty fallen. Share of poorest quintile fallen.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Labour productivity down. Low employment levels. Vulnerable employment up.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Low prevalence of underweight children. Decline in food poverty.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	High net enrolment. Increase in survival rate. High literacy rate.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Gender parity achieved. Low participation in non-agricultural sector. Zero representation in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality fallen significantly. Infant mortality declined steadily. Relatively high measles immunisation coverage.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. High skilled attendance.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Low contraceptive use. Teen fertility up slightly. High antenatal care. High unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	No data on HIV prevalence; 11 cases so far. Low condom use. Good HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	100% access
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	No malaria in Tuvalu.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	TB under control. Treatment progress.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Low forest cover. No data on CO_2 emissions. Use of ozone-depleting substances up but marginal. No data on total resources used. Protected areas up.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	High access but water quality issues. Improved sanitation access but outer island concerns.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	No data but some progress noted.

On Track Off Track Mixed Insufficient information Not applicable

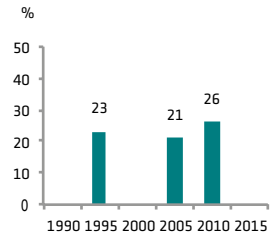
TARGET 1.A

Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

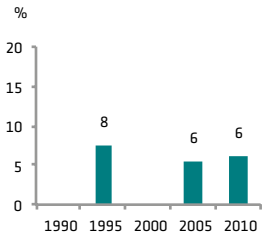
OFF TRACK

- HARDSHIP INCREASED
- DEPTH OF POVERTY FALLEN
- POOREST SHARE DOWN

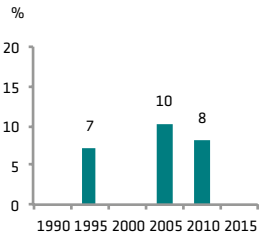
Proportion of Population below Basic Needs Poverty Line (BNPL)



Poverty Gap Ratio



Share of Poorest Quintile in National Consumption

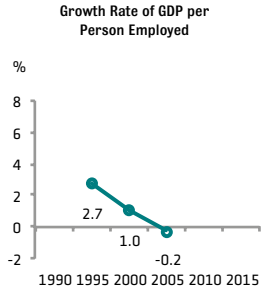


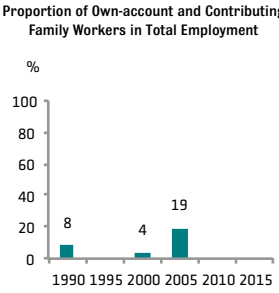
Available data indicate that the proportion of the population below the BNPL initially fell but has increased since 1996. The poverty gap ratio reported a similar trend, while the poorest quintile's share of consumption initially increased but has since fallen.

The recent reversal of the gains made between 1995 and 2005 is likely a result of the adverse impact of the global financial crisis. Tuvalu's economy contracted sharply in 2009 before recovering in 2010, albeit posting marginal growth. The IMF anticipates that Tuvalu's economy will grow only marginally, given the lack of major infrastructure projects and required fiscal restraint. This means that employment conditions will continue to remain subdued. In addition, the global financial crisis adversely affected the employment of Tuvalu's seafarers, resulting in a decline in remittances, which is an important source of income for most households. A mitigating factor is that inflation has fallen since its peak of 10.5 percent in 2008 to an estimated 1 percent in 2011, assisted by the strong Australian currency.

The Government of Tuvalu recognises the need to develop the private sector to boost employment prospects, continue to actively search for overseas employment opportunities for Tuvalu seaman, as well as undertake targeted spending to alleviate hardship.

Source: Abott (2012), IMF (2011), Tuvalu (2011)





TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

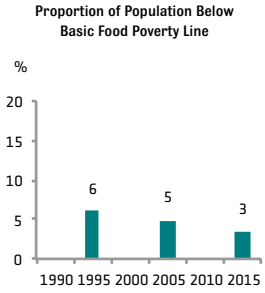
- LABOUR PRODUCTIVITY DOWN
- LOW EMPLOYMENT
- VULNERABLE EMPLOYMENT UP

Tuvalu's labour productivity has fallen, consistent with negative growth outcomes. Although employment levels increased since 1990, it remains low, and more people are involved in vulnerable employment. In the absence of formal employment opportunities, many people resort to the informal sector, setting up small businesses or undertaking part-time work, which are not stable over time.

The public sector remains the largest employer, with 85 percent of the public service located in Funafuti. Recent construction projects, both on Funafuti (e.g. hospital, government building, power house, and wharf etc) and the outer islands (e.g. classrooms, jetties, causeways, health clinics etc), boosted employment numbers but with no further projects in the pipeline, employment numbers will remain subdued.

In addition, given Tuvalu's limited land area, poor soil, and geographic isolation, it is difficult to create large private-sector employment opportunities domestically. Moreover, demand for Tuvaluan seafarers on the international maritime employment market is declining due to more competition. Therefore, Australian and New Zealand seasonal overseas worker schemes are vital opportunities for Tuvalu.

Source: Tuvalu (2011), IMF (2011)



2%

Prevalence of Underweight Children Under-five Years of Age in 2007

TARGET 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

ON TRACK

- LOW UNDERWEIGHT PREVALENCE
- DECLINE IN FOOD POVERTY

There is a very low prevalence of underweight children in Tuvalu, while the proportion of the population below the food poverty line is low and has fallen.

The Government of Tuvalu is more concerned over poor diet practices, with Tuvaluans increasingly reliant on imported food.

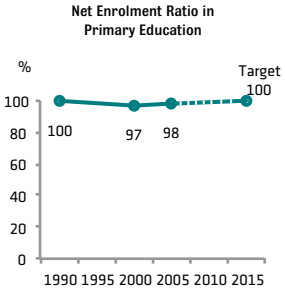
Source: Tuvalu (2011)

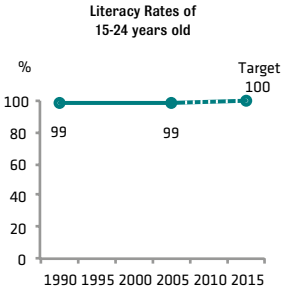
TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

ON TRACK

- HIGH NET ENROLMENT
- INCREASE IN SURVIVAL RATE
- HIGH LITERACY RATE



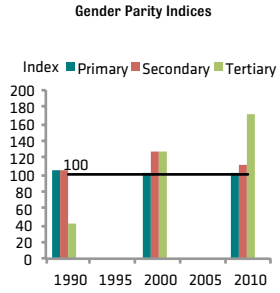


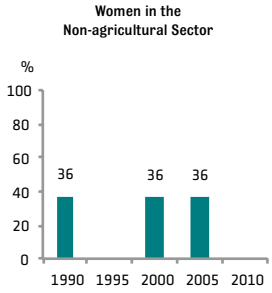
Tuvalu's net enrolment rate has generally been high, while the survival rate has increased over time. Literacy rates remain relatively high.

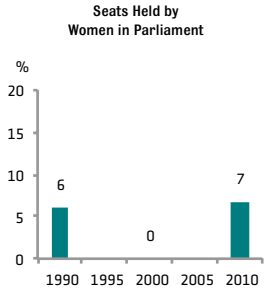
Since 1996, the Government has built new classrooms in all the islands with the assistance from the European Development Fund, which has improved education outcomes.

The main concern for Tuvalu is quality of education. Results from the national Year 8 exams reveal a low, although improving, passing rate (between 2003 and 2009), indicating weakness in critical thinking, creativity, reading, writing and arithmetic. To improve both access and quality of education, the Government emphasises curriculum development and expansion of non-formal education skills for young people.

Source: Tuvalu (2011)







TARGET 3.A

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

I GENDER PARITY ACHIEVED

I LOW PARTICIPATION

I ZERO REPRESENTATION

Tuvalu has achieved gender parity in education for girls in all levels of education, although there is concern over the enrolment of boys. However, the equality in education for girls has not translated in terms of employment, with low participation of women in the non-agricultural sector.

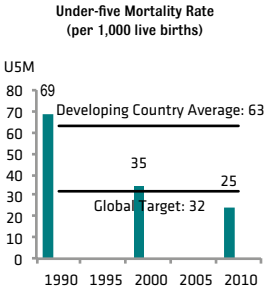
While women account for nearly half of the civil service, they hold only one-fifth of the high-level positions both in the Government and public corporations. In addition, only two women have ever held seats in Tuvalu's parliament and this occurred during 1986 to 1993, and from 2011. In 2002 and 2006, although two women contested the elections, both were unsuccessful, while no women contested the 2010 elections. In 2011, Tuvalu elected one woman to parliament in a bi-election, following the sudden death of a former parliamentarian (her husband).

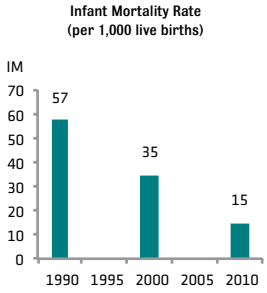
Therefore, although on track for gender parity, Tuvalu's slow progress on empowering women results in a 'mixed' progress on the broader goal.

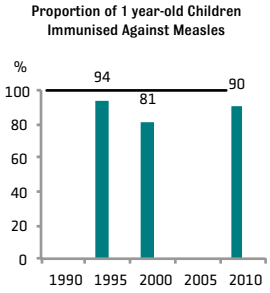
Source: Tuvalu (2011)

TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate







ON TRACK

- U5M FALLEN SIGNIFICANTLY
- IM DECLINED STEADILY
- HIGH IMMUNISATION COVERAGE

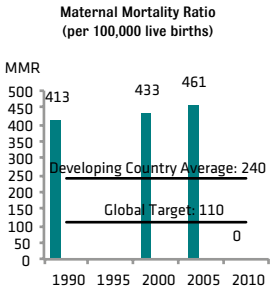
The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Tuvalu. Tuvalu's baseline rate was well below the developing country average in 1990 and continues to track much lower than the developing average. Therefore, the overall trends in child mortality rates and measles immunisation coverage determines Tuvalu's progress against the goal of reducing child mortality.

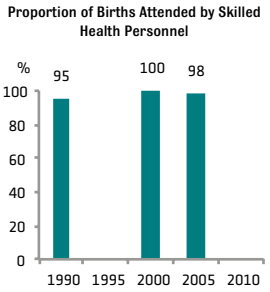
In that context, Tuvalu is making excellent progress, with a significant reduction in both the under-five and infant mortality rates since 1990. These results are consistent with the relatively high measles immunisation coverage.

TUVALU

TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate





ON TRACK

- LOW MATERNAL DEATHS
- HIGH SKILLED ATTENDANCE

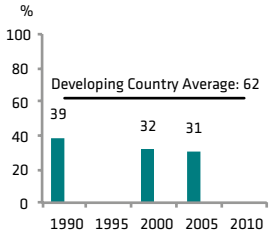
Tuvalu's total population is 11,149 and the average number of live births is around 230. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Tuvalu due to the small size of the population.

For illustration, there was 1 maternal death reported in 1990 (242 live births), 2003 (231 live births) and 2006 (217 live births), which resulted in a very high and increasing MMR trend. Health authorities reported no maternal deaths in 2009.

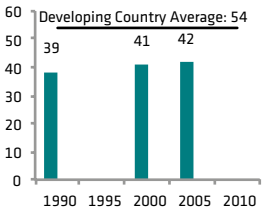
The low level of maternal deaths is consistent with the relatively high level of skilled birth attendants and antenatal care coverage. As Government provides free health care, proportion of births attended by skilled health personnel is high.

Source: Tuvalu (2011)

Contraceptive Prevalence Rate



Adolescent Birth Rate (per 1,000 females)



Tuvalu's contraceptive prevalence rate has declined and remains relatively low, consistent with the high unmet need for family planning and increase in the adolescent birth rate. However, Tuvalu reported high antenatal care coverage of 97 percent.

In Tuvalu, the Government is the main provider of reproductive health services. Opened in 2003, the main hospital is the main access centre for reproductive health commodity and services, also handling comprehensive emergency obstetrics care. There are no private medical practitioners or private pharmacies in Tuvalu.

Low promotion and utilisation of family planning are some underlying reasons for the decline in the contraceptive prevalence rate. Negative attitudes toward family planning are also a contributing factor. Anecdotal evidence suggests that there are cases where men prevent their wives from accessing family planning services.

Raising awareness of family planning and improving access to reproductive health services, especially to teenagers, are some key areas to improve universal reproductive health access.

Source: Waqatakirewa (2008), Tuvalu (2011)

97%

Antenatal Care Coverage in

2007

24%

Unmet Need for Family Planning in

2007

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

MIXED

- LOW CONTRACEPTIVE USE
- TEEN FERTILIY UP SLIGHTLY
- HIGH ANTENATAL CARE
- HIGH UNMET NEED

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

MIXED

- 11 CASES SO FAR
- LOW CONDOM USE
- GOOD HIV/AIDS KNOWLEDGE

25%

Condom Use at Last High-Risk Sex in

2007

50%

Proportion of Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in

2007

Tuvalu reported its first case of HIV/AIDS in 1995, with a cumulative total of 11 cases until the end of December 2011, of which 4 have died. There were no new HIV cases reported in 2011.

Seafarers accounted for eight of all the reported cases, with one housewife, one student and one child. The seafarers contracted HIV while working on overseas ships, while the student apparently caught the disease while studying in Fiji. The woman contracted the disease from her seafarer husband, transmitting the virus to her infant, the first case of mother-to-child transmission in Tuvalu.

Despite the low number of reported cases, a high incidence of STIs, urban drift and increased international travel, and more young people engaging in risky sexual behaviours contribute to the growing risk of transmission of HIV in Tuvalu. Seafarers, youths and women are among those most vulnerable in the community.

Source: Tuvalu (2011, 2010), SPC (2012)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

100%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2009

In Tuvalu, only one person currently living with HIV requires and is receiving treatment. Tuvalu provides antiretroviral treatment free for those who need it, made possible through the financial support from the Global Fund.

Source: Tuvalu (2010)

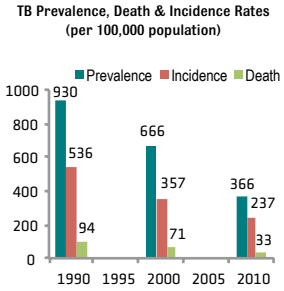
TARGET 6.C.I

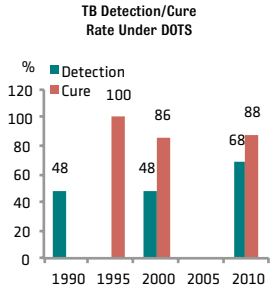
Have halted by 2015 and begun to reverse the spread of Malaria

NOT APPLICABLE

There is no malaria in Tuvalu.

Source: Tuvalu (2011)





TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

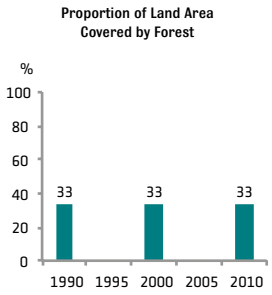
ON TRACK

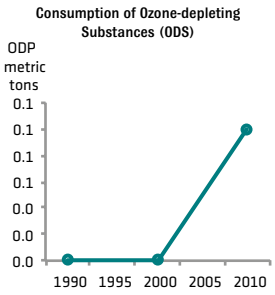
I TB UNDER CONTROL

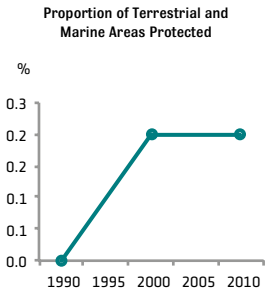
I TREATMENT PROGRESS

The TB case notification rate in Tuvalu has remained relatively stable over time. Given Tuvalu's small population size, a small number of TB cases, per 100,000 population, results in relatively high rates. The decline in the cure rate could be a result of interrupted TB drug supply, limited access to TB clinic services, poorly functioning or non-existent DOTS or costs associated with TB treatment. Nevertheless, TB remains under control.

Source: SPC (2010)







TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

ON TRACK

I LOW FOREST COVER

I USE OF ODS UP

I PROTECTED AREAS UP

Tuvalu's forest cover remained unchanged and is relatively low, while protected areas increased since 1990. Tuvalu's estimated use of ozone-depleting substances increased, while there was no data available for CO_2 emissions and total water resources used.

Tuvalu is currently preparing its Second National Communications to the UNFCCC, which will outline the current status of its GHG emissions (including CO_2) as well as measures to mitigate climate change and measures to adapt to climate change. All ODS are imported into Tuvalu. The most common ODS used in Tuvalu was CFC-12, found in most refrigerators and air conditioning, which were imported through Fiji. However, since Fiji ceased imports of CFCs in 2000, Tuvalu's imports of ODS from Fiji ceased, although the estimated data indicates some ongoing marginal use of ODS.

Tuvalu has actively conserved forest area through protected areas. Since 1996, every island identified and established protected areas. In addition, to address concerns of tuna overfishing, Tuvalu signed and ratified certain Agreements (1982 Nauru Agreement and 1997 FSM Agreement) that aim to prevent overfishing, restore depleted resources, and ensure sustainable resource use.

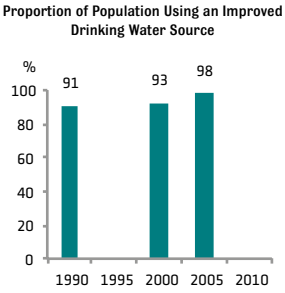
Source: Tuvalu (2011)

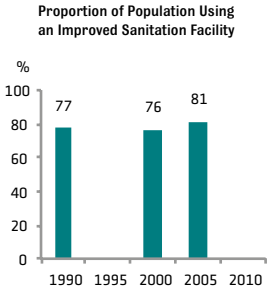
TARGET 7.C

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

MIXED

- WATER QUALITY ISSUES
- SANITATION - OUTER ISLAND CONCERN





Although the proportion of the population using an improved drinking water source is high, there are concerns over the water quality, as well as poor access during droughts. In 2011, Tuvalu faced a prolonged period of drought, which left the population without access to fresh water. New Zealand and Australia airlifted supplies of fresh water to Tuvalu, as well as two desalination units to ease the water crisis.

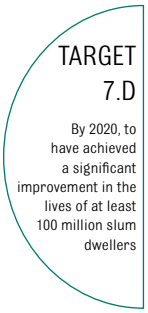
Similarly, while the proportion of the population using an improved sanitation facility has risen since 1990, there are remaining concerns about households with no sanitation facilities in the outer islands. Almost one-fifth of households in the outer islands have no sanitation facilities.

The Government is currently embarking on an initiative to address water resource, wastewater and sanitation management issues and has so far made progress on engaging communities in the assessment of groundwater quality and installation of technology for improved sanitation practices.

Source: Tuvalu (2011)

Although there is no data on the proportion of urban population living in slums, the percentage of households with un-improved drinking water and poor sanitation has declined. The average household size also fell but remains relatively high at 7.1. In 2010, the Government, under its Social Development Expenditure, approved the construction of 50 houses to improve the housing situation in Funafuti.

Source: Tuvalu (2011)



MIXED

NO DATA

SOME PROGRESS

Bibliography

Abott, David (2012). Preliminary Analysis of Hardship and Poverty from HIES 2010. UNDP (draft).

International Monetary Fund (2011). Tuvalu: 2010 Article IV Consultation – Staff Report. IMF Country Report No. 11/113. Available from https://www.imf.org/external/pubs/cat/longres.aspx?sk=24632.0

Secretariat of the Pacific Community (2011). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

Tuvalu (2011). Tuvalu Millennium Development Goals Progress Report 2010/2011. Available from http://www.undp.org.fj/pdf/MDG%20Report/MDG(tuvalu)%20web.pdf

_____ (2010). UNGASS Country Progress Report Tuvalu Reporting Period: January 2008–December 2009. Available from [http://aidsdatahub.org/dm-documents/tuvalu_2010_country_progress_report_en.pdf

Waqatakirewa, Lepani (2008). Reproductive Health Commodity Security Status Assessment Report: Tuvalu. Available from http://210.7.20.137/Publications/Connect_RHCS/RHCS_Country_Report/Tuvalu%20Report.pdf

TUVALU

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	23.2 (1994)	•	21.2 (2004-05)	••	26.3 (2010)	••	*HIES cited in [1], **[2]
	1.2 Poverty gap ratio (%)	7.6 (1994)		5.6 (2004)		6.2 (2010)		HIES cited in [1]
	1.3 Poorest quintile in national consumption (%)	7.0 (1994)		10.2 (2004)		8.1 (2010)		HIES cited in [1]
	1.4 Growth rate of GDP per person employed (%)	2.7 (1998)		1.0 (2001)		-0.2 (2007)		Census & HIES cited in [1]
	1.5 Employment-to-population ratio (%)	26.8 (1991)	•	32.4 (2002)	•	33.5 (2004)	••	*Census & **HIES data cited in [1]
	1.6 Employed living below $1 (PPP) per day (%)	…		…		…		
	1.7 Own-account and unpaid family workers (%)	8.4 (1991)	•	3.6 (2002)	•	19.2 (2004)	••	*Census & **HIES data cited in [1]
	1.8 Underweight children under age 5 (%)	…		…		1.9 (2007)		[3]
	1.9 Food poverty (%)	6.0 (1994)	•	4.9 (2004-05)	••	3.4 (2010)	••	*HIES cited in [1], **[2]
MDG 2	2.1 Net enrolment ratio in primary education (%)	99.5 (1991)	•	96.9 (2002)	••	98.1 (2007)	•	*1991 census & 2007 DHS cited in [1], **SPC from census
	2.2 Reaches last grade in primary education (%)	81.3 (1991)		86.5 (2002)		91.2 (2007)		1991 census & 2007 DHS cited in [1]
	2.3 Literacy rates of 15-24 years old (%)	98.7 (1991)		…		98.6 (2007)		1991 census & 2007 DHS cited in [1]
MDG 3	3.1a Gender parity index in primary education	105.0 (1991)	•	103.0 (2002)	••	101.0 (2010)	•••	*Census & **DOE cited in [1], ***SPC from DOE
	3.1b Gender parity index in secondary education	105.0 (1991)	•	128.0 (2002)		112.0 (2009)	••	*Census & **DOE cited in [1]
	3.1c Gender parity index in tertiary education	42.0 (1991)	•	127.0 (2002)		172.0 (2009)	••	*Census & **DOE cited in [1]
	3.2 Women in the non-agricultural sector (%)	36.4 (1991)	•	36.0 (2002)	•	36.0 (2007)	••	*Census & **DHS cited in [1]
	3.3 Seats held by women in parliament (%)	6.0 (1990)	•	0.0 (2002)	•	6.7 (2011)	••	*Parliament records cited in [1], **NSO
MDG 4	4.1 Under 5 mortality (per 1,000 live births)^	68.7 (1991)+		34.6 (2000)+		24.6 (2009)+		MOH cited in [1]
	4.2 Infant mortality (per 1,000 live births)^	57.3 (1992)*		34.6 (2000)+		14.8 (2009)+		MOH cited in [1]
	4.3 Measles immunisation of 1 year old (%)	94.0 (1995)		81.0 (2000)		90.0 (2008)		MOH cited in [1]
MDG 5	5.1 Maternal mortality (per 100,000 live births)^	413.2 (1990)*		432.9 (2000)+		0.0 (2009)+		MOH cited in [1]
	5.2 Skilled birth attendance (%)	95.0 (1990)	•	100.0 (2002)	•	97.9 (2007)	••	*MOH cited in [4], **[3]
	5.3 Contraceptive prevalence rate (%)	39.0 (1990)	•	32.0 (2002)	•	30.5 (2007)	••	*MOH cited in [4], **[3]
	5.4 Adolescent birth rate (per 1,000 females)	38.6 (1991)	•	41.3 (2000)	•	42.0 (2007)	••	*[1], **[3]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		97.0 (2007)		[3]
	5.6 Unmet need for family planning (%)	…		…		24.2 (2007)		[3]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		…		
	6.2 Condom use at last high-risk sex (%)	…		…		24.5 (2007)		2007 DHS (average of men & women) cited in [1]
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		50.1 (2007)		2007 DHS (average of men & women) cited in [1]
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	…		…		100.0 (2009)		MOH cited in [1]
	6.6a Malaria incidence rate (per 100,000)	n/a		n/a		n/a		
	6.6b Malaria death rate (per 100,000)	n/a		n/a		n/a		
	6.7 Under 5 sleeping under bed-nets (%)	n/a		n/a		n/a		
	6.8 Under 5 treated with anti-malarial drugs (%)	n/a		n/a		n/a		
	6.9a TB prevalence rates (per 100,000)	930.0 (1990)		666.0 (2000)		366.0 (2010)		[5]
	6.9b TB death rates (per 100,000)	94.0 (1990)		71.0 (2000)		33.0 (2010)		[5]
	6.9c TB incidence rates (per 100,000)	536.0 (1990)		357.0 (2000)		237.0 (2010)		[5]
	6.10a TB detection rate under DOTS (%)	48.0 (1990)		48.0 (2000)		68.0 (2010)		[5]
	6.10b TB cure rate under DOTS (%)	100.0 (1994)		86.0 (2000)		88.0 (2009)		[5]
MDG 7	7.1 Proportion of land area covered by forest (%)	33.3 (1990)		33.3 (2000)		33.3 (2010)		Estimated data cited in [6]
	7.2a CO2 emissions, total ('000 metric tons)	…		…		…		
	7.2b CO2 emissions, per capita (metric tons)	…		…		…		
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	…		…		…		
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		0.0 (2000)		0.1 (2009)		Country data cited in [6]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.0 (1990)		0.2 (2000)		0.2 (2010)		Estimated data cited in [6]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	90.5 (1991)	•	92.5 (2002)	•	97.9 (2007)	••	*Census cited in [1], **[3]
	7.9 Using an improved sanitation facility (%)	77.1 (1991)	•	76.3 (2002)	•	81.3 (2007)	••	*Census cited in [1], **[3]
	7.10 Urban population living in slums (%)	…		…		…		
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		6.9 (2001-08)		Aid Unit, Department of Planning & Budget cited in [1]
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	5.1 (1990)	•	4.0 (2000)	•	34.7 (2010)	••	*Disbursement basis, OECD DAC country data cited in [6], **[7]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		…		
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		…		39.4 (2010)		Tuvalu (2011b)
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	1.3 (1990)	•	7.0 (2000)	•	16.5 (2010)	••	*Country data^ & **ITU estimate cited in [6]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		0.0 (2000)		25.4 (2010)		ITU estimate cited in [6]
	8.16 Internet users per 100 population	0.0 (1990)		5.2 (2000)		25.0 (2010)		ITU estimate cited in [6]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Tuvalu, Department of Planning and Budget, Ministry of Finance and Economic Development, *Tuvalu Millennium Development Goals Progress Report 2010/2011*. Available from http://www.undp.org.fj/pdf/MDG%20Report/MDG(tuvalu)%20web.pdf
[2] UNDP, *Preliminary Analysis of Hardship and Poverty from HIES 2010*. (draft)
[3] Tuvalu Central Statistics Division, SPC and Macro International Inc., *Tuvalu Demographic and Health Survey 2007*. Available from http://www.pacificdisaster.net/pdnadmin/data/original/TUV_2007_DHS_report.pdf
[4] Tuvalu, *Millennium Development Goals Report 2006*. Available from http://planipolis.iiep.unesco.org/upload/Tuvalu/Tuvalu%20MDG%202006.pdf
[5] WHO, *Global Tuberculosis Control 2011*. Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[6] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[7] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1883191.gif (accessed 8 March 2012)
[8] IMF, "Tuvalu: 2010 Article IV Consultation – Staff Report", *IMF Country Report No. 11/46*. (Washington D.C.: IMF, 2011). Available from http://www.imf.org/external/pubs/ft/scr/2011/cr1146.pdf

* Single year figure unstable due to small size of population.
^ Tuvalu Telecommunications Corporation.

VANUATU

is located in the Pacific ocean, northeast of Australia. It is an island archipelago consisting of approximately 82 islands, of which 65 are permanently inhabited. Approximately three-quarters of the population live in rural areas.

Capital Port Vila **Land** 12,190 sq km **EEZ** 680,000 sq km
Population 245,036 (2010e) **GDP per capita** USD$2,620
Language Bislama, English, French, local languages
Currency Vatu
Economy Agriculture, fisheries, tourism

MDGs PROGRESS

MDG 1 Eliminate Extreme Poverty and Hunger	TARGET 1.A Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line	Decline in poverty/hardship. Decline in poverty gap. Increase in poorest quintile's share in national consumption.
	TARGET 1.B Achieve full and productive employment and decent work for all, including women and young people	Productivity up. Employment down. No data on vulnerable employment.
	TARGET 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	High prevalence of underweight children. Food poverty down.
MDG 2 Achieve Universal Primary Education	TARGET 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Increase in net enrolment rate. Survival rates up. Literacy rates up.
MDG 3 Promote Gender Equality and Empower Women	TARGET 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Close to gender parity. Low economic participation. Low representation in parliament.
MDG 4 Reduce Child Mortality	TARGET 4.A Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality declined. Infant mortality down. Immunisation coverage up.
MDG 5 Improve Maternal Health	TARGET 5.A Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Low maternal deaths. Skilled attendance down.
	TARGET 5.B Achieve, by 2015, universal access to reproductive health	Contraceptive use up. Teen fertility down but still high. Relatively low coverage. Some unmet need for family planning.
MDG 6 Combat HIV/AIDS and Other Diseases	TARGET 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6 total cases so far. No data on condom use. No data on HIV/AIDS knowledge.
	TARGET 6.B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	100% access.
	TARGET 6.C.I Have halted by 2015 and begun to reverse the spread of Malaria	Burden of disease down. Bed-nets and drugs up.
	TARGET 6.C.II Have halted by 2015 and begun to reverse the spread of Tuberculosis	Successful in fighting TB. Treatment rates good.
MDG 6 PLUS* Combat NCDs	TARGET 6.C.III Have halted by 2015 and begun to reverse the spread of NCDs	NCDs growing concern.
MDG 7 Ensure Environmental Sustainability	TARGET 7.A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Low forest cover. CO_2 emissions up. Use of ODS up. No data on total water resources used. Some protected areas.
	TARGET 7.B Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	
	TARGET 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Access up. Improved sanitation up.
	TARGET 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	30% living in slums.

**Not discussed in detail. See Vanuatu (2010) for more information.*

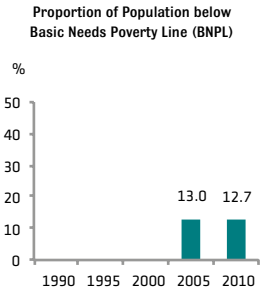
On Track Off Track Mixed Insufficient information Not applicable

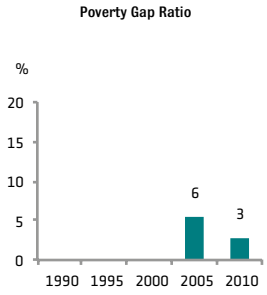
TARGET 1.A

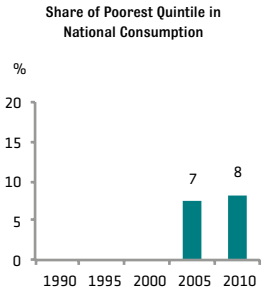
Halve, between 1990 and 2015, the proportion of people whose income is below the basic needs poverty line

ON TRACK

- DECLINE IN HARDSHIP
- DECLINE IN POVERTY GAP







According to the 2010 HIES, the proportion of Vanuatu's population below the BNPL fell slightly, the poverty gap ratio declined to 3 percent, while the poorest quintile's share of income increased.

Vanuatu's economy was largely sheltered from the impact of the global financial crisis. Vanuatu grew at an average rate of 6 percent between 2003 and 2008, supported primarily by tourism, construction activities and aid inflows. Economic growth eased since 2006 to an estimated 2.2 percent in 2010 but has since picked up. Inflation has also remained relatively low during this period, rising to 5.8 percent in 2008 following high global food and fuel prices, before subsiding to more moderate levels. These conditions are likely to have contributed to the improvement in the poverty indicators.

However, while hardship improved in the capital city of Port Vila and the outer islands, there was a marked increase in hardship in Luganville, Vanuatu's second largest city. The proportion of the population below the BNPL almost doubled between 2006 and 2010, with around one-quarter of Luganville below the BNPL.

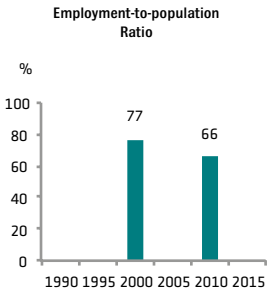
Source: Vanuatu (2010), IMF (2011, 2009)

TARGET 1.B

Achieve full and productive employment and decent work for all, including women and young people

OFF TRACK

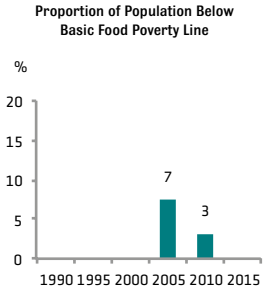
- PRODUCITIVITY UP
- EMPLOYMENT DOWN



Labour productivity has increased, while employment levels have fallen. There is no data on vulnerable employment.

Vanuatu's working-age population continues to grow at a faster rate than the growth in total employment. This is likely to continue if the labour market is unable to absorb the relatively high annual number of new entrants. Unemployment is apparently increasing, especially among young people.

Source: Vanuatu (2010)



16%

Prevalence of Underweight Children Under-five Years of Age in 2007

TARGET 1.C

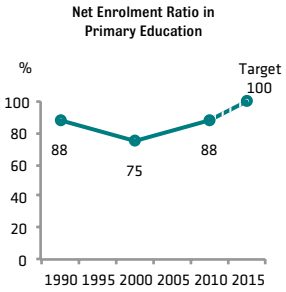
Halve, between 1990 and 2015, the proportion of people who suffer from hunger

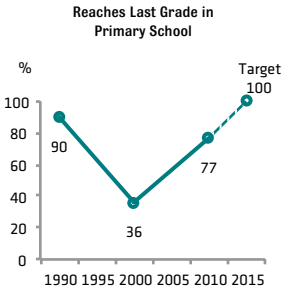
OFF TRACK

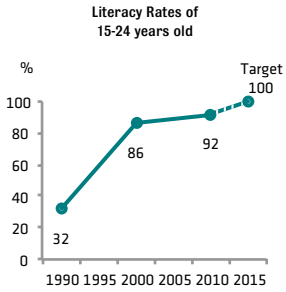
- HIGH UNDERWEIGHT PREVALENCE
- FOOD POVERTY DOWN

The prevalence of underweight children is relatively high and this is likely a result of poor diet practices, lack of knowledge of the importance of prolonged breastfeeding and improper weaning practices. However, according to the 2010 HIES, the proportion of the population below the food poverty line declined and is low.

Source: Vanuatu (2010)







TARGET 2.A

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

MIXED

- INCREASE IN NER
- SURVIVAL RATES UP
- LITERACY RATES UP

Following a decline in the 1990s, the net enrolment and survival rates improved since 2000. Vanuatu's literacy rate also improved significantly since 1990.

Vanuatu initially faced difficulties in achieving universal primary education and literacy, with one of the constraints being the costs of maintaining the dual education system with separate streams for 'English' and 'French' as the language of instruction. With the assistance of development partners, the Government of Vanuatu introduced 'fee free' primary level education up to Year 6 in government and government-assisted schools. The Ministry of Education is also working closely with development partners to expand the provision of 'fee free' education to Year 8, among other initiatives.

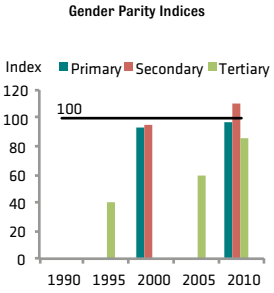
Source: Vanuatu (2010)

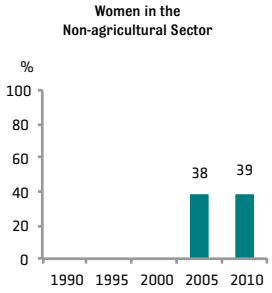
TARGET 3.A

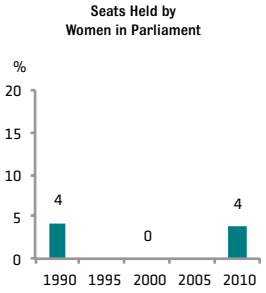
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

ON TRACK

- CLOSE TO GENDER PARITY
- LOW ECO PARTICIPATION
- LOW REPRESENTATION





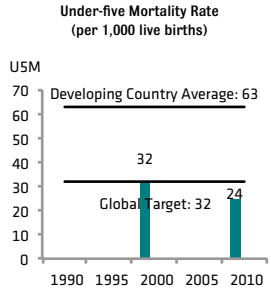


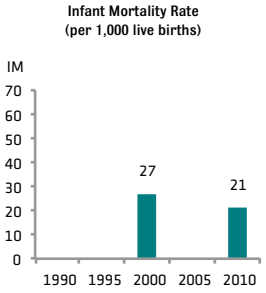
Vanuatu has achieved gender parity in secondary education and is close to achieving parity in the primary and tertiary levels.

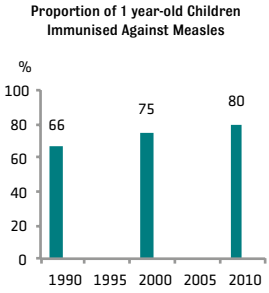
However, there is low participation of women in the non-agricultural sector and low representation of women in parliament. Women's roles in the non-agricultural sector have changed little since 1989, being involved in traditional areas such as teaching, nursing, clerical work, shop attendants, gardeners (crops), cleaners and housekeepers.

The reason that women in Vanuatu are under-represented in national, provincial and municipal Governments are complex and include the reluctance, even direct opposition, of both men and women to recognise women's rights to hold decision-making positions within the country, as a result of deep-rooted traditional and religious beliefs. However, these attitudes are slowly changing, most noticeably at the municipal level where Luganville, for example, has a female mayor.

Source: Vanuatu (2010)







TARGET 4.A

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

ON TRACK

- U5M DECLINED
- IM DOWN
- COVERAGE UP

The global MDG target of a two-thirds reduction of the U5M rate from 1990 to 2015 is not relevant in the context of Vanuatu. Vanuatu's IM rate in 2000 was well below the developing country average at the time and continues to track much lower than the developing average. Authorities acknowledged that a more realistic target was an U5M rate of 25, although Government has not explicitly adopted this target. Therefore, in the absence of a national target, the overall trends in child mortalities determine Vanuatu's progress towards reducing child mortality.

In that context, Vanuatu is making good progress, with census results recording a decline in both the under-five and infant mortality rates since 2000. Vanuatu administers simple and affordable high impact child health interventions such as exclusive breastfeeding for the first six months, oral re-hydration solution for diarrhoea, antibiotics for pneumonia, immunisation, vitamin A supplementation and child spacing. Therefore, the Government of Vanuatu recognises the need to build on, scale up or expand existing programmes to sustain the good progress, particularly in remote rural communities.

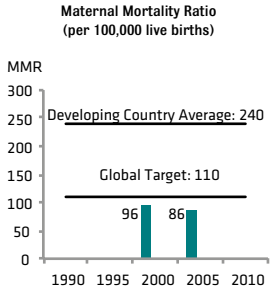
Source: Vanuatu (2010)

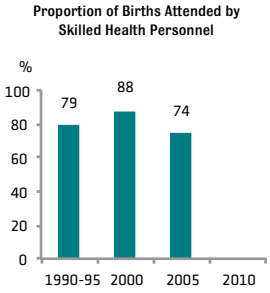
TARGET 5.A

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

MIXED

- LOW MATERNAL DEATHS
- SKILLED ATTENDANCE DOWN



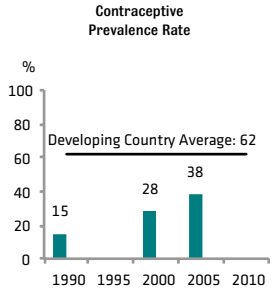


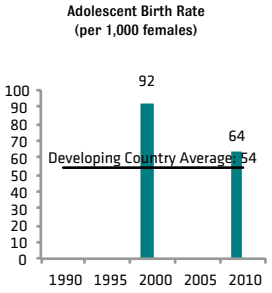
Vanuatu's total population is 245,036 and the average number of live births is around 8,000. This means that the statistical impact of even one death on the maternal mortality rate, per 100,000 live births, has a profound and misleading effect. Therefore, the global MDG target of a three-quarters reduction of the MMR is not relevant in the context of Vanuatu due to the small size of the population. The Ministry of Health's target is to have no more than 3 maternal deaths per year.

In 2005, Vanuatu reported 4 maternal deaths, although authorities suspect under-reporting. From 2006 to 2009, authorities estimated 6 maternal deaths a year. The decline in skilled birth attendance, still-high teen fertility rates, and relatively low antenatal coverage are areas of concern.

To lower the level of maternal deaths, Vanuatu recognises that up-scaling and expanding existing maternal health interventions are crucial. Authorities recognise the importance of improving access to maternal health services in all provinces and rural communities. An effective and functional referral system, well supported by facilities that provide emergency obstetric care, is also essential. In addition, authorities recognise the need for better monitoring and tracking of maternal deaths.

Source: Vanuatu (2010)





84%

Antenatal Care Coverage in

2007

24%

Unment Need for Family Planning in

1996

TARGET 5.B

Achieve, by 2015, universal access to reproductive health

OFF TRACK

- CONTRACEPTIVE USE UP
- TEEN PREGNANCY STILL HIGH
- LOW ANTENATAL COVERAGE

Vanuatu's contraceptive use has increased but remains low by international comparison. The unmet need recorded in 1998 was relatively high and while there is no recent data, this trend is likely to prevail, given the relatively high teen fertility. Antenatal coverage is comparatively low.

The Maternal and Child Health Programme conducts clinics for antenatal mothers, administers child immunisations and provides family planning services. In addition to care, it offers support, information and advice regarding parenting, child health and development, maternal health and well-being, child safety, breastfeeding, nutrition and birth spacing.

Although reproductive health services are in place, authorities recognise the need to scale up and expand services to reach all provinces, remote rural areas and outer islands. Similarly, the Government recognises the need to expand, reinforce and sustain ongoing community education and community participation and engagement to improve universal access to reproductive health services.

Source: Vanuatu (2010), WHO (2011)

TARGET 6.A

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ON TRACK

- 6 TOTAL CASES SO FAR

Vanuatu reported its first HIV case in 2002 and up until the end of 2011 the cumulative total was 6. Of this total, two have died due to AIDS-related complications, with one new case reported in 2011.

Despite the low level of reported cases, the high incidence of STIs remains a major risk factor for transmission. Given the low numbers reported, preventative measures are the mainstay of the national response.

Source: Vanuatu (2010), SPC (2012)

TARGET 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

ON TRACK

100%

Proportion of Population with Advanced HIV infection with Access to Antiretroviral Drugs in

2010

All the people that are living with HIV/AIDS in Vanuatu and require antiretroviral therapy are receiving the drugs for free.

Source: Vanuatu (2010)

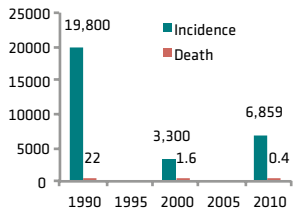
TARGET 6.C.I

Have halted by 2015 and begun to reverse the spread of Malaria

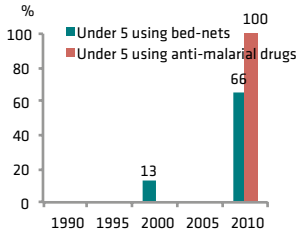
ON TRACK

- BURDEN OF DISEASE DOWN
- BED-NETS & DRUGS UP

Malaria Incidence & Death Rates (per 100,000 population)



Under 5 Sleeping Under Bed-Nets/Under 5 Treated with Anti-Malarial Drugs



Malaria has for many years been a major health problem in Vanuatu, and almost the entire population of Vanuatu is still at risk of malaria. However, through concerted control efforts by the Government and development partners, the burden of malaria has declined significantly over the past 20 years.

Led by strong government commitment, and with all major partners harmonised in their support of the national malaria plan, Vanuatu is on track to combat malaria.

Source: Vanuatu (2010)

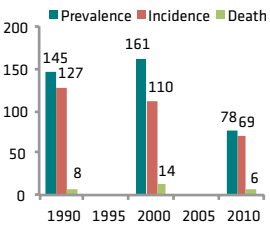
TARGET 6.C.II

Have halted by 2015 and begun to reverse the spread of Tuberculosis

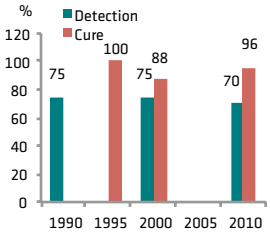
ON TRACK

- SUCCESSFUL IN FIGHTING TB

TB Prevalence, Death & Incidence Rates (per 100,000 population)



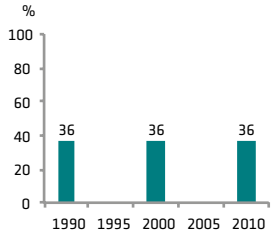
TB Detection/Cure Rate Under DOTS

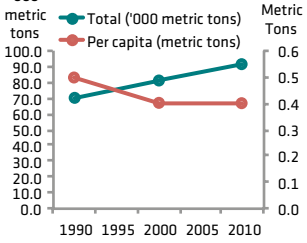


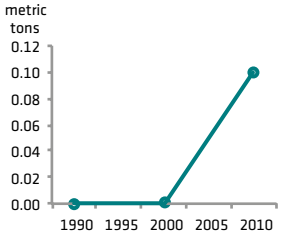
Tuberculosis is one of the major communicable diseases in Vanuatu. The Ministry of Health with support from development partners have implemented a highly successful campaign to combat TB.

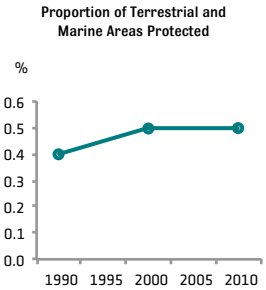
The treatment success rate is high and is above the internationally recommended target of 85 percent. Case detection, however, is relatively low and could be due to an over-estimation of TB incidence (although efforts are made to avoid this) or under notification of TB cases (which could be due to under diagnosis or under-reporting).

Source: Vanuatu (2010), SPC (2010)









Forest cover remains unchanged, while CO2 emissions and use of ODS have risen. Protected areas remain relatively unchanged from 2000.

Although the estimated forest cover remains unchanged, commercial logging, including illegal activities, exact a heavy toll on forests. Subsistence agriculture also results in the destruction of primary and secondary forest through 'slash and burn' practices, which are prevalent. On the island of Pentecost, farmers clear substantial areas of forest to make way for cash crops, such as kava which require 5-7 years before harvesting. This is likely occurring on other islands.

Vanuatu is currently preparing its Second National Communications to the UNFCCC, which will outline the current status of its GHG emissions (including CO2) as well as measures to mitigate climate change and measures to adapt to climate change.

In Vanuatu, the main sources of emissions are transport and cooking fires and by global standards CO2 emissions are low. Majority of households still prefer traditional wood fires for cooking, reflecting the relatively high cost of, and limited access to, other 'modern' cooking fuels compared to firewood collection or purchase.

Although minimal, Vanuatu's use of ODS increased since 2000 and Vanuatu is yet to fully ratify the Montreal Protocol on Substances that Deplete the Ozone Layer. However, Vanuatu has established a large number of protected areas (five of which are marine protected areas) and has designated part of its EEZ as a whale sanctuary.

Source: Vanuatu (2010)

TARGET 7.A

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

TARGET 7.B

Reduce Biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

OFF TRACK

- LOW FOREST COVER
- CO_2 EMISSIONS UP
- USE OF ODS UP
- SOME PROTECTED AREAS

TARGET 7.C

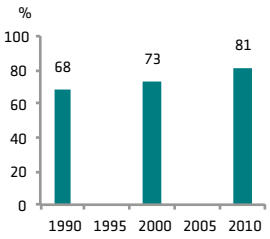
Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

ON TRACK

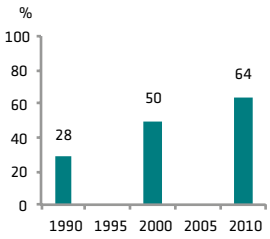
| ACCESS UP

| IMPROVED SANITATION

Proportion of Population Using an Improved Drinking Water Source



Proportion of Population Using an Improved Sanitation Facility



The proportion of the population using an improved drinking water source, as well as the proportion using an improved sanitation facility both increased since 1990.

In urban areas, the main water source is shallow aquifers, while rural areas access water from bores, wells, springs, rivers and rainwater catchments. Water quality is generally good with chlorine the only treatment. Rural water supplies are all donor-funded and community operated and managed, being either hand pump, well, or water catchment. Sanitation ranges from pits to flush toilets with septic tanks. There is no sanitary sewerage system in the urban areas but the main hospital in Port Vila has a sewage treatment plant. Use of improved sanitation facilities is improving in rural areas.

Source: Vanuatu (2010), SOPAC (2007)

TARGET 7.D

By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

OFF TRACK

30%

Proportion of Urban Population Living in Slums in

2006

According to the 2006 HIES, it was estimated that 30 percent of the population in the urban centres of Port Vila and Luganville were living in a slum. The actual rate is probably higher as the definition of 'urban' follows the official definition and doesn't include many informal settlements just outside the urban boundaries.

Source: Vanuatu (2010)

Bibliography

International Monetary Fund (2011). Vanuatu: 2011 Article IV Consultation – Staff Report, IMF Country Report No. 11/120. Available from [http://www.imf.org/external/pubs/ft/scr/2011/cr11120.pdf

_____ (2009). Vanuatu: 2011 Article IV Consultation – Staff Report, IMF Country Report No. 09/166. Available from http://www.imf.org/external/pubs/ft/scr/2009/cr09166.pdf

Secretariat of the Pacific Community (2012). 2011 HIV Epidemiological Update: Pacific Island Countries & Territories. Available from http://www.spc.int/hiv/index.php?option=com_docman&task=doc_download&gid=511&Itemid=148

_____ (2010). Tuberculosis Surveillance in the Pacific Island Countries and Territories, 2010 Report. Available from http://www.spc.int/tb/en/publications/doc_download/80-tuberculosis-surveillance-in-the-pacific-island-countries-and-territories-2010

SOPAC (2007). National Integrated Water Management Diagnostic Report: Vanuatu. Available from http://www.sprep.org/att/IRC/eCOPIES/Countries/Vanuatu/29a.pdf

Vanuatu (2010). Millennium Development Goals 2010 Report for Vanuatu. Available from [http://www.ausaid.gov.au/countries/pacific/vanuatu/Documents/vanuatu-mdg-report-2010.pdf

World Health Organisation (2011). Western Pacific Country Health Information Profiles: 2011 Revision. Available from http://www.wpro.who.int/health_information_evidence/documents/CHIPS2011.pdf

VANUATU

		Baseline		Mid-point		Latest		Source
MDG 1	1.1 Basic needs poverty (%)	…		13.0 (2006)		12.7 (2010)		UNDP from 2010 HIES
	1.2 Poverty gap ratio (%)	…		5.6 (2006)	*	2.9 (2010)	**	*NSO from 2006 HIES cited in [1], **UNDP from 2010 HIES
	1.3 Poorest quintile in national consumption (%)	…		7.4 (2006)	*	8.3 (2010)	**	*NSO from 2006 HIES cited in [1], **UNDP from 2010 HIES
	1.4 Growth rate of GDP per person employed (%)	0.8 (1995-99)		-0.7 (2000-04)		2.7 (2005-08)		NSO cited in [1]
	1.5 Employment-to-population ratio (%)	…		76.8 (1999)	*	66.0 (2009)	**	*NSO derived from 1999 Census cited in [1], **SPC from 2009 census
	1.6 Employed living below $1 (PPP) per day (%)	…		…		4.0 (2006)		NSO cited in [1]
	1.7 Own-account and unpaid family workers (%)	…		…		…		
	1.8 Underweight children under age 5 (%)	…		…		15.9 (2007)		[2]
	1.9 Food poverty (%)	…		7.4 (2006)		3.2 (2010)		UNDP from 2010 HIES
MDG 2	2.1 Net enrolment ratio in primary education (%)	88.0 (1989)	*	75.0 (1999)	*	87.9 (2011)	**	*NSO from census data cited in [1], **SPC from MOE
	2.2 Reaches last grade in primary education (%)	90.2 (1991)	*	36.2 (2000)	**	76.8 (2010)	***	*SPC from NSO, **NSO from MOE cited in [1], ***SPC from MOE
	2.3 Literacy rates of 15-24 years old (%)	32.0 (1990)		86.0 (1999)		92.0 (2009)		NSO from MOE cited in [1]
MDG 3	3.1a Gender parity index in primary education	…		93.0 (2000)	*	97.0 (2011)	**	*MOE cited in [1], **SPC from MOE
	3.1b Gender parity index in secondary education	…		95.0 (2000)	*	110.0 (2011)	**	*MOE cited in [1], **SPC from MOE
	3.1c Gender parity index in tertiary education	40.0 (1995)		60.0 (2003)		85.0 (2008)		USP data cited in [1]
	3.2 Women in the non-agricultural sector (%)	…		37.5 (2004)		38.9 (2008)		Country administrative data cited in [3]
	3.3 Seats held by women in parliament (%)	4.3 (1990)		0.0 (2000)		3.8 (2011)		Country data cited in [3]
MDG 4	4.1 Under 5 mortality (per 1,000 live births)	…		32.0 (1999)		24.0 (2009)		SPC from census
	4.2 Infant mortality (per 1,000 live births)	…		27.0 (1999)		21.0 (2009)		SPC from census
	4.3 Measles immunisation of 1 year old (%)	66.0 (1990)		75.0 (2001)		80.0 (2009)		WHO/UNICEF Joint Reporting Forms cited in [1]
MDG 5	5.1 Maternal mortality (per 100,000 live births)	…		96.0 (1998)		86.0 (2007)		MOH cited in [1]
	5.2 Skilled birth attendance (%)	79.0 (1990-95)	*	88.0 (1999)		74.0 (2007)	**	*MOH & **2007 MICS cited in [1]
	5.3 Contraceptive prevalence rate (%)	15.0 (1991)	*	28.0 (1999)		38.0 (2007)	**	*MOH & **2007 MICS cited in [1]
	5.4 Adolescent birth rate (per 1,000 females)	…		92.0 (1999)	*	64.0 (2009)	**	*NSO & **preliminary census data cited in [1]
	5.5 Antenatal care coverage, ≥ 1 visit (%)	…		…		84.0 (2007)		2007 MICS cited in [1]
	5.6 Unmet need for family planning (%)	…		24.0 (1996)		…		MOH from National Family Planning Study cited in [1]
MDG 6	6.1 HIV prevalence of 15-24 years old (%)	…		…		…		
	6.2 Condom use at last high-risk sex (%)	…		…		…		
	6.3 15-24 years old awareness of HIV/AIDS (%)	…		…		…		
	6.4 Orphans to non-orphans attending school	n/a		n/a		n/a		
	6.5 Access to antiretroviral drugs (%)	…		…		100.0 (2010)		MOH cited in [1]
	6.6a Malaria incidence rate (per 100,000)	19800.0 (1990)	*	3300.0 (2000)	*	6859.3 (2010)	**	*MOH from Malaria Information System cited in [1], **SPC derived from [4]
	6.6b Malaria death rate (per 100,000)	22.0 (1990)	*	1.6 (2000)	*	0.4 (2010)	**	*MOH from Malaria Information System cited in [1], **SPC derived from [4]
	6.7 Under 5 sleeping under bed-nets (%)	…		13.0 (2002)	*	65.8 (2011)	**	*MOH cited in [1], **SPC from 2011 MICS
	6.8 Under 5 treated with anti-malarial drugs (%)	…		…		100.0 (2011)		SPC from 2011 MICS
	6.9a TB prevalence rates (per 100,000)	145.0 (1990)		161.0 (2000)		78.0 (2010)		[5]
	6.9b TB death rates (per 100,000)	8.2 (1990)		14.0 (2000)		5.8 (2010)		[5]
	6.9c TB incidence rates (per 100,000)	127.0 (1990)		110.0 (2000)		69.0 (2010)		[5]
	6.10a TB detection rate under DOTS (%)	75.0 (1990)		75.0 (2000)		70.0 (2010)		[5]
	6.10b TB cure rate under DOTS (%)	100.0 (1994)		88.0 (2000)		96.0 (2009)		[5]
MDG 7	7.1 Proportion of land area covered by forest (%)	36.1 (1990)		36.1 (2000)		36.1 (2005)		Country data cited in [3]
	7.2a CO2 emissions, total ('000 metric tons)	70.0 (1990)		81.0 (2000)		92.0 (2008)		Global monitoring data cited in [3]
	7.2b CO2 emissions, per capita (metric tons)	0.5 (1990)		0.4 (2000)		0.4 (2008)		Global monitoring data cited in [3]
	7.2c CO2 emissions, per $1 GDP (PPP) (kg)	0.1 (1990)		0.1 (2000)		0.1 (2008)		Global monitoring data cited in [3]
	7.3 Use of ODS (ODP metric tons)	0.0 (1991)		0.0 (2000)		0.1 (2009)		Country data cited in [3]
	7.4 Fish stocks within safe biological limits (%)	…		…		…		
	7.5 Total water resources used (%)	…		…		…		
	7.6 Protected terrestrial and marine areas (%)	0.4 (1990)		0.5 (2000)		0.5 (2010)		Estimated data cited in [3]
	7.7 Species threatened with extinction (%)	…		…		…		
	7.8 Using an improved drinking water source (%)	68.0 (1989)		73.0 (1999)		81.0 (2009)		NSO from census data cited in [1]
	7.9 Using an improved sanitation facility (%)	28.0 (1989)		50.0 (1999)		64.0 (2009)		NSO from census data cited in [1]
	7.10 Urban population living in slums (%)	…		…		30.0 (2006)		NSO from 2006 HIES cited in [1]
MDG 8	8.1 OECD net ODA (% GNI)	n/a		n/a		n/a		
	8.2 ODA to basic social services (%)	…		…		…		
	8.3 ODA that is untied (%)	…		…		…		
	8.4 ODA to landlocked developing countries	n/a		n/a		n/a		
	8.5 Net ODA (% of GNI)	30.5 (1990)	*	17.1 (2000)	*	15.3 (2010)	**	*Disbursement basis, OECD DAC country data cited in [3], **[6]
	8.6 Duty free exports to developed countries (%)	…		…		…		
	8.7 Average tariffs by developed countries	n/a		n/a		n/a		
	8.8 OECD agricultural support (% of GDP)	n/a		n/a		n/a		
	8.9 ODA to build trade capacity (%)	…		…		1.0 (2010)		Parliamentary Appropriations cited in [1]
	8.10 Countries reached HIPC points (no.)	n/a		n/a		n/a		
	8.11 Debt relief committed under HIPC and MDRI	n/a		n/a		n/a		
	8.12 Debt service (% of exports)	…		7.3 (2000)		9.8 (2009)		Reserve Bank of Vanuatu cited in [1]
	8.13 Population with access to essential drugs (%)	…		…		…		
	8.14 Telephone lines per 100 population	1.8 (1990)	*	3.6 (2000)	*	2.1 (2010)	**	*Telecom Vanuatu Limited & **ITU estimate cited in [3]
	8.15 Cellular subscribers per 100 population	0.0 (1990)		0.2 (2000)		119.1 (2010)		ITU estimate cited in [3]
	8.16 Internet users per 100 population	0.0 (1990)		2.1 (2000)		8.0 (2010)		ITU estimate cited in [3]

On track
Off track
Mixed
… Data not available
n/a Indicator not applicable to country context

[1] Vanuatu, Prime Minister's Office, *Millennium Development Goals 2010 Report for Vanuatu*. Available from http://www.undp.org.fj.
[2] Vanuatu, Ministry of Health, *Vanuatu Multiple Indicator Cluster Survey 2007*. Available from http://www.childinfo.org/files/MICS3_Vanuatu_FinalReport_2007_Eng.pdf
[3] UNSD, Millennium Development Goals Indicators Database. Available from http://mdgs.un.org/unsd/mdg (accessed 8 March 2012)
[4] WHO, *World Malaria Report 2011*. Available from http://www.who.int/malaria/world_malaria_report_2011/9789241564403_eng.pdf
[5] WHO, *Global Tuberculosis Control 2011*. Available from http://whqlibdoc.who.int/publications/2011/9789241564380_eng.pdf
[6] OECD, Aid Statistics, Recipient Aid at a Glance. Available from http://www.oecd.org/dac/aidstatistics/1883345.gif (accessed 8 March 2012)

ANNEX 1

Assessment And Data Guidelines

In the preparation of this Report, the dataset for the 2011 Pacific Regional MDGs Tracking Report was reviewed, refined and updated. For countries that had not released a recent national MDG Report, updates were sourced primarily from national sources. Global sources for MDGs data, particularly the UN Statistics Division's MDGs Indicators Database, was used when national data was not available. The MDGs dataset was cross-checked and verified against the metadata for the MDG indicators to ensure consistency and comparability across time for each country.

Given that global data sources usually transformed national data to ensure comparability across countries, it would not be comparable against nationally-sourced data. To this end, as much as possible, the same source (either national or global) for which the most up-to-date data was available was used to update the indicator for each country. For cases where national and global sources both reported data for the latest year, national sources were preferred. However, in doing so, the data presented in this Report is not strictly comparable across countries.

Significant corrections and updates were made to the dataset used in the 2011 Regional MDGs Report.

Nevertheless, there is likely to be remaining quality issues in the current dataset, which will be continuously improved upon in subsequent Reports. The difficulties in compiling up-to-date quality MDGs data for the FICs highlight the weaknesses of statistical capacities in the region. For the purposes of accurately tracking countries' MDGs progress, but more importantly, for the formulation of appropriate development policies, it is imperative that more concerted regional and national effort is made to strengthen the collection, reporting and maintenance of statistics.

The MDGs assessments also account for countries' own appraisals, particularly for those that have recently completed their national MDG reports. In most cases, countries use proxy data and qualitative information to assess their progress against the MDGs. These factors are accounted for in the overall assessment. However, there are occasions when the recent national assessment is different from that contained in this Report. This could be because of differences in data and/or accounting for recent in-country information from relevant technical agencies.

Therefore, as the MDGs assessments are not solely based on quantitative indicators, it is open to interpretation. Although a balanced approach was taken to make the final assessment, there may be cases where the assessment is considered to be either too optimistic or too pessimistic. Regardless, it is clear that across all countries, efforts to accelerate progress towards achieving the MDGs need to be scaled up. For FICs that have made good progress, sustaining these outcomes is a challenge in itself. Support from development partners is crucial in this regard.

Based on the Assessment Guidelines (See Box A.1), the following MDGs progress classification is used:

- ON TRACK (good progress)
- OFF TRACK (insufficient progress)
- MIXED (uneven and/or inconsistent progress)
- INSUFFICIENT INFORMATION

An 'on track' assessment does not necessarily indicate that the country will achieve the quantitative target by 2015. Instead, it means that good progress was made towards achieving the MDGs:

(i) Latest data is recording modest to significant increments in the right direction.
(ii) Proxy data and qualitative information (strong government commitment and/or development partner support, good initiatives in place) indicate good progress.

An 'off track' assessment indicates insufficient progress towards achieving the MDGs. In other words:

(i) Data is trending in the wrong direction or recording marginal increments in the right direction.
(ii) Proxy data and qualitative information (weak government commitment and/or development partner support, lack of initiatives in place) indicate insufficient progress.

BOX A.1. MDGs Assessment Guidelines

In forming the final MDGs assessment for each country the following are taken into account:

1. How does the baseline and latest data compare with the MDG Target, developing country averages and the global target for developing countries?
2. Is it realistic to expect that the country will achieve the quantitative target?
3. Is the data trending in the right direction?
4. Are there any issues with the quality of the data?
5. What are the trends in proxy data or qualitative information from national and technical sources indicating?
6. What are the countries' own assessment on this target? Does the basis for the countries' own assessment still hold?

A 'mixed' assessment indicates:

(i) Uneven progress: good progress on some indicators but insufficient progress in others.
(ii) Inconsistent progress: initially, insufficient/slow progress but good progress more recently; initially, good progress but insufficient/slow progress more recently.

Therefore, equal attention for accelerating progress towards the MDGs should be placed on areas with 'mixed' progress, as well as those registering 'off track'.

MDGs assessments are also made by sub-region (Polynesia, Micronesia, Melanesia), as well as for the entire region. Given the population size of PNG, an assessment for Melanesia and the entire region is provided with and without the inclusion of PNG. These assessments are qualitative and are based on the progress of each of the countries, weighted by the population size (as most of the MDG indicators are based on population). Therefore, as PNG is by far the most populous country in the region, the region's, as well as Melanesia's progress, is inevitably tied to that of PNG's.

For the Polynesian sub-grouping, as Samoa and Tonga have the largest populations, their assessments influence the overall assessment for Polynesia. Therefore, if the two countries are both 'on track' on a particular goal, Polynesia will also be assessed as 'on track', irrespective of the performance of the assessments in Cook Islands, Niue and Tuvalu. Similarly, for Micronesia, FSM and Kiribati's assessment strongly influences the overall assessment of the sub-region. For Melanesia (excluding PNG), Fiji's assessment has a strong influence on the results.

On MDG 8 (global partnership for development), this Report recognises that the premise of goal 8 was that developing countries would focus on achieving the first seven goals, while the developed countries would support these efforts through increased aid flows, fairer market access, debt relief, as well as ensuring access to affordable essential drugs and ICT. Therefore, countries are not assessed on progress towards MDG 8.

REFERENCES

Abott, David and Steve Pollard (2004). Hardship and Poverty in the Pacific. Available from http://www.paddle.usp.ac.fj/collect/paddle/index/assoc/adb004.dir/doc.pdf

Asian Development Bank (2012). Asian Development Outlook 2012. Confronting Rising Inequality in Asia. Available from http://www.adb.org/sites/default/files/pub/2012/ado2012.pdf

_____ (2011). Asian Development Outlook 2012. South-South Economic Links. Available from http://www.sacc.ch/upload/Outlook_2011_535.pdf

AusAID (2010). Social Protection in the Pacific – A Review of its Adequacy and Role in Addressing Poverty. Available from http://vanuatu2010.un.org.fj/resources/uploads/attachments/documents/Social%20Protection%20in%20the%20Pacific%20%E2%80%93%20A%20Review%20of%20its%20Adequacy%20and%20Role%20in%20Addressing%20Poverty%20(2).pdf

Brown, Richard P.C. (2008). Remittances and Development in the Pacific: Effects on Human Development in Fiji and Tonga. United Nations Expert Group Meeting on International Migration and Development in Asia and the Pacific UN/POP/EGM-MIG/2008/3, 7 September 2008. Available from http://www.un.org/esa/population/meetings/EGM_Ittmig_Asia/P03_Brown.pdf

Cammack, Diana (2009). Chronic Poverty in Papua New Guinea. Background Paper for the Chronic Poverty Report 2008-09. Available from http://www.chronicpoverty.org/uploads/publication_files/CPR2%20Background%20Papers%20Cammack%20New.pdf

Connell, John (2011). Elephants in the Pacific? Pacific Urbanisation and its Discontents. Asia Pacific Viewpoint, Vol. 52, No. 2, August 2011. Available from http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8373.2011.01445.x/pdf

Curtain, Richard and Patrick Vakaoti (2011). The State of Pacific Youth, 2011. UNICEF and Secretariat of the Pacific Community, 2011. Available from http://www.unicef.org/eapro/State_of_the_Pacific_Youth_Report_web.pdf

Fiji Islands Bureau of Statistics (2009). 2007 Census of Population and Housing, Labour Force, Employment and Unemployment. Statistical News No. 09/2009, 27 February 2009. Available from http://www.spc.int/prism/country/fj/stats/Census2007/Release%202%20-%20Labour%20Force.pdf

Fiji (2012). Empowered Fijians and a Modern Economy: 2012 National Budget Address. Available from http://www.fijitradela.com/pdf/2012BudgetAddress.pdf

_____ (2011). 2011 National Budget Address: Enhancing Economic Growth and Inclusive Development. Available from http://www.google.com/url?sa=t&rct=j&q=2011%20national%20budget%20address%3A%20enhancing%20economic%20growth%20and%20inclusive%20development.%20%20&source=web&cd=1&ved=0CEQQFjAA&url=http%3A%2F%2Fwww.fiji.gov.fj%2Findex.php%3Foption%3Dcom_docman%26task%3Ddoc_download%26gid%3D170%26Itemid-%3D158&ei=dI4rUNDaMML7mAWurYGIDQ&usg=AFQjCNECSddxaFNyA92B1M-KN4ok8rP7mA

Foundation for Rural and Integrated Enterprises and Development (2012). Who We Are. Available from http://www.friendfiji.com/index.php?option=com_content&view=article&id=110&Itemid=105

Gibson, John, David McKenzie and Halahingano Rohorua (2008). How Pro-Poor is the Selection of Seasonal Migrant Workers from Tonga under New Zealand's Recognized Seasonal Employer Program? World Bank Policy Research Working Paper 4698. Available from http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2008/08/25/000158349_20080825142312/Rendered/PDF/WPS4698.pdf

Gibson, John and David McKenzie (2010). The Development Impact of New Zealand's RSE Seasonal Worker Policy. Available from http://www.cepr.org/meets/wkcn/2/2429/papers/McKenzieFinal.pdf

Hailu Degol and John Weeks (2011). Macroeconomic Policy for Growth and Poverty Reduction: An Application to Post-Conflict and Resource-Rich Countries. DESA Working Paper No. 108, ST/ESA/2011/DWP/108. Available from http://www.un.org/esa/desa/papers/2011/wp108_2011.pdf

Hangatt, Russell (2011). A New Path for Development Policy in Papua New Guinea. Development Policy Blog from the Development Policy Centre, April 17, 2011, Crawford School of Economics and Government, Australian National University. Available from http://devpolicy.org/a-new-path-for-development-policy-in-papua-new-guinea/

Haughton, Jonathan and Shahidur R. Khandker (2009). Handbook on Poverty and Inequality. Available from http://siteresources.worldbank.org/INTPA/Resources/429966-1259774805724/Poverty_Inequality_Handbook_FrontMatter.pdf

International Labour Organisation (2009). Guide to the new Millennium Development Goals Employment Indicators including the full set of Decent Work Indicators. Available from http://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_110511.pdf

_____ (2006). Social Protection for All Men and Women: A Sourcebook for Extending Social Security Coverage in Fiji – Options and Plans. Available from http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_156318.pdf

Leonard, Matt (2011). G2P, Expanding Financial Inclusion in the Pacific: Fiji's Transfer of Social Welfare to a Savings-linked Electronic Payment. Pacific Financial Inclusion Program, UNDP

Noble, Cameron (2011). Urban Youth in the Pacific Increasing Resilience and Reducing Risk for Involvement in Crime and Violence. Available from http://www.undppc.org.fj/_resources/article/files/UrbanYouth_in_the_Pacific.pdf

Oxfam (2010a). Poverty in the Pacific: Rescuing the Millennium Development Goals. Oxfam Media Briefing, September 17, 2010. Available from http://www.oxfam.org.nz/imgs/MDGs/100917%20Oxfam%20MDG%20media%20briefing.pdf

_____ (2010b). Learning from Experience Sustainable Economic Development in the Pacific, Oxfam Discussion Paper July 2010. Available from http://www.oxfam.org.nz/resources/onlinereports/learning-from-experience6.pdf

Pacific Islands Forum Secretariat (2010). 2010 Pacific Regional MDGs Tracking Report. Available from http://www.forumsec.org.fj/resources/uploads/attachments/documents/PIFS_MDG_TR_20101.pdf

_____ (2010). Forum Communiqué, Forty-first Pacific Islands Forum, Port Vila, Vanuatu, 4-5 August. Available from http://www.forumsec.org.fj/resources/uploads/attachments/documents/2010_Forum_Communique.pdf

Papua New Guinea, Department of National Planning and Monitoring (2010). Papua New Guinea Development Strategic Plan 2010-2030. Available from http://www.treasury.gov.pg/html/publications/files/pub_files/2011/png-development-strategic-plan.2010-2030.pdf

Ratuva, Steven (2005). Traditional Social Protection Systems in the Pacific – Culture, Customs and Safety Nets, Suva, Fiji: ILO, August.

Secretariat of the Pacific Community, Human Development Programme (2010). Beijing +15: Review of Progress in Implementing the Beijing Platform for Action in Pacific Island Countries and Territories. Available from http://www.ppdvp.org.nz/wp content/media/2011/01/Final-web-Beijing+15-whole.pdf

Stubbs, Daniel and Sainmili Tawake (2009). Pacific Sisters with Disabilities: at the Intersection of Discrimination. UNDP Pacific Centre. Available from http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf

Suen, Vanessa and Patricia Fred (2010). VANWODS Microfinance Impact Assessment December 2010. Available from http://www.microfinancegateway.org/gm/document-1.9.52065/VANWODS%20Impact%20Assessment%202010.pdf

United Kingdom (2006). Eliminating World Poverty Making Governance Work for the Poor A White Paper on International Development Presented to Parliament by the Secretary of State for International Development by Command of Her Majesty July 2006. Available from http://www.official-documents.gov.uk/document/cm68/6876/6876.pdf

United Nations Conference on Trade and Development (2011). Impact of Remittances on Poverty In Developing Countries. Available from http://unctad.org/en/docs/ditctncd20108_en.pdf

Women in Business Development Incorporated (2012). About WIBDI. Available from http://www.womeninbusiness.ws/About/tabid/2871/language/en-US/Default.aspx

World Bank (2011). World Bank Board Approves US $9 Million Grant for Tonga. Press Release No:2012/165/EAP. Available from http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:23053692~pagePK:64257043~piPK:437376~theSitePK:4607,00.html?cid=3001_3

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