



PACIFIC ISLANDS FORUM SECRETARIAT

*Excelling together for the people of the Pacific*

# 2013

## Pacific Regional

# MDGs

## Tracking Report





**PACIFIC ISLANDS FORUM SECRETARIAT**

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**PREPARED BY THE  
PACIFIC ISLANDS FORUM SECRETARIAT  
AUGUST 2013**

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# ACRONYMS AND ABBREVIATIONS

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ADB	Asian Development Bank	GDP	Gross Domestic Product
AIDS	Acquired Immune Deficiency Syndrome	GPI	Gender Parity Index
ART	Antiretroviral Treatment	HIES	Household Income and Expenditure Survey
ASRH	Adolescent Sexual and Reproductive Health	HIV	Human Immunodeficiency Virus
AusAID	Australian Agency for International Development	HLP	High-Level Panel of Eminent Persons on the Post-2015 Development Agenda
BNPL	Basic Needs Poverty Line	ICT	Information and Communication Technologies
CEDAW	Committee on the Elimination of Discrimination Against Women	ICPD	International Conference on Population and Development
CO <sub>2</sub>	Carbon Dioxide	IFC	International Financial Corporation
CMI	College of Marshall Islands	ILO	International Labour Organisation
COFA	Compact of Free Association	IM	Infant Mortality
CFC	Chlorofluorocarbon	IMCI	Integrated Management of Childhood Illness
CROP	Council of Regional Organisations of the Pacific	IMF	International Monetary Fund
CRPD	Convention on the Rights of Persons with Disabilities	ITU	International Telecommunication Union
DAC	Development Assistance Committee	JEMCO	Joint Economic and Management Committee
DHS	Demographic and Health Survey	JMP	Joint Monitoring Programme
DHSA	Department of Health and Social Affairs	LDC	Less Developed Country
DOE	Department of Education	LLDC	Land-locked Developing Country
DOTS	Directly Observed Treatment, Short-course	LNG	Liquefied Natural Gas
EPI	Expanded Program on Immunisation	M&E	Monitoring and Evaluation
EPPSO	Economic Policy, Planning and Statistics Office	MAF	Millennium Development Goals Acceleration Framework
FIBOS	Fiji Islands Bureau of Statistics	MDG	Millennium Development Goal
FIC	Forum Island Country	MECC	Ministry of Environment and Climate Change
FJD	Fiji Dollar	MESC	Ministry of Education, Sports and Culture
FLE	Family Life Education	MEWAC	Ministry of Education, Women Affairs and Culture
FPL	Food Poverty Line	MFEM	Ministry of Finance and Economic Management
FPI	Family Planning International	MHMS	Ministry of Health and Medical Services
FSM	Federated States of Micronesia	MICS	Multiple Indicator Cluster Survey
FWCC	Fiji Women's Crisis Centre	MISGLB	Marshall Islands Scholarship, Grant and Loan Board
GAO	Government Accountability Office		
GBV	Gender Based Violence		

MMR	Maternal Mortality Ratio	STI	Sexually Transmitted Infection
MNCH	Maternal Newborn and Child Health	TB	Tuberculosis
MOE	Ministry of Education	TWG	Technical Working Group
MOFNP	Ministry of Finance and National Planning	U5M	Under-five mortality
MOH	Ministry of Health	UN	United Nations
NAR	National Assessment Report	UNAIDS	Joint United Nations Programme on HIV/AIDS
NCD	Non-communicable Diseases	UNDP	United Nations Development Program
NGO	Non-government Organisation	UNDG	United Nations Development Group
NHIS	National Health Information System	UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
NSO	National Statistics Office	UNFPA	United Nations Population Fund
NTA	National Telecommunications Authority	UNGA	United Nations General Assembly
NZ	New Zealand	UNGASS	United Nations General Assembly Special Session
ODA	Official Development Assistance	UNICEF	United Nations Children's Fund
ODS	Ozone Depleting Substances	UNSD	United Nations Statistics Division
OECD	Organisation for Economic Co-operation and Development	UNSG	United Nations Secretary General
OWG	Open Working Group	US	United States
PIFS	Pacific Islands Forum Secretariat	USP	University of the South Pacific
PNCC	Palau National Communication Corporation	VAW	Violence Against Women
PNG	Papua New Guinea	WHO	World Health Organization
PRSIP	Pacific Regional Strategy Implementation Plan	WPRO	West Pacific Regional Office
RMI	Republic of the Marshall Islands	YFS	Youth Friendly Services
RPPA	Regional Pacific Platform for Action on the Advancement of Women and Gender Equality		
SBOC	Statistics, Budget and Economic Management, Overseas Development Assistance, and Compact Management		
SDG	Sustainable Development Goal		
SGBV	Sexual and Gender Based Violence		
SGS	Second Generation Surveillance		
SIDS	Small Island Developing State		
SPARTECA	South Pacific Regional Trade and Economic Cooperation Agreement		
SPC	Secretariat of the Pacific Community		
SPDRP	South Pacific Disaster Reduction Program		



# 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.

Reducing poverty is the biggest challenge for many FICs, with only two

countries (Cook Islands and Niue) on track to achieve MDG 1. Majority of FICs are on track to achieve universal primary education although the quality of education remains a concern.

Except for PNG, Solomon Islands and Tonga, all FICs are on track to achieve gender parity in education (Target 3.a). However, only Cook Islands, Niue and Palau are on track to achieve the broader goal of promoting gender equality and empowering women.

Reducing child mortality is an area where FICs are doing extremely well as 10 of the 14 countries are on track to achieve this Goal. Around half of the FICs are on track to improve maternal health. Federated States of Micronesia (FSM) and Papua New Guinea (PNG) are the only countries off track on this Goal, with Kiribati, Nauru, Samoa, Solomon Islands and Vanuatu recording mixed progress.





Although most FICs have very low HIV/AIDS prevalence, the high incidence of STIs, low condom use, low comprehensive correct knowledge about HIV/AIDS and mobility of residents indicate that the spread of HIV/AIDS remains a serious risk.

Malaria is endemic to only PNG, Solomon Islands and Vanuatu. While Solomon Islands and Vanuatu are on track to halt and reverse the incidence of malaria, PNG is off track to achieve the target. On

the other hand, most FICs are on track to combat tuberculosis (TB).

On environmental sustainability, most FICs are on track to achieve the targets on integrating the principles of sustainable development into national plans, as well as towards reducing biodiversity loss. However, only six countries (Cooks Islands, Fiji, Niue, Palau, Tonga and Vanuatu) are on track to improve access to safe water and proper sanitation. Water and sanitation issues

are particularly acute for countries in Micronesia.

In terms of global partnerships for development, although overseas development assistance (ODA) to the region has doubled since 2002, aid fragmentation remains an issue, with calls for simpler and less fragmented aid delivery modalities.

This year's Report focused on a detailed assessment of the region's progress towards promoting gender equality and empowering women, scrutinising progress on the gender-related MDGs – education; employment, the economy and poverty; political representation; health and the environment. Part 3 also examines cross-cutting gender gaps in the MDGs, such as violence against women, discrimination in legal and human rights, women with disabilities and the availability of sex-disaggregated data and gender analysis. It also looks at partnerships and resource mobilisation to promote gender equality and the empowerment of women.

The detailed assessment on gender and the MDGs reinforce the notion that gender equality and empowering women is central to achieving all the MDGs. While some FICs have made progress towards greater gender equality and the empowerment of women, the pace has been slow and inconsistent across all FICs. A web of intersecting, fluctuating and often conflicting factors influences FICs' slow progress.

But the most powerful influence of all is political will. When leaders act on their commitments to build gender equality, by making the necessary investments in capacity building, policies, programmes, and action plans, as well as adequate resources to support implementation and accountability mechanisms, they galvanise the pace of progress.

More critically, whatever the level of FICs' achievements on the MDGs by 2015, the work on gender equality and empowering women will not be over.

With less than 1,000 days left to the 2015 deadline, there is an urgent need for a more concerted effort to accelerate progress. In 2010, Forum Leaders reinvigorated their commitment to the MDGs through the Port Vila Declaration on Accelerating Progress on the Achievement of the MDGs. Since then, only a few countries have seriously embarked on MDG acceleration activities. Part 4 of the Report examines the case studies of three FICs that adopted the UNDP MDG Acceleration Framework (MAF).

Tonga is applying the MAF towards combating non-communicable diseases (NCDs – MDG 6.c), with links to poverty (MDG 1) and gender equality and empowering women (MDG 3). Vanuatu is focussed on reducing adolescent births and unmet need for family planning (MDG 5), while Tuvalu is focussed on improving the quality of education (MDG 2).

The Report also highlights the Pacific perspectives on the post-2015 agenda/sustainable development goals (SDGs). With the MDGs set to expire in 2015, global discussions are well underway on what is to replace the MDGs, termed the 'post-2015 development agenda'. In a parallel process, the Rio+20 Summit recognised the importance and utility

of developing a set of SDGs that would be coherent and integrated with the post-2015 development agenda. A key related global process called for at the Rio+20 Summit, was the convening of a Third International Conference on the Sustainable Development of Small Island Developing States (SIDS) in Samoa, 1-4 September, 2014.

The Outcomes of the Pacific Regional Preparatory Meeting towards the 2014 SIDS Conference provides an indication as to the key issues for the Pacific region on the post-2015 agenda/SDGs: climate change; health, especially NCDs; social development; governance; infrastructure; sustainable energy; oceans; international support for SIDS; sustainable resource management and protection; inclusive and sustainable economic management; and means of implementation and partnerships.

Linking these regional priorities with the global discussions on the post-2015 agenda and the SDGs, there are some areas of commonality with the Pacific priorities but some issues such as climate change, infrastructure (especially access to finance), oceans and means of implementation and partnerships are failing to gain traction within the global discussions.

# 1 PURPOSE OF THE REPORT

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<sup>1</sup> efforts towards the achievement of 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.

One of the main deliverables under the Forum Compact is to provide an annual Pacific Regional MDGs Tracking Report. This Report is the fourth 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 gender issues and the Report examines in some detail efforts across the region to progress gender equality and empower women, given the central nature of these issues to the achievement of all the MDGs.

With the 2015 deadline nearing, the Report also takes a look at some key MDG acceleration activities. In particular, the Report showcases the application of the UNDP MDG Acceleration Framework for five FICs – PNG, Samoa, Tonga, Tuvalu and Vanuatu. Finally, in light of the global discussions on the post-2015 agenda/SDGs, the Report provides a summary of the emerging Pacific perspectives on this issue.

The Report is outlined as follows: Part 2 provides a brief summary of the Pacific's MDGs progress; Part 3 takes a closer look at gender and the MDGs; Part 4 highlights key MDG acceleration activities; and Part 5 discusses the emerging Pacific perspectives on the post-2015 agenda/SDGs.



<sup>1</sup>The region in this Report refers to the 14 Forum island countries – Cook Islands, FSM, Fiji, Kiribati, RMI, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.

## 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 and small populations, 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).

### MDG 1

Achieving MDG 1<sup>2</sup> is the biggest challenge for many FICs, with only two countries (Cook Islands and Niue) on track to achieve this Goal (see individual country progress).

The region's progress on reducing poverty (Target 1.a) is constrained by generally low economic growth, lack of job opportunities and rising prices. Only Cook Islands, Fiji, Niue and Vanuatu are on track to meet this target.

The global financial crisis affected majority of the economies in the region, which worsened prevailing conditions of poverty/hardship. This was particularly acute for the resource-poor and import-dependent economies of Micronesia and Polynesia. For instance, in Tuvalu, the proportion of the population below the basic needs poverty line (BNPL) increased from 2004 to 2010, a likely result of the adverse impact of the global financial crisis.

Across all the countries, income inequalities between national and sub-national levels persist. For example, in Fiji, Palau, Samoa and Tonga, the incidence of poverty/hardship is markedly higher in the rural areas compared to the urban centres. High levels of urbanisation, migration and increasing monetisation of economies place significant pressure on typical traditional supportive social structures.

FICs are generally off track to achieve full and productive employment (Target 1.b), 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 the

Target. Job creation is difficult given the generally low economic growth outcomes across the countries. Limited employment opportunities result in large youth unemployment and underemployment, especially in urban centres.

The public sector is usually the biggest employer in the formal sector and is 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. The informal economy is sizeable for most FICs. For FICs with limited domestic job creation opportunities, seasonal worker programs are providing crucial avenues for employment and incomes, as well as remittance transfers.

Most FICs are on track to achieve Target 1.c, with the exception of FSM, Kiribati, Republic of the Marshall Islands (RMI), PNG and Vanuatu who are off track on this Target, while Nauru reported mixed progress. Where countries are off track, there is relatively high prevalence of underweight children and problems of malnutrition. Unbalanced diets (and a lack of protein in particular), poor health standards and cultural factors also contribute to malnutrition.

However, for majority of FICs, there are concerns over overweight children and obesity rather than underweight children and food poverty, linked to the NCDs epidemic in the region. Increasing reliance on imported food, the decline in local food production and the shift in preferences towards convenient, cheap

<sup>2</sup> In the Pacific, extreme poverty and its manifestations of starvation and destitution are rare. Poverty is generally viewed as hardship and measured by the proportion of the population living below the Basic Needs Poverty Line.



but nutritionally-inferior foods are placing Pacific populations at greater health risks, such as malnutrition in children and NCDs.



Majority of FICs are on track to achieve universal primary education (Target 2.a), with FSM, RMI, Solomon Islands and Vanuatu recording mixed progress and Kiribati and PNG off track to achieve the Goal. Improving access to rural/outer island areas remains a challenge for most FICs.

Countries that provide free and compulsory education are making comparatively better progress. Some countries have a long history with this approach such as Cook Islands, Niue, Palau and Tonga, while others have recently introduced fee-free education, such as Fiji, PNG, Samoa and Solomon Islands.

The quality of education remains a concern for all FICs. Many students finish school without basic literacy and numeracy skills. The quality and quantity of teachers, and inadequate school infrastructure are also common challenges.



Except for PNG, Solomon Islands and Tonga, all FICs are on track to achieve gender parity in education (Target 3.a). There are, however, emerging concerns over the attendance and performance of boys, particularly in high school.

Only Cook Islands, Niue and Palau are on track to achieve the broader goal of promoting gender equality and empowering women. Most FICs recorded slow progress on empowering women. Higher education for young women are not leading to better

employment outcomes due to gender barriers in labour markets, gendered stereotypes about suitable occupations for women and traditional expectations about women's unpaid domestic and caring work.

Women's representation in parliament in the Pacific is the lowest of any region in the world. FSM, Nauru, Palau and Vanuatu currently have no women in their parliaments, while FSM remains one of the three countries in the world that have never elected a woman. Across the region, traditional views that leadership is for men continue to influence electorates.

High prevalence and incidence of violence against women (VAW) across most FICs continue to hinder progress on this goal.



Reducing child mortality<sup>3</sup> is an area where FICs are doing extremely well as 10 of the 14 countries are on track to achieve this Goal. Only PNG is off track to reduce child mortality, while Kiribati, Nauru and Solomon Islands posted mixed progress.

The improvement in child health across the region is due to higher immunisation coverage, exclusive breastfeeding, as well as the application of the Integrated Management of Childhood Illness (IMCI) and Continuum of Care models. Access to clean water and proper sanitation were also important factors in containing child mortality.



Around half of the FICs are on track to improve maternal health. FSM and PNG are the only countries off track on this Goal, with Kiribati, Nauru, Samoa, Solomon Islands and Vanuatu recording mixed progress.

The measurement of the maternal mortality ratio (MMR), per 100,000 live births, complicates the assessment on reducing the maternal mortality rate (Target 5.a). MMR is misleading for countries with populations less than 250,000, as the statistical impact of an individual event has a magnified impact. Only PNG, Fiji and Solomon Islands have populations greater than 250,000. Skilled birth attendance is a better indicator and those countries on track for this Target (Cook Islands, Fiji, Nauru, Niue, Palau, RMI, Samoa, Tonga and Tuvalu) reported close to 100 percent skilled birth attendance.

FICs are making slower progress to ensuring universal access to reproductive health (Target 5.b), with only Cook Islands, Fiji, Niue and Palau on track to achieve this Target. Geographical constraints and population dispersion affects effective service delivery, while low demand for family planning services may be associated with preference for large families, misconceptions and inadequate information on contraceptive choices.

<sup>3</sup>The assessment on MDG 4 does not strictly adhere to the quantitative target of a two-thirds reduction in the under-five mortality rate due to small population sizes and accounting for the different starting points of FICs. The assessment takes into account national targets, where applicable.



Although it is unlikely to meet MDG Target 6.a, PNG has made gradual progress in increasing HIV prevention

and testing amid a geographically and socially concentrated HIV epidemic. Fiji, Kiribati and RMI are also off track on this Target, with Samoa, Solomon Islands and Tuvalu recording mixed progress. Although most FICs have very low HIV/AIDS prevalence, the high incidence of STIs, low condom use, low comprehensive correct knowledge about HIV/AIDS and mobility of residents indicate that the spread of HIV/AIDS remains a serious risk.

Except in PNG, Kiribati and RMI, all those living with HIV/AIDS who need anti-retroviral treatment (Target 6.b) are receiving it, usually provided for free by governments. Fear of stigma and discrimination are preventing some people living with HIV/AIDS from accessing treatment.

Malaria (Target 6.c.i) is endemic to only PNG, Solomon Islands and Vanuatu. While Solomon Islands and Vanuatu are on track to halt and reverse the incidence of malaria, PNG is off track to achieve the target. Strong government commitment and a coordinated approach with development partners, including the effective distribution of bed-nets, have been instrumental in the success of Solomon Islands and Vanuatu.

Most FICs are on track to combat TB except FSM, Kiribati, RMI and PNG who are off track on this Target (6.c.ii) and Solomon Islands, which recorded mixed progress. HIV/AIDS in PNG adds to the complexity of combating TB and compounds the TB burden, while multi-drug resistant TB in PNG, FSM and RMI is an additional obstacle.



On environmental sustainability, most FICs are on track to achieve the targets on integrating the principles of sustainable development into national plans, as well as towards reducing biodiversity loss (Targets 7.a and 7.b). Only Nauru, PNG, Solomon Islands and Vanuatu are off track on these Targets, linked to the adverse environmental impact of resources extraction in these countries. Kiribati and RMI recorded mixed progress.

Only six countries (Cooks Islands, Fiji, Niue, Palau, Tonga and Vanuatu) are on track to improve access to safe water and proper sanitation (Target 7.c). FSM, Nauru, Samoa, Solomon Islands and Tuvalu recorded mixed progress, usually indicating progress on improving access to safe water but with slower progress on improving access to proper sanitation. Kiribati, RMI and PNG are off track to achieve this Target. Water and sanitation issues are particularly acute for countries in Micronesia.



The successful achievement of the first seven goals is critical on the support of development partners.

Overseas development assistance to the region has doubled since 2002, with two-thirds of ODA directed to the social infrastructure and services sector, which includes education, health, and water supply and sanitation. However, aid fragmentation remains an issue, with calls for simpler and less fragmented aid delivery modalities. Under the Forum Compact initiative, the Peer Review process<sup>4</sup> is proving to be a useful mechanism to improve development coordination.

In terms of access to markets, there are various preferential trade agreements in place but only a few countries are able to capitalise on them. Overcoming technical barriers are a key concern. For example, SPARTECA provides FICs duty free access to Australia and New Zealand but is criticised for stringent rules of origin requirements and non-tariff/technical barriers. Similarly, under the Compact of Free Association (COFA), FSM, Palau and RMI have duty free access to the US market for goods that meet 35 percent local content but quarantine requirements are a major barrier to fully utilising this facility.

Only a few FICs are experiencing serious debt problems. RMI, FSM and Palau's debt problems stem from the decrement of COFA grants, while Tonga and Kiribati's debt situation remains manageable.

Most FICs have good access to essential drugs, while access to technology, particularly mobile phones and the internet, are growing across the region.

<sup>4</sup>A process where FICs learn from each other on how to improve planning and budget processes, as well as donor coordination.

# COOK ISLANDS

ON TRACK



- TARGET 1.A Poverty not a problem. High GDP per capita. Citizens have access to NZ job markets and welfare systems. Good access to essential services. But income inequality between Rarotonga (main island – tourist-based economy) and outer islands (subsistence economy). Government committed to developing outer islands.
- TARGET 1.B Emigration of skilled workers major concern. Population declined steadily since it peaked at 21,323 in 1971. Mass exodus in late 1990s after a severe national financial crisis. Outmigration continues. Consequently, of the working-age population remaining, 70 percent employed.
- TARGET 1.C Hunger is not an issue. Major concern is not with underweight children but with overweight children.

ON TRACK



- TARGET 2.A Long history of providing free and compulsory basic education dating back to 1896. Net enrolment rates and literacy rates high. Recent decline in the survival rate to the last grade in primary education was due to outmigration. Government focussed on improving the quality of education.

ON TRACK



- TARGET 3.A Gender parity in education achieved – more girls attending secondary school. Women's economic participation increasing but concerns over pay disparities. Low representation in parliament, as women face several 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. National Gender Policy in place since 1995.

ON TRACK



- TARGET 4.A National target is to maintain a low under-five mortality 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 significantly low compared to international standards. Public health care for children up to 16 years of age is free. Major challenge is provision of quality health services to the outer islands.

ON TRACK



- TARGET 5.A National target is to maintain a low MMR. Maternal deaths are a rare occurrence. Between 1990 and 2010, only 2 maternal deaths, recorded in 1992 and 1995.
- TARGET 5.B Skilled birth attendance generally high. Although low by international standards, Cook Islands have the highest contraceptive prevalence rate among the FICs. Teenage pregnancies declining and comparatively low, with 100 percent antenatal coverage. No data on unmet need for family planning.

ON TRACK



- TARGET 6.A Zero reported cases but high prevalence of STIs, and coupled with low condom use, mobility of residents and high number of tourists, the spread of HIV/AIDS is still a risk.
- TARGET 6.B Not applicable – zero reported cases.
- TARGET 6.C.I No malaria in the Cook Islands.
- TARGET 6.C.II TB not a concern. No new cases.

ON TRACK



- TARGET 7.A High forest cover. CO<sub>2</sub> emissions up. Zero use of ozone-depleting substances. Long history of protected areas or nature reserves – currently 39 protected areas. Ecologically sustainability one of eight priority areas in national plan. Government also focussed on renewable energy to reduce reliance on fossil fuels.
- TARGET 7.B
- TARGET 7.C Although recent data not available, access to safe drinking water and basic sanitation considered to be high. Major issues include addressing leakage/wastage of reticulated water and tackling water quality issues from septic tank leakage.
- TARGET 7.D There are no squatters or informal settlements in the Cook Islands.

# FEDERATED STATES OF MICRONESIA

OFF TRACK



- TARGET 1.A Evidence of growing hardship. Chuuk has the highest proportion of its population below the BNPL, while Yap has the smallest. Pohnpei has relatively more working poor than the other states. Poverty in Kosrae widespread but less severe. Government recognises need for a targeted poverty strategy but yet to materialise.
- TARGET 1.B Decline in COFA grants led to a decline in government expenditure – public sector jobs declined across all the States. Private sector stagnant, contributes little to job creation. More people turning to the informal sector or to outmigration (citizens able to emigrate to and work in the US).
- TARGET 1.C Prevalence of underweight children increased. Households falling below the FPL not necessarily suffering from hunger but poor diet practices and inadequate nutrition.

MIXED



- TARGET 2.A Relatively high net enrolment and literacy rates. However, survival rate to the last grade declined but could be a result of outmigration. Chuuk and Kosrae States most affected by emigration due to its poor economic outcomes. Decline in survival rate in Chuuk related to outmigration. Kosrae doing comparatively better due to favourable geography (easier to attend school compared to other States), as well as strong influence of Church. Access to education in Pohnpei fairly good. Data issues for Yap prevent proper analysis.

MIXED



- TARGET 3.A Gender parity in education achieved at all levels. However, low economic participation of women. Better access to education not translated into increased participation in the formal sector. Likely due to deeply entrenched beliefs in the traditional role of women. Also, general lack of job opportunities so women turning to subsistence lifestyles. FSM among the few FICs that do not have any women in parliament. Government considering temporary special measures to reserve four seats in parliament for women.

ON TRACK



- TARGET 4.A Census results indicate a significant reduction in US and IM rates since 1990. This is 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.

OFF TRACK



- TARGET 5.A Maternal deaths declining but under-reporting widespread. Also, skilled birth attendance a concern. Authorities recognise maternal mortality still a problem. COFA grants prioritise spending on health; improving maternal health missing in national plan.
- TARGET 5.B Low contraceptive use because of poor service delivery due to geography, lack of supplies and cultural/religious beliefs against contraceptive use. Relatively high fertility rate for women above 35 years, indicate likely to be some unmet need. Teen birth rates down. No data for antenatal coverage, but recognised as a major challenge. No data for unmet need for family planning.

MIXED



- TARGET 6.A Up until 2009, 37 reported cases, 28 of which had died from AIDS-related illnesses, and three had left the country. Cases likely under-reported. SGS surveys reveal high risk (heterosexual) behaviour still common, while HIV/AIDS knowledge low and negative attitudes prevail. This is despite two decades of education and awareness campaigns.
- TARGET 6.B 100% treated. Antiretroviral treatment is free through the public health system.
- TARGET 6.C.I No malaria in FSM.
- TARGET 6.C.II Multi-drug resistant TB complications. Inadequate treatment due to shortages of skilled staff, medication, and funding. Multi-drug resistant TB also affecting DOTs.

ON TRACK



- TARGET 7.A High forests cover. Adopted 'Green Energy Micronesia' initiative to increase energy efficiency, expand renewable energy and increase conservation. Eliminated use of ozone-depleting substances. Embraced 'Micronesia Challenge' to increase protected areas.
- TARGET 7.B
- TARGET 7.C Improved access to water. Low access to sanitation. Water and sanitation issues are particularly problematic in Chuuk.
- TARGET 7.D No data but anecdotal evidence suggests pockets of informal settlements.



MIXED



- TARGET 1.A Poverty rates down, led by urban households. Rural areas showed no decline in poverty. Many households near the poverty line so vulnerable to falling below poverty line. Government committed to addressing poverty – introduced a Food Voucher Programme under the Family Assistance Programme, increased the income tax threshold and pumped FJD\$11m to improve the living conditions of squatters.
- TARGET 1.B Employment numbers down between 1996 and 2007, likely a result of relatively depressed economic conditions, led by the adverse effects of the 2000 and 2006 coups and various natural disasters. Around 39 percent of workers in vulnerable employment.
- TARGET 1.C Low prevalence of underweight children and low food poverty. Authorities more concerned about overweight children and malnutrition due to poor diet practices, linked to the NCDs epidemic.

ON TRACK



- TARGET 2.A Net enrolment rate and literacy rates high. Survival rate recovered since 2000 and is quite high. Progress led by dedicated government support, as well as 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. Also removed external examinations like the Fiji Eighth Year Exam and the Fiji Junior Certificate Exam to ensure children continue unhindered up to Form 6.

MIXED



- TARGET 3.A Gender parity in education achieved at all levels but low participation in employment in the non-agricultural sector, with many disparities prevailing – lower pay for women and fewer women represented on executive decision-making levels in government and the private sector. Historically low representation in parliament. Prior to the dissolution of parliament in 2007, women held 8.5 percent of seats in parliament, lower than the level in 2000.

ON TRACK



- TARGET 4.A Fiji's national target is to reduce the USM rate to 20 (per 1,000 live births). In 2010, USM rate declined to 18; IM rate fell and remains low at 13. Progress led by good obstetrical services, introduction of the IMCI strategy and integrated approach for antenatal care. But drop in the immunisation coverage is an area of concern.

ON TRACK



- TARGET 5.A Fiji's national target is to reduce the MMR to 20 (per 100,000 live births). MMR fell to 23 in 2010 from 28 in 2009. Underpinned by 100 percent skilled birth attendance and very high antenatal coverage rates.
- TARGET 5.B Low contraceptive use. Teen fertility down. Antenatal care high. No data on unmet need for family planning. Reproductive health services widely available, including for adolescents, but need to improve access in the rural areas.

MIXED



- TARGET 6.A Low prevalence country but exponential increase in reported cases and high prevalence of STIs so HIV/AIDS major challenge – 54 new HIV/AIDS cases in 2011. No data on condom use. No data on HIV/AIDS knowledge.
- TARGET 6.B Antiretroviral treatment is free through the public health system. Only 2 of 53 not receiving anti-retroviral treatment.
- TARGET 6.C.I No malaria in Fiji.
- TARGET 6.C.II TB prevalence, incidence and death rates down, consistent with increase in treatment success rates under DOTS.

ON TRACK



- TARGET 7.A Efforts to address deforestation date back to the 1950s but threats to forest resources remain. CO<sub>2</sub> emissions low. Use of ODS up since 2000 – Fiji is phasing out these substances and ODS consumption should be nil by 2015. Environmental and biodiversity issues mainstreamed in national and line policies. Fiji currently has 48 terrestrial protected areas, with eight nature reserves.
- TARGET 7.B
- TARGET 7.C Safe water access up. Sanitation access up. Government focussed on improving access in rural areas.
- TARGET 7.D No data but many squatter settlements a major concern. Government spent FJD\$11m to relocate squatters from urban centres to rural areas. Government also provided re-settled squatters with more secure land tenure and allocated funds to assist re-settled squatters through sustainable farming.

# KIRIBATI

OFF TRACK



- TARGET 1.A Hardship likely up. Economy recovering from global financial crisis but driven by infrastructure projects so unlikely to create enough jobs to pull households out of hardship. Inflation high so households continue to struggle.
- TARGET 1.B Employment-to-population ratio of 44 percent relatively low. Lack of employment opportunities. Public sector the major employer. Small private sector jobs. Opportunities exist in seafaring industry and regional seasonal employment schemes.
- TARGET 1.C High prevalence of underweight children. Food poverty particularly in the outer islands. 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.

OFF TRACK



- TARGET 2.A Net enrolment rate down. Survival and literacy rates up. Most primary schools (93) located in the outer islands, with only 10 located in South Tarawa. Primary education is free, schools provide textbooks and there is automatic promotion for students up to Form 3. Fall in net enrolment rates due to transportation issues, both in the outer islands and in South Tarawa. Also, due to lack of jobs, there is low perceived value of education, particularly in the outer islands. Concerns over the quality of education.

MIXED



- TARGET 3.A Gender parity in education achieved – more girls attending high school; emerging concern on getting boys to enrol and stay in school, especially high school. Low economic participation of women. Representation in parliament increased – four women elected in the 2011 elections.

MIXED



- TARGET 4.A Under-five and infant mortality declined; 89 percent immunisation coverage. Only a few outbreaks of vaccine-preventable diseases. Poliomyelitis-free since 2002. Still, child mortality rates are comparatively high. Gaps in delivery of quality health services, especially to the highly dispersed outer islands. Also, diarrhoeal diseases and respiratory infections major causes of mortality so access to clean water and proper sanitation important.

MIXED



- TARGET 5.A Difficult to gauge accurate level of maternal deaths. Skilled birth attendance increasing. TBAs declining and those remaining receive basic midwifery training. IMCI and Continuum of Care programs in place.
- TARGET 5.B Teen birth rate up. Antenatal care coverage around 88 percent, low contraceptive prevalence and evidence of unmet need for family planning (28 percent). Broad range of reproductive health services available but culture, tradition and religious views major barrier, particularly in the outer islands.

OFF TRACK



- TARGET 6.A High incidence of STIs, poor self-referral for treatment, and low condom use worrying combination of factors for potential HIV transmission.
- TARGET 6.B Currently, 28 HIV positive cases – 6 on ART. Whereabouts and status of the other 22 HIV positive cases not known. High levels of stigma and fear could be discouraging HIV positive people from accessing ART or publically disclosing their status.
- TARGET 6.C.I No malaria in Kiribati.
- TARGET 6.C.II TB cases up, despite improvement in treatment rates under DOTS. High-density housing and overcrowding in urban areas ripe for transmission. Some reported cases of co-infection of TB and HIV in Kiribati.

OFF TRACK



- TARGET 7.A Extremely vulnerable to climate change. Without adaptation measures, parts of Tarawa submerged from higher sea levels. Strong advocate for emissions reductions. Through 'Micronesia Challenge', established the Phoenix Islands Protected Area, the largest marine protected area in the world. Limited resources and capacity make it difficult to fully integrate the principles of sustainable development across all sectors.
- TARGET 7.B
- TARGET 7.C Water quality issues. Contamination of the groundwater and dry spells disrupts water supplies. Low sanitation access. Untreated sewerage disposed at various ocean outfalls. Open defecation remain an issue.
- TARGET 7.D Squatter settlements in South Tarawa growing from migrants from the outer islands. Squatters in Betio live in poor housing, cramped conditions and poor access to clean water and proper sanitation. Betio has one of the highest population densities in the world, similar to Hong Kong.

# REPUBLIC OF THE MARSHALL ISLANDS

OFF TRACK



- TARGET 1.A No data on poverty. Hardship likely. Economic recovery from global financial crisis concentrated in a few sectors. No social safety net and high inflation. Rising unemployment and financial hardship on many of the outer islands.
- TARGET 1.B COFA grants expire in 2024 so Government focussed on fiscal self-sufficiency. Expenditure cuts necessary – wage cuts, civil service rationalisation. Few private sector jobs. High unemployment. Some prospects in growing fisheries sector.
- TARGET 1.C Prevalence of underweight children down but still high. No data on food poverty.

MIXED



- TARGET 2.A No progress on net enrolment rate but survival rate up. High literacy rates. Lack of improvement in net enrolment rate likely a result of both a drop-out effect, as well as a push-out effect. Insufficient number of seats in primary schools, particularly in congested urban areas of Majuro and Ebeye, underpin push-out phenomenon.

MIXED



- TARGET 3.A Gender parity in education achieved – more girls attending secondary school. Low economic participation. Matrilineal society where land rights pass through women but men usually delegated the authority to exercise and control these rights. Only one woman in the 33-member parliament (Nitijela), unchanged since 1990. A number of women serving in prominent government positions, including as ministers. More women employed in the private sector but in low-paying positions.

ON TRACK



- TARGET 4.A Under-five mortality and infant mortality rates have declined steadily, consistent with the increase in the measles immunisation coverage.

ON TRACK



- TARGET 5.A Low maternal deaths, consistent with high skilled attendance. Increase in trained personnel at the hospitals and in the outer islands. Also, strengthening of pre- and postnatal programs, hiring of qualified expatriate medical staff, purchase of modern monitoring equipment, and improvement of the off-island medical referral system.
- TARGET 5.B Low contraceptive use. Teen fertility still high. 81 percent antenatal cover. Low unmet need. Strong influence of culture and religion so difficult to openly discuss sexual and reproductive health issues, especially among young people.

OFF TRACK



- TARGET 6.A High prevalence of STIs, low condom use, and low HIV/AIDS knowledge – vulnerability to HIV/AIDS. Incidence rates low but prevalence likely high.
- TARGET 6.B Only 4 of the 6 people that require ART are receiving it. Not clear why the other 2 are not taking ART.
- TARGET 6.C.I No malaria in RMI.
- TARGET 6.C.II Environmental conditions underpin lack of progress. Ebeye accounts for majority of new cases due to overly crowded and poor sanitation conditions. Densely populated conditions in the Darrit-Uliga-Delap area of the Majuro atoll also a concern.

MIXED



- TARGET 7.A Slow progress in mainstreaming sustainable development principles and practices into planning and development processes. CO<sub>2</sub> emissions up but negligible. Government examining renewable energy technologies. Use of ODS fallen after RMI banned importation, sale and use of R12 refrigerant and all other CFCs. Established the Remaanlok Conservation Plan to meet/exceed targets under the 'Micronesia Challenge'.
- TARGET 7.B
- TARGET 7.C Access up but various studies indicate serious concerns over water quantity and quality problems. Sanitation an issue, particularly households with no sanitation facilities whatsoever; and poor sanitation situations in densely populated urban areas.
- TARGET 7.D Rural to urban migration leading to densely populated villages in Majuro and Ebeye that usually have poor housing, and poor access to clean water and proper sanitation.

# NAURU

OFF TRACK



- TARGET 1.A 1 in 4 people below BNPL according to 2006 HIES. Little sign now of Nauru's former wealth. Economy generally contracted in 2000s, except for a slight reprieve in 2008 due to renewed mining of secondary phosphate. As Nauru faces significant economic challenges and with lack of job opportunities, likely that hardship is increasing.
- TARGET 1.B 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, especially among youths.
- TARGET 1.C Low prevalence of underweight children. Fair degree of food poverty in the aftermath of local financial crisis in 2004 but since the economic recovery and stabilisation of Government, situation has improved. Nauru imports majority of its food items and there is a general shortage of fresh local produce.

ON TRACK



- TARGET 2.A Primary education is free for all students, including the provision of textbooks. Problems with truancy, particularly in high schools – result of perceived low value of education, due to lack of jobs. Government 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. 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.

MIXED



- TARGET 3.A Achieved gender parity in education but concerns over the enrolment of boys at the high school level. Without no recent data, difficult to gauge the trends in women's economic participation. In June 2013, Nauru elected a woman to parliament – the last time a woman was elected to parliament was in the 1990s.

MIXED



- TARGET 4.A Under-five mortality declined. Infant mortality down slightly. Drug shortage affected measles immunisation coverage. As supplies recovered, authorities vaccinated those children that missed out in the following year. Even though child mortality has fallen, it is still relatively high for a small population.

MIXED



- TARGET 5.A No data on maternal deaths but 97 percent skilled attendance and high antenatal coverage. Nauru has an absence of traditional birth attendants, easy access to the Hospital, high antenatal coverage and administers MNCH and safe motherhood programs.
- TARGET 5.B Nauru has a low contraceptive prevalence rate, consistent with relatively high unmet need for family planning. Teenage birth rate fell but still high.

ON TRACK



- TARGET 6.A At present, Nauru has no reported HIV/AIDS case.
- TARGET 6.B Zero reported cases.
- TARGET 6.C.I No malaria in Nauru.
- TARGET 6.C.II Low number of TB cases. TB treatment improved under DOTS. Eliminating TB a possibility.

OFF TRACK



- TARGET 7.A Mined-out phosphate lands cover almost 90 percent of the island. Years of strip-mining phosphate left behind a barren landscape of deep pits and tall pillars. Removal of natural vegetation and topsoil from over 70 percent of land area so 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. Widespread use of environmentally unsustainable practices.
- TARGET 7.B
- TARGET 7.C 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.
- TARGET 7.D Anecdotal evidence suggests informal settlements exist in some parts of Nauru.

# NIUE

ON TRACK



- TARGET 1.A Poverty not a concern. 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.
- TARGET 1.B Population decline a major concern. Outmigration, especially to New Zealand. Of the working-age population remaining, a high level (80%) in employment. Government the main employer with around 400 employees. Only 13 percent in vulnerable employment.
- TARGET 1.C Zero prevalence of underweight children. Land tenure system allows free access to land for subsistence farming, as well as to the sea, where Niueans fish for food.

ON TRACK



- TARGET 2.A 100 percent net enrolment and survival rate, with high literacy rates. Education is free and compulsory for children between the ages of 5 and 16. Due to close constitutional relationship with New Zealand, Niue's school curriculum based on the New Zealand Curriculum Framework, contextualised to Niue's situation.

ON TRACK



- TARGET 3.A Achieved gender parity in education. Ratio of girls to boys in secondary school less than parity but likely due to outmigration rather than students dropping out. More girls attending tertiary institutions. High participation of women in the non-agricultural sector and good representation in parliament. Women's participation in national and local government is also high. Niue historically offered women equality under the law and equal access to social and economic services.

ON TRACK



- TARGET 4.A Niue's national target is to have zero child deaths. Between 2007 and 2011, of 124 live births, there were only two under-five deaths in 2011, with one infant death. 100 percent measles immunisation coverage. All Niuean citizens enjoy free quality health care services.

ON TRACK



- TARGET 5.A Niue's national target is to have zero maternal deaths and since the 1980s, no reported maternal deaths. Outcomes consistent with 100 percent skilled birth attendance.
- TARGET 5.B Teen fertility rate dropped. 100 percent antenatal care coverage. Easily accessible and high quality reproductive health services. No data on unmet need for family planning.

ON TRACK



- TARGET 6.A Zero reported HIV/AIDS cases. High proportion of the population with comprehensive correct knowledge of HIV/AIDS.
- TARGET 6.B Niue has zero reported HIV/AIDS cases.
- TARGET 6.C.I No malaria in Niue.
- TARGET 6.C.II No new cases. TB not a concern.

ON TRACK



- TARGET 7.A Estimated forest cover high but declining. Protected areas up. CO<sub>2</sub> emissions minimal and Niue has not used ozone-depleting substances since 1990. 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.
- TARGET 7.B
- TARGET 7.C 100 percent access to clean water and proper sanitation.
- TARGET 7.D No squatters or informal settlements in Niue.

# PALAU

MIXED



- TARGET 1.A 2006 HIES reported one in four live below BNPL. Rural-urban differences minimal due to compact geography, high GDP and relatively low level of subsistence production. High cost of living and relatively low wages of immigrant workers in the tourism sector contribute to the level of households that fall below the BNPL.
- TARGET 1.B Relatively high level of employment (66%). Unusual labour force profile – more jobs than Palauan workers due to mismatch between market demand and labour force skills. Many Palauans opt out of the labour force or emigrate to the US for jobs.
- TARGET 1.C Low prevalence of underweight children. No food poverty. Malnutrition widespread due to poor diet practices and high incidence of overweight/obesity.

ON TRACK



- TARGET 2.A High net enrolment, survival and literacy rates. Traditionally, Palauans place a high value on education. The Government provides free public education for all levels for all citizens and allocates a high level of expenditure on education. Also has legislation mandating school attendance for children 6-17 years of age.

ON TRACK



- TARGET 3.A Gender parity in education achieved. Palau is a matriarchal and matrilineal society where women traditionally hold positions of power and respect. 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. But women remain under-represented in the national congress, cabinet and top echelon of the civil service. Palau has signed but not ratified CEDAW.

ON TRACK



- TARGET 4.A Under-five and infant mortality down. Compact geography, good transportation and communications infrastructure, high level of health expenditure and well-developed health care system ensure health services accessible to all. Government also provides health services either free of charge or at highly subsidised rates. Palau follows US immunisation protocols – vaccinated at 2 years. Children fully immunised by 36 months range between 95 and 98 percent.

ON TRACK



- TARGET 5.A Since 1990, Palau recorded only one maternal death in 1993. Result of universal access to prenatal and obstetric services at low or no cost. High skilled birth attendance and antenatal care coverage. Health officials concerned over increase in high risk pregnancies due to maternal obesity and prevalence of obesity-related NCDs.
- TARGET 5.B Despite the availability, accessibility and affordability of contraceptives, the contraceptive prevalence rate is low. Adolescent birth rate up slightly to 27 in 2010.

ON TRACK



- TARGET 6.A 10 reported HIV/AIDS cases so far. Palau's HIV/AIDS programme focuses on awareness, education, screening and prevention. Aggressive outreach and education program targeting youth.
- TARGET 6.B All people living with HIV/AIDS in Palau and require antiretroviral therapy are receiving the drugs for free.
- TARGET 6.C.I No malaria in Palau.
- TARGET 6.C.II Low number of TB cases and elimination of TB a possibility.

ON TRACK



- TARGET 7.A Palau has prioritised environmental sustainability in its national plans and ratified many environmental treaties and conventions. Low CO<sub>2</sub> emissions. Government implementing strategies to reduce reliance on fossil fuels through renewable energy. Long tradition of protected areas; currently has 36 protected areas. Already exceeded the targets set by the 'Micronesia Challenge'.
- TARGET 7.B
- TARGET 7.C High access to clean water and proper sanitation.
- TARGET 7.D No squatters/informal settlements in Palau.

# PAPUA NEW GUINEA

OFF TRACK



- TARGET 1.A 2 million people remain poor and/or face hardship. Key challenge to translate economic benefits from mineral wealth into broad-based improvements in living standards. Social challenges include low levels of education, poor housing and lack of access to clean water and proper sanitation. TB is eclipsing HIV as a significant issue influencing poverty. PNG likely to achieve its national target of 10 percent reduction in people below the lower poverty line.
- TARGET 1.B High employment rates due to large number in subsistence sector so high vulnerable employment and underemployment. Formal employment increased since 2000, underpinned by LNG project. Very small proportion in wage employment. Urban unemployment rate high, especially among youths. HIV/AIDS epidemic and high TB burden affects productive capacity.
- TARGET 1.C High prevalence of underweight children, concentrated in the Northern (Momase) region, although very few children severely underweight. National target is to reduce the proportion of underweight births to total births to 9 percent but recent data indicate no improvement.

OFF TRACK



- TARGET 2.A Net enrolment rate up, but survival and literacy rates remain low. Against national targets – 85 percent gross enrolment rate, 70 percent cohort retention ratio and 70 percent youth literacy ratio – PNG slightly lagging against access and more significantly against retention and youth literacy. Government progressively abolished fees since 2010 to improve access. DOE cites ‘in-school’ (lack of educational infrastructure, absenteeism and financial barriers), and ‘out-of-school’ (lack of parental support, low value of education due to limited jobs, as well as law and order problems) hurdles. HIV/AIDS epidemic also adversely impacting education outcomes.

OFF TRACK



- TARGET 3.A Gender parity in education improved since 1990 but far from equality. Women’s employment in non-agricultural sector low, given large subsistence economy. Three women in parliament from one previously but still low representation. Before 2012 elections, Government introduced a Bill to allow 22 reserve seats, out of 109, but could not get Bill passed. PNG’s could potentially achieve its national target to eliminate gender disparity at primary and lower secondary level by 2015 and at upper secondary level and above by 2030. Gender based violence widespread and key barrier.

OFF TRACK



- TARGET 4.A Under-five and infant mortality relatively high. Low measles immunisation. Many infants and young children die from pneumonia, malaria and TB. Inadequate delivery of basic health services, especially to rural areas, and lack of proper sanitation and safe water supply, are the result of a dysfunctional health care system. Key concerns include insufficient funding for rural health services, deteriorating health infrastructure, insufficient and ageing health workforce, and capacity to procure and deliver quality-assured medical supplies. However, PNG will likely achieve its more modest national targets of an USM rate of 72 and IMR of 44 by 2015.

OFF TRACK



- TARGET 5.A MMR one of the highest in the Asia Pacific region, consistent with low level of skilled birth attendance. High level of fertility, high teenage pregnancy, low antenatal care coverage and a weak health system are contributing factors. 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.
- TARGET 5.B Reproductive health care and family planning non-existent or not very effective in most parts of PNG, particularly in rural areas. Interventions remain ineffective, while contraceptives are not readily available for majority of women in PNG. Teen pregnancy falling but remains high.

OFF TRACK



- TARGET 6.A Gender inequality, particularly GBV, driving the HIV/AIDS epidemic. No sign that HIV/AIDS epidemic has stabilised. PNG is very unlikely to achieve its national target to have controlled by 2015 and stabilised the spread of HIV/AIDS by 2020.
- TARGET 6.B PNG scaled up its national antiretroviral treatment programme since 2007 and improvements noted but concerns regarding coverage and availability of drugs remain.
- TARGET 6.C.I Malaria is leading cause of morbidity and mortality; highest disease burden. HIV/AIDS epidemic exacerbates the incidence of malaria. PNG very unlikely to meet its national target to have controlled by 2015 and stabilised the spread of malaria by 2020.
- TARGET 6.C.II Due to close association of HIV/AIDS with TB, TB death rates expected to increase. Low treatment success under DOTS.

OFF TRACK



- TARGET 7.A Rigorous regulatory regime in place but lack of compliance and enforcement major issues. Funding for maintaining PNG’s wealth of biodiversity has declined substantially. Activities in the mining sector have adversely affected the environment, in some cases quite detrimentally. PNG’s environmental track record is largely poor.
- TARGET 7.B
- TARGET 7.C Very large numbers do not have access to safe water. Majority of rural households use traditional pit toilets, while a significant number does not have any toilet facilities at all.
- TARGET 7.D Squatter settlements increased in and around urban centres due to rural to urban drift. Squatter areas house most of the unemployed and under-employed, especially youths.

# SAMOA

MIXED	MDG 1	● TARGET 1.A	Poverty, more accurately hardship, measured by people below BNPL increased between 2002 and 2008, especially for rural areas – Savai'i accounts for a quarter of the poor. Hardship in the urban centres declined. Weak labour market conditions continue with job cuts by Samoa's biggest private employer (Yazaki Samoa). Inflation remains high, making it difficult for households to meet daily needs. Reducing hardship a key priority for the Government.
		● TARGET 1.B	Impact of the global financial crisis led to 53 percent of employers freezing or cutting jobs. Recourse to public sector jobs narrowing. Government focussed on encouraging more private sector jobs, developing informal sector, as well as accessing regional seasonal workers' programmes offered by New Zealand and Australia.
		● TARGET 1.C	Low prevalence of underweight children and low food poverty. But poorest households not receiving adequate nutrition despite increased dietary energy supply. Growing concern of overweight children, linked to NCDs epidemic in Samoa.
ON TRACK	MDG 2	● TARGET 2.A	Net enrolment and literacy rates high, but survival rate lower and recently declining. Latter due to lack of affordability of school fees, lack of parental support and low priority on education. Compulsory Education Act in place since 1992 but not strictly enforced. 2008 Education Bill introduced – Government fines parents for children not in school. 2010 School Fee Grant Scheme covers full payment of fees. Other initiatives in place to address enforcement of education legislation and teacher shortages. Government's strong commitment, including budget support, should reverse the trend in survival rate.
MIXED	MDG 3	● TARGET 3.A	Gender parity in education achieved but concern over the performance of boys, with males less likely to complete secondary and tertiary education compared to girls. Concern over reverse gender gap due to links to higher risk of male unemployment, crime and violence against women and children. Women's employment up but room to improve. Low representation of women in parliament. Reflects significant obstacles, including political system where only a chief (matai) can run for election, as well as social and customary attitudes about the traditional role of women. Since 2012, Samoa examining a quota system for female representation in parliament.
ON TRACK	MDG 4	● TARGET 4.A	No quality data but likely low under-five mortality and infant mortality. Samoa's national goal is to 'Improve Child Health' rather than 'Reduce Child Mortality'. However, Government recognises the danger of a trend reversal if it does not sustain effective services delivery and targeted prevention programmes. Government working closely with NGOs and development partners to raise the immunisation rates of children.
MIXED	MDG 5	● TARGET 5.A	Low maternal deaths and improvement in skilled birth attendance. Concerns over access to skilled birth attendants in the rural area. Antenatal care high.
		● TARGET 5.B	Low contraceptive use, consistent with high unmet need for family planning. Access to contraceptives a major challenge. Small population makes it difficult to ensure confidentiality amid strict cultural norms. Lack of access linked to increase in teen pregnancies. Samoa's sexual and reproductive health issues complex and require further study. Limited funding major barrier.
MIXED	MDG 6	● TARGET 6.A	Even though absolute numbers are small, HIV/AIDS still a concern given high prevalence of STIs, low condom use and low HIV/AIDS knowledge.
		● TARGET 6.B	Government offers free antiretroviral treatments. 8 of 9 people receiving treatment. 1 in denial.
		○ TARGET 6.C.I	No malaria in Samoa.
		● TARGET 6.C.II	TB cases fallen. TB cure rate high.
ON TRACK	MDG 7	● TARGET 7.A	Government has incorporated the principles of sustainable development in its national development plan and places a high priority on environmental sustainability. Government has also implemented successful conservation programs.
		● TARGET 7.B	
		● TARGET 7.C	Proportion of the population using an improved drinking water source increased but findings from initial water quality surveys indicate that access to safe water is likely much lower (30-40%). Room to improve in access to proper sanitation.
		● TARGET 7.D	Some anecdotal evidence of informal settlements in Apia that lack proper access to water/sanitation, as well as lack of secure land tenure.



# SOLOMON ISLANDS

MIXED



- TARGET 1.A Households face increasing hardship – struggle to meet living expenses and difficulties accessing basic social services; limited jobs. Strong resource-led growth failing to trickle down to disadvantaged. High inflation negatively affecting households. Rural households depend on subsistence but pressure from increasing monetisation.
- TARGET 1.B 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.
- TARGET 1.C Low prevalence of underweight children and low food poverty. Nutrition a concern, linked to increases in NCDs.

MIXED



- TARGET 2.A 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. Government prioritised education during the post-conflict period and in 2009, delivered fee-free education up to form three. However, still room for improvement to achieve universal primary education.

OFF TRACK



- TARGET 3.A Although close to gender parity in primary school, Solomon Islands has significant gaps at secondary, and possibly, tertiary education levels. Solomon Islands culturally a male-dominated society. Given large subsistence economy, and traditional roles of women, few women enter the non-agricultural sector. Women severely under-represented in many political and government institutions. One woman in parliament. 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.

MIXED



- TARGET 4.A Some improvement in under-five and infant mortality noted for recent years but significant room for improvement. Less than full immunisation coverage.

MIXED



- TARGET 5.A Weak data on maternal mortality. However, recent evidence suggests improvement in conditions. Nevertheless, with less than full coverage of births attended by skilled health personnel, as well as less than full antenatal care coverage, there is significant room for improvement in improving maternal health.
- TARGET 5.B Although the contraceptive prevalence rate improved, it remains relatively low. According to the 2007 DHS, teen fertility has declined steadily but remains comparatively high. High adolescent birth rate signals the low figure for unmet need for family planning could be under-reported.

MIXED



- TARGET 6.A 17 cases so far, 2 new cases each reported for 2010 and 2011. Increasing rates of STIs, low condom use and low HIV/AIDS knowledge major risk factors for transmission.
- TARGET 6.B 8 of 10 on ART, while 2 refusing treatment due to stigma and discrimination.
- TARGET 6.C.I Burden of disease down, consistent with improvement in the use of bed-nets.
- TARGET 6.C.II TB down but still high burden. Good progress in treatment under DOTS.

OFF TRACK



- TARGET 7.A Environmental degradation very significant problem due to rapidly accelerating land use, logging and the effects of global environmental change on seascapes and terrestrial landscapes. Logging activities unsustainable, causes siltation problems for reefs in coastal areas downstream of them.
- TARGET 7.B
- TARGET 7.C Access to water improved but very low sanitation use.
- TARGET 7.D Squatter settlements in the capital Honiara increasing due to migration from other Provinces, which are largely undeveloped.

# TONGA

MIXED



- TARGET 1.A More households facing difficulties, especially migrant families from outer islands. Many households from least developed Ha'apai island group emigrated to Nuku'alofa for work and education. Poor communities on outer islands of 'Eua, Niua and Vava'u also have limited access to essential services. Government focussed on structural reforms and private sector development to alleviate poverty.
- TARGET 1.B Labour productivity and employment numbers down. High youth unemployment. In 2006, Government cut 20 percent of jobs. But number of public servants remains high, and with higher pay, private sector job creation limited. New Zealand and Australia's seasonal worker schemes provide much-needed jobs. Government recognises private sector-led job creation as a more sustainable strategy.
- TARGET 1.C Very low prevalence of underweight children and very low food poverty. Concern over overweight children and quality of nutrition.

ON TRACK



- TARGET 2.A High net enrolment and improving survival rates. High literacy rates. Since 1962, Tonga ensured 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.

MIXED



- TARGET 3.A Close to gender parity for secondary and tertiary education levels but slow progress in economic participation. Following 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. Low representation of women in parliament. Women in leadership positions lacking, particularly in the civil service. Traditional view that decision-making and politics is the domain of men is predominant. On a positive note, more women entering the private sector as business entrepreneurs.

ON TRACK



- TARGET 4.A Historical child mortality data are likely under-reported but more reliable recent data indicate relatively low child mortality rates. Consistent with Government's commitment to delivering key interventions, such as immunisations, antenatal care and trained delivery care to the entire population. Government provides free health services through 4 hospitals, 14 health centres and 34 maternal and child health clinics, which are scattered throughout the four island groups.

ON TRACK



- TARGET 5.A Very few maternal deaths recorded, with only 2 deaths in 2008. Almost all women give birth at the hospital or at home with a skilled birth attendant, a result of the Ministry of Health's strong commitment to improving maternal health.
- TARGET 5.B Opposition to family planning was strong in 1960s/1970s but Tonga gradually accepted the utility of family planning. Contraceptive use low but decline in total fertility suggests women are taking action to reduce the size of their families. However, likely some unmet need for family planning, particularly for birth spacing and unwanted pregnancy (expressed as 'too many children'). Teen pregnancy rates are comparatively low but still a need for better sex education and improved access to contraceptives for youth.

ON TRACK



- TARGET 6.A 18 cumulative reported HIV/AIDS cases since 1987. No new cases in 2011. Still a concern due to high STIs, low condom use and relatively low HIV/AIDS knowledge.
- TARGET 6.B One person living with HIV/AIDS but does not yet requires ART.
- TARGET 6.C.I No malaria in Tonga.
- TARGET 6.C.II TB cases down, consistent with high rates of treatment success.

ON TRACK



- TARGET 7.A Tonga faces competing demands for land, heavy reliance on imported petroleum products, and historically poor natural resource management and biodiversity conservation. However, Tonga has taken various steps to ensure environmental sustainability since 2009, including the Tonga Energy Roadmap.
- TARGET 7.B
- TARGET 7.C High access to water. Improved sanitation up.
- TARGET 7.D Anecdotal evidence suggests an increase in informal settlements in Nuku'alofa due to rural-to-urban drift, lack of employment and lack of secure land tenure

# TUVALU

OFF TRACK



- TARGET 1.A Proportion of the population below the BNPL initially fell but increased since 1996. Reversal of gains likely a result of impact of global financial crisis. Economy contracted sharply in 2009. Global financial crisis lowered demand for Tuvalu's seafarers, resulting in a decline in remittances, which is an important source of income for most households.
- TARGET 1.B Employment levels increased since 1990 but remain low. More vulnerable employment. Limited land, poor soil, and geographic isolation make it difficult to spur private sector. Demand for Tuvaluan seafarers declining due to competition. Australian and New Zealand seasonal overseas worker schemes vital opportunities for Tuvalu.
- TARGET 1.C Low prevalence of underweight children and decline in food poverty. More concerned over poor diet practices.

ON TRACK



- TARGET 2.A Net enrolment and literacy rates generally high. Survival rate increased. Main concern is quality of education. Results from the national Year 8 exams reveal a low, although improving, passing rate (between 2003 and 2009). To improve both access and quality of education, Government emphasises curriculum development and expansion of non-formal education skills for young people. Government is also using the UNDP MDG Acceleration Framework to improve progress in this area.

MIXED



- TARGET 3.A Close to gender parity for secondary and tertiary education levels but slow progress in economic participation. Following 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. Low representation of women in parliament. Women in leadership positions lacking, particularly in the civil service. Traditional view that decision-making and politics is the domain of men is predominant. On a positive note, more women entering the private sector as business entrepreneurs.

ON TRACK



- TARGET 4.A Tuvalu is making excellent progress, with a significant reduction in both the under-five and infant mortality rates since 1990. Results consistent with high measles immunisation coverage.

ON TRACK



- TARGET 5.A Low level of maternal deaths, consistent with high level of skilled birth attendants and antenatal care coverage. Government provides free health care.
- TARGET 5.B Government main provider of reproductive health services through the main hospital. There are no private medical practitioners or private pharmacies. Low promotion and utilisation of family planning underpin decline in the contraceptive prevalence rate. Teen pregnancy up slightly. Negative attitudes toward family planning also a contributing factor – cases where men prevent their wives from accessing family planning services.

MIXED



- TARGET 6.A Seafarers accounted for eight of all the reported cases. Despite the low number of reported cases, high incidence of STIs, urban drift, increased international travel, and more young people engaging in risky sexual behaviours contribute to the growing risk of transmission of HIV.
- TARGET 6.B Only one person currently living with HIV requires and is receiving treatment. Tuvalu provides antiretroviral treatment free for those who need it.
- TARGET 6.C.I No malaria in Tuvalu.
- TARGET 6.C.II TB under control, with good treatment progress under DOTS.

MIXED



- TARGET 7.A Tuvalu has actively conserved forest area through protected areas. Since 1996, every island identified and established protected areas. To address concerns of tuna overfishing, Tuvalu signed and ratified 1982 Nauru Agreement and 1997 FSM Agreement that aim to prevent overfishing, restore depleted resources, and ensure sustainable resource use.
- TARGET 7.B
- TARGET 7.C High access but water quality issues and poor access during droughts. Improved sanitation access but outer island concerns. One-fifth of households in outer islands have no sanitation facilities.
- TARGET 7.D Percentage of households with un-improved drinking water and poor sanitation has declined. Average household size also fell but remains relatively high at 7.1.

# VANUATU

MIXED



- TARGET 1.A Decline in poverty/hardship. Economy largely sheltered from global financial crisis. Inflation also relatively low. Hardship improved in the capital city of Port Vila and outer islands but marked increase in Luganville, Vanuatu's second largest city.
- TARGET 1.B Vanuatu's working-age population continues to grow at a faster rate than the growth in total employment. Likely to continue if labour market unable to absorb relatively high annual number of new entrants. Unemployment rising, especially among youths.
- TARGET 1.C High prevalence of underweight children due to poor diet practices, lack of knowledge of importance of breastfeeding and improper weaning practices. Food poverty down.

MIXED



- TARGET 2.A Following a decline in the 1990s, the net enrolment and survival rates improved since 2000. Literacy rates also up significantly since 1990. Vanuatu initially faced difficulties in making progress, one of the constraints being the costs of maintaining the dual education system – separate streams for 'English' and 'French' as the language of instruction. With the assistance of development partners, the Government introduced 'fee free' primary level education up to Year 6. This has helped with recent progress.

MIXED



- TARGET 3.A Close to gender parity in education but low economic participation. Women's roles in the economy have changed little since 1989, being involved in traditional areas such as teaching, nursing, clerical work etc. Reason women are under-represented in different levels of Government are complex; includes reluctance, even direct opposition, of both men and women to recognise women's rights to decision-making positions, result of deep-rooted traditional and religious beliefs. Attitudes are slowly changing, most noticeably at the municipal level where Luganville, for example, has a female mayor.

ON TRACK



- TARGET 4.A Vanuatu is making good progress. Census results indicate declining 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. Government recognises the need to build on, scale up or expand existing programmes to sustain the good progress, particularly in remote rural communities.

MIXED



- TARGET 5.A National 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.
- TARGET 5.B Vanuatu's contraceptive use has increased but remains comparatively low. 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 Government is using the UNDP MDG Acceleration Framework to improve progress in this area.

ON TRACK



- TARGET 6.A Up until the end of 2011 the cumulative total of reported cases was 6, of which two have died, with one new case reported in 2011.
- TARGET 6.B All the people living with HIV/AIDS and require antiretroviral therapy are receiving the drugs for free.
- TARGET 6.C.I Through concerted control efforts by the Government and development partners, the burden of malaria has declined significantly over the past 20 years.
- TARGET 6.C.II Government has implemented a highly successful campaign to combat TB. Treatment success rates are high.

OFF TRACK



- TARGET 7.A Commercial logging, including illegal activities, exacts a heavy toll on forests. 'Slash and burn' practices are prevalent. Although minimal, use of ODS increased since 2000. Vanuatu yet to fully ratify the Montreal Protocol on Substances that Deplete the Ozone Layer. However, Vanuatu has established a large number of protected areas.
- TARGET 7.B
- TARGET 7.C Proportion of the population using an improved drinking water source, as well as the proportion using an improved sanitation facility both increased since 1990.
- TARGET 7.D From 2006 HIES, 30 percent in urban centres of Port Vila and Luganville living in a slum. Actual rate probably higher as definition of 'urban' doesn't include many informal settlements just outside the urban boundaries.



# 3 A CLOSER LOOK AT PROMOTING GENDER EQUALITY AND EMPOWERING WOMEN

“

Leaders understand that gender inequality is imposing a high personal, social and economic cost on Pacific people and nations, and that improved gender equality will make a significant contribution to creating a prosperous, stable and secure Pacific for all current and future generations.

To realise this goal, Leaders commit with renewed energy to ... implement specific national policy actions to progress gender equality in the areas of gender responsive programs and policies, decision making, economic empowerment ending violence against women and health and education.

Extract from the Pacific Leaders Gender Equality Declaration, 30th August, 2012, 43rd Pacific Islands Forum, Rarotonga, Cook Islands (see Box 1 for full text)

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One of the great strengths of all Pacific island countries is the centrality and resilience of family, kinship and community. Pacific women have always been valued for their essential roles in home and community life – as mothers, wives, caregivers, food providers, and treasurers of traditional knowledge and skills and as decision makers.

But cultures are dynamic and responsive. Changing social and economic conditions have been the impetus for a process of transformation of the roles of Pacific men and women, and the relations between them. There is a growing understanding of the tremendous benefits that come from freeing both men and women from the constraints of narrow gender stereotypes, and from patterns and structures of disadvantage that have prevented women, in particular, from using their full capacities.

Gender disparities, in which women are disadvantaged in relation to men, continue to exist in virtually all areas of Pacific life: the highly gendered division of labour in which women do the bulk

of unpaid domestic, care-giving and food production work; attitudinal and structural barriers to equal participation in education, paid work, and public decision-making at all levels; limited rights to own or inherit land, housing, property and other resources. Value systems which link masculinity with authority over women have contributed to the high rates of physical, emotional and sexual VAW and girls found in recent Pacific studies, further reinforcing women's dependency and disempowerment.

Some FICs have made progress towards greater gender equality and the empowerment of women. However, the pace has been slow and inconsistent across all FICs, varying across the region, influenced by a web of intersecting, fluctuating and often conflicting factors, such as the heritage of centuries-old traditions, decades of colonialism and missionary influence, periods of armed conflict and the growing forces of modernisation, globalisation and climate change. But the most powerful influence of all is political will. When leaders act

on their commitments to build gender equality, by making the necessary investments in capacity building, policies, programmes, and action plans, as well as adequate resources to support implementation and accountability mechanisms, they galvanise the pace of progress.

The purpose of this section is to motivate action and accountability, by reviewing commitments made and assessing areas of strength and weakness of implementation, in the context of the MDGs framework. Whatever the level of FICs' achievements on the MDGs by 2015, the work on gender equality and empowering women will not be over.

# PACIFIC LEADERS GENDER EQUALITY DECLARATION

The Leaders of the Pacific Islands Forum met from 27 to 30 August 2012 in Rarotonga and brought new determination and invigorated commitment to efforts to lift the status of women in the Pacific and empower them to be active participants in economic, political and social life.

Leaders expressed their deep concern that despite gains in girls' education and some positive initiatives to address violence against women, overall progress in the region towards gender equality is slow. In particular Leaders are concerned that women's representation in Pacific legislature remains the lowest in the world; violence against women is unacceptably high; and that women's economic opportunities remain limited.

Leaders understand that gender inequality is imposing a high personal, social and economic cost on Pacific people and nations, and that improved gender equality will make a significant contribution to creating a prosperous, stable and secure Pacific for all current and future generations.

To realise this goal, Leaders commit with renewed energy to implement the gender equality actions of the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), the Millennium Development Goals (MDGs), the Revised Pacific Platform for Action on Advancement of Women and Gender Equality (2005 to 2015); the Pacific Plan; the 42nd Pacific Island Forum commitment to increase the representation of women in legislatures and decision making; and the 40th Pacific Island Forum commitment to eradicate sexual and gender based violence.

To progress these commitments, Leaders commit to implement specific national policy actions to progress gender equality in the areas of gender responsive government programs and policies, decision making, economic empowerment, ending violence against women, and health and education:

## Gender Responsive Government Programs and Policies

- Incorporate articles from the Convention for the Elimination of all forms of Discrimination against Women (CEDAW) into legislative and statutory reforms and policy initiatives across government;
- Support the production and use of sex disaggregated data and gender analysis to inform government policies and programs;
- Strengthen consultative mechanisms with civil society groups, including women's advocacy groups, on key budget and policy issues of national and sub-national governments.

## Decision Making

- Adopt measures, including temporary special measures (such as legislation to establish reserved seats for women and political party reforms), to accelerate women's full and equal participation in governance reform at all levels and women's leadership in all decision making.
- Advocate for increased representation of women in private sector and local level governance boards and committees (e.g. school boards and produce market committees).

## Economic Empowerment

- Remove barriers to women's employment and participation in the formal and informal sectors, including in relation to

legislation that directly or indirectly limits women's access to employment opportunities or contributes to discriminatory pay and conditions for women.

- Implement equal employment opportunity and gender equality measures in public sector employment, including State Owned Enterprises and statutory boards, to increase the proportion of women employed, including in senior positions, and advocate for a similar approach in private sector agencies;
- Improve the facilities and governance of local produce markets, including fair and transparent local regulation and taxation policies, so that market operations increase profitability and efficiency and encourage women's safe, fair and equal participation in local economies.
- Target support to women entrepreneurs in the formal and informal sectors, for example financial services, information and training, and review legislation that limits women's access to finance, assets, land and productive resources.

## Ending violence against women

- Implement progressively a package of essential services (protection, health, counselling, legal) for women and girls who are survivors of violence.
- Enact and implement legislation regarding sexual and gender based violence to protect women from violence and impose appropriate penalties for perpetrators of violence.

## Health and Education

- Ensure reproductive health (including family planning) education, awareness and service programs receive adequate funding support;
- Encourage gender parity in informal, primary, secondary and tertiary education and training opportunities.

Leaders called on Development Partners to work in a coordinated, consultative and harmonised way to support national led efforts to address gender inequality across the region in line with the Paris Declaration on Aid Effectiveness and Cairns Compact on Strengthening Development Coordination in the Pacific. Leaders also requested Development Partners to increase financial and technical support to gender equality and women's empowerment programs, and to adopt strategies within their programs to provide employment and consultation opportunities for women in the planning and delivery of development assistance to the region.

Leaders agreed that progress on the economic, political and social positions of women should be reported on at each Forum Leaders meeting. They directed the Forum Secretariat, with the support of the Secretariat of the Pacific Community and Development Partners, to develop, as part of the Pacific Plan performance monitoring framework and annual report to Leaders on country progress in implementing the above commitments and moving towards achieving greater gender equality.

Source: PIFS (2012)

## Gender in the MDGs and Forum Island Commitments

The 2000 United Nations Millennium Declaration stated that “the equal rights and opportunities of women and men must be assured”, and resolved to “promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable”. However, when the MDGs were finally formulated in 2002, gender equality was not as thoroughly integrated across the Goals as envisioned.

Only two of the eight MDGs specifically target the improvement of women’s lives. MDG 3 aims to promote gender equality and the empowerment of women through reducing gender disparities

in certain aspects of education, employment and political representation, while MDG 5 aims to improve maternal health and reproductive health services. Although the MDG framework incorporates gender dimensions in the other Goals, in practice, aggregates are usually monitored since sex disaggregated data are not easily accessible. This limits comprehensive tracking of progress towards gender equality.

In addition to the MDGs, FICs have made commitments to other Conventions and Regional Plans which require action and reporting on a much broader range of dimensions of gender equality and women’s empowerment. Some key instruments are the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Revised Pacific Platform for Action on the Advancement of Women and Gender Equality 2005-2015 (RPPA), the Pacific Plan and more recently the Forum Leaders Gender Equality Declaration.

Moreover, there are several Pacific Ministerial meeting resolutions relating to gender issues covering education, the economy, health and climate change. The Triennial Conference of Pacific Women also provides an avenue to monitor implementation of these commitments and discuss and share experiences on emerging gender issues in the region.

Although outside the focus of the MDGs, other key gender dimensions, such as VAW, are discussed in this section, as these issues underpin the progress or lack thereof towards achieving the gender-related goals, and MDGs overall.

Nations are unable to reach their full potential when half their citizens face discrimination, limited economic opportunities, restricted contribution to decision making, and high levels of violence and abuse. Therefore, gender issues are central to the achievement of all the MDGs.





**FIG. 1**

## Gender Parity Index in Primary & Secondary Education



### Gender Equality in Education

Education is widely acknowledged as critical, not only for women’s empowerment, but also for the enormous benefits it brings to their families, communities and national economies (UNDG 2010:99; SPC 2010:37). Women with higher levels of education tend to have higher incomes resulting in an improved standard of living for the family, marry later, and have fewer, well-nourished and better educated children (ILO 2008). More highly educated women make more effective use of health services for themselves and their children, have better sexual and reproductive health outcomes, and lower rates of STIs and HIV (Jukes et al, 2008). The benefits of education for girls are therefore multigenerational.

Successful completion of primary school is the crucial first step towards higher levels of education. Majority of FICs have achieved gender parity in primary education, recording a gender parity index (GPI) of 97 or higher (Figure 1). The GPI value of 97 falls within the plus-or-minus 3-point margin of 100 percent, the accepted measure of parity (UN, 2012a:4). Only a handful of countries are not within the range of actual gender parity in primary education – PNG, Tonga, Solomon Islands and Palau.

Improvements in girls’ primary enrolments benefit from increased efforts towards achieving universal primary education (MDG 2). Since girls have generally had lower primary enrolment rates than boys, the worldwide trend is that girls tend to benefit most from efforts under MDG 2 (UNDG 2010:13; UN 2012b:3). Recent evidence from PNG confirms this. In 2010, PNG abolished

school fees for the first three years of schooling, and a preliminary analysis of the impact of this move found that it significantly increased enrolments, especially for girls (PNG DOE, 2013).

All FICs have ratified the Convention on the Rights of the Child, which binds them (under Article 28) to provide compulsory free primary education for all. As a result, majority of FICs provide fee-free primary education.

At secondary level, progress for girls has been encouraging, with majority of FICs achieving gender parity in education (Figure 1). Solomon Islands, PNG, Niue and Tonga, though, are not within the 3 percent range of achieving gender parity. Enrolling girls at the secondary level has been an ongoing problem in Solomon Islands and PNG, while Niue and Tonga have recently regressed on this indicator.

Staying in school, however, is another matter for both boys and girls. The 2012 Forum Education Ministers' meeting noted an emerging trend across the region for more boys than girls to drop out of secondary education. The reasons are not yet well understood but may be connected with rising poverty levels and pressure to earn a living, together with a lack of vocational options. Both Samoa and Fiji are noting a tendency for girls to perform better than boys at secondary level (Bakalevu, 2012:38).

Factors which may affect the enrolment and retention rates of girls are pregnancy, early marriage, travel risks, lack of secure toilet blocks and facilities for changing menstrual pads, and sexual assault and harassment from male teachers and students. In PNG, which has a generalised HIV epidemic, it is likely that girls stay home to look after sick family members, and the National HIV Strategy includes activities intended to reduce this possibility.

The costs of education to families – not only school fees or levies, but also transportation, uniforms, stationery, lunches – can be a major barrier in FICs which have not introduced measures to relieve this burden, especially for those living in rural areas, squatter settlements or outer islands.

Education for girls and women, boys and men, outside the formal school model is also valuable, particularly for teen mothers, as well as adults of both sexes. In Fiji, for example, 75 percent of students enrolled in these types of programmes are females, most of them young single mothers (Bakalevu, 2012:41). On the other hand, trade-related programmes under this model, such as carpentry, mechanics and boatbuilding, typically attract mostly males. Majority of FICs administer various forms of these programmes (ibid).

The use of gender stereotyped curriculum can also lead to an inequitable education for boys and girls. FICs need to do more to eliminate gender stereotypes in all curricula. However, there are positive signs that countries are taking this issue seriously, with Tonga's Ministry of Education currently conducting a gender audit of all curricula.

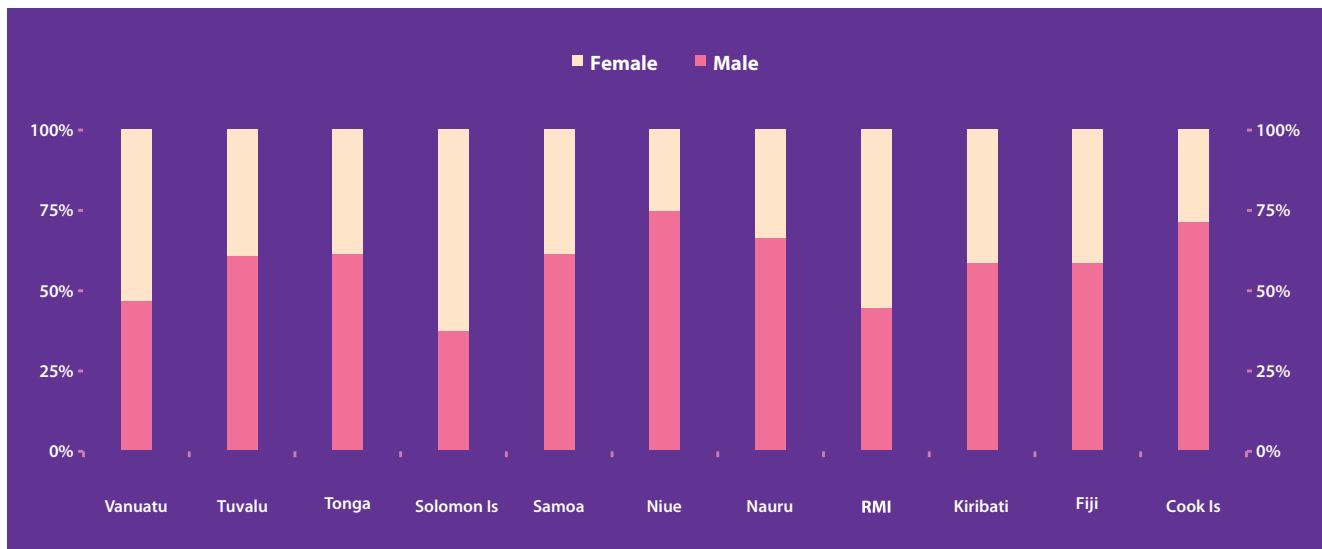
**“Second Chance Education**  
 A 43 year mother of six graduated top of her group. As the sole breadwinner in the family, she said “Life was not easy after my husband passed away and I knew I had to go back to school for the sake of my children. I am so thankful for the Matua (“mature”) programme that has given me a second chance to utilise my capabilities”.

Source: Bakalevu (2012: 48)

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**FIG. 2**

## Ratio of Girls to Boys Enrolled (Headcount) at University of the South Pacific



At tertiary level, the latest GPI data for FICs are not available, so the headcount ratio of girls to boys enrolled at the University of the South Pacific (USP)<sup>5</sup> is used as a proxy. Accordingly, most FICs record higher enrolments of girls compared to boys at USP (Figure 2), which is likely to be the case at other tertiary levels. This is a growing trend in other regions of the world, in both developed and developing countries (UN 2012a).

However, higher education for young women does not necessarily lead to better employment outcomes due to gender barriers in labour markets, the gendered stereotypes about suitable occupations for women (and men), and traditional expectations about women's unpaid domestic and caring work.

## Gender Equality in Employment, the Economy and Poverty

### EMPLOYMENT

Investing in women's economic empowerment not only contributes to national economic growth, but has a multiplier effect, as women's earnings are usually directly reinvested in food, clothing, schooling, health care and other essentials for family wellbeing. Earning an income gives women more bargaining power in the family and leads to improved outcomes in children's education, health and nutrition, and to poverty reduction (World Bank, 2012a).

The share of women in wage employment in the non-agricultural sector measures the degree to which women have equal access to paid employment, and this affects their integration in the monetary economy (ILO, 2009:31). This indicator captures only one dimension of women's economic activity.

The Women's Economic Opportunity Index provides a more comprehensive picture of women's economic participation. The value of this approach is that the Index incorporates factors which are crucial for an enabling environment, such as maternity leave and ownership of land and property (see Box 2).

## BOX 2 Women's Economic Opportunity Index

The Women's Economic Opportunity Index assesses a range of underlying factors affecting women's economic opportunities in the formal sector in five areas: labour policy and practice, access to finance, education and training, women's legal and social status, and general business environment.

Fiji has the highest overall score of the six FICs included in the 2012 Index, but performs below the global average in every category and on most indicators. PNG, Tonga, Samoa, Solomon Islands and Vanuatu place mostly in the bottom quintile. PNG and Solomon Islands were in the bottom five, above only Yemen, Chad and Sudan.

Countries	Global Ranking/128	2012 Score/100
Fiji	81	48.8
Samoa	99	41.7
Vanuatu	106	39.1
Tonga	110	38.5
Solomon Islands	124	29.2
PNG	125	26.6

Primary and secondary school enrolment and attendance are uneven, with PNG scoring next to worst of the 128 countries. The islands congregate at the bottom in property ownership and access to finance as well as in the implementation and enforcement of the labour conventions of equal pay for equal work and non-discrimination. Legislation preventing violence against women is weak and domestic violence is pervasive and persistent.

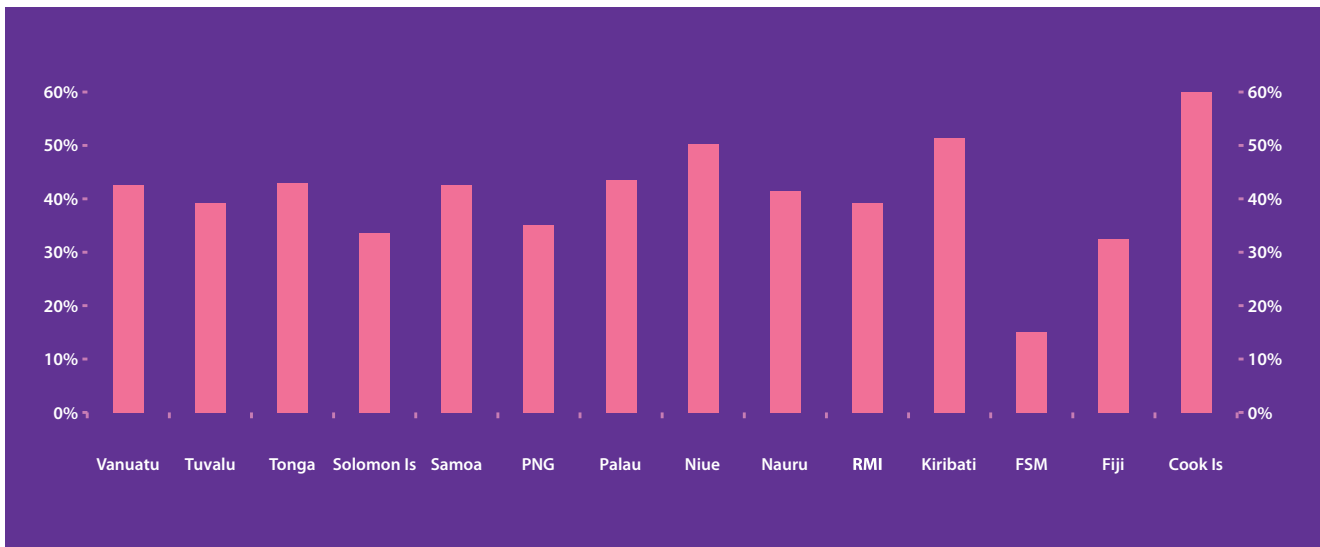
Custom and culture are part of the law in these societies, and even though they disadvantage women, departing from them would be criticised by many quarters of society. Some customary and religious laws indirectly encourage state-sanctioned discrimination because they cannot be declared unconstitutional. Fortunately, some governments have taken positive steps to eliminate discrimination with the creation of women's ministries or bureaus. The Fiji government, for example, has established awareness-raising programmes, and Vanuatu has a new Tripartite Labour Advisory Council that is working to align national legislation with ILO norms. Also encouraging is the perfect scores obtained by the countries in differential retirement and citizenship rights.

Source: Economist Intelligence Unit (2012)

<sup>5</sup>Figures for RMI, Palau and PNG were not available.

**FIG. 3**

## Share of Women in Paid Employment in the Non-agricultural Sector (%)

**34**

In the Pacific, majority of FICs reported less than 50 percent of women in wage employment in the non-agricultural sector (Figure 3). This implies that the gains in women's educational equality across the region have not yet resulted in a substantial improvement in their share of wage employment

With generally subdued economic growth outcomes, job creation for most FICs is increasingly difficult. The impact of the financial, food and fuel crisis of 2008-09 adversely affected already struggling economies, in turn, affecting the availability of paid employment.

In addition, the growth in the working-age population has generally outpaced job creation. Although data is not available for most countries, anecdotal evidence suggests that unemployment rates, particularly youth unemployment are increasing (Noble et al, 2011). Moreover, in most FICs, rural areas and outer island economies are still

semi-subsistence, with women usually performing a greater share of food growing and inshore fishing activities, which limits their availability for formal employment (SPC, 2010:76). For those women that wish to participate in paid employment, they face limited job prospects, gender stereotyping, wage inequality, and discrimination.

Gender stereotypes typically affect employment. Women tend to be concentrated in low paid care-giving, sales and clerical work, with more educated women clustered in teaching and nursing (SPC, 2010:79). Australia and New Zealand's seasonal worker programmes, a crucial avenue for employment, recruit mainly males<sup>6</sup>, as do the large scale commercial mining and logging operations in PNG and Solomon Islands.

A gender wage gap is common, with women receiving less pay than men, particularly in low skilled jobs. There is

also evidence of the earnings gap in the informal sector. For example, in PNG, according to the 2009 HIES, 59 percent of women and 53 percent of men reported selling subsistence products, but the men reported earnings twice as high as women's (World Bank, 2012b).

Although published data are scarce, it is widely acknowledged that workplace sexual harassment is a frequent form of discrimination, including in government, which is the largest employer in most FICs. A study in Fiji found that 1 in 3 of the women interviewed had been sexually harassed at work, 20 percent having been harassed in the last 12 months. Only 23 percent of women sought help, virtually all without success (Fiji Women's Rights Movement, 2002).

To address these issues, Governments should ensure an enabling environment

<sup>6</sup>However, women may benefit from the receipt of remittances.



for women's employment – rights to international standards of maternity and breastfeeding leave, safe working conditions, flexible work hours, child care assistance, safe transport, protection against workplace sexual harassment, and proactive measures for equal recruitment and advancement (see Box 3).

Women's unpaid domestic work also goes largely unrecognised and undervalued. A study in Fiji (Narsey, 2007) found that only 31 percent of women were "economically active", but when unpaid household work was included, women contributed 52 percent of all time worked in the economy. Women worked between 26 to 31 percent more hours than men.

Governments need to recognise the economic value of women's unpaid domestic work and address the additional burden on working women through improved policies, the enactment of specific laws, and improved systems of accounts and economic statistics that take into account women's unpaid work. For example, Fiji's 2009 Employment Regulations Promulgation formalises domestic work. These data sets should account for the millions of hours women contribute yearly to the economy through their household maintenance work, care-giving roles, and food production, while contributing to more balanced baseline information for evaluating the performance of the economy.

If not addressed, "the burden of this unpaid caring work will lessen the ability of women to pursue economic and educational opportunities, endanger the achievements of the MDGs and undermine the commitments made in the Millennium Declaration" (Mohammed, 2008:1).

## BOX 3

### Advances Towards an Enabling Environment for Women's Employment

Fiji: 2009 Employment Regulations Promulgation, which makes workplace sexual harassment an offence and removes other discriminations in the workplace.

Samoa: 2013 Labour and Employment Relations Act prohibits workplace sexual harassment and discrimination.

Kiribati: draft legislation on equal pay for equal work, and prohibiting workplace sexual harassment and discrimination on the grounds of sex.

Vanuatu: draft legislation prohibits pregnancy screening, and sexual harassment and discrimination on the grounds of sex.

Tonga: draft legislation on equal pay, workplace sexual harassment and discrimination, and unpaid maternity leave.

Most FICs have, or are planning for, some level of maternity leave, at least in the public sector.

Source: ILO (2012)

## INFORMAL ECONOMY AND ENTREPRENEURSHIP

Much of women's employment is in the informal, insecure and largely unregulated sector, where protective legislation is weak or absent and where women typically face discrimination in many forms (ILO, 2012:1). In the Pacific, women are often disadvantaged by patriarchal customary practices relating to access, ownership, inheritance and control of productive resources, particularly land, which restricts their ability to develop businesses. A study of six Pacific countries<sup>7</sup> found that without collateral, women found it difficult to obtain credit and other resources. This tends to limit women to small scale enterprises, often financed through women's micro-credit schemes (IFC, 2010).

In Vanuatu, 90 percent of the private sector is comprised of informal businesses, with women heading 60 percent of them. Many women's main income activity is market trading. Women constitute 87 percent of market vendors in Fiji. In Solomon Islands, where 90 percent of vendors are women, the estimated annual turnover of Honiara's central market is around US\$10-16 million (ibid).

Rural and urban markets in the Pacific are central to the livelihoods for a majority of the population, especially for poorer households. Women make up 75-90 percent of many small-scale market operations, such as vending. Hours are long, profits are often low, and conditions difficult. Women market vendors' trade for long hours (up to 10 hours a day) under unhygienic, uncomfortable and

often unsafe conditions. Access to water, toilets and security varies. Despite its small-scale, vending and other informal sector activities contribute between 15-40 percent of GDP across the countries. UN Women Pacific's Partners Improving Markets program in PNG, Solomon Islands, Vanuatu and Fiji is the first initiative in the region to address this issue (see Box 4).

### BOX 4

## Partners Improving Markets

In 2008 the UN Women project Partners Improving Markets (PIM) was initiated in four countries – Fiji, PNG, Solomon Islands and Vanuatu. PIM is about building the capacity of both the local government and the organised women market vendors to engage with each other on market governance and infrastructure improvements.

Honiara's central market in the Solomon Islands was dirty, crowded, and well known for petty crime and harassment – particularly for its mainly-women vendors. For many, making it "women friendly" was a lost cause. Yet despite critics and detractors, a woman leader was appointed as market manager for the first time, on the recommendation of UN Women. By organising the largely female body of vendors and helping them to identify their problems and needs, the manager, Ms. Martha Horawipu, has been credited with bringing its users a safer, healthier and more united workspace.

The authorities in Vanuatu's Shefa Province have also become local pioneers in this field, since committing to the MDGs and CEDAW. A portion of the provincial budget had been earmarked to develop market models that promote women in leadership and management roles. With the support of UN Women, these models are allowing women vendors to drive the diversification of products, customers, market locations and management structures. Other provinces have expressed an interest in using this model in their markets, with plans to do so gradually over the next three years.

In Fiji, eight municipalities are working with women vendor leaders, with the guidance of UN Women and the UNDP. One town, Ba, has been the first to build a market suited to women, with kitchens, toilets, showers, and safe low-cost places for women vendors and their children to sleep. A learning and handicraft centre is helping to train and diversify traders' skills and increase their incomes, along with a gender-responsive Cash for Work scheme.

By protecting the dignity, safety and security that women market vendors have so far been denied, these initiatives represent an empowering new start, and recognition that the health and safety of women at work is everybody's business.

Source: UN Women (2012)

<sup>7</sup>PNG, Samoa, Solomon Islands, Timor-Leste, Tonga and Vanuatu.

As well as the removal of legal barriers and cultural discrimination affecting women in both the formal and informal sectors, effective strategies include initiatives that provide women with time efficiencies, such as childcare; encouraging men to share more in household responsibilities; improved access to water, sanitation, electricity, and clean domestic fuels for cooking; safer transportation, shortening the time that women must be away from home; and access to mobile phones and the internet, both for business communication, information and banking. Most of these investments also improve women's health, enabling them to access more education, training and income earning opportunities.

Another strategy is to promote women's entrepreneurship through reforming the investment climate, addressing the legislation and regulatory processes around running a business and engaging in trade, and facilitating the registration of land (IFC, 2010). The World Bank International Financial Corporation and AusAID have administered these types of programmes in PNG, Solomon Islands, Tonga and Vanuatu (ibid).

Access to financial services, including training in financial literacy is also a component of promoting women's entrepreneurship. Women set goals and plan their spending more than men, are more aware of household needs, and more realistic about meeting those needs, yet they are disadvantaged in their access to bank accounts, loans and business development advice. A study in Fiji found that empowering rural women with financial literacy and improving their access to banking services helped to lift their families out of poverty (PFIP, 2010).

## POVERTY

Women have a higher risk of poverty due to factors already described, such as labour force discrimination, lack of land and property rights, and their daily heavy workload of care for their families and communities, often exacerbated by the health problems and nutrition deficiencies that can be caused by child-bearing. Widowed, divorced or abandoned women are at particular risk in the Pacific's patriarchal cultures, since women's access to land, fishing territories and forest resources (except in matrilineal societies) is obtained through their connection to the male land-holding group usually through their husband. In the past, women had access rights despite their status but as societies change, access is often threatened.

With increasingly mobile populations and the fluidity of many modern relationships, women's economic dependence on men can leave them one step away from poverty, especially in urban areas. Selling or exchanging sex for needed items or favours has become a coping strategy for some poor women and adolescents even in rural areas, which exposes them to HIV and other STIs (Waring and Karanina, 2010).

Households headed by single females tend to be poorer, unless they receive remittances from a family member working abroad (UNDP, forthcoming). In FSM, Niue, Rarotonga (Cook Islands), and rural areas of Solomon Islands, female-headed households are significantly over-represented among the poorest households, and in all cases these households have higher numbers of dependent children than poor households headed by men. Promoting women's economic security and rights must therefore be a driving force in reducing poverty.

Expanding social protection for the poorest households is also a means to support vulnerable women and their families. Only Fiji and Cook Islands provide cash transfers specifically for vulnerable households and the Pacific ranks low on overall social protection systems.





## Gender Equality in Political Representation

Women’s representation in parliaments is one aspect of women’s opportunities in political and public life, thus linked to women’s empowerment. Representation of women in parliament in the Pacific (excluding the French territories) is the lowest of any region in the world. FSM, Palau<sup>8</sup> and Vanuatu currently have no women in their parliaments (Table 1). FSM remains one of the three countries in the world, which have never elected a woman to national political office.

**TABLE 1** Seats held by Women in Parliament (%)

Niue	15.0	RMI	3.0
Kiribati	8.7	PNG	2.7
Tuvalu	6.7	Solomon Is	2.0
Samoa	6.1	FSM	0
Nauru	5.3	Palau	0
Cook Is	4.2	Vanuatu	0
Tonga	3.6	Fiji	n/a

Source: See country tables in statistical annex.

In the Pacific context, the election of women to parliament is difficult to achieve without strong pro-active measures. The ‘first past the post’ system is unfavourable to women candidates, and in most FICs, women face entrenched opposition from traditional leaders and lack of support from political parties (Waring, 2011:13). Electioneering is a costly business and many women simply do not have the resources. It is also daunting for women to face the smear campaigns and intimidation, which mark many elections. In some areas, it is physically dangerous for women to travel around the constituency.

Across the region, traditional views that leadership is for men continue to influence electorates. In Vanuatu, for example, male chiefly leadership is such a strong component of national identity that a male chief and his traditional symbols comprise the country’s coat of arms. In Tonga, one third of parliamentary seats are reserved for nobles, who are always male.

Even when women are elected to Pacific parliaments, they are in such small numbers that they are unable to influence parliament in favour of gender equality without support from the male majority. Therefore, strong affirmative action from male leaders themselves is essential. Without a cohort of women in leadership and decision making roles, many issues that directly affect the wellbeing of women – and therefore of families, communities and society in general – remain unattended.

<sup>8</sup>National parliaments can be bicameral or unicameral. The MDG indicator covers the single chamber in unicameral parliaments and the lower chamber in bicameral parliaments. It does not cover the upper chamber of bicameral parliaments. Therefore, although Palau elected 3 women in the Upper House in 2012, it is not covered by the MDG indicator.



Although not covered by the MDGs, the intention of the Millennium Declaration was to increase women's leadership in all aspects of society, not simply at the highest (and most difficult to access) level. Women's participation and representation at sub-national levels is also important. It is at the local level that the results of women's leadership are seen more quickly, and where support can be built for women's participation more broadly.

There are also other aspects of women's roles in governance, such as appointments to state trading corporations, boards, and commissions, and other high public offices, which offer positions of power over which motivated governments could exercise influence on behalf of women. In Cook Islands, women hold between 30-50 per cent of directorships on government boards and committees (Waring, 2011:19). In Tuvalu, women's representation in the senior public service and on statutory boards is approximately 20 percent (ibid).

Globally, temporary special measures have proven to be an effective tool to improve women's political participation but have been harder to gain traction in the Pacific. For example, PNG has

had a constitutional provision to allow for three reserved seats for women since Independence in 1975, but has never acted on it. In December 2011, the Equality and Participation Act was passed to introduce 22 reserved seats for women in the National Parliament – one seat per province, plus one for the National Capital District. In order for the Act to be implemented, a constitutional amendment was also necessary, but the Bill to amend the Constitution failed to attract the necessary number of votes in early 2012. As such, reserved seats for women were not introduced at the 2012 elections.

In a recent breakthrough, the Samoan Parliament voted unanimously in support of a bill to amend the Constitution to reserve five seats or 10 per cent of the 49 parliamentary seats for women electoral candidates. The Vanuatu Government also recently approved the tabling of a Bill to allocate 30-34 percent of seats to women in all municipal councils.

Other countries continue to face an uphill battle. In Solomon Islands, a taskforce has been working for three years to introduce ten reserved seats at the national level. In FSM, a bill to create four seats for women is pending (one per state) for women.

As well as reserved seats and quotas, the 2011 Fourth Pacific Women's Ministerial Meeting also recommended the increased use of parliamentary select committees and advocacy committees to educate all members of parliament on gender issues and develop male leaders as advocates for gender equality.

At the sub-national level, Tuvalu and Samoa have implemented quotas. Tuvalu has passed a law requiring female representatives on local councils, and Samoa has initiated a programme to appoint a woman representative in every village council. In PNG, the Governor of the National Capital District was able to appoint 50 percent female members to his City Council in 2008 against considerable opposition at the time, but still succeeded in being re-elected in 2012.



When Pacific Island Forum Leaders met at their Special Retreat in Auckland in April 2004, they agreed to address the low participation of women in all levels of decision making processes and structures. They reiterated this call at later Leaders' meetings and recognised that this issue is not just about women's rights but also about changing the mindset of political institutions and the population at large to understand the value women can bring to politics. Leaders also recognised that gender balance in parliaments is integral to good governance as it ensures a diversity of perspectives and issues that may otherwise be overlooked. At its core, representation in parliament of all groups within society gives greater legitimacy to parliament as a democratic institution.

Several other regional commitments and platforms recognise the importance of women's inclusion in leadership and decision making. The RPPA and the Regional Action Plan on Women, Peace and Security, launched in October 2012 are two such commitments. All member countries that have endorsed national gender equality policies and/or action plans highlight women in decision making and leadership as one of several critical areas of concern.

## Gender Equality, Women's Empowerment and Health

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Women's rights to sexual and reproductive health are protected under several key international agreements to which virtually all FICs have committed, including CEDAW, Programme of Action agreed to at the International Conference on Population and Development (ICPD), Beijing Platform for Action and the RPPA. Multiple and closely spaced childbearing puts a considerable strain on women's health, which in turn can affect the health of their children. Women's inability to control their own fertility and the conditions under which they have sex has ramifications for their health, and implications for other areas of their lives, including levels of lifetime violence.

The standard strategies for improving maternal health, reflected in MDG 5 targets, include increasing skilled birth attendance and ensuring at least four or more antenatal visits. In rural areas

and outer islands, access to services is problematic because of the difficulties women face in accessing the facilities. The key to reducing maternal mortality is to avoid three life-threatening delays: the delay in deciding to seek care in case of complications during pregnancy, the delay in arriving at a properly equipped and staffed facility and the delay in receiving quality care once there.

PNG's maternal mortality ratio of 711 is extremely high by world standards. Contributing factors in PNG are the high proportion of rural women who give birth at home, low antenatal coverage, low numbers of skilled birth attendants (mainly midwives) and the deterioration of health infrastructure especially in rural areas. In addition, accessing health services is difficult due to the difficult terrain, cost, hardship and security risks of travel in rural areas. Moreover, male family members tend not to prioritise women's healthcare needs around childbearing.

Low contraceptive use and high unmet needs for family planning contribute to high fertility rates, especially for adolescents. Evidence from recent studies in Kiribati and Solomon Islands suggests that partner violence often prevents women from using family planning (UNFPA & SPC, 2010b; UNFPA & SPC 2009a).



Safe legal abortion is very restricted in the Pacific region, and in most cases available only to save the mother's life, with few countries legalising abortion in cases where the mother's physical health or mental health is in danger, or due to social, economic issues rape, incest and foetal impairment.. Government and relevant stakeholders should pay urgent attention to public education and legislative reform regarding intimate partner violence and safe abortion.

VAW also threatens women's sexual and reproductive health in the Pacific region. There is extensive evidence that physical and sexual violence by a husband/intimate partner leads to many negative health outcomes. This includes unwanted pregnancies, high risk pregnancies, higher prevalence of STIs including HIV, high incidence of low birth weight, babies' failure to thrive, as well as maternal and infant mortality (Heise L, et al, 1999:17-20).

Investment in girls' education can improve maternal and reproductive health outcomes. The more years of education a woman has, the more likely she is to make choices leading to better reproductive health outcomes, for example, more use of contraception, delay in sexual activity and first pregnancy, more antenatal visits, and giving birth in a health facility.

In PNG, for example, the proportion of teenagers who fall pregnant is twice as high among girls with no education compared to girls with Grade 7 or higher education (World Bank, 2012b:35). On the other hand, anecdotal evidence suggests that some Pacific cultures,

such as in the Cook Islands and RMI, encourage early childbearing despite high levels of education for girls.

There is need for a holistic and multidimensional approach to improving sexual and reproductive health, addressing not only health system strengthening but also broader social and attitudinal changes that support women's rights to sexual and reproductive health. These rights are not yet well understood by all women and men, since in many circumstances they are at variance with traditional or religious views on a husband's authority over his wife's body and fertility.

Governments have recently highlighted that an area of particular concern is that of adolescent sexual and reproductive health (ASRH). In the ICPD Beyond 2014 Survey, Cook Islands, Samoa and Tuvalu underscored high STIs and teen pregnancy as a forward looking priority.

The Survey also revealed a number of barriers to addressing ASRH including unemployment and lack of training opportunities (including for out-of-school youth), substance abuse, intimate partner violence, migration, and inadequate resource allocations. FSM, RMI, Solomon Islands and Vanuatu acknowledged the lack of legal provisions against marriage below 18 years. Cook Islands noted the lack of enforcement of such laws. On a positive note, a number of countries have made investments in health and education to ensure that pregnant teenage mothers are able to complete secondary school. In addition, a number of FICs are integrating Comprehensive Sexuality Education into school curricula (see box 5).

## BOX 5

### Family Life Education (FLE) Program

The Family Life Education Program delivers age-appropriate comprehensive sexuality education in primary and secondary schools in 10 Pacific Island Countries. FLE focuses on enhancing knowledge, behaviours and attitudes towards sexuality and sexual reproductive health, including STIs and HIV. Curricula varies from country to country, but includes supplementary issues faced by young people such as drug and alcohol use, mental health, gender, violence with emphasis on girls and women, respectful relationships, and personal and community health and safety. The program implementation is at different stages in the countries. However, Fiji and Solomon Islands are already teaching FLE in schools.

The teaching and delivery approaches require innovation and creativity to ensure information and educational concepts, skills and values translate to specific behaviours and practices. The desired outcomes of the curriculum are fulfilled when students demonstrate abilities in critical thinking and decision making skills, communication and interpersonal skills, as well as coping and self-management skills. Preliminary discussions reveal that giving young women and young men an opportunity to discuss comprehensive sexuality education in a safe, constructive and culturally appropriate environment can result in positive health as well as educational outcomes. This is the kind of nurturing the program intends to provide for young people in their transition years to adulthood.

Source: UNFPA



Health and education ministries, national women's machineries<sup>9</sup>, women's organisations, faith-based organisations and the private sector (in workplace policies) can help promote a rights-based approach to sexual and reproductive health. This is compatible with encouraging greater involvement by men and boys in all aspects of safe motherhood and family planning, proven to significantly improve maternal health. Clear information about women's rights to bodily integrity should form the basis of discussion and negotiation between women and their partners. Health care services and all of society should demonstrate zero tolerance for all forms of VAW and children, and provide appropriate protection and services.

## HIV/AIDS and STIs

The risk and vulnerability to all sexually transmitted infections, including HIV, are highly gendered. Women are more vulnerable than men, physically and physiologically (especially when young), and because of cultural expectations that men should be the ones to decide when to have sex, or use a condom. The common occurrence of male physical and sexual violence also restricts women's ability to make safe sex choices, and places them at risk of becoming infected with HIV and STIs. Economic dependence, as well as social norms about women's role as wives and mothers, means that most women have limited choices to protect themselves from HIV and STIs.

A serious defect of the first two decades of global efforts to combat HIV and AIDS was the use of gender blind approaches, which assumed that men and women were equally empowered to protect themselves. This resulted in the disproportionate impact of HIV and AIDS on women and girls due to the lack of interventions that met their needs. Although the need for a gendered approach to HIV and AIDS is now undisputed, it is still far from the reality.

Since 2009, the Pacific Regional Strategy on HIV and other STIs 2009-2013 and Implementation Plan (PRSIP II) has guided HIV prevention and response for all FICs except PNG. In 2011, an audit of how the Strategy addresses gender equality and women's human rights found that these issues were largely absent from key PRSIP II documents (Quinn 2011:11). Of applications to the HIV and STI Response Fund, only 27 percent 'adequately addressed' gender issues, while half did not address them at all. There is little expertise in gender and HIV among the agencies responsible for these programmes, limited gender content in behaviour change communication, and few gender tools or checklists to guide implementers.

Although mother to child HIV transmission is minimal, UNAIDS has prioritised the prevention of new infections by perinatal transmission (in pregnancy, childbirth and breastfeeding). This has led to an increase in routine HIV testing for pregnant women in antenatal care in most FICs and the introduction of programmes to provide anti-retroviral treatment for mothers with HIV (sometimes known as Prevention of

Parent to Child Transmission, so as to recognise the father's role and reduce blame on mothers).

WHO and UNAIDS recommend that these programmes should include measures to help safeguard pregnant women who receive a positive HIV test against possible blame and retaliation through violence or abandonment by partners, since only women are tested, not their male partners (WHO and UNAIDS, 2007). WHO recommends a restructuring of antenatal services to encourage couples to be tested together to minimise blaming of the woman, and the integration of services for survivors of gender based violence with HIV testing (WHO, 2006). Without these protections, it is possible that routine HIV testing in antenatal care could discourage some women from attending, or from giving birth in a health facility, especially where levels of HIV stigma, social and economic discrimination and male partner violence are high.

PNG, with its generalised HIV and AIDS epidemic, realised early on the significance of women's vulnerability and relative powerlessness to protect themselves against infection due to extreme VAW and prevailing discrimination. Even so, the latest Global AIDS Response Progress Report found that higher proportions of women test positive for HIV than men. Overall, 60 percent more women than men test positive for HIV, most of these being pregnant women tested in antenatal care. This has resulted in higher numbers of young women than men diagnosed with HIV (2,566 female and 1,568 male new cases in 2010). In reality, majority of these women's male partners are likely to also have HIV but they are seldom tested. In some cases, a woman's fear of disclosing her diagnosis to her partner denies him the opportunity for testing and early treatment.

<sup>9</sup>A national machinery for the advancement of women is the central policy unit inside government. Its main task is to support government-wide mainstreaming of a gender perspective into all policy areas of the government (Beijing Platform for Action, para 201)

## Gender Equality, Women's Empowerment and the Environment

All FICs are experiencing significant threats to the integrity of their natural environments, particularly the smaller islands and atolls. The region as a whole is vulnerable to natural disasters due to earthquakes, tsunamis, droughts, floods and cyclones. FICs must also deal with the effects of climate change, such as unpredictable weather patterns affecting food crops and water supply, and the effects of rising sea levels, which in some cases are now depriving people of their homes and lands. Extensive mining, commercial logging and other resource extraction operations contribute to environmental degradation, deforestation, loss of biodiversity, and contamination of fresh water and fish habitats. The high rate of population growth across many parts of the region also contributes to the overexploitation of natural resources.

The gendered division of labour in Pacific communities gives women responsibility for water collection, waste disposal, growing of food crops, collecting biomass fuels, fishing for the family or for sale, and using locally grown or collected materials to make items for family use or for sale. Women's work is harder when local resources are depleted, and their safety is threatened when they have to walk further to reach them, or when mining or logging camps in their vicinity expose them to sexual assault or the use of the sex trade to earn much needed cash. Women's lack of land rights also excludes them from decisions about

land and resources. When women are considered, it tends to be as guardians of tradition rather than as active resource managers who need to be empowered with training in the new knowledge and technologies (SPC 2010, 102-3).

Disasters and conflicts disproportionately affect women and girls and exacerbate existing inequalities and discrimination. Disaster risk reduction and humanitarian interventions must target those needs and vulnerabilities. Women's ability to cope is central to communities' resilience and security in disasters and conflicts and should be recognised and supported.

Women's traditional expertise and knowledge are crucial to food security, disaster risk management and responses and environmental conservation, but these are often undervalued. A study in Samoa, Solomon Islands, Fiji and Kiribati found that women are responsible for the physical wellbeing of their families and the management of households, yet their exclusion from decision making increased their household's vulnerability to disaster (SPDRP, 2002). When women are excluded from consultations about preparing for disasters, they lack the information they need to adapt and respond (UNDP, 2012). In the aftermath of a disaster, they are at risk of sexual assault, may be left out of damage assessment processes, and may not get the same access as men to emergency relief supplies and support, or employment opportunities during reconstruction.

The Fourth Pacific Women's Ministerial Meeting in July 2011 affirmed the need for climate change adaptation and mitigation strategies to take a multidimensional approach, with increased participation of women in the identification of issues, design of

strategies and decision making about implementation. Ministers called for capacity building in gender analysis in climate change adaptation and mitigation strategies. Ministers also called for climate change funding priorities to be gender responsive and ensure accessibility to address the needs of, and benefits to, both women and men. Overall, there is a need for further research on the gender dimensions of climate change and sustainable development.

*"I wake up around 4.30m every day. If there is no drinking water left, I have to walk to the pipe, which is quite a long way away to collect the water.*

*I always dread walking in the morning because some of the men in the settlement will be up drinking from the night before and more often than not they will harass me.*

*I am always frightened when they harass me as I know they have assaulted and raped some of the younger girls in the past".*

Experience of a mother living in Honiara, Solomon Islands.

Source: Bakalevu (2012: 48)

## Cross-cutting Gender Gaps in the MDGs

### VIOLENCE AGAINST WOMEN

Violence against women is the most pervasive and direct manifestation of women's disempowerment, impeding progress on all the MDGs, and increasingly viewed as the 'Missing MDG'. Initially understood as a violation of women's human rights, it is now known that VAW is highly relevant to public health, economic development, labour migration, aid effectiveness and efficiency, democratic governance, AIDS prevention, crisis management and response, social cohesion, and peace and security.

In the international literature, there are well established links between VAW, including sexual abuse and other forms of violence against girls, and poor reproductive health outcomes for mothers, their infants, and their older children who witness domestic violence, barriers to fertility control, and increased vulnerability to HIV and STIs (Heise et al, 1999). Sexual harassment in workplaces and schools is also a major barrier to women's and girls' economic and educational advancement (Bradley, 2011). The economic costs of VAW are high. In Fiji, a study by USP concluded that family violence cost the government FJD\$498 million 2011 (SPC, 2013).

Pacific governments have been slow to act on their duty of due diligence under CEDAW and other human

rights mechanisms to take all possible measures to prevent and respond to VAW, leaving women's organisations to take the lead, supported by donors. For example, in Vanuatu, it took 11 years for protection against domestic violence to become law, and PNG activists have been lobbying for 21 years for government action on a package of domestic violence reforms first presented to Parliament in 1992. In countries where legislation and policies specific to ending VAW exist, enforcement and implementation is lacking.

**FIG. 4**

### Prevalence of Physical and Sexual Violence against Women, reported by women 15-49 years in the Pacific Region



Source: UNFPA



Since the pioneering work of the Fiji Women's Crisis Centre (FWCC) and their Pacific Network against VAW that began in the late eighties, VAW has become a prominent issue in all FICs, led largely by women's organisations. Robust data on the extensiveness of VAW have now been a powerful catalyst for reframing VAW as a key issue of sustainable development and one which is crucial to peace and security.

Baseline studies carried out in Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu found extremely high levels of physical and sexual intimate partner violence, among the highest recorded in the world (Figure 4). Studies are also under way in Cook Islands, FSM, Fiji, Nauru, Palau, PNG and RMI, with repeat studies nearing completion in Samoa and Tonga. By the end of 2013, eleven FICs would have completed national studies (PIFS, 2013).

The national VAW prevalence studies have also revealed high levels of severe abuse, and the impact of conditions under situation of armed conflict and political instability which intensify sexual and gender based violence, rape, and

sexual assault. In PNG, brutal torture and killings of women accused of witchcraft are a rapidly spreading phenomenon (PIFS and SPC: 2013). Access to support services or protection through the justice system for survivors of violence and their families is low throughout the Pacific, providing very little escape for women and girls experiencing such violence (AusAID, 2008).

The national VAW prevalence studies have provided the evidence based data that strongly support the need for substantive legislative and policy reforms on VAW and girls and related services. Consequently, Kiribati and Solomon Islands have endorsed national policies and action plans on eliminating VAW and joint efforts between all stakeholders are underway to implement them. Specific domestic violence legislation and related protective measures are in place in Fiji, Palau, RMI, Samoa and Vanuatu. In Kiribati, PNG, Solomon Islands, Tonga and Tuvalu, work is in progress towards specific domestic violence legislation. Costing exercises to implement domestic violence legislations have taken place in Cook Islands, RMI and Palau.

Violence against women also increases immediately after an emergency or natural disaster. Therefore, humanitarian responses and disaster preparedness need to take into account the significant increase in sexual-based violence faced by women and girls.

At the regional level, there are two working groups focussed on catalysing action, learning and cooperation on VAW. The Sexual and Gender Based Violence (SGBV) Reference Group motivates and supports member countries on their policy and legislative reforms on SGBV. The Regional Working Group on Women, Peace and Security assists Pacific countries to accelerate implementation of existing international, regional and national commitments on women, peace and security. Solomon Islands is developing a National Women Peace and Security Plan, a first for the region.

There are also regional training programmes to improve health service response to VAW. Across Fiji, Kiribati, Solomon Islands and Vanuatu, 34 doctors and nurses received training on forensics management of adult sexual assault, while 220 health workers received training on developing standard operating procedures, clinical protocols and counseling/communications skills for sexual VAW. There is a critical need for similar training in all FICs.

In addition, NZ's Pacific Prevention of Domestic Violence Programme in Cook Islands, Kiribati, Samoa, and Vanuatu focuses on upgrading police responses to VAW and supports data collection within police departments. In PNG, specialised one-stop centres for survivors of GBV, known as Family Support Centres, were set up in most provincial hospitals, and national coverage at district level is a goal of the current National Health Plan (PNG, 2010). However, the reality is that few are functioning with the level of staffing and skills needed to deliver services.

The UN Secretary General's UNiTE to end VAW Campaign and UN Women's COMMIT Initiative are among initiatives that call for increased action on eliminating VAW in the region. In response to the COMMIT Initiative in 2013, Fiji committed to developing a national policy on ending VAW, while PNG committed to passing the Domestic Violence Bill and repealing the 1977 Sorcery Act<sup>10</sup>.

UNFPA and the Auckland University of Technology have mobilised AusAID, government and core funding for Fiji, Kiribati, RMI, Tonga, Solomon Islands and Vanuatu for health systems strengthening to address gender-based violence and to better link the health sector to multi-sectoral referrals. In other areas, AusAID has sponsored major research and regional dialogue on VAW over the last five years and VAW will be a key result area of the 'Pacific Women Shaping Pacific Development' initiative announced at the 2012 Forum Leaders meeting in the Cook Islands.

Women's organisations in all FICs play an active role in the fight against VAW. Outstanding among them are two initiatives of FWCC and the Vanuatu Women's Centre (VWC). The FWCC's Male Advocates Programme has now trained thousands of male leaders in several FICs to act as advocates to prevent and respond to VAW and girls in their communities and organisations (AusAID, 2008). In Vanuatu, VWC set up Committees against VAW in villages in every province of Vanuatu, a groundbreaking model of community level action by women and men to break the silence around VAW (ibid).



<sup>10</sup>In keeping with their commitment, PNG repealed the 1977 Sorcery Act in May 2013.





## DISCRIMINATION IN LEGAL AND HUMAN RIGHTS

Legislation and cultural practices that continue to discriminate against women in various aspects of their civil, political, economic and social rights limits progress towards MDG 3, and in turn, towards the achievement of all the MDGs. Where, for example, women lack equal rights to the custody of children, and matrimonial property including the home, they may be trapped in abusive marriages where they are not free to take up economic, educational or leadership opportunities. If they are divorced or abandoned, they can find themselves homeless, destitute and at risk of sexual exploitation.

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So far, Fiji has in place a progressive Family Law Act, with proper court structures and empowering processes such as recognition of non-financial contributions when dealing with property settlement matters. Cook Islands also have a Family Law Bill, which is now part of the legislative agenda.

Women's unequal rights to inherit, dispose and manage land, as is the custom in patrilineal cultures, prevent women from putting up collateral and obtaining the credit needed to start or build a business. Even in the matrilineal

cultures in parts of the Solomon Islands, Vanuatu and RMI, where land is passed through the female line, it is often the males of the family who manage and make decisions over land.

All FICs except Tonga and Palau have ratified CEDAW, while Vanuatu, Solomon Islands, Cook Islands and PNG have ratified the optional protocol to CEDAW, which elevates access to justice for women.

Except for Kiribati and Tuvalu, all FICs' Constitutions prohibits discrimination on the basis of sex. However, Kiribati is currently working towards a constitutional referendum to amend the provisions that permit sex discrimination.

## WOMEN WITH DISABILITIES

The MDGs do not address the special difficulties faced by women with disabilities. Women and girls with disabilities face stigma and discrimination due both to their gender roles and to their disabilities. Despite some helpful laws, policies and systems of practice in some countries, compared to their disabled male or non-disabled female peers, women with disabilities are less educated; experience higher rates of unemployment; are more likely to be abused; are poorer; are more isolated; experience worse health outcomes;

and generally have lower social status (Stubbs & Tawake, 2009:9). Often, those perpetrating the abuse are immediate family members, carers or in a position of power, which discourages women and girls with disabilities from reporting for fear they may be further victimised. The abuse therefore remains unrecognised by the public and by policy makers (Fiji National Council for Disabled Persons, 2010, p36).

Research commissioned by UNFPA in Solomon Islands, Tonga and Kiribati on the sexual and health experiences of women with disabilities found that they experienced significant violence, both physical and sexual, at a higher rate than other women. Women with intellectual or mental impairment are particularly vulnerable to abuse as they are less able to report abuse and authorities may not believe their claims. Some suffered severe discrimination through involuntary contraceptive use or sterilisation, and neither health workers nor police were trained to understand the needs of this client group (Spratt, 2012, p8-9).

So far, only Cook Islands, Nauru, Niue (through NZ), Palau and Vanuatu have formally ratified the Convention on the Rights of Persons with Disabilities (CRPD). Fiji, FSM, PNG and Solomon Islands have initiated the process by becoming signatories, and Kiribati, RMI, Samoa and Tuvalu have yet to take any action with regard to the treaty. Only Cook Islands and Palau have ratified the Optional Protocol on CRPD that enables a communication and inquiry procedure and wider access to justice.





## AVAILABILITY OF SEX-DISAGGREGATED DATA AND GENDER ANALYSIS

There has been considerable progress in the collection of data used to analyse progress towards gender equality. Several countries have conducted Demographic and Health Surveys (Nauru, PNG, Solomon Islands, RMI, and Tuvalu) and Household Income Expenditure Surveys (Fiji, FSM, Kiribati, PNG, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) producing much relevant data. However, there are still significant gaps in data and analysis needed for comprehensively tracking progress toward gender equality.

This situation reflects insufficient investment in and accountability for gender responsive development. Policies, strategic and annual plans, targets and indicators for which the data are collected too often use gender neutral instead of gender-specific language, making it impossible to disaggregate the data by sex and

conduct gender analysis. In addition, although sex-disaggregated data is collected, authorities do not usually report it and only through special enquiries are these figures accessible. UNAIDS, for example, requires sex-disaggregated data on HIV and STIs, but most indicators in annual country submissions for global reporting do not disaggregate the data by sex.

Gender mainstreaming at national, sub-national and sectoral levels, and the gender capacity building that goes along with it, are crucial strategies for establishing the necessary framework for tracking progress on gender equality. Recent efforts in the Pacific to make sex disaggregated data accessible, such as SPC's National Minimum Development Indicators database, are still hampered by the limited availability of such data.

There are also additional indicators relating to gender equality and the empowerment of women that are not routinely measured. Relevant authorities should make more effort in collecting these indicators. These include women's unpaid contributions to economic production (subsistence and the informal economy), social protection (caring for children, the sick and the elderly) and the maintenance of social capital (kinship, community and church obligations). This is because when these contributions are unrecorded, they are not valued, and Governments do not prioritise programmes to ease these unequal burdens on women.

## Partnerships and Resource Mobilisation

In terms of good governance, it is important that FICs strengthen national institutional structures to ensure that national policies and systems in planning, programming and budgeting are effectively coordinated and monitored. While all FICs have established women's machineries and many have national gender and/or women's policies, there appears to be widespread misunderstanding of the role of the women's machinery in relation to the rest of government, civil society and the private sector. In many cases, national budget allocations to the women's machinery are inadequate for it to play an effective coordination role and there are often assumptions within other parts of government that so-called "women's activities" are the responsibility of the women's machinery.

A lack of government budget commitment to ensuring gender equality and women's empowerment has led to development partners funding targeted activities either within specific government ministries or within civil society with the consequent problems of sustainability in the longer term.

The Forum Compact Peer Review process provides greater attention to the processes and institutional arrangements leading to the production of national development strategies and sector plans and the management of the associated annual budget, including the use of locally-raised resources and that provided by development partners. Peer reviews completed so far have all identified areas

for improvement and drawn attention to the need for development partners to use government systems when providing aid. The peer reviews have also highlighted the important role of the parliament in ensuring national plans and budgets address key development needs of the whole community, including women and children.

In using national systems and adopting a greater level of direct budget support, development partners can seek a greater commitment to gender equality by systematically including this as one of the expectations in providing direct budget support. Parliamentary oversight of a government's performance that includes ensuring gender equality and women's empowerment links directly to the achievement of MDG 3.

At the regional level, the Council of Regional Organisations of the Pacific (CROP) agencies have been called on to systematically monitor implementation of gender related commitments and requirements. This includes through dedicated financial and human resources. In the same way, development partners can seek greater commitment and accountability for gender equality from regional organisations when negotiating the provision of direct budget support. SPC and PIFS regularly bring together development partner representatives to foster greater levels of coordination and cooperation through the Gender and Development Partners mechanism and more recently the formalised CROP Gender Working Group. There is also increased attention to promoting South-South cooperation and learning, through such events as the Triennial Conference of Pacific Women. In other areas, a number of countries are vigorously promoting greater use of mobile phone technology through financial inclusion

programmes, with specific attention on addressing the needs of the un-banked, many of whom are women. Governments are also considering this technology to improve access to reproductive health services, particularly for women and young people.

The 'Pacific Women Shaping Pacific Development' Initiative announced at the Forum Leaders' meeting in August 2012 commits \$320 million over 10 years in support of the Forum Leaders' Pacific Gender Equality Declaration.

The Initiative supports locally-driven actions to:

- increase the number and effectiveness of Pacific women in leadership and decision making roles at national and local levels;
- increase economic opportunities for women, including through improved access to financial services and markets; and
- improve safety for women through better services, violence prevention and access to justice.

The Initiative will partner with Pacific governments, civil society organisations, local advocacy groups, the private sector, research organisations, other bilateral donors, and multilateral and regional agencies.

# KEY MESSAGES

Although some FICs have made progress towards greater gender equality and the empowerment of women, it is clear that the **pace of progress has continued to be slow and inconsistent.**

## **Political will and strong leadership at all levels is required**

– in governments, in civil society, in the private sector, in regional organisations and among development partners.

**Partnerships built on solidarity, cooperation and mutual accountability** should be fostered with local and national government, regional organisations and development partners, people living in poverty, those with disabilities, women, civil society and indigenous and local communities, multilateral institutions, the business and private sector community and academia.

Finally, it is critical that **gender perspectives are factored into MDG acceleration initiatives and feature strongly in the post 2015 development agenda/SDGs.**

## **When governments take ownership, lead and are willing to be held accountable**

for concrete progress on gender equality through legislation, policy and budgetary reforms, real progress can be made. Development partners should support these country led processes.



## 4 MDG ACCELERATION IN THE PACIFIC

In 2010, Forum Leaders reinvigorated their commitment to the MDGs through the Port Vila Declaration on Accelerating Progress on the Achievement of the MDGs. Since then, only a few countries have seriously embarked on MDG acceleration activities. PNG was one of the first countries to pilot the UNDP MDG Acceleration Framework, with a focus on improving access to primary education. Subsequently, Tonga, Tuvalu and Vanuatu have adopted the UNDP MAF. Samoa

is also pursuing MDG acceleration activities, based on its own, home-grown, acceleration strategy.

The MAF is a flexible, systematic process of identifying and analysing bottlenecks that impedes progress towards achieving any of the MDGs (UNDP, 2010). It aims to help a country identify and implement a set of focussed actions – an acceleration solution – which could expedite progress to realistically achieve the MDG target by 2015.

However, an acceleration solution may not always exist, as complex political, social, economic and environmental issues that hamper progress may require time to resolve. When an acceleration solution is not feasible, the MAF can point to the actions and partnerships that could speed it up, thereby helping focus efforts appropriately.

The MAF analysis proceeds through four sequential steps (UNDP, 2010):

1. Identify the relevant MDG target (generally one that is off track, or unlikely to be met) and list the key interventions necessary to reach it. Generally, officials are aware of these interventions, most often already specified in national development plans or sector strategies. These strategies are usually already being implemented but with unsatisfactory progress due to bottlenecks.
2. Identify the bottlenecks – what is preventing the success of the intervention? Bottlenecks identified can be cross-cutting, affecting several MDGs, or specific, affecting primarily the MDG in question. In addition, bottlenecks can belong to one of four categories – policy and planning, budget and financing, service delivery, and service utilisation. Once identified, officials prioritise the bottlenecks in terms of their potential impact on the MDG target once removed.

3. Review feasible solutions and rank them in terms of their impact and feasibility. For impact, officials need to consider the magnitude (scope and equitable distribution), speed (short and medium term) and sustainability of addressing the bottleneck, as well as assessing potential adverse effects. For feasibility, accounting for the enabling environment, including governance (transparency, accountability mechanisms, and rule of law), capacity (individual and institutional), and funding availability, is important. Each solution lists a set of activities against the entities best placed to execute them.
4. Formulate a MAF Action Plan, detailing the activities and responsible parties, such as government, development partners etc. MAF Action Plan to also include a monitoring and evaluation framework.

The following sections provide a summary of how Tonga, Tuvalu and Vanuatu have applied the above steps to arrive at an MDG Acceleration Plan.



## Tonga<sup>11</sup>

### MDG TARGET: MDG 6 (combat NCDs), with applications to MDG 1 (poverty) and MDG 3 (gender equality)

Although the Government of Tonga recognised that they had several MDGs successes and were on track for most of the targets, they had a strong desire to accelerate progress on targets that they were lagging. The Government further recognised that:

- The proportion of the population living below the Basic Needs Poverty Line increased from 16.2 percent in 2001 to 22.5 percent in 2009. The poverty gap index measuring depth of poverty has increased from 4.4 in 2000 to 6.3 in 2009;
- The proportion of female representation in the National Parliament was 3.3 percent in 2009, one of the lowest rankings in the world;
- Tonga also ranked in the top 10 in the world for diabetes prevalence. According to the 2003 STEPS<sup>12</sup> Survey, the estimated prevalence of diabetes in Tonga was 15.1 percent, double the prevalence rate in 1973.

Consequently, the Government of Tonga chose to apply the MAF to MDG 6 (combat NCDs), with applications to MDG 1 (poverty) and MDG 3 (gender equality).

Authorities identified a total of 13 existing interventions, which included agricultural

extension services and women in development, income-generating and microfinance activities, curative health services, review of tobacco legislation, advocacy for healthy lifestyles, health promoting schools/churches/workplaces etc.

### BOTTLENECK ANALYSIS

**Policy and Planning:** Health sector traditionally led efforts to combat NCDs but due to the cross-cutting nature of the impact of NCDs, there was scope for wider participation of other sectors. Improvements needed in the areas of policy integration and coordination, as well as overall macroeconomic policy and planning to address NCDs.

**Budget and Financing:** Activities generally focussed on urban areas, while remote areas were unattended due to limited budget. Lack of resources allocated to law and policies enforcement. Disconnect between policies and budget preparations/resource allocation.

**Service Delivery:** Although there are adequate human resources in place, limited support capital and financial resources adversely affected service delivery.

**Service Utilisation:** Inadequate systems in place to record service utilisation and/or customer satisfaction. Need to improve monitoring and evaluation systems in this area.

**Cross-cutting Issues:** In addition to the health sector implications, the social and economic impact of NCDs requires attention. Need to build effective partnerships across the different sectors for a multi-sector approach to combating NCDs.

### ACCELERATION SOLUTIONS

Authorities narrowed down and prioritised the following **key interventions**:

1. Increase local food supply/create income generating opportunities for women and vulnerable groups;
2. Provision of curative health service at hospital setting, screening of disease-specific risk factors;
3. Review of legislation, subsidiary legislation and policies affecting food, tobacco, kava, alcohol and physical activity;
4. Advocacy for healthy lifestyles (churches, workplaces);
5. Support resources.

These key interventions form the basis of Tonga's MDG Acceleration Plan to combat NCDs.

<sup>11</sup>Source: Tonga (forthcoming)

<sup>12</sup>WHO STEPwise approach to Surveillance of risk factors is a simple, standardised method for collecting, analysing and disseminating data for chronic disease risk factors.



## MDG TARGET: MDG 2 related (improving quality education)

Tuvalu has made significant progress in education and is on track to achieve universal primary education. However, while there has been significant progress in improving access to education, Tuvalu still faces a number of challenges in achieving quality education.

Results of the National Year Eight Examination, the indicator used for monitoring progress in quality education, reveal a low passing rate. The results show that students completing primary school have weak critical thinking, creativity, reading, writing and arithmetic skills. The Government of Tuvalu recognises that basic numeracy and literacy skills are crucial foundations for the country's human capital resources.

Therefore, the Government chose to apply the MAF to improving the quality of primary education.

Current key interventions being implemented include improved teacher training and professional development, development and implementation of outcome-based curriculum, improving monitoring and assessment of learning outcomes and building the capacity of the Department of Education to effectively manage and deliver on key outcomes under Tuvalu's National Strategy for Sustainable Development or TeKakeega II (2005-2015).

## BOTTLENECK ANALYSIS

**Policy and Planning:** Lack of formal institutionalisation of education policies; ineffective teacher performance management and oversight; frequent changes to teacher posting and classification; insufficient contact hours between teachers and students; reliance on pass rates instead of assessing overall learning; limited outcome-based curriculum; ineffective monitoring and assessment of student performance; absence of effective partnerships with cross-sectoral government institutions, communities, parents, NGOs and churches.

**Budgeting and Financing:** Insufficient national education sector budget; lowest budget allocation to basic and primary education; and insufficient funding for rehabilitation of schools.

**Service Delivery:** Inadequate institutional capacity; unprofessional conduct of teachers (absenteeism, poor attitude, lack of commitment etc); inadequate selection and appointment of teachers; lack of gender perspectives; shortage of skilled staff in DOE; and concerns over students' English language proficiency.

**Service Utilisation:** Inadequate infrastructure network, high communication costs; absence of effective partnerships with parents and communities; income disparity between Funafuti (mainland) and outer islands; and inappropriate diet.

**Cross-cutting Issues:** Development of early childhood and care education, as well as special education for physically and mentally disadvantaged students.

## ACCELERATION SOLUTIONS

Based on existing strategy documents and plans, authorities narrowed down and prioritised the following **key interventions:**

1. Develop and implement professional standards for teachers, head teachers and principals;
2. Develop and implement outcome-based curriculum for Years 1-7 for basic science and social science subjects;
3. Implement Tuvalu Standardised Test of Achievement assessment for Years 4 and 6 to monitor literacy and numeracy proficiency;
4. Implement the revised DOE structure through establishment and recruitment of new staff positions and realignment of functions.

The above strategies, which forms the basis of the MAF Action Plan also aligns to the Tuvalu Education Strategic Plan II (2011-2015).

<sup>13</sup>Source: Tuvalu (2013)

## Vanuatu<sup>14</sup>

### MDG TARGET: MDG 5 (improve access to reproductive health, in particular to reduce adolescent birth rate and unmet need for family planning)

The Government of Vanuatu recognises that with the population expected to double by 2030, there will be significant pressure to deliver essential services to the growing population. With a relatively high fertility rate, improving access to reproductive health services is particularly important.

Use of family planning methods is important not only for fertility control, but also for the health of mothers and children by preventing pregnancies that are too early or too late, extending the period between births, and limiting the number of children. The main indicators relating to unmet need for family planning and adolescent birth rate show that Vanuatu is unable to guarantee an adequate access to reproductive health to the whole population. In addition, the adolescent birth rate is relatively high, especially in the rural area. Very early childbearing brings with it heightened health risks for mothers and their infants, also linked to lower education outcomes and poverty.

Therefore, the Government of Vanuatu chose to apply the MAF to improving reproductive health (MDG 5.B), with emphasis on reducing the adolescent birth rate, especially in rural areas, and reducing the unmet need for family planning.

Authorities identified three priority areas of intervention based on existing strategies:

1. Strengthen and improve delivery of quality family services;
2. Establish school based Family Life Education (FLE) Programme;
3. Increase access and utilisation of Youth Friendly Services (YFS).

### BOTTLENECK ANALYSIS

**Policy and Planning:** Restriction of emergency contraceptive pills to hospitals; no definition, standardisation and accreditation of YFS to ease monitoring and evaluation.

**Budget and Financing:** Government/donor funds not allocated and dispersed at dispensaries and health centres to support family planning outreach; low coverage of health information system reports; poor coordination between service providers to plan and implement family planning services; inadequate funding for M&E for FLE programme; inadequate funding to expand YFS by NGOs and community-based organisations.

**Service Delivery:** Irregular availability and accessibility of contraceptive commodities; shortage of staff; inadequate skilled service providers; irregular availability of YFS; inadequate skilled peer educators.

**Service Utilisation:** Fear, misconception, and lack of appropriate family planning knowledge by local communities; limited male involvement in reproductive health; possible fear and misconception of parents and school committee members in implementing FLE; low demand creation for YFS utilisation.

**Cross-cutting Issues:** Funds not allocated or inadequate; individual and institutional capacity constraints; lack of data and supervision for M&E; cultural constraints.

### ACCELERATION SOLUTIONS

Authorities identified several acceleration solutions under each of the three priority strategies related to quality family services, the FLE programme and YFS.

<sup>14</sup>Source: Servy (forthcoming)



# 5 PACIFIC PERSPECTIVES ON THE POST-2015 DEVELOPMENT AGENDA/ SUSTAINABLE DEVELOPMENT GOALS

## Background

### MDG REVIEW AND THE POST-2015 DEVELOPMENT AGENDA

With the MDGs set to expire in 2015, global discussions are well underway on what is to replace the MDGs, termed the 'post-2015 development agenda'. Led by the UN system, these discussions began after the UN MDG Summit in 2010 and gathered pace in the second half of 2011.

The UN Secretary General (UNSG) set up a UN System Task Team on the Post-2015 Agenda and soon after, UNDP launched global consultations on the post-2015 agenda. The UN Task Team began its work in January 2012 and released a Report on its preliminary findings in July 2012, which served as a first reference for the broader consultations to take place. The Task Team recommended:

- The post-2015 agenda as a vision for the future that rests on the core values of human rights, equality and sustainability.
- An agenda format based on concrete end goals and targets and consistent with the 2000 Millennium Declaration: (1) inclusive social development; (2) inclusive economic development; (3) environmental sustainability; and (4) peace and security.

- A high degree of policy coherence at the global, regional, national and sub-national levels will be required. The Team proposed a core set of "development enablers" as a guide for such policy coherence without being prescriptive and leaving ample space for national policy design and adaptation to local settings.
- The post-2015 agenda as a truly global agenda with shared responsibilities for all countries. Accordingly, this calls for redefining the global partnership for development towards a more balanced approach among all development partners that will enable the transformative change needed for a rights-based, equitable and sustainable process of global development. This would involve reforms of mechanisms of global governance.
- The 2012 UN Conference on Sustainable Development (UNCSD) – Rio+20 Summit – will provide critical guidance, and the proposed vision and framework for the post-2015 agenda must be fully aligned with that outcome.

The UNSG also appointed a High-Level Panel (HLP)<sup>15</sup> of eminent persons to provide advice on the post-2015 agenda and the Panel released their Report in May 2013. Their findings are discussed in the next section.

### RIO+20 AND SUSTAINABLE DEVELOPMENT GOALS

In a parallel process, the Rio+20 Summit recognised the importance and utility of developing a set of sustainable development goals that would be coherent and integrated with the post-2015 development agenda. As set out in the Rio+20 Outcome document, the following are the key guiding principles for the development of the SDGs:

- Based on Agenda 21 and the Johannesburg Plan of Implementation;
- Respect the Rio Principles;
- Account for different national circumstances and priorities;
- Consistent with international law;
- Build upon commitments already made;
- Contribute to the full implementation of the outcomes of all major Summits in the economic, social and environmental fields;
- Address and incorporate the balanced treatment of the three dimensions of sustainable development and inter-linkages;

In addition, the Rio+20 Outcome document stated that the SDGs should be action-oriented, concise and easy to

<sup>15</sup>The co-chairs of the High Level Panel were UK PM, David Cameron, Liberian President, Ellen Johnson Sirleaf and Indonesian President, Susilo Bambang Yudhoyono. There were 27 members altogether on the HLP, including Timor Leste. There were no Pacific representatives.

communicate; aspirational and limited in number; global in nature and universally applicable.

The Rio+20 outcomes expressed resolve to establish an inclusive and transparent intergovernmental process on the SDGs that is open to all stakeholders with a view to developing SDGs that would be negotiated and ultimately agreed by the UN General Assembly (UNGA). Accordingly, a 30-member SDGs Open Working Group (OWG) was set up to define a process that would ultimately result in a Report proposing a set of SDGs. Pacific representation on the OWG includes Nauru, Palau and PNG that share a seat on a rotational basis, while Australia shares a seat with the Netherlands and the UK.

## 2014 SMALL ISLAND DEVELOPING STATES CONFERENCE

A key related global process called for at the Rio+20 Summit, was the convening of a Third International Conference on the Sustainable Development of Small Island Developing States in Samoa, 1-4 September, 2014. One of the key objectives of the Conference is to identify priorities for the sustainable development of SIDS for consideration in the elaboration of the post-2015 development agenda. The UNGA also adopted a decision to declare 2014 the "International Year of SIDS."

The outcomes of the Pacific Regional Preparatory meeting towards the 2014 Conference held in Fiji from 10-12 July

2013 is an important indication of the Pacific perspectives on the post-2015 agenda/SDGs. This is discussed in detail in a later section.

## FACILITATING PACIFIC INPUT TO THE POST-2015 AGENDA AND SDGs

At the global level, preparatory efforts toward developing the post-2015 agenda/SDGs will culminate jointly at the 68th UNGA in September 2013 but the merging of the two processes is still unclear (see figure 1). At their annual meeting in August 2012, Forum Leaders called on the UN system to clearly map out a merged process for the post-2015 development agenda and SDGs.

Forum Leaders also "tasked the Forum Secretariat, in collaboration with CROP and UN agencies, to work closely with FICs to develop a Pacific position on the post-2015 development agenda and Sustainable Development Goals, and to contribute effectively to the relevant global processes, including the 68th UN General Assembly in September 2013." Since the Leaders mandate, several Pacific focussed discussions at global, regional and national level relevant to the post-2015 agenda/SDGs have been conducted and are ongoing<sup>16</sup>. These relate to the various tracks feeding in to and shaping the post-2015 agenda/SDGs.

<sup>16</sup> Forum Disability Ministers Meeting (3-4 October, 2012), Pacific Regional Consultation on Post-2015 (10-12 October, 2012), Dili Roundtable Consultation on Pacific Issues (26 February, 2013), Pacific Plan Review consultations (Dec 2012-May 2013), Pacific Island Countries-Development Partners Meeting (25-26 June, 2013), Pacific Health Ministers Meeting (3-5 July, 2013), Forum Economic Ministers Meeting (3-5 July, 2013), Pacific Climate Change Roundtable (3-5 July, 2013), the Pacific Disaster Platform (3-5 July, 2013) and their Joint Session (8-9 July, 2013), Pacific Regional Preparatory Meeting for the SIDS 2014 Conference (10-12 July, 2013), Pacific Plan Action Committee (6-7 August 2013), Leaders and Post Forum Dialogue (2-6 September, 2013), SIDS Inter-regional Preparatory Meeting (September 2013)

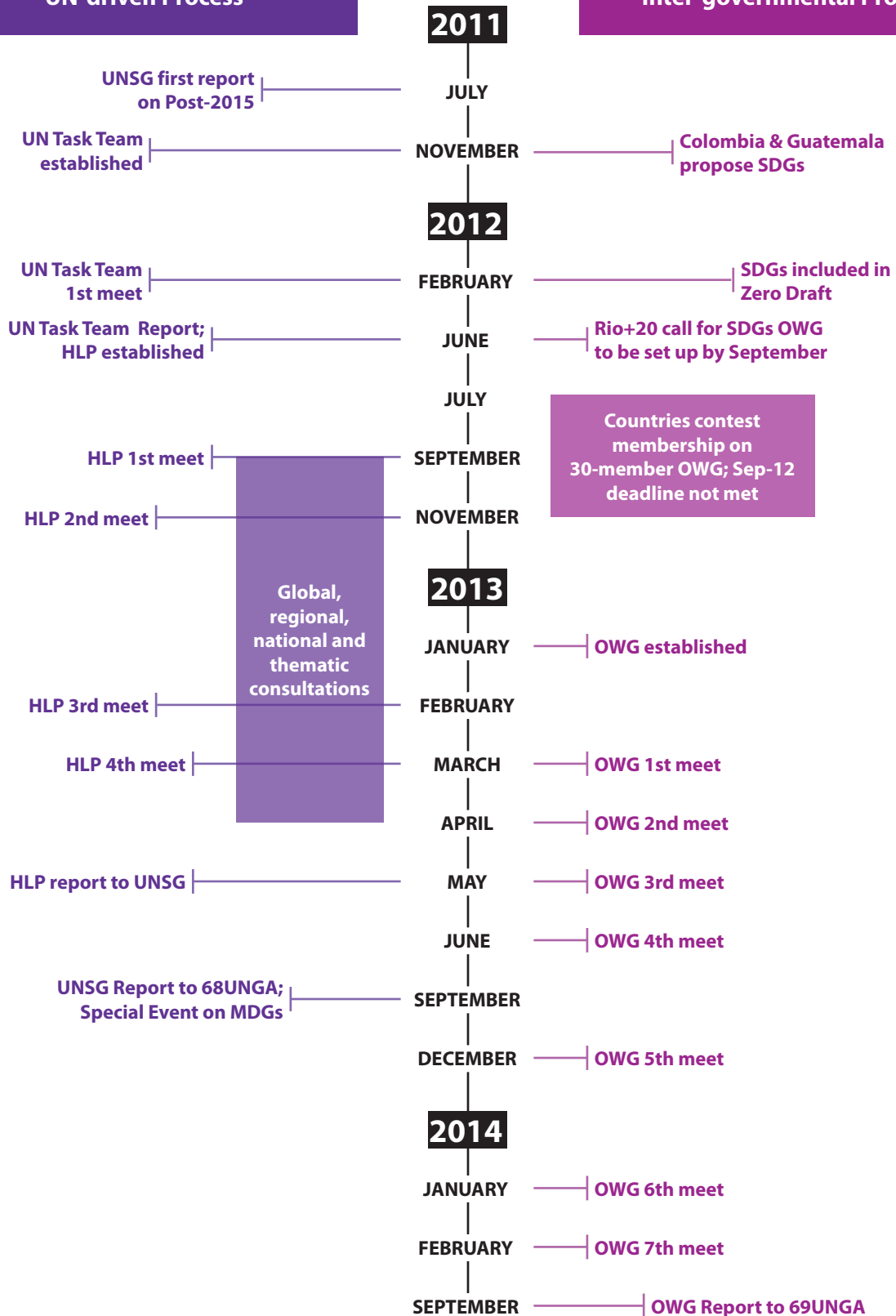


**FIG. 5**

# Post-2015 Agenda and Sustainable Development Goals Processes

**Post-2015**  
Mandated by 2010 MDG Summit  
UN-driven Process

**SDGs**  
Mandated by 2012 Rio+20 Summit  
Inter-governmental Process



## Pacific Discussions on the Post-2015 Agenda/SDGs

For the Pacific, it is important to note that the region is not starting from scratch towards the post-2015 development agenda/SDGs. There are important lessons learned from both the experience of the MDGs, as well as drawing from the long history of the region's engagement with the UNCSD process through a SIDS lens. Bringing these bodies of work, experiences and practitioners together as the region tracks towards 2015 will no doubt help to ensure the Pacific position on the post-2015 agenda/SDGs balances considerations across the economic, social and environmental pillars, underpinned by good governance and security and focussed on poverty alleviation and lasting development.

During the negotiations in the lead up to Rio+20, the region focussed their efforts on pushing a few key priorities:

- Any new international framework must recognise and address the unique and particular vulnerabilities of SIDS.
- The conservation, sustainable management and equitable sharing of marine and ocean resources must be recognised as an integral component of the green economy to enable sustainable economic development and eradicate poverty.
- Recommitting the necessary political will to respond to climate change to ensure the survival and resilience of all SIDS.

- Highlighting the Pacific perspective of poverty (poverty of opportunity), as opposed to just abject poverty and hunger.
- Ensuring that food security issues are inclusive of marine resources in particular fisheries.
- Underscore that energy issues need to account for the special case of SIDS, where most SIDS are crippled by the high fuel costs.

The common messages emanating from the outcomes from the Pacific regional (Nadi and Dili consultations) and national (PNG and Solomon Islands) consultations on the post-2015 agenda/SDGs include:

- Maintain the MDGs after 2015, as governments have mainstreamed the MDGs in national development plans and the MDGs have provided a means to monitor progress and obtain resources, which has led to real development gains in the Pacific.
- Include missing targets in the post-2015 agenda. Account for different perspectives of poverty & youth unemployment (MDG 1), quality of education (MDG 2), gender based violence (MDG 3), NCDs (MDG 6), climate change & oceans (MDG 7), SIDS vulnerabilities (MDG 8).
- Address climate change as a cross-cutting issue, as it can derail progress to sustainable development, particularly for SIDS.
- Ensure the protection, preservation, management and development of oceans is included in the new development framework.

- Ensure human-rights based approach to development in the new framework, including disability-inclusive development.
- Governance and peace and security are fundamental to the achievement of any current and future development goals.
- Need for more effective and innovative global partnerships, including strengthening development coordination and cooperation.
- Universal goals with flexibility to adapt to national context. National goals linked but not subordinate to the global development agenda.
- Improve statistical capacity for monitoring the new framework. One of the major constraints that the Pacific continues to face is with statistics, which has hindered monitoring progress against the MDGs.
- Account for qualitative factors, which in the Pacific experience, has helped monitor MDGs progress in the absence of quality data.



Forum Ministers also considered the post-2015 agenda/SDGs in recent meetings. In October 2012, Forum Disability Ministers called for “disability inclusive development targets and indicators to be included”, while Forum Economic Ministers agreed at their meeting in July 2013 that the following economic issues need to feature in the Pacific position on the post-2015 agenda/SDGs:

- Importance of integrating economic, environmental and social spheres of development;
- Macroeconomic stability is important for achieving any development goals;
- Need for inclusive growth;
- Importance of developing the informal economy and social protection;
- Need for more investment in infrastructure;
- Better partnerships with the private sector;
- Improve access to trade, particularly labour mobility for SIDS;
- Need to simplify criteria and processes for accessing climate change financing;
- The importance of building statistical capacity of SIDS; and
- Alleviation of the debt burden of SIDS.

In addition, through the Apia Communiqué on Healthy Islands, NCDs and the Post-2015 Development Agenda, Pacific Island Health Ministers agreed on “the need to include NCDs and mental health as a specific goal in the post-2015 development agenda”. Pacific Health Ministers affirmed the need to ensure that NCDs, neglected tropical diseases and reproductive, maternal, newborn and child health and MDG 6 goals are retained in the post-2015 agenda. Health Ministers also indicated that additional goals related to mental health should be given proper emphasis in the post-2015 development agenda.







## Narrowing the Pacific Priorities on the Post-2015 Agenda/SDGs

For the Pacific region to strategically position itself in the global discussions on the post-2015 agenda/SDGs, it is important to avoid a wish list by selecting a few priorities of common interest across the region.

The Outcomes of the Pacific Regional Preparatory Meeting<sup>17</sup> towards the 2014 SIDS Conference provides an indication as to the key issues for the Pacific region on the post-2015 agenda/SDGs:

### Climate change –

achieving future SDGs will only be possible with urgent global action to reduce green house gas emissions to keep global average temperature increase well below 1.5 degrees Celsius above pre-industrial levels. Provision of sufficient, additional and predictable financial resources to SIDS to implement climate change adaptation and mitigation. Call for SDGs to include climate change as a cross-cutting issue.

### Health, especially NCDs

– Challenges remain in dealing with NCDs, communicable diseases and environmental health; family planning, maternal, child and adolescent health; and improvement in health systems. NCDs must be included in the post-2015 agenda. Completing the unfinished business of the MDGs requires scaling-up of interventions in maternal and child health, particularly for vulnerable groups and isolated populations.

### Social development

– Poverty eradication remains crucial as a cross cutting issue. Need to address gender inequality and violence against women. Social protection measures needed to support the most vulnerable. Ensure youth have access to quality education and decent employment, in particular for the most vulnerable and disadvantaged such as those in rural areas, girls, people with disabilities and marginalised groups. Human rights based approach to social development.

### Governance –

peace and security, and stability, are prerequisites for and the foundation of all development. Institutional building and strengthening is critical to achieving sustainable development. The post-2015 development agenda to streamline the many international processes underway, including separate reporting requirements, which address different aspects of sustainable development. National priorities linked but not subordinate to the global development agenda. Call for mutual accountability and risk sharing to ensure effective and efficient use of limited resources. Data revolution required to increase access and capacity to compile current and accurate statistics.

### Infrastructure –

accessing international financial assistance for infrastructure development should move beyond conventional economic considerations to include equitable social and environmental circumstances.

<sup>17</sup>In the lead up to the Pacific Regional Preparatory Meeting towards the 2014 SIDS Conference all FICs prepared National Assessment Reports (NARs) to inform discussions at the meeting. The NARs, among other areas, examined priorities for the sustainable development of SIDS for consideration in the elaboration of the post-2015 agenda.



### **Sustainable energy** –

energy is crucial to the sustainable development of the Pacific region. The region to ensure the inclusion of goals on sustainable energy in the post-2015 development agenda.

### **Oceans** –

for the Pacific, it is essential to protect and restore the health, productivity and resilience of oceans and marine ecosystems and fisheries and to maintain their biodiversity, enabling their conservation, sustainable use and management for present and future generations. An SDG on oceans is critical and necessary to the post-2015 development agenda.

### **International Support for SIDS** –

increased and more focussed efforts are urgently required to address the unique and particular vulnerabilities of SIDS. Call for the development and implementation of a formal accountability mechanism for delivering UN and non-UN support to SIDS that includes specific and measurable commitments by the international community to provide assistance to SIDS, including a systemic process for monitoring and evaluating implementation.

### **Sustainable resource management and protection** –

sustainable resources management in the context of land, water and food security, agriculture, and biodiversity are critically important considerations that deserve to be supported as they encompass the political, social, economic and environment dimensions of the post-2015 development agenda.

### **Inclusive and sustainable economic management** –

green growth as a tool to support sustainable development. Emphasis on the need for inclusive macroeconomic policy to support the promotion of decent work and poverty reduction. Call for active engagement of the private sector and communities for better economic management.

### **Means of implementation and partnerships** –

recognise that South-South and triangular cooperation provide additional opportunities for strengthening capacity and knowledge e.g. the Forum Compact Peer Review process. Highlighted Busan Partnership for Effective Development Cooperation as a framework for improving coordination and enhancing meaningful partnerships.

# Linking the Pacific Priorities with the Global Discussions

## GLOBAL DISCUSSIONS ON THE POST-2015 DEVELOPMENT AGENDA

While there have been many discussions and proposals on the post-2015 development agenda, the findings of the HLP (2012) is the key reference point. The Report of the HLP is based on wide-ranging global, regional and national consultations, as well as technical input from relevant experts.

In summary, the HLP reported that business-as-usual is not an option and concluded that the post-2015 agenda was a universal agenda, which needs to be driven by five big, transformative shifts:

- *Leave no one behind:* Keep to the original promise of the MDGs, and now finish the job. After 2015 move from reducing to ending extreme poverty, in all its forms. Ensure that no person – regardless of ethnicity, gender, geography, disability, race or other status – is denied universal human rights and basic economic opportunities. Design goals that focus on reaching excluded groups.

- *Put sustainable development at the core:* Must act now to halt the alarming pace of climate change and environmental degradation, which pose unprecedented threats to humanity. Must bring about more social inclusion. Developed countries have a special role to play, fostering new technologies and making the fastest progress in reducing unsustainable consumption.
- *Transform economies for jobs and inclusive growth:* Requires a rapid shift to sustainable patterns of consumption and production – harnessing innovation, technology, and the potential of private business to create more value and drive sustainable and inclusive growth.
- *Build peace and effective, open and accountable institutions for all:* Responsive and legitimate institutions should encourage the rule of law, property rights, freedom of speech and the media, open political choice, access to justice, and accountable government and public institutions. Need a transparency revolution, so citizens can see exactly where and how taxes, aid and revenues are spent.

- *Forge a new global partnership:* Need a new spirit of solidarity, cooperation, and mutual accountability that must underpin the post-2015 agenda. Based on a common understanding of our shared humanity, underpinning mutual respect and mutual benefit in a shrinking world. Each priority area identified in the post-2015 agenda should be supported by dynamic partnerships.

The HLP also proposes a set of illustrative goals and targets (see Annex 2 for details) to show how these transformative changes could be expressed in precise and measurable terms. The HLP recommends that like the MDGs, the goals would not be binding, but should be monitored closely. The indicators that track them should be disaggregated to ensure no one is left behind and targets should only be considered 'achieved' if they are met for all relevant income and social groups. The HLP also recommends that any new goals should be accompanied by an independent and rigorous monitoring system, with regular opportunities to report on progress and shortcomings at a high political level. The HLP called for a data revolution for sustainable development, with a new international initiative to improve the quality of statistics and information available to citizens.



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In most areas, the HLP Report recommendations are consistent with the Pacific priorities but there are a few key areas where there are glaring gaps.

On climate change, the HLP agrees that climate change should be treated as a cross-cutting issue and provides for an illustrative target on holding the increase in global average temperatures below 2 degrees Celsius above pre-industrial levels, in line with international agreements. This target is captured under illustrative goal 12 on creating a global enabling environment and catalysing long-term finance. While the inclusion of a target on global temperatures is commendable, Pacific SIDS are calling for a more ambitious target of keeping temperatures at bay at 1.5 degrees Celsius.

The HLP recommendations also do not capture improving access to climate change finance, an important area for the Pacific. The region, in particular, has expressed the need to greatly simplify the criteria and process for accessing climate change financing and for these resources to follow aid effectiveness principles.

On the other hand, the HLP proposals under the illustrative goal 4 on ensuring healthy lives are largely consistent with the Pacific priorities. The recommended targets cover the unfinished business of the health-related MDGs on child and maternal health, as well as on ensuring universal sexual and reproductive health and rights. The HLP also proposes a target to reduce the burden of disease from priority NCDs, in addition to HIV/AIDS, TB, malaria and neglected tropical diseases.

The HLP illustrative goals on ending poverty (goal 1), empowering women and gender equality (goal 2), and providing quality education (goal 3) are also consistent with the Pacific priorities regarding social development. The HLP also recommends that relevant indicators are disaggregated with respect to income (especially for the bottom 20%), gender, location, age, people living with disabilities, and other relevant social groups.

Similarly, the HLP illustrative goals on ensuring good governance and effective institutions (goal 10) and ensuring stable and peaceful societies (goal 11) are consistent with the Pacific priorities under governance issues. The HLP also agrees that developing a single, sustainable development agenda is critical, recognising that currently, development, sustainable development and climate change are seen as separate – they have separate mandates, separate financing streams and separate processes for tracking progress and holding people accountable, which creates overlap and confusion when it comes to delivering on the ground. In addition, the HLP made it clear that it was important to allow

countries to set the speed with which targets are to be achieved. The HLP also recommends that national targets should be set as ambitious as practical, and in some cases global minimum standards that apply to every individual or country should be set, e.g. no one should live in extreme poverty, or tolerate violence against women and girls, no one should be denied freedom of speech or access to information, no child should go hungry or be unable to read, write or do simple arithmetic etc.

Consistent with the Pacific priority regarding infrastructure, the HLP believes that access to modern infrastructure – drinking water, sanitation, roads, transport, and information and communications technologies (ICT) – should be a global minimum standard. The HLP proposes a specific target on strengthening productive capacity by providing access to financial services and infrastructure such as transportation and ICT under illustrative goal 8 (create jobs, sustainable livelihoods, and equitable growth).

Pacific SIDS also highlighted the importance of access to finance in the context of infrastructure. However, the HLP's views on access to finance in general are at odds with regional expectations. The Panel believes that most of the money to finance sustainable development should come from domestic sources and urges countries to continue efforts to invest in stronger tax systems, broaden the domestic tax base and build local financial markets. While the HLP agrees that developing countries will need substantial external funding, the Panel believes that the most important source of long-term finance will be private capital, with aid remaining vital for only low-income countries. The

HLP believes that as more countries graduate into middle-income status and are able to access private capital markets, ODA can be concentrated on the remaining low-income countries.

According to the World Bank classification, none of the FICs are classified as low-income countries. A few are classified as lower middle-income countries (Kiribati, FSM, PNG, Samoa, Solomon Islands and Vanuatu), with the majority classified as upper middle-income countries (Cook Islands, Fiji, RMI, Nauru, Niue, Palau, Tonga and Tuvalu). More importantly, a large number of FICs are still dependent on ODA and are unlikely to expand their narrow domestic resource base to sufficiently finance development. Despite their middle-income status, the special characteristics and vulnerabilities of SIDS will mean that access to finance, including ODA, will remain important and must be captured in the post-2015 framework.

In terms of energy, the HLP illustrative goal 7 on securing sustainable energy is consistent with the Pacific priority on sustainable energy. Proposed targets

cover renewable energy, universal access to energy services, improving energy efficiency and phasing out inefficient fossil fuel subsidies.

On oceans, the HLP recognises that poor management of the oceans can be detrimental to SIDS. The HLP addresses this concern by proposing a target on adopting sustainable ocean practices and rebuilding designated fish stocks to sustainable levels under the illustrative goal on ensuring food security and good nutrition (goal 5). The HLP also proposes a target on reducing wastewater in coastal areas under the illustrative goal on achieving universal access to water and sanitation (goal 6). However, Pacific SIDS are advocating for a stand-alone goal on oceans, in recognition of its centrality to sustainable development in the region, as well as globally.





The Pacific region is also calling for increased international support for SIDS. Although this was somewhat captured in the MDGs framework through Target 8.c. (address the special needs of SIDS through the Programme of Action for the sustainable development of SIDS), the indicator for monitoring progress was confined to access to ODA.

The HLP Report makes little mention of SIDS as a special case, with more focus on less developed countries. Therefore, FICs must advocate to ensure that addressing the special case of SIDS is treated as a cross-cutting issue in the post-2015 agenda/SDGs. This is because the unique vulnerabilities of SIDS will make it difficult to achieve any future development goal, as was the experience with the MDGs. The small population sizes of SIDS must also be factored in any targets or indicators.

The HLP covers the Pacific priority issues regarding sustainable resource management and protection under the illustrative goal on managing natural resources assets sustainably (goal 9). Targets include publishing and using economic, social and environmental accounts, consideration of sustainability in government procurements, safeguarding ecosystems, species and genetic diversity, reducing deforestation, as well as improving soil quality and reducing soil erosion. The region's priority areas regarding food security

and agriculture are also covered under illustrative goal 5, with targets on increasing agricultural productivity and sustainable practices.

With regards to the Pacific priority issue on inclusive and sustainable economic management, particularly on green growth, the HLP recommends that governments, especially in developed countries, should explore green growth as one of the important tools available to promote sustainable development.

On means of implementation and partnerships, the HLP Report provides scant discussion on South-South and triangular cooperation, as well as on the Busan Partnership for Effective Development Cooperation. FICs have long recognised that with high aid capita into the region, strengthening development coordination is critical for the efficient and effective use of limited resources. This is one area where the Pacific can advocate for better reflection in the post-2015 development framework, as well as provide a good practice example in the form of the work of the Forum Compact, particularly the Peer Reviews.

## GLOBAL DISCUSSIONS ON THE SDGs

The SDGs OWG discussions provide important insights into the directions that the intergovernmental process is taking in determining the SDGs. So far, the OWG has met four times. During the first meeting, participants shared their initial views on both the process and substance of the SDG framework. While most statements addressed general considerations for the SDG framework and the OWG's work, some outlined priorities for issues to include in the goals. The main areas emphasised were: eradication of poverty and hunger; employment and decent jobs; sustainable consumption and production; gender equality and empowerment of women; access to and good management of the essentials of human well-being, such as food, water, health and energy; and means of implementation. On integrating the SDGs with the post-2015 development agenda, while a certain number of participants highlighted complementarities between MDGs and SDGs and potential for convergence, others said the two approaches should be kept separate.

*The Pacific troika on the OWG (PNG, Nauru and Palau) emphasised the need to establish a clear work plan to guide the process of defining the goals, noting the need to remain focussed on implementation of and lessons learned from the MDGs. The Pacific troika representative also called for including oceans as an integral part of the post-2015 development goals and stressed the importance of addressing climate change and energy.*

In their second meeting, delegates discussed conceptual issues such as: how to make the goals universally applicable but still meaningful to the specific circumstances of countries; the SDG relationship to, and key lessons from, the MDGs; and poverty eradication. On universality, delegates seemed torn between the need for simple, clear, "tweetable" goals like the MDGs, indicating this format was a clear factor for their success, and a framework that is not just "global in nature" but also "universally applicable to all countries."

Two main options were laid out for the SDGs framework: a common set of goals coupled with the adoption of differentiated targets and/or timelines calibrated to level of development and national circumstances; or a common set of goals with multiple targets and indicators under each (a dashboard or menu) from which countries themselves could prioritise when devising their own development agenda, in keeping with their level of development and national circumstances. The idea of a global dashboard seemed to be favoured, although some countries expressed concern that too many targets and indicators might make the SDGs look like "a Christmas tree with too many trimmings."

There seemed to be agreement on the need for the SDGs to aspire to be "bigger, deeper and more transformative" than the MDGs, although it does not mean the MDGs have been abandoned. Participants noted that the relationship between the SDGs and the post-2015 process remained unclear.

Discussions on poverty eradication focussed mainly on whether it should be an overarching target for all the SDGs or a stand-alone goal; and how the multi-dimensional aspects of poverty can be captured in the new set of goals. On the former, although many delegates stated a preference for one or the other, some noted that it might, once again, be too early in the process to choose. On the latter, most agreed on the need to move beyond traditional income-based measures of poverty. Developing country delegates made it very clear in their statements that the Rio Principles, particularly the principle of common but differentiated responsibilities, were not open for debate or discussion, while developed countries hinted at the new emerging global order rendering past alliances redundant.

*The Pacific troika called for ensuring the international governance system is capable of delivering on the goals; recognising the needs of Pacific SIDS; considering ocean sustainability, access to energy, and climate change; and moving on from capacity building to institution building. The Pacific representatives also noted the global dependence on ocean resources and links to poverty reduction, and proposed the creation of a goal and target for healthy and sustainable oceans, as well as emphasising 'poverty of opportunity' in the context of SIDS.*

The third meeting of the OWG focussed on two clusters of issues. The discussion on the first cluster highlighted the inter-linkages between food security and nutrition, sustainable agriculture, desertification, land degradation and drought. On the second cluster, participants reiterated that water is at the core of sustainable development and that sanitation, in particular, represents unfinished business under the MDGs. A common theme during the meeting was the need to address cross-sectoral links in a way that promotes inter-ministerial cooperation at the national level as well as cooperation at the international level. Means of implementation will be a focus in subsequent sessions as well and participants were urged to consider it within each set of issues under discussion, and be specific on how to secure it.

*The Pacific troika stressed the need to include oceans issues in the SDGs, discussing the nexus between the marine environment and sustainable development, and highlighting the significant role of oceans in providing food security. The Pacific representative stressed the need for sustainable fishing practices, restoration of fish stocks, ending fishing subsidies, eliminating illegal fishing, and addressing climate change and its impact on SIDS.*

*On water and sanitation, the Pacific troika stated that Pacific SIDS as a group was not on track to meet many of the water and sanitation targets under the MDGs. The Pacific representative added that water and sanitation issues are directly correlated to the health and productivity of the oceans, stating that the SDGs should address the root causes of water insecurity through climate change mitigation and adaptation, technology transfer, good governance and rule of law, and sustainable consumption and production.*

After the third meeting, there was cautious optimism that the SDGs OWG process had the potential to finally define and operationalise sustainable development. However, others warned that it was still early in the process and success is far from certain.

At the fourth meeting of the OWG, delegates faced a crowded agenda of seven different areas, covered in two clusters – employment and decent work for all, social protection, youth, education and culture; and health, population dynamics. Much attention was centred on the inter-linkages between the thematic areas and delegates recognised that the progress or failure in one area would have corresponding effects on the others. The unfinished business of the MDGs was a running theme, particularly when it came to the issues of health and education. Equity, equality, universality, and human rights were repeatedly referenced as key concepts that must frame any new goals and targets.

On education, many delegations began to formulate ideas on goals to ensure good quality education, lifelong learning, and the development of vocational and transferable skills – all issues that were not addressed in the MDGs. On health, there was broad support for the inclusion of NCDs prevention and many promoted a goal on universal health coverage, as well as the inclusion of sexual and reproductive health rights in the SDGs.





*The Pacific troika supported a stand-alone goal on education as well as education's inclusion as a cross-cutting issue in other goals, including a goal on healthy, productive and resilient oceans. The representative also indicated that education for sustainable development should include climate change and disaster risk management education. The Pacific delegate expressed openness to integrating measures on employment and decent work under a goal on poverty eradication or as a stand-alone goal.*

*The Pacific troika also proposed priorities for a stand-alone goal on health, emphasising the prevention of non-communicable and communicable diseases; strengthening national health systems; maternal and child health; and sexual and reproductive health. On population dynamics, the Pacific representative highlighted the water and sanitation challenges that arise in island countries from urbanisation and crowding.*

Delegates also called for improving the quantity and quality of global data, used to measure progress, especially the importance of disaggregating data to better reveal the conditions of vulnerable and marginalised groups. It was clear that many delegates believed addressing the structural causes of poverty, and the persistent problems of unemployment, underemployment, and sparse social protection, are fundamental to sustainable development.

The “dashboard proposal” put forward by Colombia and Guatemala, which would define a core of agreed targets and indicators for each agreed goal, and allow countries to add more specific targets and indicators to reflect national or regional priorities or circumstances, seemed to be gaining traction.

There are four more meetings of the OWG scheduled from November 2013 to February 2014:

- Fifth meeting of OWG (25-27 November, 2013) to discuss sustained and inclusive economic growth, macroeconomic policy questions (including international trade, international financial system and external debt stability), infrastructure development (1.5 days) and energy (1.5 days).
- Sixth meeting of OWG (9-13 December, 2013) to discuss means of implementation and global partnership for achieving sustainable development (2 days); needs of countries in special situations, African countries, LDCs, LLDCs, and SIDS as well as specific challenges facing middle-income countries (2 days); and human rights, the right to development and global governance (1 day).

- Seventh meeting of OWG (6-10 January, 2014) to discuss sustainable cities and human settlements, and sustainable transport (2 days); sustainable consumption and production (including chemicals and waste) (1.5 days); climate change and disaster risk reduction (1.5 days).
- Eighth meeting of OWG (3-7 February, 2014) to discuss oceans and seas, forests and biodiversity (2 days); promoting equality, including social equity, gender equality and women's empowerment (1.5 days); conflict prevention, post-conflict peace-building and the promotion of durable peace, rule of law and governance (1.5 days)

With the narrowing of the region's priorities at the Pacific Regional Preparatory Meeting, the Pacific troika representatives have clear positions to take to the next four meeting.

# Annex 1 MDGs ASSESSMENT AND DATA GUIDELINES

In the preparation of this Report, the dataset for the 2012 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.

The MDGs assessments 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.

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## 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?

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
- Not applicable

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:

1. Latest data is recording modest to significant increments in the right direction.
2. 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:

1. Data is trending in the wrong direction or recording marginal increments in the right direction.
2. Proxy data and qualitative information (weak government commitment and/or development partner support, lack of initiatives in place) indicate insufficient progress.

A 'mixed' assessment indicates:

1. Uneven progress: good progress on some indicators but insufficient progress in others.
2. 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'.

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.

# Annex 2 HLP ILLUSTRATIVE UNIVERSAL GOALS, NATIONAL TARGETS

<sup>1</sup> Candidates for global minimum standards, including 'zero' goals.

<sup>2</sup> Indicators to be disaggregated.

<sup>3</sup> Targets require further technical work to find appropriate indicators.



## 1. End Poverty

1a. Bring the number of people living on less than \$1.25 a day to zero **and** reduce by x% the share of people living below their country's 2015 national poverty line <sup>1,2</sup>

1b. Increase by x% the share of women and men, communities, and businesses with secure rights to land, property, and other assets <sup>2,3</sup>

1c. Cover x% of people who are poor and vulnerable with social protection systems <sup>2,3</sup>

1d. Build resilience and reduce deaths from natural disasters by x% <sup>2</sup>



## 2. Empower Girls and Women and Achieve Gender Equality

2a. Prevent and eliminate all forms of violence against girls and women <sup>1,2,3</sup>

2b. End child marriage <sup>1,2</sup>

2c. Ensure equal right of women to own and inherit property, sign a contract, register a business and open a bank account <sup>1,2</sup>

2d. Eliminate discrimination against women in political, economic, and public life <sup>1,2,3</sup>



## 3. Provide Quality Education and Lifelong Learning

3a. Increase by x% the proportion of children able to access and complete pre-primary education <sup>2</sup>

3b. Ensure every child, regardless of circumstance, completes primary education able to read, write and count well enough to meet minimum learning standards <sup>1,2</sup>

3c. Ensure every child, regardless of circumstance, has access to lower secondary education and increase the proportion of adolescents who achieve recognized and measurable learning outcomes to x% <sup>1,2</sup>

3d. Increase the number of young and adult women and men with the skills, including technical and vocational, needed for work by x% <sup>2,3</sup>



## 4. Ensure Healthy Lives

4a. End preventable infant and under-5 deaths <sup>1,2</sup>

4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated <sup>1,2</sup>

4c. Decrease the maternal mortality ratio to no more than x per 100,000 <sup>1,2</sup>

4d. Ensure universal sexual and reproductive health and rights <sup>1,2</sup>

4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases <sup>2</sup>



## 5. Ensure Food Security and Good Nutrition

5a. End hunger and protect the right of everyone to have access to sufficient, safe, affordable, and nutritious food <sup>1,2</sup>

5b. Reduce stunting by x%, wasting by y%, and anemia by z% for all children under five <sup>1,2</sup>

5c. Increase agricultural productivity by x%, with a focus on sustainably increasing smallholder yields and access to irrigation <sup>3</sup>

5d. Adopt sustainable agricultural, ocean and freshwater fishery practices and rebuild designated fish stocks to sustainable levels <sup>1</sup>

5e. Reduce postharvest loss and food waste by x% <sup>3</sup>



## 6. Achieve Universal Access to Water and Sanitation

6a. Provide universal access to safe drinking water at home, and in schools, health centers, and refugee camps <sup>1,2</sup>

6b. End open defecation and ensure universal access to sanitation at school and work, and increase access to sanitation at home by x% <sup>1,2</sup>

6c. Bring freshwater withdrawals in line with supply and increase water efficiency in agriculture by x%, industry by y% and urban areas by z%

6d. Recycle or treat all municipal and industrial wastewater prior to discharge <sup>1,3</sup>



## 7. Secure Sustainable Energy

7a. Double the share of renewable energy in the global energy mix

7b. Ensure universal access to modern energy services <sup>1,2</sup>

7c. Double the global rate of improvement in energy efficiency in buildings, industry, agriculture and transport

7d. Phase out inefficient fossil fuel subsidies that encourage wasteful consumption <sup>1,3</sup>



## 8. Create Jobs, Sustainable Livelihoods, and Equitable Growth

8a. Increase the number of good and decent jobs and livelihoods by x <sup>2</sup>

8b. Decrease the number of young people not in education, employment or training by x% <sup>2</sup>

8c. Strengthen productive capacity by providing universal access to financial services and infrastructure such as transportation and ICT <sup>1,2,3</sup>

8d. Increase new start-ups by x and value added from new products by y through creating an enabling business environment and boosting entrepreneurship <sup>2,3</sup>



## 9. Manage Natural Resource Assets Sustainably

9a. Publish and use economic, social and environmental accounts in all governments and major companies <sup>1</sup>

9b. Increase consideration of sustainability in x% of government procurements <sup>3</sup>

9c. Safeguard ecosystems, species and genetic diversity

9d. Reduce deforestation by x% and increase reforestation by y%

9e. Improve soil quality, reduce soil erosion by x tonnes and combat desertification



## 10. Ensure Good Governance and Effective Institutions

10a. Provide free and universal legal identity, such as birth registrations <sup>1,2</sup>

10b. Ensure people enjoy freedom of speech, association, peaceful protest and access to independent media and information <sup>1,3</sup>

10c. Increase public participation in political processes and civic engagement at all levels <sup>2,3</sup>

10d. Guarantee the public's right to information and access to government data <sup>1</sup>

10e. Reduce bribery and corruption and ensure officials can be held accountable <sup>3</sup>



## 11. Ensure Stable and Peaceful Societies

11a. Reduce violent deaths per 100,000 by x and eliminate all forms of violence against children <sup>1,2,3</sup>

11b. Ensure justice institutions are accessible, independent, well-resourced and respect due-process rights <sup>1,2,3</sup>

11c. Stem the external stressors that lead to conflict, including those related to organised crime <sup>3</sup>

11d. Enhance the capacity, professionalism and accountability of the security forces, police and judiciary <sup>3</sup>



## 12. Create a Global Enabling Environment and Catalyse Long-Term Finance

12a. Support an open, fair and development-friendly trading system, substantially reducing trade-distorting measures, including agricultural subsidies, while improving market access of developing country products <sup>3</sup>

12b. Implement reforms to ensure stability of the global financial system and encourage stable, long-term private foreign investment <sup>3</sup>

12c. Hold the increase in global average temperature below 2° C above pre-industrial levels, in line with international agreements

12d. Developed countries that have not done so to make concrete efforts towards the target of 0.7% of gross national product (GNP) as official development assistance to developing countries and 0.15 to 0.20% of GNP of developed countries to least developed countries; other countries should move toward voluntary targets for complementary financial assistance

12e Reduce illicit flows and tax evasion and increase stolen-asset recovery by \$x <sup>3</sup>

12f. Promote collaboration on and access to science, technology, innovation, and development data <sup>3</sup>





# STATISTICAL ANNEX

# COOK ISLANDS

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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]
<b>2</b> MDG	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(2011) **	**NSO cited in [1], **SPC from Census data
<b>3</b> MDG	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(2012) **	*[2], **PIFS from parliament clerk
<b>4</b> MDG	4.1	Under 5 mortality (per 1,000 live births)+	...	26.1(1996-02)* *	7.0(2008-10)* **	*[3], **[4]
	4.2	Infant mortality (per 1,000 live births)+	16.1(1990-94)*	13.9(1998-02)*	10.8(2006-10)*	[4]
	4.3	Measles immunisation of 1 year old (%)	...	83.0(2001) *	100.0(2010) **	*MOH cited in [1], **MOH & WPRO technical units cited in [5]
<b>5</b> MDG	5.1	Maternal mortality (per 100,000 live births)	39.2(1990-94)	0.0(1998-02)	0.0(2006-10)	[4]
	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 (%)	...	...	...	
<b>6</b> MDG	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)	14.0(1990)	10.0(2000)	7.7(2011)	[6]
6.9b	TB death rates (per 100,000)	1.2(1990)	0.9(2000)	0.6(2011)	[6]	
6.9c	TB incidence rates (per 100,000)	11.0(1990)	12.0(2000)	6.0(2011)	[6]	
6.10a	TB detection rate under DOTs (%)	0.0(1990)	69.0(2000)	82.0(2011)	[6]	
6.10b	TB cure rate under DOTs (%)	100.0(1994)	0.0(2001)	n/a(2010)	[6]^	
<b>7</b> MDG	7.1	Proportion of land area covered by forest (%)	62.5(1990)	66.7(2000)	66.7(2010)	Estimated data cited in [7]
	7.2a	CO <sub>2</sub> emissions, total (*000 metric tons)	22.0(1990)	29.0(2000)	70.0(2009)	Global monitoring data cited in [7]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	1.2(1990)	1.6(2000)	3.5(2009)	Global monitoring data cited in [7]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	...	...	
	7.3	Use of ODS (ODP metric tons)	0.1(1991)	0.0(2000)	0.1(2010)	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 (%)	0.0(1990)	0.1(2000)	0.1(2010)	Estimated data cited in [7]
	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]	
<b>8</b> MDG	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)	13.4(2010)	Disbursement basis, OECD DAC country data cited in [7]
	8.6	Duty free exports to developed countries (%)	...	99.1(2000)	16.0(2010)	Country data cited in [7]
	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 Initiatives	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) **	36.5(2011) **	*ITU estimate & **Telecom Cook Islands Limited cited in [7]	
8.15	Cellular subscribers per 100 population	0.0(1990) *	3.1(2000) **	46.7(2011) **	*ITU estimate & **Telecom Cook Islands Limited cited in [7]	
8.16	Internet users per 100 population	0.0(1990) *	15.7(2000) **	44.0(2011) **	*ITU estimate & **Telecom Cook Islands Limited cited in [7]	



- On track
- Off track
- Mixed
- Not assessed

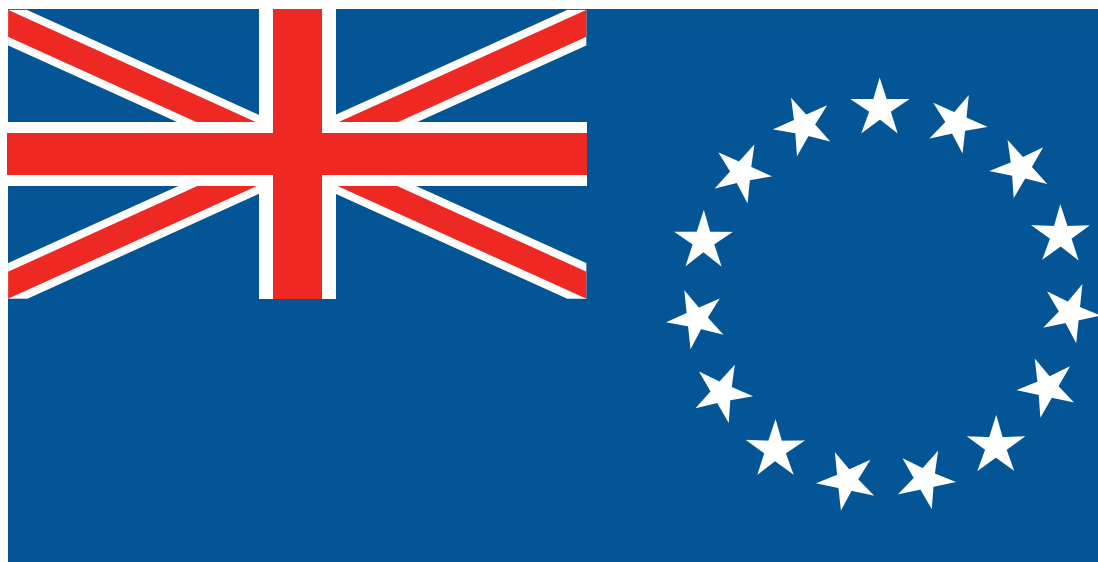
... Data not available

n/a Indicator not applicable to country context

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

^ No cases in 2010.



# FEDERATED STATES OF MICRONESIA

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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]
<b>2</b> MDG	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
<b>3</b> MDG	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(2012)	Country data cited in [3]
<b>4</b> MDG	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]
<b>5</b> MDG	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) *	44.0(2010) **	*Census data & **SPC from Census data
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	...	
	5.6	Unmet need for family planning (%)	...	...	...	
<b>6</b> MDG	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)	455.0(1990)	561.0(2000)	294.0(2011)	[5]
	6.9b	TB death rates (per 100,000)	14.0(1990)	65.0(2000)	23.0(2011)	[5]
	6.9c	TB incidence rates (per 100,000)	379.0(1990)	279.0(2000)	200.0(2011)	[5]
	6.10a	TB detection rate under DOTS (%)	100.0(1990)	30.0(2000)	66.0(2011)	[5]
6.10b	TB cure rate under DOTS (%)	64.0(1994)	93.0(2000)	97.0(2010)	[5]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	...	55.0(2000)	62.0(2009)	Global monitoring data cited in [3]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	...	0.5(2000)	0.6(2008)	Global monitoring data cited in [3]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	0.2(2000)	0.3(2008)	Global monitoring data cited in [3]
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	1.0(2000)	0.2(2010)	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 (%)	...	...	...	
	<b>8</b> MDG	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) *	40.1(2011) **	*Disbursement basis, OECD DAC country data cited in [3], **[6]
8.6		Duty free exports to developed countries (%)	...	2.3(2000)	33.6(2010)	Country data cited in [3]
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 Initiatives	n/a	n/a	n/a	
8.12		Debt service (% of exports)	...	60.8(2000) *	6.6(2012e) **	*[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]

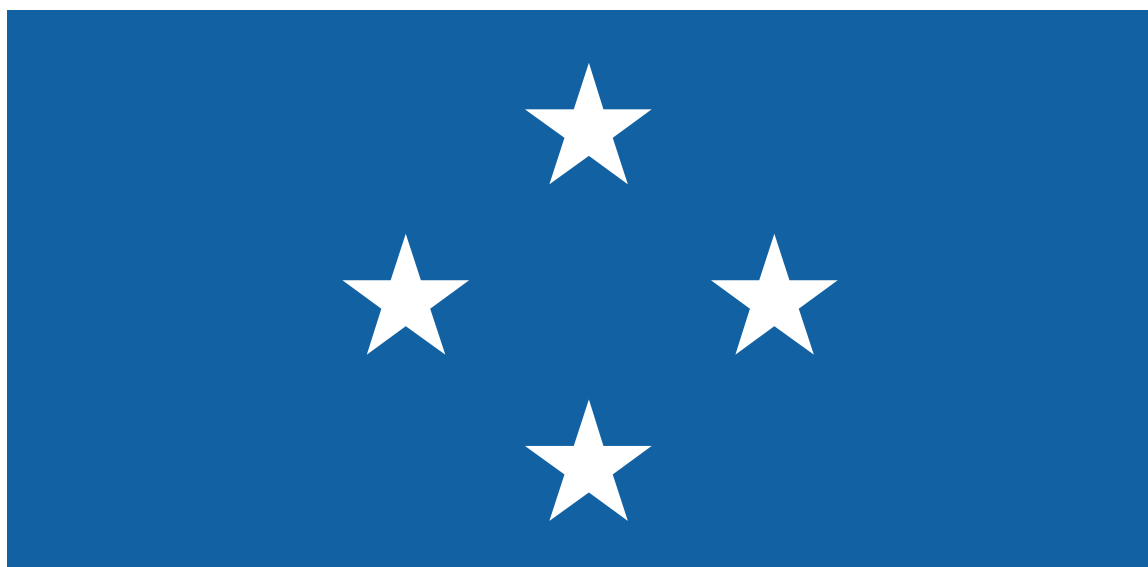
- On track
- Off track
- Mixed
- Not assessed

... Data not available

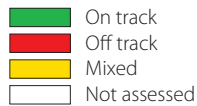
n/a Indicator not applicable to country context

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



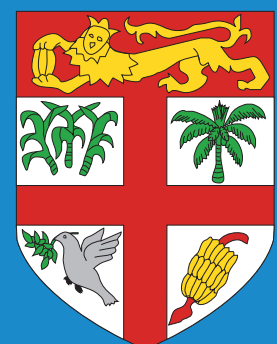
		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG 1	1.1	Basic needs poverty (%)	...	39.8(2002-03)	35.2(2008-09)	[1]
	1.2	Poverty gap ratio (%)	...	12.2(2002-03)	9.9(2008-09)	[1]
	1.3	Poorest quintile in national consumption (%)	...	5.9(2002)	5.4(2008)	[2]
	1.4	Growth rate of GDP per person employed (%)	...	...	...	
	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 (%)	...	...	27.7(2007)	SPC from Census data
	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]
<b>2</b> 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]
<b>3</b> MDG 3	3.1a	Gender parity index in primary education	94.0(1990) *	98.0(2000) *	94.0(2012)	** *MOE cited in [6], **SPC from MOE
	3.1b	Gender parity index in secondary education	105.0(1990) *	107.0(2000) *	104.0(2012)	** *MOE cited in [6], **SPC from MOE
	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
<b>4</b> 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]
<b>5</b> 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 (%)	...	...	...	
<b>6</b> 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)	232.0(1990)	107.0(2000)	33.0(2011)	[11]
	6.9b	TB death rates (per 100,000)	7.5(1990)	3.7(2000)	1.8(2011)	[11]
	6.9c	TB incidence rates (per 100,000)	112.0(1990)	54.0(2000)	26.0(2011)	[11]
	6.10a	TB detection rate under DOTS (%)	28.0(1990)	33.0(2000)	92.0(2011)	[11]
	6.10b	TB cure rate under DOTS (%)	90.0(1994)	85.0(2000)	67.0(2010)	[11]
<b>7</b> 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	CO <sub>2</sub> emissions, total ('000 metric tons)	818.0(1990)	865.0(2000)	847.0(2009)	Global monitoring data cited in [4]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	1.1(1990)	1.1(2000)	1.0(2009)	Global monitoring data cited in [4]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.3(1990)	0.3(2000)	0.4(2009)	Global monitoring data cited in [4]
	7.3	Use of ODS (ODP metric tons)	41.8(1990)	2.5(2000)	9.2(2010)	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 (%)	85.0(1990)	91.0(2000)	96.0(2011)	[12]
7.9	Using an improved sanitation facility (%)	57.0(1990)	74.0(2000)	87.0(2011)	[12]	
7.10	Urban population living in slums (%)	...	...	...		
<b>8</b> 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)	2.1(2011)	*Disbursement basis, OECD DAC country data cited in [4], **[13]
	8.6	Duty free exports to developed countries (%)	...	51.2(2000)	72.6(2010)	Country data cited in [4]
	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 Initiatives	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) **	15.0(2011)	*** *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) *	83.7(2011)	** *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) *	28.0(2011)	** *Telecom Fiji & **ITU estimate cited in [4]	



... Data not available

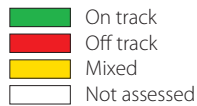
n/a Indicator not applicable to country context

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# KIRIBATI

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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 (%)	...	...	15.7(2010)	SPC from 2010 census
	1.8	Underweight children under age 5 (%)	...	...	23.1(2009)	[3]
	1.9	Food poverty (%)	...	...	5.3(2006)	[1]
<b>2</b> MDG	2.1	Net enrolment ratio in primary education (%)	76.2(1990)*	93.5(2000)*	82.0(2011)**	*[2], **Digest of Education Statistics 2011
	2.2	Reaches last grade in primary education (%)	98.0(1990)*	79.1(2004)**	91.2(2011)***	*NSO cited in [2], **SPC from NSO, ***Digest of Education Statistics 2011
	2.3	Literacy rates of 15-24 years old (%)	...	92.0(2000)*	98.5(2010)**	*SPC from NSO, **SPC from 2010 census
<b>3</b> MDG	3.1a	Gender parity index in primary education	...	101.0(1999)*	101.0(2011)**	*Country data cited in [4], **Digest of Education Statistics 2011
	3.1b	Gender parity index in secondary education	...	119.0(1999)*	137.0(2011)**	*Country data cited in [4], **Digest of Education Statistics 2011
	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)*	47.4(2010)**	*Country census data cited in [4], **SPC from 2010 census
	3.3	Seats held by women in parliament (%)	0.0(1990)*	4.9(2000)*	8.7(2012)**	Country data cited in [4]
<b>4</b> MDG	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]
<b>5</b> MDG	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)*	49.0(2010)**	*SPC, **SPC from 2010 census
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	88.4(2009)	[3]
	5.6	Unmet need for family planning (%)	...	...	28.0(2009)	[3]
<b>6</b> MDG	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)	257.0(1990)	497.0(2000)	462.0(2011)	[8]
	6.9b	TB death rates (per 100,000)	43.0(1990)	19.0(2000)	4.2(2011)	[8]
	6.9c	TB incidence rates (per 100,000)	116.0(1990)	372.0(2000)	356.0(2011)	[8]
	6.10a	TB detection rate under DOTS (%)	81.0(1990)	81.0(2000)	95.0(2011)	[8]
6.10b	TB cure rate under DOTS (%)	87.0(1995)	91.0(2000)	93.0(2010)	[8]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	22.0(1990)	33.0(2000)	51.0(2009)	Global monitoring data cited in [4]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	0.3(1990)	0.4(2000)	0.5(2009)	Global monitoring data cited in [4]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.1(1990)	0.1(2000)	0.2(2008)	Global monitoring data cited in [4]
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	0.0(2000)	0.1(2010)	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 (%)	...	...	...		
<b>8</b> MDG	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)*	26.1(2011)**	*Disbursement basis, OECD DAC country data cited in [4], **[9]
	8.6	Duty free exports to developed countries (%)	...	8.3(2000)	99.8(2010)	Country data cited in [4]
	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 Initiatives	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)**	8.4(2011)***	*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)*	13.6(2011)**	*Telecom Services Kiribati Limited & **Telecom Authority of Kiribati cited in [4]	
8.16	Internet users per 100 population	0.0(1990)*	1.8(2000)*	14.7(2010)**	*ITU estimate cited in [4], **SPC from 2010 census	



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\* "In-country", for USP centres and satellite training.



# MARSHALL ISLANDS

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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) *	39.9(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 (%)	...	...	...	
<b>2</b> MDG	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) *	98.0(2011) **	SPC from *1999 census & **2011 census
<b>3</b> MDG	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) *	...	113.0(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(2012) **	*[2], **Country data cited in [3]
<b>4</b> MDG	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)**	22.0(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]
<b>5</b> MDG	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 (%)	...	...	98.3(2011)	SPC from 2011 MOH Annual Report
	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) *	85.0(2011) **	*Census data cited in [2], **SPC from census
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	92.0(2011)	SPC from 2011 MOH Annual Report
	5.6	Unmet need for family planning (%)	...	...	2.4(2009)	MOH cited in [5]
<b>6</b> MDG	6.1	HIV prevalence of 15-24 years old (%)	...	...	0.0(2011)	SPC from 2011 MOH Annual Report
	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)	261.0(1990)	539.0(2000)	924.0(2011)	[7]
	6.9b	TB death rates (per 100,000)	21.0(1990)	62.0(2000)	74.0(2011)	[7]
	6.9c	TB incidence rates (per 100,000)	137.0(1990)	263.0(2000)	536.0(2011)	[7]
	6.10a	TB detection rate under DOTS (%)	37.0(1991)	25.0(2000)	47.0(2011)	[7]
6.10b	TB cure rate under DOTS (%)	25.0(1995)	91.0(2000)	80.0(2010)	[7]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	48.0(1990)	77.0(2000)	103.0(2009)	Global monitoring data cited in [3]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	1.0(1990)	1.5(2000)	1.9(2009)	Global monitoring data cited in [3]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	...	0.8(2009)	Global monitoring data cited in [3]
	7.3	Use of ODS (ODP metric tons)	1.2(1990)	0.6(2000)	0.2(2010)	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) *	90.0(2011) **	*Census data cited in [2], **SPC from 2011 census
	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 (%)	...	...	...	
<b>8</b> MDG	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)	38.2(2011)	*Disbursement basis, OECD DAC country data cited in [3], **[8]
	8.6	Duty free exports to developed countries (%)	...	85.6(2000)	92.9(2010)	Country data cited in [3]
	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 Initiatives	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]	



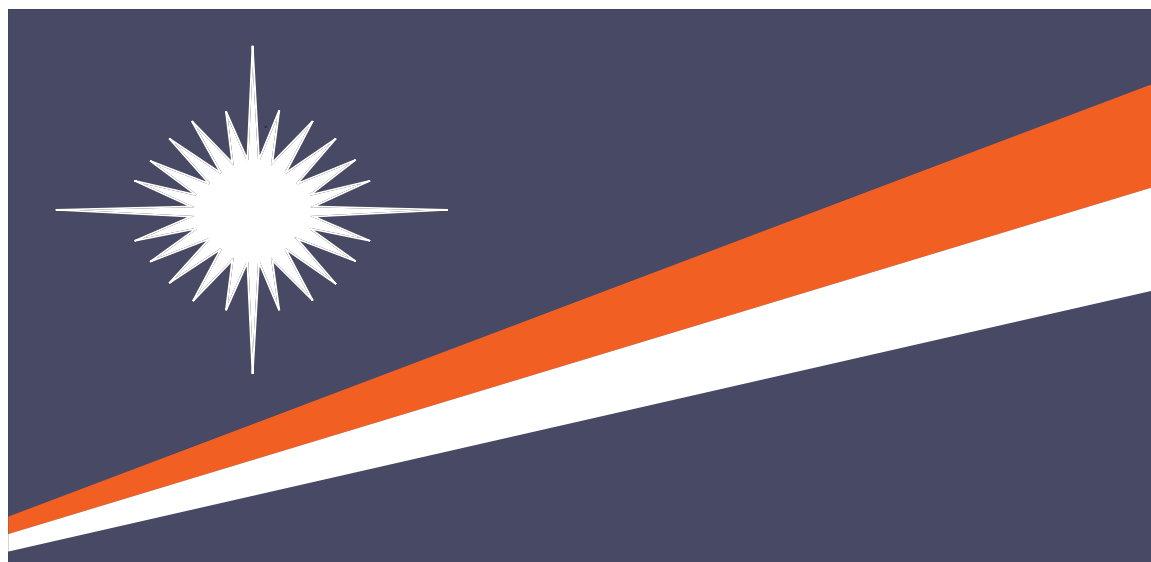
- On track
- Off track
- Mixed
- Not assessed

... Data not available

n/a Indicator not applicable to country context





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



# NAURU

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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 (%)	...	83.9(2002)	46.7(2011)	SPC from 2002 & 2011 census
	1.6	Employed living below \$1 (PPP) per day (%)	...	...	...	
	1.7	Own-account and unpaid family workers (%)	...	...	5.9(2011)	SPC from 2011 census
	1.8	Underweight children under age 5 (%)	...	...	5.6(2007)	[2]
	1.9	Food poverty (%)	...	...	16.0(2006)	[1]
<b>2</b> MDG	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 (%)	...	...	92.8(2011)	SPC from MOE
	2.3	Literacy rates of 15-24 years old (%)	...	99.0(2002) *	96.5(2011) **	SPC from *NSO & **2011 census
<b>3</b> MDG	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)	37.6(2011)	SPC from 2002 & 2011 census
	3.3	Seats held by women in parliament (%)	5.6(1990)	0.0(2000)	5.3(2013)	Country data cited in [4]
<b>4</b> MDG	4.1	Under 5 mortality (per 1,000 live births)	...	44.0(1998-02)*	37.0(2007-11)**	*[2], **SPC from 2011 census
	4.2	Infant mortality (per 1,000 live births)	...	40.0(1998-02)*	33.0(2007-11)**	*[2], **SPC from 2011 census
	4.3	Measles immunisation of 1 year old (%)	...	...	65.0(2010)^	PIFS from MOH
<b>5</b> MDG	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)*	81.0(2009-11)**	*[2], **SPC from 2011 census
	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]
<b>6</b> MDG	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)	114.0(1990)	41.0(2000)	42.0(2011)	[5]
6.9b	TB death rates (per 100,000)	9.3(1990)	3.3(2000)	3.4(2011)	[5]	
6.9c	TB incidence rates (per 100,000)	89.0(1990)	32.0(2000)	33.0(2011)	[5]	
6.10a	TB detection rate under DOTS (%)	86.0(1990)	130.0(2000)	150.0(2011)	[5]	
6.10b	TB cure rate under DOTS (%)	...	25.0(2000)	67.0(2010)	[5]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	132.0(1990)	136.0(2000)	147.0(2009)	Global monitoring data cited in [4]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	14.1(1990)	13.5(2000)	14.4(2009)	Global monitoring data cited in [4]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	...	...	
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	0.4(2000)	0.0(2010)	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 (%)	...	...	...		
<b>8</b> MDG	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)	27.8(2010)	Disbursement basis, OECD DAC country data cited in [4]
	8.6	Duty free exports to developed countries (%)	...	84.6(2010)	98.2(2010)	Country data cited in [4]
	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 Initiatives	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 (Nauru no longer has an operational cable network) cited in [4]
	8.15	Cellular subscribers per 100 population	0.0(1990) *	12.0(2000) *	65.0(2011) **	**ITU estimate & **Min of Transport & Telecom (according to Digicel data) cited in [4]
8.16	Internet users per 100 population	0.0(1990) *	3.0(2001) *	5.6(2011) **	**ITU estimate cited in [4], ***SPC from Min of Transport & Telecom	

-  On track
-  Off track
-  Mixed
-  Not assessed

... Data not available

n/a Indicator not applicable to country context

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+ "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.



		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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 (%)	...	...	67.0(2011)	SPC from 2011 census
	1.6	Employed living below \$1 (PPP) per day (%)	...	...	...	
	1.7	Own-account and unpaid family workers (%)	...	...	14.0(2011)	** SPC from 2011 census
	1.8	Underweight children under age 5 (%)	...	0.0(2002) *	0.0(2005)	*NSO from MOH cited in [1], **Niue Ffoo Hospital data cited in [2]
	1.9	Food poverty (%)	...	0.0(2002)	...	NSO cited in [1]
<b>2</b> MDG	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
<b>3</b> MDG	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) *	46.0(2011)	** *Census data cited in [1], **SPC from 2011 census
	3.3	Seats held by women in parliament (%)	10.0(1990) *	10.0(2002)	15.0(2012)	*Justice cited in [1], **PIFS from parliament clerk
<b>4</b> MDG	4.1	Under 5 mortality (per 1,000 live births)	13.0(1987-91)	37.6(1997-01)	16.1(2007-11)	[4]
	4.2	Infant mortality (per 1,000 live births)	13.0(1987-91)	30.1(199-01)	8.1(2007-11)	** [4]
	4.3	Measles immunisation of 1 year old (%)	100.0(1991) *	100.0(2001) *	100.0(2011)	*MOH cited in [1], **PIFS from MOH
<b>5</b> MDG	5.1	Maternal mortality (per 100,000 live births) <sup>^</sup>	0.0(1991) <sup>^</sup> *	0.0(2001) <sup>^</sup> *	0.0(2007-11)	*MOH cited in [1], **[4]
	5.2	Skilled birth attendance (%)	100.0(1990)	100.0(2000)	100.0(2011)	SPC from 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) *	19.7(2007-11)	*[5], **SPC from civil registration data
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	100.0(2008)	Country adjusted data, FPI <sup>^</sup> cited in [6]
	5.6	Unmet need for family planning (%)	...	...	...	**
<b>6</b> MDG	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)	42.0(1990)	63.0(2000)	52.0(2011)	[7]
6.9b	TB death rates (per 100,000)	3.4(1990)	5.1(2000)	4.2(2011)	[7]	
6.9c	TB incidence rates (per 100,000)	33.0(1990)	49.0(2000)	40.0(2011)	[7]	
6.10a	TB detection rate under DOTS (%)	0.0(1990)	0.0(2000)	170.0(2011)	[7]	
6.10b	TB cure rate under DOTS (%)	...	100.0(1999)	n/a(2010)	[7]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	4.0(1990)	4.0(2000)	4.0(2009)	Global monitoring data cited in [6]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	1.7(1990)	2.1(2000)	2.6(2009)	Global monitoring data cited in [6]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	...	...	
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	0.0(2000)	0.0(2010)	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 (%)	99.0(1990)	99.0(2000)	99.0(2011)	[8]
7.9	Using an improved sanitation facility (%)	69.0(1995)	79.0(2000)	100.0(2011)	[8]	
7.10	Urban population living in slums (%)	n/a	n/a	n/a		
<b>8</b> MDG	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)	15.2(2010)	Disbursement basis, OECD DAC country data cited in [6]
	8.6	Duty free exports to developed countries (%)	...	92.3(2000)	88.5(2010)	Country data cited in [6]
	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 Initiatives	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)	62.0(2011)	SPC from 2011 census	

- On track
- Off track
- Mixed
- Not assessed

... Data not available

n/a Indicator not applicable to country context

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+ "In-country", for USP centres and satellite training.

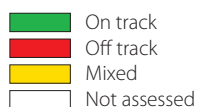
^ Single year figure unstable due to small size of population.

# Family Planning International, A Measure of the Future: Women's Sexual and Reproductive Risk Index for the Pacific 2009. Available from <http://www.fpi.org.nz>.

~ No cases in 2010.



		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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]
<b>2</b> MDG	2.1	Net enrolment ratio in primary education (%)	81.8(1990) *	85.0(2004-05) **	90.0(2011) ***	*Census data cited in [3], **MOE cited in [4], ***SPC from MOE
	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]
<b>3</b> MDG	3.1a	Gender parity index in primary education	...	92.7(2000-01)	92.0(2010-11)	SPC from MOE
	3.1b	Gender parity index in secondary education	...	110.0(2000-01)	106.0(2010-11) **	*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) *	0.0(2000) **	0.0(2012) + **	*[4], **Country data cited in [5]
<b>4</b> MDG	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]
<b>5</b> MDG	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 (%)	...	...	...	
<b>6</b> MDG	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 <sup>d</sup> 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)	57.0(1990)	257.0(2000)	256.0(2011)	[6]
6.9b	TB death rates (per 100,000)	4.5(1990)	26.0(2000)	26.0(2011)	[6]	
6.9c	TB incidence rates (per 100,000)	45.0(1990)	156.0(2000)	153.0(2011)	[6]	
6.10a	TB detection rate under DOTS (%)	75.0(1991)	75.0(1999)	38.0(2011)	[6]	
6.10b	TB cure rate under DOTS (%)	64.0(1994)	100.0(2001)	88.0(2010)	[6]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	235.0(1990)	117.0(2000)	209.0(2009)	Global monitoring data cited in [5]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	15.2(1990)	6.1(2000)	10.3(2009)	Global monitoring data cited in [5]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.3(1991)	0.7(2000)	0.2(2009)	
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	70.7(2000)	0.2(2010)	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 (%)	...	...	...		
<b>8</b> MDG	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) *	18.7(2011) **	*Disbursement basis, OECD DAC country data cited in [5], **[7]
	8.6	Duty free exports to developed countries (%)	...	1.3(2000)	1.7(2010)	Country data cited in [5]
	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 Initiatives	n/a	n/a	n/a	
	8.12	Debt service (% of exports)	...	1.2(2000) *	48.3(2011e) **	*[8], **[9]
	8.13	Population with access to essential drugs (%)	...	...	...	
8.14	Telephone lines per 100 population	...	35.4(2002) *	33.6(2011) **	*ITU estimate cited & **PNCC cited in [5]	
8.15	Cellular subscribers per 100 population	...	12.6(2002) *	74.9(2011) **	*ITU estimate cited & **PNCC 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]	



... Data not available

n/a Indicator not applicable to country context

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+ 3 women elected in the Upper House in 2012. However, indicator covers seats won by women in the Lower House in a bicameral system.

^ Single year figure unstable due to small size of population.

# 2003 Palau Population, Environment and Labor Force Survey.



# PAPUA NEW GUINEA

		Baseline	Mid-point	Latest	Source	
<b>1</b>	<b>MDG</b>	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 (%)	...	...	27.2(2010)	SPC from HIES
		1.9 Food poverty (%)	...	...	...	
<b>2</b>	<b>MDG</b>	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]
<b>3</b>	<b>MDG</b>	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) *	2.7(2012) **	*Country data cited in [3], **PIFS
<b>4</b>	<b>MDG</b>	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]
<b>5</b>	<b>MDG</b>	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
<b>6</b>	<b>MDG</b>	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 (%)	...	...	57.3(2010)	SPC from HIES
		6.8 Under 5 treated with anti-malarial drugs (%)	...	...	37.3(2008)	SPC
		6.9a TB prevalence rates (per 100,000)	678.0(1990)	530.0(2000)	534.0(2011)	[8]
		6.9b TB death rates (per 100,000)	82.0(1990)	52.0(2000)	53.0(2011)	[8]
		6.9c TB incidence rates (per 100,000)	308.0(1990)	349.0(2000)	346.0(2011)	[8]
		6.10a TB detection rate under DOTS (%)	19.0(1990)	56.0(2000)	61.0(2011)	[8]
6.10b TB cure rate under DOTS (%)	60.0(1994)	63.0(2000)	58.0(2010)	[8]		
<b>7</b>	<b>MDG</b>	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 CO <sub>2</sub> emissions, total ('000 metric tons)	2142.0(1990)	2688.0(2000)	3480.0(2009)	Global monitoring data cited in [3]
		7.2b CO <sub>2</sub> emissions, per capita (metric tons)	0.5(1990)	0.5(2000)	0.5(2009)	Global monitoring data cited in [3]
		7.2c CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.2(1990)	0.3(2000)	0.1(2009)	Global monitoring data cited in [3]
		7.3 Use of ODS (ODP metric tons)	28.5(1991)	52.0(2000)	3.3(2010)	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 (%)	33.0(1990)	35.0(2000)	40.0(2011)	[9]
		7.9 Using an improved sanitation facility (%)	20.0(1990)	19.0(2000)	19.0(2011)	[9]
7.10 Urban population living in slums (%)	...	...	...			
<b>8</b>	<b>MDG</b>	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) *	4.9(2011) **	*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 Initiatives	n/a	n/a	n/a	
		8.12 Debt service (% of exports)	18.4(1990) *	8.0(2000) *	1.3(2011e) **	*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) *	1.9(2011) **	*ITU estimate cited in [3]		
8.15 Cellular subscribers per 100 population	0.0(1990)	0.2(2000)	49.1(2010)	SPC from HIES		
8.16 Internet users per 100 population	0.0(1990) *	0.8(2000) *	2.0(2011) **	*Telikom PNG & **ITU estimate cited in [3]		



- On track
- Off track
- Mixed
- Not assessed

... Data not available

n/a Indicator not applicable to country context

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+ 1996 HIES and 1996 & 2006 DHS.

^ 2000 census.

# 2005 Micro Nutrients Survey.



		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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 (%)	...	48.1(2001)	39.0(2011)	2011 Census p.75
	1.6	Employed living below \$1 (PPP) per day (%)	...	...	...	
	1.7	Own-account and unpaid family workers (%)	...	48.8(2001)	44.2(2011)	2011 Census p.75
	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]
<b>2</b> MDG	2.1	Net enrolment ratio in primary education (%)	93.0(1991) *	...	97.0(2012) **	*MESC cited in [2], **2012 Education Statistical Digest
	2.2	Reaches last grade in primary education (%)	...	85.3(2001) *	84.0(2012) #	*MESC cited in [2], **2012 Education Statistical Digest
	2.3	Literacy rates of 15-24 years old (%)	96.0(1991) *	...	97.9(2011) **	*[2], **2011 Census
<b>3</b> MDG	3.1a	Gender parity index in primary education	98.0(1990) *	93.0(2002) *	103.0(2012) **	*[2], **SPC from 2012 Education Statistical Digest
	3.1b	Gender parity index in secondary education	106.0(1990) *	104.0(2002) *	113.0(2012) **	*[2], **SPC from 2012 Education Statistical 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) **	39.0(2011) ***	*[2], **Country census data cited in [2], ***2011 Census p.77
	3.3	Seats held by women in parliament (%)	4.0(1990) *	6.1(2002) *	6.1(2012) **	*[2], **Samoa parliament website+
<b>4</b> MDG	4.1	Under 5 mortality (per 1,000 live births)	...	22.8(2001)	19.4(2011)	2011 Census p.47
	4.2	Infant mortality (per 1,000 live births)	...	19.5(2001)	15.6(2011)	2011 Census p.47
	4.3	Measles immunisation of 1 year old (%)	...	31.0(2001) *	60.6(2010) **	*[2], **WPRO technical units cited in [3]
<b>5</b> MDG	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) *	...	39.0(2011) **	*[2], **2011 Census
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	92.7(2009)	[4]
	5.6	Unmet need for family planning (%)	...	...	45.6(2009)	[4]
<b>6</b> MDG	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)	53.0(1990)	35.0(2000)	13.0(2011)	[6]
	6.9b	TB death rates (per 100,000)	4.9(1990)	3.3(2000)	1.1(2011)	[6]
	6.9c	TB incidence rates (per 100,000)	36.0(1990)	23.0(2000)	9.6(2011)	[6]
	6.10a	TB detection rate under DOTS (%)	76.0(1990)	100.0(2000)	110.0(2011)	[6]
	6.10b	TB cure rate under DOTS (%)	50.0(1994)	92.0(2000)	100.0(2010)	[6]
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	125.0(1990)	139.0(2000)	161.0(2009)	Global monitoring data cited in [7]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	0.8(1990)	0.8(2000)	0.9(2009)	Global monitoring data cited in [7]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.3(1990)	0.2(2000)	0.2(2008)	Global monitoring data cited in [7]
	7.3	Use of ODS (ODP metric tons)	4.0(1991)	0.7(2000)	0.3(2010)	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 (%)	...	...	...		
<b>8</b> MDG	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) *	16.1(2011) **	*Disbursement basis, OECD DAC country data cited in [7], **[8]
	8.6	Duty free exports to developed countries (%)	...	98.8(2000)	99.7(2011)	Country data cited in [7]
	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 Initiatives	n/a	n/a	n/a	
	8.12	Debt service (% of exports)	10.6(1990) *	5.7(1999) *	3.8(2011) **	*Country adjusted data cited in [7], **[9]
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
- Not assessed

... Data not available

n/a Indicator not applicable to country context

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+ Refer <http://www.parliament.gov.ws>

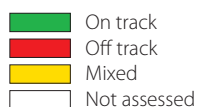
^ Samoa Communications Limited.

# Apparent Retention Rate



# SOLOMON ISLANDS

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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 (%)	...	64.0(1999) *	68.6(2009) **	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 (%)	...	...	14.2(2007)	[2]
	1.9	Food poverty (%)	...	...	10.6(2006)	[1]
<b>2</b> MDG	2.1	Net enrolment ratio in primary education (%)	39.0(1986) *	56.0(1999) *	90.0(2011) **	*NSO from census cited in [3], **SPC from MOE Performance Assessment Framework 2009-11
	2.2	Reaches last grade in primary education (%)	85.0(1991)	...	82.9(2010)	*UNDP 2003 Human Development Report, **MOE Performance Assessment Framework 2008-10
	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
<b>3</b> MDG	3.1a	Gender parity index in primary education	80.0(1986) *	86.0(1999) *	91.1(2010) **	*NSO from census cited in [3], **MOE Performance Assessment Framework 2008-10
	3.1b	Gender parity index in secondary education	57.0(1986) *	70.0(1999)	65.7(2010) **	*NSO from census cited in [3], **MOE Performance Assessment Framework 2008-10
	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) *	2.0(2012) **	*Country data cited in [4], **Solomon Islands parliament website~
<b>4</b> MDG	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]
<b>5</b> MDG	5.1	Maternal mortality (per 100,000 live births)	150.0(1990)	120.0(2000)	93.0(2010)	Modeled data cited in [4]
	5.2	Skilled birth attendance (%)	...	...	85.5(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)	[2]
	5.5	Antenatal care coverage, ≥ 1 visit (%)	...	...	79.8(2007)	[2]
	5.6	Unmet need for family planning (%)	...	...	11.1(2007)	[2]
<b>6</b> MDG	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)	[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)	615.0(1990)	364.0(2000)	162.0(2011)	[8]
	6.9b	TB death rates (per 100,000)	70.0(1990)	42.0(2000)	16.0(2011)	[8]
	6.9c	TB incidence rates (per 100,000)	312.0(1990)	185.0(2000)	103.0(2011)	[8]
	6.10a	TB detection rate under DOTS (%)	40.0(1990)	40.0(2000)	70.0(2011)	[8]
6.10b	TB cure rate under DOTS (%)	90.0(1994)	81.0(2000)	87.0(2010)	[8]	
<b>7</b> MDG	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(2009)	Global monitoring data cited in [4]
	7.2b	CO2 emissions, per capita (metric tons)	0.5(1990)	0.4(2000)	0.4(2009)	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)	2.1(1990)	0.8(2000)	2.3(2010)	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 (%)	...	...	...		
<b>8</b> MDG	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) *	49.6(2011) **	*Disbursement basis, OECD DAC country data cited in [4], **[9]
	8.6	Duty free exports to developed countries (%)	...	74.4(2000)	100.0(2010)	Country data cited in [4]
	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 Initiatives	n/a	n/a	n/a	
	8.12	Debt service (% of exports)	11.3(1990)	2.8(2000)	3.0(2010)	Country adjusted data cited in [4]
8.13	Population with access to essential drugs (%)	...	...	...		
8.14	Telephone lines per 100 population	1.5(1990) *	1.9(2000) *	1.5(2011) **	*Country data# & **Telecommunications Commission of the Solomon Islands cited in [4]	
8.15	Cellular subscribers per 100 population	0.0(1990) *	0.3(2000) *	49.8(2011) **	*Country data# & **Telecommunications Commission of the Solomon Islands cited in [4]	
8.16	Internet users per 100 population	0.0(1990)	0.5(2000)	5.0(2010)	ITU estimate cited in [4]	



... Data not available

n/a Indicator not applicable to country context

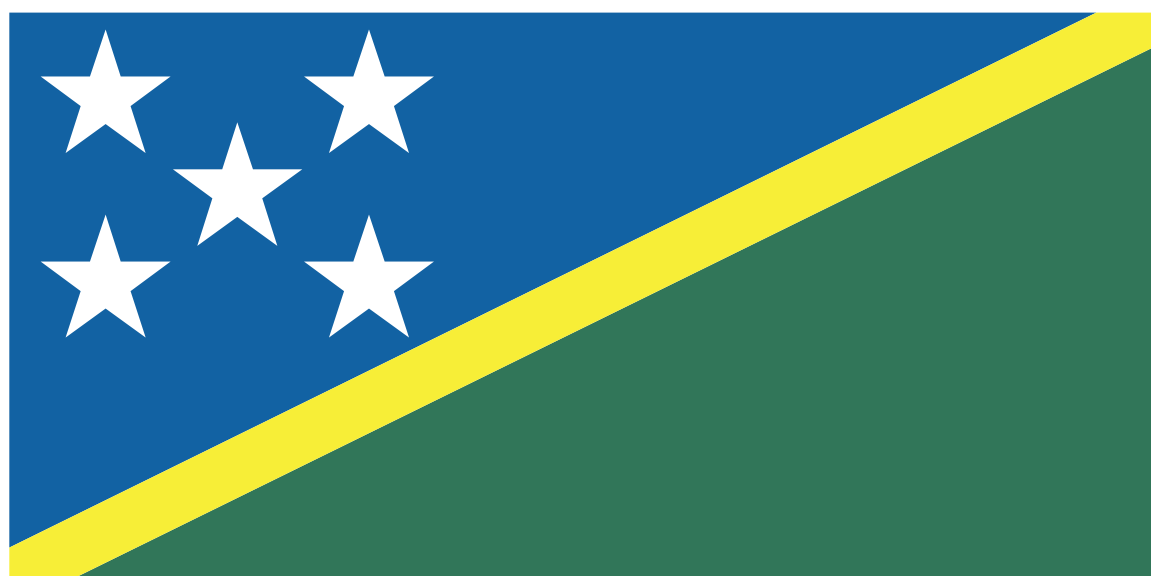
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+ "In-country", for USP centres and satellite training.

~ Refer <http://www.parliament.gov.sb>

^ Average of men and women.

# Solomon Telekom Company Limited.



		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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]
<b>2</b> MDG	2.1	Net enrolment ratio in primary education (%)	91.6(1990) *	89.4(2000) *	98.7 (2011) **	*MEWAC cited in [1], **SPC from MOE
	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 (2011)	*MEWAC cited in [1], **SPC from census
<b>3</b> MDG	3.1a	Gender parity index in primary education	...	87.0(1997) *	96.0 (2011) **	*MEWAC cited in [1], **SPC from NSO
	3.1b	Gender parity index in secondary education	97.0(1995) *	99.0(2000) *	99.0 (2011) **	*MEWAC cited in [1], **SPC from NSO
	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 (2012) **	*Parliament Office cited in [1], **Parliament website+
<b>4</b> MDG	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
<b>5</b> MDG	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 (%)	...	...	...	...
<b>6</b> MDG	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	n/a
	6.6a	Malaria incidence rate (per 100,000)	n/a	n/a	n/a	n/a
	6.6b	Malaria death rate (per 100,000)	n/a	n/a	n/a	n/a
	6.7	Under 5 sleeping under bed-nets (%)	n/a	n/a	n/a	n/a
	6.8	Under 5 treated with anti-malarial drugs (%)	n/a	n/a	n/a	n/a
	6.9a	TB prevalence rates (per 100,000)	59.0(1990)	39.0(2000)	27.0 (2011)	[4]
	6.9b	TB death rates (per 100,000)	5.9(1990)	3.3(2000)	2.9 (2011)	[4]
	6.9c	TB incidence rates (per 100,000)	38.0(1990)	28.0(2000)	16.0 (2011)	[4]
	6.10a	TB detection rate under DOTS (%)	64.0(1990)	88.0(2000)	55.0 (2011)	[4]
	6.10b	TB cure rate under DOTS (%)	89.0(1994)	93.0(2000)	83.0 (2010)	[4]
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total (*000 metric tons)	77.0(1990)	121.0(2000)	176.0 (2009)	Global monitoring data cited in [2]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	0.8(1990)	1.2(2000)	1.7 (2009)	Global monitoring data cited in [2]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.3(1990)	0.3(2000)	1.2 (2009)	Global monitoring data cited in [2]
	7.3	Use of ODS (ODP metric tons)	0.4(1991)	0.8(2000)	0.1 (2010)	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 (%)	...	...	...	...	
<b>8</b> MDG	8.1	OECD net ODA (% GNI)	n/a	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	n/a
	8.5	Net ODA (% of GNI)	25.5(1990) *	12.1(2000) *	21.4 (2011) **	*Disbursement basis, OECD DAC country data cited in [2], **[5]
	8.6	Duty free exports to developed countries (%)	...	29.8(2000)	75.3 (2010)	Country data cited in [2]
	8.7	Average tariffs by developed countries	n/a	n/a	n/a	n/a
	8.8	OECD agricultural support (% of GDP)	n/a	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	n/a
	8.11	Debt relief committed under HIPC and MDRI Initiatives	n/a	n/a	n/a	n/a
	8.12	Debt service (% of exports)	3.5(1990) *	8.3(2001)	6.9 (2011) **	*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) *	28.7 (2011) **	*Country data - & ITU estimate cited in [2]
8.15	Cellular subscribers per 100 population	0.0(1990)	0.2(2000)	52.6 (2011)	ITU estimate cited in [2]	
8.16	Internet users per 100 population	0.0(1990)	2.4(2000)	25.0 (2011)	ITU estimate cited in [2]	

- On track
- Off track
- Mixed
- Not assessed

... Data not available

n/a Indicator not applicable to country context

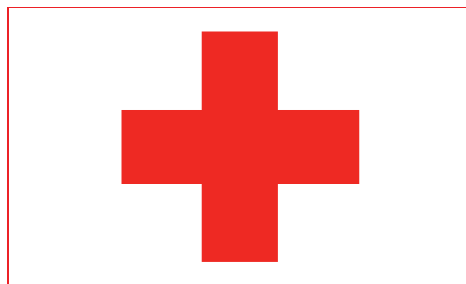
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+ Refer <http://www.parliament.gov.to/>

^ Single year figure unstable due to small size of population.

# Under-reporting an issue.

- \*Tonga Telecommunications Commission, \*\*Tonga Communications Corporation Limited.



# TUVALU

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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]
<b>2</b> MDG	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]
<b>3</b> MDG	3.1a	Gender parity index in primary education	105.0(1991) *	103.0(2002) **	100.0(2011) ***	*Census & **DOE cited in [1], ***SPC from DOE
	3.1b	Gender parity index in secondary education	105.0(1991) *	128.0(2002) **	152.0(2011) ***	*Census & **DOE cited in [1], SPC from DOE
	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(2012) **	*Parliament records cited in [1], **NSO
<b>4</b> MDG	4.1	Under 5 mortality (per 1,000 live births)^	68.7(1991)+ *	34.6(2000)+ *	10.3(2010)+ **	*MOH cited in [1], **SPC from MOH
	4.2	Infant mortality (per 1,000 live births)^	57.3(1992)+ *	34.6(2000)+ *	10.3(2010)+ **	*MOH cited in [1], **SPC from MOH
	4.3	Measles immunisation of 1 year old (%)	94.0(1995) *	81.0(2000) *	84.8(2010) **	*MOH cited in [1], **SPC from MOH
<b>5</b> MDG	5.1	Maternal mortality (per 100,000 live births)^	413.2(1990)+ *	432.9(2000)+ *	0.0(2010)+ **	*MOH cited in [1], **SPC from MOH
	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) *	22.0(2010) **	*MOH cited in [4], **SPC from MOH
	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]
<b>6</b> MDG	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)	933.0(1990)	633.0(2000)	381.0(2011)	[5]
	6.9b	TB death rates (per 100,000)	97.0(1990)	67.0(2000)	37.0(2011)	[5]
	6.9c	TB incidence rates (per 100,000)	536.0(1990)	357.0(2000)	228.0(2011)	[5]
	6.10a	TB detection rate under DOTS (%)	48.0(1990)	48.0(2000)	53.0(2011)	[5]
6.10b	TB cure rate under DOTS (%)	100.0(1994)	86.0(2000)	100.0(2010)	[5]	
<b>7</b> MDG	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	CO <sub>2</sub> emissions, total ('000 metric tons)	...	...	...	
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	...	...	...	
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	...	...	...	
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	0.0(2000)	0.1(2010)	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 (%)	...	...	...	
<b>8</b> MDG	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) *	73.9(2011) **	*Disbursement basis, OECD DAC country data cited in [6], **[7]
	8.6	Duty free exports to developed countries (%)	...	96.7(2000)	100.0(2010)	Country data cited in [6]
	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 Initiatives	n/a	n/a	n/a	
	8.12	Debt service (% of exports)	...	...	11.2(2010)	[8]
	8.13	Population with access to essential drugs (%)	...	...	...	
	8.14	Telephone lines per 100 population	1.3(1990) *	7.0(2000) *	14.7(2011) **	*Country data^ & **ITU estimate cited in [6]
8.15	Cellular subscribers per 100 population	0.0(1990)	0.0(2000)	21.6(2011)	ITU estimate cited in [6]	
8.16	Internet users per 100 population	0.0(1990)	5.2(2000)	30.0(2011)	ITU estimate cited in [6]	



- On track
- Off track
- Mixed
- Not assessed

... Data not available

n/a Indicator not applicable to country context

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[2] UNDP, Preliminary Analysis of Hardship and Poverty from HIES 2010. (draft)

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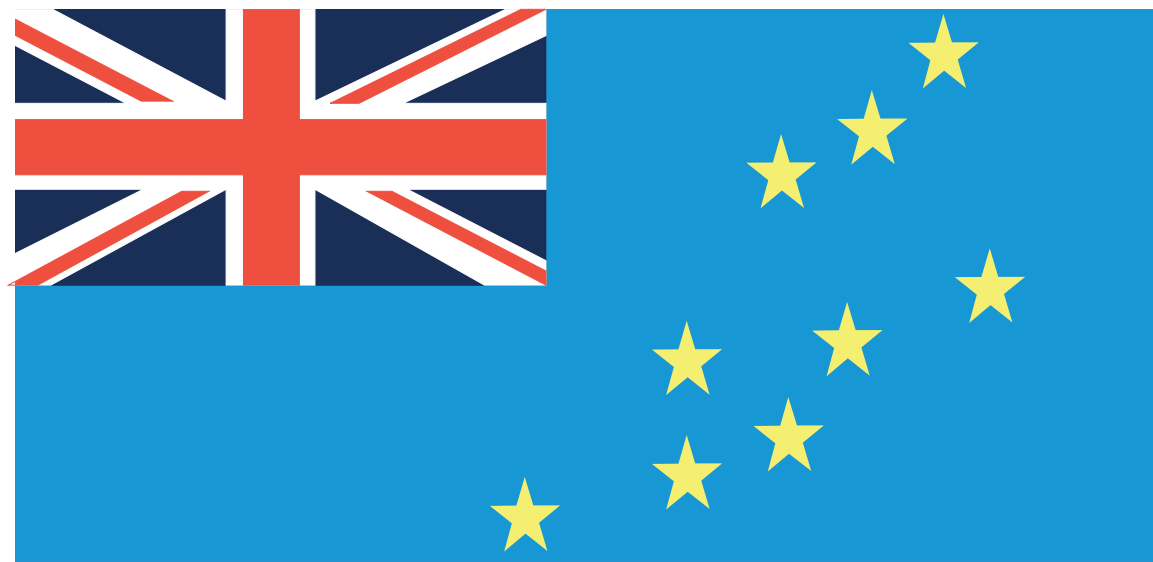
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+ Single year figure unstable due to small size of population.

^ Tuvalu Telecommunications Corporation.



# VANUATU

		Baseline	Mid-point	Latest	Source	
<b>1</b> MDG	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
<b>2</b> MDG	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]
<b>3</b> MDG	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) *	0.0(2012) **	*Country data cited in [3], **Vanuatu parliament website+
<b>4</b> MDG	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]
<b>5</b> MDG	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]
<b>6</b> MDG	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	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)	146.0(1990)	162.0(2000)	97.0(2011)	[5]
	6.9b	TB death rates (per 100,000)	10.0(1990)	15.0(2000)	8.8(2011)	[5]
	6.9c	TB incidence rates (per 100,000)	127.0(1990)	110.0(2000)	67.0(2011)	[5]
	6.10a	TB detection rate under DOTS (%)	75.0(1990)	75.0(2000)	67.0(2011)	[5]
	6.10b	TB cure rate under DOTS (%)	100.0(1994)	88.0(2000)	80.0(2010)	[5]
<b>7</b> MDG	7.1	Proportion of land area covered by forest (%)	36.1(1990)	36.1(2000)	36.1(2010)	Country data cited in [3]
	7.2a	CO <sub>2</sub> emissions, total ('000 metric tons)	70.0(1990)	81.0(2000)	117.0(2009)	Global monitoring data cited in [3]
	7.2b	CO <sub>2</sub> emissions, per capita (metric tons)	0.5(1990)	0.4(2000)	0.5(2009)	Global monitoring data cited in [3]
	7.2c	CO <sub>2</sub> emissions, per \$1 GDP (PPP) (kg)	0.1(1990)	0.1(2000)	0.6(2009)	Global monitoring data cited in [3]
	7.3	Use of ODS (ODP metric tons)	0.0(1991)	0.0(2000)	0.5(2010)	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]
	<b>8</b> MDG	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	n/a
8.5		Net ODA (% of GNI)	30.5(1990) *	17.1(2000) *	11.6(2011) **	*Disbursement basis, OECD DAC country data cited in [3], **[6]
8.6		Duty free exports to developed countries (%)	...	59.4(2000)	99.8(2010)	Country data cited in [3]
8.7		Average tariffs by developed countries	n/a	n/a	n/a	n/a
8.8		OECD agricultural support (% of GDP)	n/a	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	n/a
8.11		Debt relief committed under HIPC and MDRI Initiatives	n/a	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
-  Not assessed

... Data not available

n/a Indicator not applicable to country context

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