Millennium Development Goals in the Pacific: Relevance and Progress

Asian Development Bank
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Introduction

Background

At the Millennium Summit in September 2000, 147 heads of State and Government adopted the Millennium Declaration and reaffirmed their commitment to working towards a world in which sustaining development and eliminating poverty would have the highest priority. The declaration led to the formulation of a concise set of goals, numerical targets and quantifiable indicators—the Millennium Development Goals (MDGs)—that focus the efforts of the world community on achieving significant, measurable improvements in people’s lives. The MDGs seek:

- To serve as a powerful trigger for action and a basis for debate and advocacy with the objective of sharpening the understanding of development and poverty issues;
- To offer a means for benchmarking and assessing progress;
- To serve as an instrument for raising awareness; and
- To provide tools for monitoring the effectiveness of actions to help assess and—if necessary—redirect programs to achieve poverty reduction.

At the Monterrey Conference in March 2002, multilateral development banks, including the Asian Development Bank (ADB), reached a consensus to relate their long-term strategic frameworks to the MDGs and to examine how MDGs could be reflected in country strategies and programs. This report presents ADB’s first steps in this direction with regard to its Pacific developing member countries. It states what the MDGs are, reviews their relevance in the context of the Pacific, and assesses progress towards their achievement. It includes brief individual country assessments and a selection of ADB initiatives aimed at helping achieve progress towards the MDGs.

The Millennium Development Goals

There are eight MDGs. Numerical targets have been set for each goal, which are to be achieved for most goals by 2015 with 1990 as a baseline year (See Box). Indicators, which may be adjusted for particular countries and regions as appropriate, have been selected to monitor progress towards each of the targets.

The first seven goals—directed at reducing poverty in all its forms—are interconnected and mutually reinforcing. The last goal—global partnership for development—seeks to strengthen the means to achieve the first seven.

In the Pacific, some additional indicators and targets may be warranted, while other indicators may be less relevant. For instance, in most of the Pacific developing member countries, there has been a significant increase in the incidence of non-communicable diseases or so called “life-style diseases” such as diabetes and hypertension. It would be appropriate to add a country- or region-specific target and indicators to measure the incidence of life-style diseases under Target 8 – “to
**BOX 1. Millennium Development Goals and Targets**

**Goal 1: Eradicate extreme poverty and hunger**
- Target 1. Halve proportion of people whose income is less than US$1 per day.
- Target 2. Halve proportion of people who suffer from hunger.

**Goal 2: Achieve universal primary education**
- Target 3. Ensure that boys and girls will be able to complete a full course of primary schooling.

**Goal 3: Promote gender equality and empower women**
- Target 4. Eliminate gender disparity in primary and secondary education by 2005 and all levels of education by 2015.

**Goal 4: Reduce child mortality**
- Target 5. Reduce by 2/3 under-five mortality rate.

**Goal 5: Improve maternal health**

**Goal 6: Combat HIV/AIDS, malaria and other diseases**
- Target 7. Have halted and begun to reverse spread of HIV/AIDS.
- Target 8. Have halted and begun to reverse incidence of malaria and other major diseases.

**Goal 7: Ensure environmental sustainability**
- Target 9. Integrate principles of sustainable development into country policies and programs and reverse loss of environmental resources.
- Target 10. Halve proportion of people without sustainable access to safe drinking water.
- Target 11. Have achieved a significant improvement in lives of at least 100 million slum dwellers.

**Goal 8: Develop a global partnership for development**
- Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
- Target 13. Address the special needs of the least developed countries.
- Target 14. Address the special needs of landlocked countries and small island developing States.
- Target 15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.
- Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
- Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
- Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.
have halved by 2015, and begun to reverse, the incidence of malaria and other major diseases.”

**Defining Poverty in the Pacific Context**

People perceive, experience and cope with poverty in diverse ways. It is important to understand the nature of poverty in the local context in order to devise appropriate strategies to combat it and to determine the institutional setup required to translate policies into actions. One of ADB’s first steps towards helping Pacific developing member countries achieve the MDGs was to conduct consultative workshops for poverty reduction strategies in selected countries.

The term “poverty” is perceived to have connotations of hunger and destitution that do not properly reflect the nature of poverty in most of the communities consulted. Instead, the term “hardship” has been suggested. Hardship translates to “an inadequate level of sustainable human development” manifested by:

- The lack of access to basic services;
- The lack of opportunities to participate fully in the socioeconomic life of the community; and
- The lack of adequate resources (including cash) to meet basic household needs and customary obligations to the extended family, village community, and the church.

Poverty of opportunity— the lack of access to basic health and education services, employment opportunities, standards of good governance and equal opportunities across gender and age—is as important in defining the extent of poverty and hardship in a society as lack of income. The conditions and circumstances giving rise to poverty of opportunity are often causes of income poverty.

**Creating an Enabling Environment**

Targeted poverty interventions or interventions in the education, health and environment sectors directly assist the country in making progress towards the MDGs. Many of ADB’s interventions have an indirect impact on the MDGs by addressing the policy environment or by establishing an enabling environment for poverty reduction. Such an enabling environment is critical to encouraging the growth of the private sector so more jobs and employment opportunities can be created.

Good governance in particular is a prerequisite for interventions to be successful. It is also a prerequisite for the efficient delivery of basic services, essential for achieving the MDGs. ADB provides assistance to enhance the performance and the accountability of public sector institutions and developing cost-effective and efficient service delivery mechanisms.

As accessibility to basic social services is key to their effectiveness, infrastructure-related programs assisted by ADB also contribute to progress towards the MDGs.
State of Knowledge

The coverage, reliability, periodicity and timeliness of data vary across the region and, in all the Pacific developing member countries, there are problems with the reliability, comparability and consistency of data. Baseline data for 1990 are missing for most indicators and countries. The use of different sources of data with different compilation methods also makes it difficult to establish trends. Moreover, there may be a wide variance in the definition of certain indicators, e.g., what constitutes a safe water supply and improved sanitation facilities or what literacy rates mean.

More effort must also be exerted to collect disaggregated rural/urban and main island/outer islands data to better target assistance. There are many instances when the delivery of basic services varies from one area to another and aggregate data camouflage such disparity. In some countries development efforts may bypass poor or most disadvantaged regions, and services when they are available are of low quality, especially for the poor.

Clearly, there is a critical need to strengthen the capacity of the Pacific developing member countries to collect, process, analyze and disseminate basic data pertaining to MDGs. Monitoring progress will entail a program of regular Household Income and Expenditure Surveys (HIES) and Participatory Assessments of Hardship (PAH) that will require substantial resources, technical assistance and external support.

At present, ADB is engaged in a number of regional and country projects, including a feasibility study to establish the Pacific Fund for Strategic Poverty Analysis that seeks:

- To provide for more effective and efficient international assistance to the region for institutional capacity building in the analysis and dissemination of poverty data; and
- To assist countries in rapidly analyzing the results of surveys and disseminating the findings to decision-makers and stakeholders.

However, for these efforts to bear fruit, it is vital for the respective governments and communities to own the processes of poverty analysis and consultation. Each can then formulate a National Poverty Reduction Strategy and incorporate this in its own overall economic development strategy.

ADB recognizes that it is equally critical that multilateral and bilateral donors establish an effective coordination mechanism to assist the Pacific developing member countries in their complex and resource intensive task of poverty analysis and consultation.

Progress towards MDGs in the Pacific

The record of Pacific developing member countries with regard to progress towards the MDGs is mixed. While some have made significant progress in some areas, others are struggling to provide the
social, economic, physical and political environment that promotes human development. Several countries have already achieved certain targets such as universal primary education or the elimination of gender disparities in education. Many countries are facing increasing difficulties to provide efficient and equitable access to basic social services and an environment conducive for private sector development. Finally, signs of emerging pockets of poverty challenge countries and donors to focus policies and action programs.

This report covers the following countries: Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Papua New Guinea, Republic of Fiji Islands, Republic of Marshall Islands, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu and Vanuatu.

It should be noted that this report is not an in-depth analysis with recommendations for policy reforms. Rather, it seeks to point out gaps and identify issues and priorities from available data. Its intent is to create awareness and encourage debate so appropriate strategies to assist countries in progressing towards achieving the MDGs can be devised. It is very much a work in progress.
Country Assessments
The Cook Islands has already achieved several targets specified in the Millennium Development Goals: universal primary enrolment for boys and girls, the elimination of gender disparity in primary and secondary education, and low and decreasing child and maternal mortality rates. However, these achievements need to be built upon, as falling per capita spending on education and health in recent years may undermine the progress already achieved. Another principal challenge is to raise the comparatively low secondary enrolment rates and retention rates and to improve the quality of education.

Developing telecommunications in one of the outer islands was one of ADB’s early initiatives in the Cook Islands.
Goal 1
Eradicate extreme poverty and hunger
- No data available on prevalence of poverty, poverty depth or inequality measures.
- GDP per capita in the outer islands of NZ$2,600 is significantly lower than national average of NZ$7,850. In 1993, the highest quartile earned eight times more than the lowest quartile. The Household Income and Expenditure Survey (HIES) of 1998 indicates that available income (including allowance for subsistence production) varies between NZ$7,900 for Rarotonga to NZ$5,200 for the Southern Group Islands.

GOAL 2
Achieve universal primary education
- Universal primary education has been achieved. Adult literacy rates are very high (data vary from 93% to 99% for 1998/99).
- The secondary enrolment ratio is low compared to the country’s per capita income. Retention rates are also low and many students leave secondary school without formal qualification. Availability of secondary schools is limited in the outer islands, particularly in the Northern Group Islands.
- There has been an outward migration of qualified teachers and inadequate budgetary resources, which particularly affect the outer islands. Education expenditure favors tertiary students with 20% of expenditure on education. Overall expenditure for education has declined. In real terms, education expenditure per capita in the period 1991-1995 was 32% higher than in the period 1996-2000.

GOAL 3
Promote gender equality & empower women
- Gender equality in terms of primary education enrolment has been achieved. In secondary schools, more girls are enrolled than boys.

GOAL 4
Reduce child mortality
- Women are under-represented in senior positions in government and their participation in wage employment was only 34% in 1996. No time series available.
- Both under-five and infant mortality rates have gradually decreased and are among the lowest in the PDMCs.
- General immunization coverage is almost 100%.
- Health expenditure per capita has declined. Average health expenditure in real terms was 24% higher in the period 1991-1995 than in 1996-2000. There is also less access to health care in the outer islands.

GOAL 5
Improve maternal health
- No time series available. However, average maternal mortality ratio between 1990 and 1999 is relatively low with 20 per 100,000 live births.
- The low maternal mortality ratio reflects high level of births (100%) attended by skilled health personnel.

GOAL 6
Combat HIV/AIDS, malaria and other diseases
- No data on HIV/AIDS prevalence rates available.
- As in many other PDMCs, there is a change in disease patterns to increased levels of so-called life-style diseases such as hypertension and diabetes. There is little focus on preventive health care.
- The contraceptive prevalence rate (53%) is one of the highest among the PDMCs.
### GOAL 7
**Ensure environmental sustainability**

- Data indicate that almost the whole population has access to safe drinking water and an improved source of sanitation. However, figures may have been overstated.
- Solid waste disposal represents a significant problem both in Rarotonga and in the outer islands.
- Another increasing concern is the effect of climate change with its associated extreme weather variability and rising sea levels.

### INITIATIVES TOWARDS MEETING GOAL 1

#### INDIRECTLY CONTRIBUTING TOWARDS GOAL 1

- **Building Sustainable Capacities for Sound Economic and Public Sector Management**
  PROGRAM: TA 3815 – Improving Corporate Management in Government Services
- **Addressing Disparities between Rarotonga and Outer Islands**

### INITIATIVES TOWARDS MEETING GOAL 7

- **Providing Assistance for Developing New Waste Management Facilities**
  PROGRAM: Loan 1832 – Waste Management Project
- **Capacity Building in Environmental Regulation**
  PROGRAM: Proposed TA – Capacity Building in Environmental Monitoring, Regulation, and Community Participation

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The Federated States of Micronesia (FSM) shows little progress towards meeting the Millennium Development Goals (MDGs) by 2015. Poverty incidence is estimated to be high with approximately 40% of the population falling below the national poverty line in 1998 and there are signs of increasing inequalities. One of the key issues is delivery of basic social services, which often fail to reach the poorer strata of society, the outer islands and rural areas. There are significant differences in the poverty situation between the various states but little disaggregated data is available.

FSM not only faces the challenge of increasing enrolment rates at all levels but also of improving the quality of education, retention rates and access in the outer islands.

FSM has poor health indicators. Although maternal mortality rates have fallen significantly, FSM still has a relatively high maternal mortality rate and a rapidly increasing incidence of non-communicable diseases. Child mortality rates have decreased slightly. Available data suggest that only 41% of the population has access to an improved water source and about 45% to improved sanitation.

Workers lay down water pipes in Pohnpei.
MILLENIUM DEVELOPMENT GOALS IN THE PACIFIC

GOAL 1
Eradicate extreme poverty and hunger

- An estimated 40% of the population fall below the minimum standard of living established in 1999 (based on a daily consumption of 2,223 calories and essential non-food expenditure). There are significant inter-island disparities. In Chuuk 50%, in Yap 13%, in Pohnpei 35% and in Kosrae 29% were below the poverty line.

- The poverty gap ratio is high with 0.51 in 1999. The Gini coefficient in 1998 was 0.408, but there are significant inter-island variations. The share of the poorest quintile in national consumption was about 9% in 1998 with regional variations: in Pohnpei their share was 11% and in Yap 7%.

GOAL 2
Achieve universal primary education

- Data show no clear trend for primary education enrolment ratios. However, the most recent figure (from UNDP, 1998) puts gross primary enrolment ratio at only 83%.

- Gross secondary enrolment increased slightly from 57% to 61% between 1994 and 1999. There are high drop-out rates in secondary school.

- For 2000, the literacy rate was estimated at 89%. Reported literacy rates may be misleadingly high.

- There are also significant problems relating to the quality of education services, particularly in the outer islands.

GOAL 3
Promote gender equality & empower women

- For primary education, gender equality has been achieved; in secondary schools, it has almost been achieved.

- The adult literacy rate of women is significantly lower than that for men and the gap may have even increased. Data for 1994 shows a gender gap of 4% (83% for men and 79% for women) and for 1998 a gap of 11% (77% for men and 66% for women).

- According to the 1994 census, the share of women in the labor force amounted to 30%. No time series data available. The participation of women in decision-making or higher level positions remains very limited.

GOAL 4
Reduce child mortality

- Under-five mortality and infant mortality have decreased by more than 20% between 1990 and 2000.

- Many children remain vulnerable to preventable diseases. Immunization rates vary between states. In Chuuk and Pohnpei, 60% of two year olds are immunized.

GOAL 5
Improve maternal health

- The maternal mortality rate has been reduced by more than half between 1997/1998 and 1999. However, it is still extremely high with 274 deaths (per 100,000 live births) compared to other PDMCs.

- The proportion of births attended by skilled health personnel has increased by over 10% in the last four years to 93%.
GOAL 6
Combat HIV/AIDS, malaria and other diseases

- No data available on HIV/AIDS prevalence rates.
- Contraceptive prevalence rates have almost doubled between 1997 and 1998.
- Death rates associated with tuberculosis are high compared to other PDMCs. No time series data available.
- Disease patterns are changing, with non-communicable diseases rapidly increasing. Between 1991 and 1996, deaths associated with hypertension/heart disease rose by 20% and for cancer by 17%. Some 80% of the population aged 35 to 64 are overweight. The transition to life-style diseases places new strains on existing health services. The prevention and mitigation of diseases also pose a challenge to the education system that should give increasing emphasis to public education on nutrition and life-style practices.
- There is a lack of attention to basic and preventive health care services and a substantial portion of budgetary resources are diverted to expensive overseas referrals.

GOAL 7
Ensure environmental sustainability

- Only 41% of the population in 2000 had access to an improved water source. There are no clear data trends. Figures vary: some suggest improvement, some a deterioration.
- Less than half of the population has access to an improved source of sanitation with pit latrines the most common sanitation in the outer islands. Available data (different sources) suggest that there may even have been a deterioration.
- There are also inadequate waste management services putting an increased strain on the environment.

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This Table provides a short overview of how ADB’s Country Strategy and some selected programs (ongoing and proposed as of 2002) seek to assist the country to achieve progress towards the MDGs.

### Initiatives Towards Meeting Goal 1

**Indirectly Contributing Towards Goal 1**

- **Promoting Good Governance / Improving Accountability and Efficiency of Public Sector**
  

- **Improving the Private Investment Climate and Supporting Private Sector Development**
  

- **Improving Quality of and Access to Basic Social Services**
  
  Program: Loan 1816 – Basic Social Services; proposed Loan (2003) – Omnibus Infrastructure Development

### Initiatives Towards Meeting Goal 2

**Improving Education Service Delivery**


### Initiatives Towards Meeting Goals 4, 5, 6

Program: Loan 1816 – Basic Social Services (has also component on nutrition education)

### Initiatives Towards Meeting Goal 7

- **Improve Solid Waste Management / Improve Sanitation**
  
  Program: Proposed Loan (2003) – Omnibus Infrastructure Development
AVAILABLE poverty estimates (to be treated with caution due to the unreliability of available data) indicate a high incidence of poverty in Kiribati with approximately 50% of the population falling below the national poverty line in 1996. Education indicators have improved. However, available data suggest that access to primary education, particularly in the outer islands, remains a problem. The target of eliminating gender disparities in primary and secondary education has been achieved. Retention rates, secondary enrolment and learning outcomes need to be improved particularly in the outer islands. The outer islands are also disadvantaged in terms of access to health services, general government services and communication. These disparities lead to increased migration to South Tarawa, where the rise in population density is leading to additional pressure on the provision of water and sanitation.

Health indicators need further improvement to meet the targets by 2015. Child and maternal mortality rates have decreased but are still comparatively high. Less than half of the population has access to safe drinking water with significant differences between urban and rural areas/outer islands.

School children in South Tarawa.
GOAL 1
Eradicate extreme poverty and hunger

- Figures have to be treated with caution due to unreliability of data. In 1996, 39% of households were estimated to be below the food poverty line (estimated in 1996 prices at A$600 per capita per annum for South Tarawa and A$167 for outer islands taking into account the higher level of subsistence food production). Some 50% of the population in South Tarawa and 51% in the outer islands are estimated to live below the basic needs poverty line (A$750 per capita per annum in South Tarawa and A$201 per capita per annum in outer islands).

- There are significant income disparities, particularly between government employees and those depending on subsistence farming/fishing or copra production. These inequalities are also one of the main reasons for increased migration to South Tarawa (the proportion of the national population residing in South Tarawa has increased from 36% in 1995 to 43%). There are also huge inequalities of access to adequate health and education facilities as well as communications and other government services between the main island and the outer islands.

- Migrants from the outer islands, the unemployed, those with low educational achievement, and those with no access to land are among the most disadvantaged and the ones suffering most from hardship.

GOAL 2
Achieve universal primary education

- The overall primary school enrolment rate in 2001 was 82%—87% for South Tarawa and 78% for the outer islands, ranging from a low of 65% on South Tabiteuea to more than 95% in the Line Islands. The differences suggest that there are problems of access to primary education in the outer islands. The quality of teachers and facilities at the schools is a critical issue.

- Completion rates for primary school have also improved and have reached almost 100%. Nevertheless, it is estimated that only 5% of students will continue to Form 7 after 14 years of schooling.

- There has been a significant improvement in access to secondary education, particularly in the outer islands, with 15 new junior secondary schools established since 1996.

- A main challenge is to improve the quality of education and school facilities, particularly in the outer islands, and to better match educational outcomes with the requirements of the employment market.

GOAL 3
Promote gender equality & empower women

- Enrolment data suggest that Kiribati has eliminated gender disparities in education. The ratio of girls to boys is in favor of girls. However, girls show lower achievement in post-primary education and their retention rate is also lower. There is no data on tertiary education, but 56% of overseas scholarship students in 2001 were women.

- The overall situation of women seems to be improving. The share of women in paid employment has increased from 33% in 1998 to 37% in 2002. According to the 2000 census, 44% of administrators and managers and 51% of professionals were women. There is a limited number of women in senior government positions. Males comprise 77% of Permanent Secretaries, 95% of secondary school principals and 73% of all legislators and senior officials. There are only two women in parliament.
GOAL 4
Reduce child mortality

- Both infant and under-five mortality rates have decreased. The under-five mortality fell from 88 to 70 cases (per 1,000 live births) between 1990 and 2000 and the infant mortality rate from 65 to 52 in the same period (there are varying figures for 2000, with the census indicating that the infant mortality rate was 43). Child mortality rates are higher in the outer islands.

- General immunization coverage has also improved and is estimated at 72% for DPT, polio, and Hepatitis B.

GOAL 5
Improve maternal health

- Maternal mortality rates (per 100,000 live births) have fallen from 225 in 1995 to 56 in 2000 but are still comparatively high. The maternal mortality rate is much higher in the outer islands than the national average as many women remain isolated from maternal and infant health services.

- The proportion of births attended by skilled health personnel has improved to 85% in 1998 but the outreach of maternal health care facilities and the quality, particularly in the outer islands, need to be improved as significant differences in access to health services exist.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- There were 38 cases of HIV/AIDS reported by September 2001 (compared to 3 in 1995) and 17 people have died from AIDS. Most of the people infected were seafarers and their wives and children.

- There is evidence that diseases associated with diet and life-style, such as diabetes and hypertension, are increasing.

GOAL 7
Ensure environmental sustainability

- Water and sanitation indicators for Kiribati compare poorly with other PDMCs, mainly because of the nature of the atoll environment and the particular problems in South Tarawa, where nearly half the population live in exceptionally crowded conditions. In South Tarawa, the population growth and rising density has increased the pressure on water supplies and the environment. Sanitation is a main concern in South Tarawa, where it is estimated that 27% of households are without proper sanitation facilities.

- Kiribati is also threatened by climate change and rising sea levels.

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ADB Initiatives

This table provides a short overview of how ADB’s country strategy and some selected programs (ongoing and proposed as of 2002) seek to assist the country to achieve progress towards the MDGs.

**INITIATIVES TOWARDS MEETING GOAL 1**

**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Promoting Good Governance**

- **Enhancing Outer Island Development to improve living conditions and access to basic social services in the outer islands**
  PROGRAM: TA 3593 – Preparing the Outer Islands Development Program and proposed Outer Island Development Loan with focus on poverty reduction, local community empowerment, and enhancing social and economic opportunities through employment generation activities and improved physical and social infrastructure for basic health and education

- **Promoting Pro-poor Economic Growth and Private Sector Development**
  PROGRAM: RETA 6037 – Private Sector Assessment and Strategy Exercise focusing on analysis of constraints to and opportunities for private sector development and key conditions for a well-functioning private sector; proposed TA – Mariculture Development Strategy

**INITIATIVES TOWARDS MEETING GOAL 7**

- **Ensuring Access to Safe Drinking Water and Proper Sanitation**
  PROGRAM: Loan 1648 – Sanitation, Public Health and Environment Improvement Project (SAPHE); TA 3838 – Community Development and Sustainable Participation (2002); TA – Water Resource Assessment and Management (2002); TA – National Water Resource Assessment (2002); RETA 6064 – Climate Change Adaptation Program for Pacific

**INITIATIVES TOWARDS MEETING GOAL 8**

- **Target 18 (In cooperation with the private sector, make available the benefits of new technologies, especially information and communications)**
  PROGRAM: proposed TA (2003) – Outer Islands Information and Communication Technology Network

Two men clean a well in South Tarawa, where population growth is straining water supplies and sanitary facilities.
WITH the near depletion of the phosphate reserves and offshore investment revenues, Nauruans are facing a significant cut in living standards. Compared to per capita GDP, Nauru has a low life expectancy and low education indicators. Secondary enrolment rates are low and the quality of education poor. There is a significant increase in life-style diseases and health indicators show little or no improvement. Phosphate mining has seriously affected the environment of Nauru.

ADB has several technical assistance projects in Nauru — TA 3125 – Capacity Building for Financial and Economic Management (1998); TA 3163 – Social Awareness and Transitional Requirements for the Reform Program (1999); and TA 3584 – Strengthening the Ministry of Finance and Supporting the Bureau of Statistics (2000) — but these are currently on hold pending the requirements of the new government.
PAPUA NEW GUINEA is lagging far behind in achieving most of the Millennium Development Goals. Poverty is reported to be increasing in both urban and rural areas. Some indicators, particularly those for health, show deterioration, while in other areas, such as education and promoting gender equality, there is little or no progress towards meeting the targets by 2015. For most indicators there is a significant disparity between urban and rural areas and among islands. One of the key issues is delivery of basic social services, which often fail to reach the poorer strata of society and rural areas.

Enrolment ratios at all levels and literacy are low. Papua New Guinea is also lagging behind in achieving the target of eliminating gender disparity in primary and secondary education by 2005 and in all levels of education by 2015. The gender gap is also noticeable in literacy rates.

Child mortality rates remain extremely high compared to other developing countries with similar income levels. The maternal mortality rate (at least as reported) has more than doubled between 1995 and 1998. There are also indications that the country may soon face a serious HIV/AIDS epidemic. Access to safe drinking water is very low (42%) with huge discrepancies between urban (88%) and rural (32%) areas.

Agriculture and rural development is one component of ADB’s program in Papua New Guinea.
GOAL 1
Eradicate extreme poverty and hunger

- Consultations conducted for Priorities of the Poor indicate that the poverty situation has worsened in the last five years. Poverty in urban areas is perceived to have increased due to growing rural-urban migration mainly as a result of poor service delivery in rural areas. Other factors cited as contributing to the rise of urban poverty were price increases for food, rising school fees, higher unemployment, population growth and the lack, breakdown of and/or inadequacy of traditional social safety nets that would provide for the most vulnerable groups. In rural areas, service delivery (transport, access to markets and services such as education, health and safe water) is said to have declined while unemployment among school leavers is rising.

- Based on a poverty line of US$350 per adult per annum, 38% of the population lives below the poverty line. There are significant discrepancies between rural (41% below poverty line) and urban (16% below poverty line) areas. 75% of the poor lives in the Highlands and Sepik region. The poverty gap ratio was estimated at 33% in 1996. The most affected groups are elderly people and widows, single mothers, orphans and abandoned children and the disabled whose relatives are unable to support them.

- The share of income or consumption held by the poorest 20% of the population was 13% in 1996. There are great regional variations. Consumption levels in New Guinea Islands are only 52% and in the Highlands region only 70% of those in the National Capital District. The Gini coefficient in 1996 was 0.484 reflecting a moderate to high degree of inequality of consumption.

- There was a small improvement in reducing the proportion of malnourished children from 35% in 1985 to 29% in 1997. Again, there are huge regional variations. In the Highlands region, for instance, children are 30% more prone to stunting than the national average and children from the Momase-North Coast region are 50% more affected by wasting than the national average.

GOAL 2
Achieve universal primary education

- Available data show significant variations, making comparisons between years extremely difficult. For instance, gross enrolment ratio for primary schools was recorded as 80% by the World Bank in 1995 and only three years later as 31% by UNDP, then for 1999 as 91% for boys and 78% for girls (ADB, Key Indicators 2002).

- Enrolment ratios at all levels are low and some sources suggest that they may have deteriorated at least at the primary level. Secondary enrolment has improved slightly from 14% in 1995 to 23% in 1998 (based on gross enrolment ratio).

- Literacy levels for youth (15-24 years) and adults improved by 8.3% for youth between 1990 and 2002 to 76.9% and by about 6% for adults between 1990 and 1996 to 51.9%. As in most of the indicators, there are large regional disparities for literacy. Approximately one-third of adults in the Highlands region is literate compared to 80% in National Capital District and New Guinea Islands.

- Completion rates for primary schools are very low with 49% for male and 35% for female students. In the poorest quartile, only 34% of male and 23% of female students complete primary school. Quality of education is also an important issue particularly in rural areas. Difficult access and long distances to educational facilities in rural areas have been cited as important reasons for low enrolment ratios.

- There is a severe shortage of employment opportunities among youth with low educational attainment and livelihood skills. Facing joblessness and poverty, many feel that their only option is to turn to crime and prostitution.
GOAL 3  
Promote gender equality & empower women

- There are only slight improvements in the situation of women. While life expectancy for women was reported to be lower than for men by some sources (53.5 years compared to 54.6 years between 1991-1996), it has increased for both women (57.7 years) and for men (55.8 years) in 2000.

- The gender gap is particularly noticeable in education. The combined primary, secondary and tertiary gross enrolment ratio in 1999 was reported at 35% for female and 42% for male. The ratio of girls to boys has slightly improved for primary and secondary schools from 0.84 to 0.86 for primary and from 0.66 to 0.69 for secondary education. Poor women are most affected by low levels of education.

- A significant gender gap also exists in adult literacy. Literacy levels of women were 14% lower in 2000, an improvement from 1994 when the difference amounted to 27%. However, data for 1994 are questionable as in 1990 the reported difference between women and men was “only” 16%. The gender gap is less noticeable in youth literacy (15-24 years) and has decreased to 10% in 2002.

- Low educational attainment and literacy levels prevent women from being more involved in the cash economy and in decision-making bodies. There are no time series available regarding women’s participation in employment and political life. In the 2002 elections, only one woman was elected to parliament.

GOAL 4  
Reduce child mortality

- Infant mortality improved slightly from 83 per 1,000 live births in 1990 to 58 in 2001. However, it is reported to have deteriorated in over half of the provinces between 1980 and 1998 and is 2.5 times higher in rural areas than in urban areas.

- The under-five mortality rate (per 1,000 live births) remains high with 93 in 1995 and 118 for males and 109 for females in 2000.

- Vaccination levels are very low compared to other developing countries. In 1999, approximately half of children aged less than one year was vaccinated. Vaccination rates for measles have decreased from 67% in 1990 to 53% in 1999.

GOAL 5  
Improve maternal health

- Maternal mortality rate is alarmingly high and available data suggest that it has more than doubled between 1995 and 1998 from 390 to 930 per 100,000 live births.

- The proportion of births attended by skilled health personnel is improving slightly but still only approximately half of births is attended by skilled health personnel. Access in rural areas is reported to be much lower.
GOAL 6
Combat HIV/AIDS, malaria and other diseases

- An Australian Assistance for International Development (AusAid) report in 2002 warned that PNG is facing the threat of a HIV/AIDS epidemic. According to the report, the cumulative number of reported HIV cases was 4,075 with 464 cases reported in the six months until June 2001. This represents an increase of 48% over the same period in 2000. As many cases are probably not reported, the real figures are likely to be much higher. The rapid spread of HIV/AIDS may exacerbate the already high rates of poverty in the country in the coming years.

- Contraceptive prevalence among women aged 15 to 49 has improved significantly from only 4% in 1990 to 26% in 1996 but is still comparatively low.

- Malaria remains a major cause of morbidity and reported prevalence rates (per 100,000) have increased from 847 in 1997 to 1,688 in 2000.

- Tuberculosis remains a serious health risk partly because of drug-resistant strains and rates have only marginally decreased (data are only available for two years).

GOAL 7
Ensure environmental sustainability

- Deforestation is continuing. The proportion of land covered by forest continues to decrease, with grave consequences for the loss of biodiversity.

- The lack of safe drinking water has been cited as one of the biggest problems in Priorities of the Poor. Overall access is reported to be very low with only 42% (urban 88%, rural 32%).

Access to sanitation has improved but mostly in urban areas from 57% in 1990 to 92% in 2000. Data for access in rural areas vary significantly from 11% in 1998 to 80% in 2002.

Access to secure land tenure remains a key impediment to development. Access to land is particularly an issue for farming. PNG is witnessing the emergence of a landless class comprised of those who do not have access to traditional land tenure and thus have little or no land in which to cultivate food. This is further compounded by the constant fear of eviction from landowners.

SOURCES

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**ADB Initiatives**

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**THIS TABLE PROVIDES A SHORT OVERVIEW OF HOW ADB’S COUNTRY STRATEGY AND SOME SELECTED PROGRAMS (ONGOING AND PROPOSED AS OF 2002) SEEK TO ASSIST THE COUNTRY TO ACHIEVE PROGRESS TOWARDS THE MDGS.**

<table>
<thead>
<tr>
<th><strong>GENERAL POVERTY ASSESSMENT / STRATEGIES:</strong> TA 3667 – Poverty Analyses for Socio-economic Development Strategies</th>
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</table>

**INITIATIVES TOWARDS MEETING GOAL 1**

**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Promoting Good Governance**
  

- **Promoting Rural Development, with emphasis on regional development and coastal management**
  

- **Assisting Transport Infrastructure Development for disadvantaged areas**
  

- **Promoting Economic Growth**
  

**Creating Enabling Environment for Private Sector Development**

PROGRAM: Loan 1889 – Nucleus Agro-Enterprises; proposed PPTA (2004) and Loan (2005) – SME Development

**INITIATIVES TOWARDS MEETING GOAL 3**

**PROGRAM:** Proposed TA (2003) and Loan (2003) – Gender and Population (gender specific project to improve participation of women in economic, political and social life, institutional capacity building, awareness and capacity building); Gender issues are mainstreamed into health projects and microfinance and employment project (Loan 1769 – Microfinance and Employment; TA 3762 – Health Sector Review; proposed PPTA (2003) and Loan (2005) – Adult and Non-formal Education

**INITIATIVES TOWARDS MEETING GOALS 4, 5, 6**

**PROGRAM:** TA 3660 – Health Policy Support; TA 3762 – Health Sector Review; proposed PPTA and Loan (2003) – Health Sector Development; Gender and population linkages addressed within proposed TA and Loan (2003) – Gender and Population

**INITIATIVES TOWARDS MEETING GOAL 7**

- **Specific assistance for coastal area management**
  
  PROGRAM: TA 3604 – Coastal Fisheries Management and Development; proposed PPTA and Loan (2005) – Coastal Area Management

- **Water supply project to provide safe water to communities in small towns and provincial centers**
  
Fiji Islands has already achieved or almost achieved certain targets specified in the Millennium Development Goals (MDGs). While no recent data for poverty incidence are available, the Poverty Task Force estimated that the incidence of poverty has increased to possibly 33 to 50%. New forms of poverty such as urban slum dwellers are emerging.

Fiji Islands has very high literacy rates and has achieved universal primary education for boys and girls. However, the quality of education and retention rates remain a problem, particularly in the outer islands.

Child mortality rates have decreased and are low. Available data for maternal mortality rates, however, suggest an increase in the last years. Rural areas and outer islands compare unfavorably and access to and quality of basic social services need further improvement to ensure that all areas develop at similar rates. Non-communicable diseases have become a major cause of morbidity and mortality.

Available data suggest that only half of the population has access to an improved water source. Access to sanitation is reported at 75% in urban areas and only 12% in rural areas.

An ADB-funded road project.
Progress towards MDGs

GOAL 1
Eradicate extreme poverty and hunger

- No recent data on poverty incidence available. Based on the HIES from 1990-91, poverty lines constructed under the 1996 Poverty Study of the UNDP estimated that around 23% to 25% of the population lived in poverty in 1991 with a further 20% living close to poverty. Many of the latter group are now believed to live below the poverty line. The Poverty Task Force has estimated that poverty incidence has increased to between 33% to 50% in 2002. New pockets of poverty are emerging such as urban squatter settlements.

- In 1990-91, Fiji Islands reported a Gini coefficient of 0.49 as measured by per capita income. In terms of overall distribution of household income, the lowest 10% received less than 2% of total income while the top 10% received 35%. Income inequality seems to have widened in both rural and urban areas.

GOAL 2
Achieve universal primary education

- Fiji Islands has achieved universal primary education. However, retention rates throughout secondary school are low (available data on secondary enrolment rates are contradictory).

- The main challenge is to improve the quality of education particularly in rural areas and also the relevance of education to the needs of the employment market. The continuous outmigration of qualified teachers is also impacting upon the quality of teaching. Another concern and priority area of the current government is the lower educational performance of indigenous Fijian compared to Indo-Fijian students.

GOAL 3
Promote gender equality & empower women

- Gender equality has almost been achieved in primary and secondary education.

- In 1996, only 24% of people in paid employment and 10% of people in administrative and managerial positions were women. Most women are concentrated in lower skilled jobs. Only 4% of parliamentarians were women in 1999.

GOAL 4
Reduce child mortality

- Child mortality rates (under-five and infant mortality) have decreased and are low in comparison to countries with similar income levels.

- Immunization coverage is high not only for measles (94% in 1995).

GOAL 5
Improve maternal health

- Available data (data reliability questionable) suggest that maternal mortality rates have almost doubled between 1995 and 1998.

- Almost all births are attended by skilled health personnel.
GOAL 6
Combat HIV/AIDS, malaria and other diseases

- No time series data available for HIV/AIDS prevalence rates. The government has started several HIV/AIDS prevention initiatives.

- As in other PDMCs, the pattern of diseases has changed and non-communicable diseases are now major causes of morbidity and mortality. Achieving progress with respect to poor health resulting from non-communicable diseases such as diabetes, hypertension and obesity will only be possible if actions are taken on several levels such as access to health services, in particular preventive health care and nutrition education.

GOAL 7
Ensure environmental sustainability

- The main environmental problems in urban areas are the provision of an adequate supply of safe water and waste disposal. Available data indicate that less than half of the population has access to an improved water source, and 75% of urban and only 12% of rural population have access to improved sanitation.

- In rural areas, agricultural practices have led to environmental degradation, in particular the erosion of hillsides by sugar plantations.

- Urban squatter areas are increasing due to expiring land leases, general rural-urban migration and unemployment.

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- UNICEF, End Decade Databases, 2002 (www.childinfo.org)
- World Bank, World Development Indicators database (April 2002); World Bank, The Little Green Data Book (2002)
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### ADB Initiatives

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<table>
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<tr>
<th>GENERAL POVERTY ASSESSMENT / STRATEGIES: RETA 6047 – Preparation of National Poverty Reduction Strategies in PDMCs</th>
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**INITIATIVES TOWARDS MEETING GOAL 1**

**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Promoting Good Governance**

- **Enhancing Local Capacity for Stimulating Economic Growth and Poverty Reduction**

- **Infrastructure Development**

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<th>INITIATIVES TOWARDS MEETING GOAL 2</th>
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- **Improving the Quality of Education and Its Relevance to the Employment Market**
  - PROGRAM: Proposed TA (2005) and Loan – Skills Development and Employment Creation

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- **Improving the Quality of Education and Its Relevance to the Employment Market**
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- **Addressing Water Supply & Waste Management Concerns**

- **Capacity Building in Environmental Regulation**
  - PROGRAM: TA – Capacity Building in Water and Sewerage Services Projects with environmental component; proposed TA (2004) – Community-based Tourism Development

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<th>INITIATIVES TOWARDS MEETING GOAL 8</th>
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- **Target 18 (In cooperation with the private sector, make available the benefits of new technologies, especially information and communications)**
  - PROGRAM: Proposed TA (2003) – Assistance to develop the Fiji Islands Information and Communication Technology Network Strategy
Republic of Marshall Islands

Progress towards the Millennium Development Goals in the Marshall Islands is slow. In 1999, an estimated 20% of the population was living below the US$1 per day poverty line. Primary enrolment rate was 84% in 1999 (no clear time series available). Retention rates, secondary enrolment and educational achievement need to be improved particularly in the outer islands. Efforts need to be strengthened and further attention directed to ensuring that all parts of the population have access to essential and quality education and health care services. The target of eliminating gender disparities in primary and secondary education has almost been achieved.

Child mortality rates (both under-five and infant mortality rates) have fallen significantly. There is a dual disease pattern with both communicable and non-communicable diseases emerging. Life-style diseases are increasingly becoming a major cause of morbidity and mortality. Malnutrition associated with excessive consumption of junk food is also increasing.

Access to potable water and improved sanitation facilities is very low with significant differences between rural/outer islands and urban areas.
### GOAL 1
**Eradicate extreme poverty and hunger**
- An estimated 20% of the population lived below the US$1 per day poverty line in 1999, with 65% in the rural areas.
- Significant disparities in income between rural and urban areas and also among the outer islands exist.
- People on the outer islands have a significant disadvantage in relation to access to basic social services, especially education, health and safe water, and employment opportunities.
- The population growth rate outstrips economic growth and not enough employment opportunities are created, causing unemployment to rise.
- In 1997, approximately 27% of children under five years were considered as underweight (National Nutrition Pilot Study). There is also serious malnutrition caused by the consumption of poor-quality junk food. This affects particularly the lower income urban families who cannot produce their own food.

### GOAL 2
**Achieve universal primary education**
- There are significant data variations for enrolment ratios. According to METO 2000, primary enrolment increased from 82% in 1989 to 84% in 1999 and secondary enrolment from 47% to 69%. According to the Office of Planning and Statistics, the gross primary enrolment ratio decreased from 119 in 1994 to 109 in 1998/99. Similar data variations exist for secondary enrolment rates: METO 2000 suggests an increase in secondary enrolment while government figures show a decrease from 43% to 41%.

### GOAL 3
**Promote gender equality & empower women**
- Slightly lower literacy rates for female students. Differences in enrolment ratios for boys and girls are insignificant.
- The percentage of women among the economically active working population was 31% in 1999.
- Only 3% of parliamentarians are women. Very few women hold senior administrative and managerial positions.

### GOAL 4
**Reduce child mortality**
- Under-five and infant mortality rates (per 1,000 live births) have fallen significantly. Under five mortality fell by almost half from 93 in 1988 to 48 in 1999 and infant mortality from 63 to 37 in the same period. Despite improvements, rates are still comparatively high.
- In 2001, 80% of the general population had been vaccinated against measles compared to 70% in 1998.
GOAL 5
Improve maternal health

- There are no reliable data on maternal mortality rates. The proportion of births attended by skilled health personnel is high with 95%. No time series available.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- No data on HIV/AIDS prevalence rates available. However, HIV/AIDS could become an issue with a large presence of migrant workers, a high number of foreign fishing boats and increasing prostitution.
- The use of contraceptives for women aged 15 to 49 has increased from 25% in 1996 to 37% in 2001.
- There is a dual disease pattern with both communicable and non-communicable diseases. Life-style diseases are increasingly becoming a health problem. Diabetes and related diseases are now a major cause of morbidity and mortality. Malnutrition associated with excessive consumption of junk food is also increasing. According to the Ministry of Health, a study of a sample of selected persons in 2002 revealed that 35% were overweight, 43% obese, and only 22% had normal weight. The transition towards life-style diseases produces new strains on existing health services.
- RMI’s overall health situation also continues to be influenced by the after-effects of U.S. nuclear testing.
- Overseas referrals take up a large share of the health budget allocation (in 1999 overseas referrals absorbed almost a quarter of total health expenditure). Primary and preventive health care facilities and programs are being strengthened to improve health indicators further.

GOAL 7
Ensure environmental sustainability

- Available data suggests that only 14% of the population has access to safe water (piped to household or village standpipe). The 1999 census found that the main source of drinking water for most households are rainwater catchments and tanks. On several islands, there are major problems with access to safe water as evidenced by an outbreak of cholera in Ebeye in 2000.
- According to the 1999 census, about a quarter of households had access only to unsanitary toilet facilities. There are significant discrepancies in access to improved sources of sanitation (flush or waterseal) between rural (42%) and urban (90%) areas.
- Environmental hazards include problems of waste disposal and the risk of rising sea levels.

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**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Strengthening Public Sector Governance and Capacity / Enhancing Public Sector Productivity** to improve delivery of public services
  

- **Enhancing Environment for Private Sector Investment, Creation of New Economic Opportunities and Jobs**
  

- **Supporting Poverty Reduction / Improving Access to Basic Social Services in Outer Islands including infrastructure upgrading**
  

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<th>INI T I AT I V ES TOWARDS ME ET I NG GOAL 2</th>
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- **Supporting Improvements in Education and Skill Development**
  
  PROGRAM: Loan 1791 – Skills Training and Vocational Education; Outer Island Basic Social Services (OIBSS) loan will focus on improved performance and service delivery through the construction or rehabilitation of island facilities

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<th>INI T I AT I V ES TOWARDS ME ET I NG GOAL 3</th>
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- **Improving Performance of Service Delivery**
  
  PROGRAM: Loan 1694 – Ebeye Health and Infrastructure Project; TA 3611 – Health Management Information System, OIBSS will focus on improved performance and service delivery through construction of health infrastructure, water supply and sanitation facilities and a community health, nutrition and environmental awareness program

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<th>INI T I AT I V ES TOWARDS ME ET I NG GOALS 4, 5, 6</th>
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- **Supporting Improvements in Education and Skill Development**
  
  PROGRAM: Loan 1791 – Skills Training and Vocational Education and OIBSS have gender component; RETA 5998 – Youth and Gender Sensitive Public Expenditure Management in Pacific

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<th>INI T I AT I V ES TOWARDS ME ET I NG GOAL 7</th>
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- **Improving Performance of Service Delivery**
  
  PROGRAM: Loan 1694 – Ebeye Health and Infrastructure Project has helped to provide safe water, sanitation and power; Loan 1389 – Majuro Water Supply and Sanitation; proposed OIBSS loan includes support for outer islands in managing water lenses; TA 3522 – Community-based Coastal Marine Resources Development
Samoa

SAMOA has made good and steady progress towards the Millennium Development Goals. It has already achieved certain targets such as universal primary education and has made significant improvements in secondary enrolment rates. It has the highest secondary enrolment ratios among PDMCs. Gender disparity in education and literacy rates has been eliminated. Child and maternal mortality rates have decreased and are among the lowest in the PDMCs. Nevertheless, there is no reason for complacency. Efforts need to be strengthened and further attention directed to ensuring that all parts of the population have access to essential and quality education, health care services and safe water supply.

ADB-funded Small Business Development project in Savaii.
## GOAL 1
Eradicate extreme poverty and hunger

- There is no extreme poverty or hunger in Samoa. However, pockets of hardship exist in various areas and need to be addressed.

- A poverty line calculated from 1997 HIES data by SPC/UNDP estimated that food poverty affected 48% of Samoan households (55% in Savaii) and basic needs poverty, 32% of all households (45% in Savaii). However, the results are questionable and were not endorsed by the government. Several attempts have been made to recalculate poverty lines. Using the 1997 HIES, UNDP estimates that 15% of households fall below the standard poverty line of US$1 per day in the 1993 PPP. A new HIES is currently being compiled, which will facilitate the recalculation of poverty lines.

- Priorities of the Poor, an ADB participatory study of hardship in Samoa, showed that people perceive hardship to have increased in recent years. There seem to be more people without jobs, affected by increased school fees and drop-out rates (although data contradict this perception). Drug use, domestic violence and teenage pregnancies are also said to be increasing. In the rural areas, land disputes, limited market for agricultural crops and poor access to basic services has been cited as main contributory factors to hardship.

- There are increasing signs of pockets of poverty. Those most affected by hardship include the jobless, the disabled, single mothers, the homeless, the landless or those living on leased land, the unskilled; the most vulnerable are children, youth and women. Hardship is affecting both rural and urban areas. In rural areas the most affected are people living inland and those having limited or no access to market their products, to safe water supply, communication facilities and basic services. In the urban areas the most affected are people living on leased land, without enough space to grow crops, on flood-prone areas, or on traditional lands but with very little access to services such as transport, communication facilities, and water supply.

## GOAL 2
Achieve universal primary education

- Universal primary education has been achieved and secondary enrolment rates have almost doubled between 1990 and 1999. Completion rates for primary schools are 80% (77% girls and 81% boys).

- The main challenge is to further increase retention rates and to improve the quality of education and teachers particularly in the less accessible rural areas. Secondary and higher education are biased towards the 22% of Samoans who live in urban areas. Another challenge is to expand non-formal education to enhance the opportunities for school leavers in the employment market.

- Literacy rates for 15-24 year olds are very high with 98% (figures may be overstated).

## GOAL 3
Promote gender equality & empower women

- Gender equality in enrolment ratio for primary and secondary schools has been achieved. There is also no disparity in literacy rates.

- The increased access to education has also translated into improvements for job opportunities for women. Currently, 38% of people in wage employment are women (no time series available). Several women occupy senior positions in the public sector and currently there are 3 women in parliament, one of them a minister.
GOAL 4
Reduce child mortality

- Child mortality rates (per 1,000 live births) have declined: under-five mortality rates from 42 to 26 between 1990 and 2000 and infant mortality rates from 33 to 17 within the same period. There is almost universal immunization coverage.

GOAL 5
Improve maternal health

- Available data show an increase in maternal mortality ratios from 15 to 30 (per 100,000 live births) between 1995 and 2002. However, as absolute numbers are small there can be significant variations from year to year. The reported proportion of births attended by skilled health personnel is 100%.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- There is no data available for HIV/AIDS prevalence rates.
- Contraceptive prevalence rate has gradually increased from 18% in 1990 to 31% in 2002.
- Life-style diseases, especially obesity and diabetes, are becoming an increasingly serious health issue.

GOAL 7
Ensure environmental sustainability

- Significant improvements have been made in the availability of safe water. The 2001 census reports 83% of households have access to an exclusive piped supply and a further 8% with shared access compared to 1991 with 56% of households with exclusive piped supply and a further third of all households with shared piped supply. Nationally, 86% of households used piped water as their main source of drinking water (88% in Apia and 81% in Savaii). Again a pattern of some disadvantage can be seen with 17% of Savaii households having to rely on rainwater as their primary drinking water source.
- Even though water supplies seem to be widely available, they were rated as generally poor in the participatory poverty assessments, and 60% of those consulted said that they had to boil their drinking water as they did not trust the quality.
- Access to sanitation has also improved, although available data are contradictory. According to the 2001 census, 62% of households had access to flush toilets with 26% having access to other improved facilities. According to the World Bank, 95% of the urban population and 100% of the rural population had access to improved facilities in 2002.
- As a result of population pressures and external factors such as climate change and changing consumption patterns, the land and marine resources face increased stress. There are also problems with waste disposal. A significant amount of waste is dumped into the sea and bush.

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### ADB Initiatives

**GENERAL POVERTY ASSESSMENT / STRATEGIES:** RETA 6002 – Consultative Workshops for Poverty Reduction Strategies in Selected PDMCs; TA 3623 – HIES for Socio-Economic Equity Assessment

### INITIATIVES TOWARDS MEETING GOAL 1

**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Promoting Good Governance and Local Capacity Building for Sound Economic and Public Sector Management**

- **Supporting Financial Reforms, Facilitating Privatization**
  PROGRAM: TA 3768 – Implementation of State-Owned Enterprises Reform

- **Creating an Enabling Environment for Private Sector Development to address lack of employment opportunities**

### INITIATIVES TOWARDS MEETING GOAL 2

- **Supporting Expansion of Non-formal Education to Enhance Employment Opportunities**

### INITIATIVES TOWARDS MEETING GOAL 3

PROGRAM: RETA 5998 – Youth and Gender Sensitive Public Expenditure Management

### INITIATIVES TOWARDS MEETING GOAL 7

The Solomon Islands is far behind in meeting the Millennium Development Goals by 2015. Existing data are outdated and updating them extremely difficult under current circumstances. There are indications that the poverty situation has been exacerbated by law and order problems, the ongoing financial crisis, the contraction of economic activities and rising unemployment, compounded by high population growth rates. Many people have been displaced by the inter-communal conflict that is still simmering.

Funding for essential social services has diminished impacting upon the health and education indicators, particularly in remote areas.

Education indicators are very low. Primary enrolment rates are the lowest of all PDMCs. The gender gap has narrowed but remains noticeable in school enrolment and literacy rates.

Health indicators are poor. Available data suggest that child mortality rates and malaria prevalence have decreased slightly. Maternal mortality rates are very high. Access to water and sanitation has improved slightly but urban-rural disparities are extremely high.

For all indicators there are great variations between the different provinces/islands.

ADB’s program in Solomon Islands — which includes TA 3182 - Public Sector Executive Development (1999), TA 3426 - Vocational Education (2000), TA 3419 - Strengthening Public Sector Management - Phase 2 (2000), and Loan 1823 - Post Conflict Emergency Rehabilitation Project (2000) — is currently suspended because of the ongoing civil disturbance.
Progress towards MDGs

GOAL 1
Eradicate extreme poverty and hunger

- No data available on prevalence of poverty, poverty depth or inequality measures.
- Although no data on the incidence of poverty is available, the poverty situation seems to be increasing due to the ongoing inter-communal violence, stagnant economy and loss of employment. New vulnerable groups are emerging such as those displaced by the conflict, the unemployed and the youth.
- Even before the conflict erupted in 2000, significant inequalities existed between urban (4 times higher) and rural income.

GOAL 2
Achieve universal primary education

- Data trends for school enrolment rates are not clear. According to the Ministry of Education, gross enrolment in 1998 was 77% for primary schools. While secondary enrolment seems to have increased from 14% in 1994 to 24% in 1998, it is still very low. Access to education and availability of qualified teachers in the remote and scattered areas are limited and enrolment rates vary significantly between provinces.
- The ongoing conflict and fiscal crisis has led to the disruption of essential services affecting the expenditure for education. The government has been unable to pay teachers regularly, causing widespread demoralization and abandonment of teaching posts.
- Overall government education expenditure is biased towards tertiary education and many families experience difficulties paying for school fees.
- According to the 1999 census, the adult literacy rate (based on self reporting) was 76%.

GOAL 3
Promote gender equality & empower women

- The gender gap remains noticeable in education and literacy rates but has decreased. The gender gap in primary enrolment ratios in 1998 was 3%, in secondary enrolment 12%, and in adult literacy rates 15%.
- The share of women in total employment is relatively high with 48%, but women’s participation in the work force is generally limited to menial tasks and few women penetrate to the upper ranks of civil service. Women have been particularly hard hit by the rising unemployment due to the ongoing conflict.

GOAL 4
Reduce child mortality

- Under-five mortality rates have decreased from 36 to 25 (per 1,000 live births) between 1990 and 2000 and infant mortality from 29 to 22 in 2002.
- The general immunization coverage was estimated at 65% in 1995. No data for child measles immunization rates.

GOAL 5
Improve maternal health

- Available data suggests that the maternal mortality rate has doubled between 1995 and 1999, while the proportion of births attended by skilled health personnel has slightly decreased to 85% in 1999.
- The government has also been unable to pay doctors and other health workers regularly, causing general demotivation and even abandonment of posts.
GOAL 6
Combat HIV/AIDS, malaria and other diseases

☐ No data available on HIV/AIDS prevalence rates.

☐ The incidence of malaria has been reduced about threefold from 440 per 100,000 in 1992 to 151 in 1999.

☐ Like in other PDMCs there is a dual disease pattern emerging. While infectious communicable diseases remain the main cause of morbidity, life-style diseases are on the rise.

☐ In general, there is serious underfunding for provincial and village health services, e.g. the central hospital in Honiara consumed about a third of total health expenditure in 1998.

GOAL 7
Ensure environmental sustainability

☐ The impact of logging on the natural environment, particularly the loss of biodiversity, has been severe.

☐ Available data suggest that access to safe water has increased slightly to 71%, but there are significant discrepancies between urban (94%) and rural areas (65%).

☐ Discrepancies between rural and urban areas for access to sanitation are even higher. Data suggest that 98% of the urban population has access to sanitation facilities compared with only 18% in rural areas in 2000.

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Timor-Leste

The lack of data and time series for Timor-Leste makes it difficult to discern trends in relation to progress towards the MDGs. Poverty seems to be widespread with over 40% of the population living below the national poverty line. Available data suggests that gross primary enrolment is above 100% but general literacy rates, retention and secondary enrolment is low. Child and maternal mortality rates are very high, although infant mortality rates have improved significantly.
GOAL 1  
Eradicate extreme poverty and hunger

- There are various “options” for poverty lines and incidence and there is debate about the present level of poverty in Timor-Leste. Based on the official Indonesian poverty line, poverty incidence decreased from 37% in 1993 to 25% in 1997 but increased again to 37% in 1999 due to the political and economic upheaval. Moreover, many households are clustered around the poverty line.
- There is considerable variability in the estimates of the prevailing degree of inequality. Based on the HIES in 2000, the wealthiest 20% of households have cash incomes 3.4 times higher than the poorest quintile and the Gini coefficient was 0.6, up from 0.4 measured in 1996. However, the basis for the 2000 estimate was different and did not include the value of own-food production.

GOAL 2  
Achieve universal primary education

- No time series data available. Gross primary enrolment of children aged 7 to 12 years is now over 100%. There is a low level of retention beyond primary level. At present, secondary enrolment is only 38%.
- There are significant regional variations in the quality of education.
- Adult literacy rates are estimated to be very low with 49% in 2001. Rural areas have a considerably lower literacy level.

GOAL 3  
Promote gender equality & empower women

- There is still significant inequity in education. In 1998, 52% of females over 10 years had never been to school. Recent attempts to provide universal primary education have led to an improvement and the ratio of girls to boys for primary school is now 0.93. No data available for secondary and tertiary level education, literacy rates and share of women in wage employment.

GOAL 4  
Reduce child mortality

- The infant mortality rate has fallen significantly from 149 to 86 (per 1,000 live births) between 1996 and 1999 but is still comparatively high.

GOAL 5  
Improve maternal health

- The maternal mortality rate (per 100,000 live births) is extremely high with 800 in 1999 and 850 deaths in 1995. No recent data available.
- Only approximately one-third of births are attended by skilled health personnel.

GOAL 6  
Combat HIV/AIDS, malaria and other diseases

- Malaria remains a major cause of morbidity and mortality. Reported prevalence rates have quadrupled from 4,281 in 1997 to 16,881 in 1999.
- The reported incidence of tuberculosis and lower respiratory tract infections has increased significantly since 1997.

GOAL 7  
Ensure environmental sustainability

- There are significant data variations for access to safe water. Data suggest a substantial improvement in terms of access to safe water. In 1996, it was estimated that a quarter of the
population had access while data for 2001 indicate that overall access is 63% with little difference between rural (63%) and urban (65%) areas.

Access to improved sanitation facilities is low with 42%. There are significant discrepancies between the rural areas (33%) and the urban areas (70%). No time series available.

**SOURCES**

- ADB, Basic Statistics of DMCs including MDGs (May 2002); ADB, Medium-Term Strategy (2001-2005); ADB, Key Indicators 2001

**ADB Initiatives**

**THIS TABLE PROVIDES A SHORT OVERVIEW OF HOW ADB'S COUNTRY STRATEGY AND SOME SELECTED PROGRAMS (ONGOING AND PROPOSED AS OF 2002) SEEK TO ASSIST THE COUNTRY TO ACHIEVE PROGRESS TOWARDS THE MDGs.**

**GENERAL POVERTY ASSESSMENT / STRATEGIES: TA 3425 - Poverty Assessment and Statistics - Phase I**

**INITIATIVES TOWARDS MEETING GOAL 1**

**INDIRECTLY CONTRIBUTING TOWARDS GOAL 1**

- **Improving Governance, Capacity Building**
  PROGRAM: TA 3412 - Capacity Building for Governance and Public Sector; TA 3400 - Community Empowerment Program; TA 3512 - Strategies for Economic and Social Development; TA 3592 - Economic Policy Forum; TA 3803 - Economic Policies and Strategies for Development; TA 3515 - Capacity Building for Local Government; TA 3839 - Capacity Building to Develop Public Sector Management

- **Supporting Infrastructure Development**
  PROGRAM: Loan 8181 - Emergency Infrastructure Rehabilitation; Loan 8198 - Emergency Infrastructure Rehabilitation II; TA 3401 - Transport Sector Restoration; TA 3428 - Rehabilitation of Telecoms Sector I; TA 3504 - Phase II; TA 3731 - Transport Sector Improvement; TA 3748 - Power Sector Development Plan; TA 3819 - Postal Services Development; TA (2003) - Strengthening Infrastructure Development

- **Supporting Microfinance Development**
  PROGRAM: Loan 8186 - Microfinance Loan, TA 3743 - Microfinance IT Systems Development; TA 3556 - Strengthening Microfinance Policy and Legal Framework; TA 3435 - Microfinance Study

**INITIATIVES TOWARDS MEETING GOAL 7**

- **Promoting Access to Sanitation Facilities**

- International Monetary Fund (IMF), East Timor - Establishing the Foundations of Sound Macroeconomic Management (2000)
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Tonga

TONGA has already achieved or almost achieved several of the targets specified in the Millennium Development Goals. It has a very high literacy rate and high primary and secondary enrolment ratios. Health indicators have been steadily improving, but there is a rapid increase in life-style diseases. Available data suggest that access to safe water and sanitation is widespread.

There are, however, signs of rising unemployment and a rural-urban drift towards main islands (no poverty estimates are available). Efforts need to be strengthened to ensure that all parts of the population have access to essential basic social services and quality education.

A Tongan couple prepares their boat for a day of fishing.
GOAL 1
Eradicate extreme poverty and hunger

- No poverty line has been established and no inequality measures are available.

GOAL 2
Achieve universal primary education

- Relatively high investment levels in education have yielded positive results. Gross primary enrolment rates and retention rates to mid-secondary school level are high. Tonga also has very high literacy rates.
- The challenge is to improve informal education and to address the lack of secondary technical/vocational education particularly for rural Tongans.

GOAL 3
Promote gender equality & empower women

- Gender equity in education and literacy rates has been achieved. Women outscore men in enrolment rates. Nevertheless, opportunities beyond secondary schools remain limited.
- The share of women in the labor force has increased from 18% in 1986 to 32% in 1996.
- There are no women represented in parliament and few women occupy senior public service positions. Women remain severely disadvantaged with regard to access to land.

GOAL 4
Reduce child mortality

- Child mortality rates have been decreasing and are comparatively low. There is broad immunization coverage with more than 95% of children fully immunized against common infectious diseases.

GOAL 5
Improve maternal health

- The maternal mortality rate is subject to substantial fluctuations because of small absolute numbers. It varied from 200 in 1995 and 41 in 1999 and 81 in 2000. Maternal mortality remains a concern particularly in rural areas. The proportion of births attended by skilled health personnel is high with 92% in 2000.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- There is no data on HIV/AIDS prevalence rates.
- The level of contraceptive use is low with 33.9% (2000).
- Tonga is witnessing a changing disease pattern. There are rising levels of non-communicable diseases, especially heart disease, obesity and increasing alcohol abuse.
- According to the Ministry of Health, the entire population has direct access to health care services and essential drugs within one hour travel time (2000). The country’s health care system and funding is biased towards the urban population and focuses mostly on curative health care rather than preventive health care, essential for the reduction in life-style diseases.
GOAL 7
Ensure environmental sustainability

- Available data suggest that almost all Tongans have access to safe drinking water and to an improved source of sanitation. Figures, however, may be overstated and the quality of some water and sanitation facilities poor.

- Limited land resources combined with high urban population movement are placing increasing pressures on the country’s natural resources. Waste management needs further improvement.

SOURCES
- ADB, Basic Statistics of DMCs including MDGs (May 2002); ADB, Medium-Term Strategy (2001-2005); ADB, Key Indicators 2001
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ADB Initiatives

THIS TABLE PROVIDES A SHORT OVERVIEW OF HOW ADB’S COUNTRY STRATEGY AND SOME SELECTED PROGRAMS (ONGOING AND PROPOSED AS OF 2002) SEEK TO ASSIST THE COUNTRY TO ACHIEVE PROGRESS TOWARDS THE MDGs.

GENERAL POVERTY ASSESSMENT / STRATEGIES: RETA – 6047 Preparation of National Poverty Reduction Strategy; TA 3432 – Poverty Assessment

INITIATIVES TOWARDS MEETING GOAL 1

INDIRECTLY CONTRIBUTING TOWARDS GOAL 1

- Improving Governance / Assisting Public Sector Reform Program

- Improving Regulatory Environment for Private Sector Development

- Promoting Agriculture Sector Development
  PROGRAM: Proposed TA (2004) and Loan (2005) – Agriculture Sector Development
Tuvalu

Available data seem to suggest that certain targets have already been achieved or have almost been achieved. Data availability, however, is limited and contradictory. The country has achieved/almost achieved universal primary education and has eliminated gender disparity in primary and secondary enrolment rates. Access to safe water and improved sanitation facilities seems to be widespread. For most indicators the outer islands/atolls compare unfavorably.

The integrity of the atolls is threatened by rising sea levels.
GOAL 1
Eradicate extreme poverty and hunger

- There are significant inter-island disparities. The disparity between the population on Funafuti and the outer islands - where primarily the old, very young and women reside - is increasing. Pockets of poverty also exist among the people who have immigrated to Funafuti. Households on the outer islands account for 90% of those in the lowest net income quartile.

GOAL 2
Achieve universal primary education

- Data regarding primary enrolment ratios vary. According to the Ministry of Education and Culture, primary enrolment has reached 100%. Other sources show lower rates of 88% for girls and 87% for boys.
- Secondary enrolment ratio is very low with only 34% in 1998. There is only one higher level secondary school.
- Literacy rates are high with 95% for both sexes.
- The quality of teaching seems to have decreased. The pass rate in the Fiji junior secondary examination (benchmark test) fell from 61% in 1991 to 13% in 2001.

GOAL 3
Promote gender equality & empower women

- Gender equality has been achieved for primary and secondary enrolment ratios. However, social pressure discourages women from pursuing post-secondary education.
- In 1991, 37% of people in cash employment were women, mostly in lower paid jobs. There are very few women in the upper echelons of civil service. No recent data available.

GOAL 4
Reduce child mortality

- Infant mortality rate has fallen from 43 in 1990 to 21 in 1998 and 13 in 2000 but varies significantly from year to year.
- General immunization rates are high: 100% for BCG and 75% for polio and DPT in 2000.

GOAL 5
Improve maternal health

- Number of maternal deaths varies from 0 to 1 or 2 cases per year. Proportion of births attended by skilled health personnel is 99%.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- Only 2 cases of HIV/AIDS were recorded up to 2001. Underreporting is likely and the low numbers should not be a reason for downplaying the potential devastating effect HIV/AIDS could have in a small community that has extensive contacts with the rest of the world. In April 2002, a further 7 cases were reported: 6 were commercial seamen working overseas and the 7th was the wife of one of the seamen.
- Tuberculosis cases vary significantly, between 1 in 1996-99 and 7 in 2000.
- Infectious diseases continue to be a major cause of morbidity. In addition, life-style diseases are increasing.
- The contraceptive prevalence rate is one of the highest among the PDMCs with 53%.
### GOAL 7
Ensure environmental sustainability

- Population growth on Funafuti is placing increased pressure on the local environment.
- Integrity of the atolls is also threatened by rising sea levels.
- UNDP reported in 1999 that 85% of the population has access to safe water and 49% to sanitation. Most of the water still needs to be boiled before consumption.

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### ADB Initiatives

This table provides a short overview of how ADB’s Country Strategy and some selected programs (ongoing and proposed as of 2002) seek to assist the country to achieve progress towards the MDGs.

#### GENERAL POVERTY ASSESSMENT / STRATEGIES: RETA 6047 – Preparation of National Poverty Reduction Strategy

#### INITIATIVES TOWARDS MEETING GOAL 1

- **Improving Governance and Economic Management**
- **Enhancing Employment Opportunities**
  - PROGRAM: Loan 1921 – Strengthening of Tuvalu Maritime Training Institute; TA 3565 – Preparing a Project for Upgrading Maritime Training Institute; TA 3942 – Maritime Training Institute Strengthening

#### INITIATIVES TOWARDS MEETING GOAL 2

- **Focusing on Vocational Training**
  - PROGRAM: Loan 1921 – Strengthening of Tuvalu Maritime Training Institute; TA 3565 – Preparing a Project for Upgrading Maritime Training Institute; TA 3942 – Maritime Training Institute Strengthening

#### INITIATIVES TOWARDS MEETING GOAL 7

- PROGRAM: RETA 6064 – Climate Change Adaptation Program for Pacific; proposed TA (2004) to assess future power generation options
PROGRESS towards the Millennium Development Goals has been slow or stagnant. The rate of population growth is outstripping economic growth and is increasing the pressure on the health and education systems. There are significant discrepancies between the urban and rural areas where service delivery problems in education and health impact negatively on social indicators. Primary enrolment has improved. Secondary enrolment has also improved slightly but is still very low. Gender disparity in education is slowly narrowing. Child mortality rates show a noticeable improvement from 1990. There has been a marked increase in rural-urban migration leading to a growth of squatter settlements without adequate water, sewerage and waste management systems. Available data shows that only approximately half of the population has access to safe water and sanitation facilities, with large urban-rural disparities.
## Progress towards MDGs

### GOAL 1

**Eradicate extreme poverty and hunger**

- Most communities in the Participatory Assessment of Hardship (PAH) stated that hardship had worsened in the last five years. The unemployed, landless and settlers, widows and single mothers, orphans, disabled and elderly are most affected by hardship.

- Using data from the HIES in 1998, approximately 40% of all households were estimated to live below the poverty line of US$1 per day (1993 PPP), with 51% in rural areas. However, figures do not take fully into account the importance of subsistence agriculture in rural areas and, thus, should be treated with a measure of caution.

- There are significant urban-rural discrepancies particularly regarding access and quality of basic services and infrastructure (approximately 80% of the population lives in rural areas).

- There are also high household income inequalities between urban and rural areas. Based on the 1998 HIES, the average household income in the capital was almost twice the national average with rural households having only one-third of the national average, accounting for an urban-rural ratio of 5:1. Income of the highest quartile was 30 times higher than the lowest. In rural households, the highest quartile exceeds the bottom quartile by 2.3 times, indicating a lower degree of inequality. In Port Vila, incomes of the highest quartile exceeded the lowest quartile by more than 50 times, indicating significant urban-rural disparity.

### GOAL 2

**Achieve universal primary education**

- Data for enrolment ratios vary significantly. According to UNDP, the gross primary enrolment ratio in 1998 amounted to 72%, while data collected by RETA 6002 indicate that gross primary enrolment ratio was 112% (children aged 6-11 years).

- Secondary enrolment rates are very low and have only gradually increased from 14% for women and 19% for men in 1990 to 25% for women and 21% for men in 1999. The 1999 census indicated that 59% of the rural population over 15 years and 44% of those living in urban areas had only completed primary level schooling.

- Access to educational facilities particularly in rural areas is limited. Large distances and lack of facilities are among the main reasons for high drop out rates.

- The high population growth rate puts additional pressure on the schooling system. The education system in Vanuatu also suffers from poor quality of teachers.

### GOAL 3

**Promote gender equality & empower women**

- Gender disparity in education is slowly improving. The ratio of girls to boys has increased from 0.89 in 1990 to 0.92 in 2002 for primary schools and from 0.62 to 0.94 for secondary schools.

- Women are underrepresented in senior managerial and leadership positions. In 1999, only 21% of legislators, senior officials and managers were female.
GOAL 4
Reduce child mortality

- Child mortality rates (both under-five and infant mortality rates) show a noticeable improvement from 1990. Child mortality rates are highest in rural areas where access to health services remain limited.

GOAL 5
Improve maternal health

- Available data indicate that maternal mortality rates (per 100,000 live births) have increased from 32 in 1995 to 68 in 1998, but due to low absolute numbers there are significant differences between years. About 80% of births in urban areas are attended by skilled health personnel. The maternal mortality rates in rural areas is likely to be much higher.

GOAL 6
Combat HIV/AIDS, malaria and other diseases

- No data available on HIV/AIDS prevalence rates. The first HIV case was reported in 2002.
- The disease pattern is changing, with non-communicable diseases becoming main causes of morbidity and mortality.

GOAL 7
Ensure environmental sustainability

- Between 1989 and 1999, the urban population grew by around 4.2% per annum, compared to 2.6% for the rural population. There has been a marked increase in rural-urban migration leading to a growth of squatter settlements without adequate water, sewerage and waste management systems.
- According to the 1999 census, only 44% of the population had access to safe water (urban 78%, rural 42%) and only half of the population had access to improved sanitation.

SOURCES

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## ADB Initiatives

This table provides a short overview of how ADB’s Country Strategy and some selected programs (ongoing and proposed as of 2002) seek to assist the country to achieve progress towards the MDGs.

### Initiatives Towards Meeting Goal 1

**Indirectly Contributing Towards Goal 1**

- **Improving Governance, Economic Management and Service Delivery**

- **Promoting Private Sector Development**
  - Program: Proposed Loan (2004) – Private Sector Development Program

- **Facilitating Employment Creation**

- **Redress Disparities in Living Standards and Access to Social Services, Address Infrastructure Bottlenecks**
  - Program: TA 3789 – Performance Improvement to Service Delivery Units; proposed TA and Loan (2003) – Outer Islands Infrastructure Development Project

### Initiatives Towards Meeting Goal 2

- **Developing Vocational Education and Training**

### Initiatives Towards Meeting Goal 3

- **Leveling Gender Disparities in Terms of Access to Resources and Entitlements**

### Initiatives Towards Meeting Goals 4, 5, 6

- **Promoting Urban Growth Management**
  - TA 2596 – Urban Growth Management and Strategy for Port Vila

- **Enhancing Access to Safe Water And Sanitation**