Millennium
Development Goals

2nd Report, 1990-2009
Report for the Fiji Islands

Message from the Prime Minister

A little over 10 years ago, together with another 188 countries, Fiji became a signatory to the Millennium Declaration. The Declaration comprises eight Millennium Development Goals (MDGs) which are aimed at enhancing the achievement of national development, based on the principles of human dignity, equality and equity.

My Government through the **"Peoples Charter"** has laid the long term foundation and the commitment of the People of Fiji to Change, Peace and Progress with the ultimate vision of building **"A Better Fiji for All"**.

To achieve this vision, the overarching objective is to rebuild Fiji into a non-racial, culturally vibrant and united, well governed, truly democratic nation that seeks progress and prosperity through merit-based equality of opportunity and peace.

Since the Charter reflects the long term aspirations of the People of Fiji, it is prudent that the Government puts in place appropriate framework for its implementation.

Based on the Peoples Charter, **"the Strategic Framework for Change"** and **"the Roadmap for Democracy and Sustainable Socio-Economic Development"** set out the necessary measures to address Fiji's political, social and economic development challenges. A number of reforms identified in the Roadmap that are in the process of being implemented include electoral and parliamentary reforms, public service reforms, land reforms and reforms in the education and health sectors.

The Millennium Development Goals have been integrated into the Peoples Charter, Strategic Framework for Change and the Roadmap to ensure successful implementation and achievement of MDG targets.

With respect to the status in meeting the MDGs, Fiji has made progress in achieving all of the eight Goals. The second report indicates that we are on track to achieve five out of the eight goals by 2015. These include MDG 2: achieve universal primary education; MDG 4: reduce child mortality; MDG 5 reduce maternal mortality; MDG 7: ensure environmental sustainability; and MDG 8 develop a global partnership for development.

The report also suggests that it will be a major challenge to achieve three goals vis a vis MDG 1: eradicate extreme poverty and hunger; MDG 3: promote gender equality and empower women; and MDG 6: combat HIV/AIDS and other diseases. The Government is fully committed and positive that these goals are realized.

My Government remains steadfast in its commitment to the implementation of the integrated package of reforms and policies and strategies contained in the Roadmap in order to support the achievement of my Vision and the Millennium Development Goals in collaboration with all stakeholders, including the development partners.

Commodore Josaia Voreqe Bainimarama
**Prime Minister and Minister for Finance, National Planning, Public Service,
Information and Archives, Sugar, I-Taukei and Multi-Ethnic Affairs and Provincial Development**

Foreword

On behalf of the UN system I would like to congratulate the Government of Fiji with producing its 2nd National MDG report. Since the signing of the Millennium Declaration in 2000, Fiji has made great achievements towards reaching the MDG targets, particularly in achieving universal basic education, reducing child and maternal mortality, ensuring environmental sustainability, reducing external debt, and making available the benefits of new technology especially in the telecommunications industry.

In pursuing the targets set for 2015 further work is needed in terms of reducing basic needs poverty, empowering girls and women as active members of the decision making process at all levels, reducing the prevalence of non communicable diseases, and improving the lives of those living in informal settlements. The unavailability of data makes it difficult to measure the true incidence of HIV/AIDS, but this is also a challenge that Fiji needs to prioritize.

Intermittent political instability, volatility in global oil prices and the impact of the global economic crisis are key challenges which have slowed the progress in reducing poverty. The ever threatening impacts of climate change make Fiji at risk to the effects of global warming and the increasing number and intensity of tropical cyclones.

A number of key recommendations proposed in this report include the provision of basic social services especially for the poor and vulnerable; transport and communications for remote communities; more opportunities for girls and women; improved public awareness and treatment for people living with HIV and AIDS; promote regular exercise and healthy nutrition; green activities in the agriculture and tourism sector and provision of necessary foundations for good governance across all levels of decision making.

The achievements of the MDGs are very possible. With political will, adequate resources and concerted efforts the Millennium Development Goals will be met by 2015.

UNDP Administrator, Helen Clark, has proposed eight action points to accelerate and sustain the achievements of the MDGs over the next five years: (i) Support country level development; (ii) Foster inclusive economic growth; (iii) Improve opportunities for women and girls; (iv) Continue to target investments in health and education, in clean water and sanitation; (v) Scale up social protection and employment programmes; (vi) Expand access to energy and promote low carbon development; (vii) Improve domestic resource mobilization; (viii) Commitment by the international community to provide development assistance and improve the predictability of aid effectiveness.

I would like to acknowledge the guidance provided by the National MDG taskforce in the formulation of the report. I am pleased to note that broad consultations took place during the formulation process. The UN family has provided comments drawing from agencies' comparative strengths.

Finally, I would like to acknowledge the strong commitment of the Government towards achieving the MDGs. With this commitment, and with concerted efforts by Government, private sector, civil society and the population at large, the MDG targets remain within reach for Fiji.

Knut Ostby
UN Resident Coordinator and UNDP Resident Representative

Abbreviations

ACIAR	Agricultural Centre for International Agricultural Research
ADB	Asian Development Bank
ATH	Amalgamated Telecom Holdings
BNPL	Below the National Poverty Line
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention of the Rights of the Child
CSO	Civil Society Organizations
EEO	Equal Employment Opportunity
ERP	Employment Relations Promulgation
EPA	Economic Partnership Agreement
DOTS	Directly Observed Treatment Short Course
DPT	Dipheria, Pertusis, and Tetanus
FBoS	Fiji Bureau of Statistics
FINTEL	Fiji International Telecommunications Limited
FPL	Food Poverty Line
FWCW	Fourth World Conference for Women
FWF	Fiji Women's Federation
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired immune deficiency syndrome
HIPC	Heavily Indebted Poor Countries
HMD	Hyaline Membrane Disease
HIES	Household Income Expenditure Survey
ICT	Information & Communication Technology
ILO	International Labour Organisation
IMF	International Monetary Fund
IUCN	International Union for Conservation of Nature
LED	Local Economic Development
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative

MoH	Ministry of Health
MSGTA	Melanesian Spearhead Group Trade Agreement
NCD	Non Communicable Diseases
NEC	National Employment Centre
NGO	Non Government Organisation
NIMS	National Iron and Micronutrients Supplementation
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
ODS	Ozone Depleting Substances
PACER	Pacific Agreement on Closer Economic Relations
PET	Pre Eclamptic Toxaemia
PICs	Pacific Island Countries
PICTA	Pacific Island Countries Agreement
PIFS	Pacific Islands Forum Secretariat
PPH	Post Partum Haemorrhage
RDSSED	Roadmap for Democracy Sustainable Socio-Economic Development
SDL	Soqosoqo Duavata ni Lewenivanua
SDP	Strategic Development Plan
SME	Small and Medium Enterprise
SPARTECA	South Pacific Regional Trade and Economic Cooperation Agreement
STI	Sexual Transmitted Infections
TAF	Telecommunications Authority of Fiji
TVET	Technical and Vocational Educational and Training
TB	Tuberculosis
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United National Development Programme
WPA	Women's Plan of Action

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Executive Summary

The purpose of this report is to examine Fiji's progress regarding the MDGs for the period 1990-2009. Compared to the first Fiji MDGs report, which covered the period 1990-2000, this report is based on more targets and indicators: 21 targets and 60 indicators from the revised MDG Framework. While, the 2004 Report found that Fiji was on track to achieving six out of the eight goals the present report finds that Fiji is on track to achieving five of the eight goals.

MDG 1 - eradicate extreme poverty and hunger: Fiji is unlikely to achieve this goal. Poverty has increased from around 25 percent in 1990 to around 40 percent in 2008. Given the upward trend in poverty, it is unlikely that Fiji will meet MDG 1 by 2015.

MDG 2 - achieve universal primary education: Fiji has already achieved this goal through strong and effective education policies. Given the achievements thus far and the effectiveness and continuity in education policies, Fiji will achieve MDG 2 by 2015.

MDG 3 - promote gender equality and empower women: there are mixed results on this. While Fiji has succeeded in achieving gender equality in primary and secondary school enrollments, continued efforts are required in empowering women in decision making and professional jobs. On both counts, males by far dominate females. Given the existing gender imbalance in the labour market, and despite state commitment towards empowering women, progress in empowering women is likely to be made but not sufficient enough, given the short time frame left, to achieve the target by 2015.

MDGs 4 and 5 - reduce child mortality and maternal mortality, respectively: Fiji is likely to achieve these two health goals. Fiji has made progress in reducing child mortality and maternal mortality for the period 1990- 2008. Whilst, Fiji's health sector faces problems relating to lack of financial resources to develop health infrastructure and staff shortages in key specialized areas, strong health programmes and legislation are in place, to strengthen the delivery of health service to the public, enabling Fiji to achieve the targets expected by 2015.

MDG 6 - combat HIV/AIDS and other diseases: although there is an upward trend in the number of reported cases of HIV/AIDS in Fiji, the current health program and legislation in place will minimize any further increase in the spread of HIV. Due to the lack of data which reflects to the true incidence of HIV, it is not clear whether this trend will be reversed by 2015. However, government is committed to addressing the issue with the support from our development partners by providing the necessary resources.

MDG 7 - ensure environmental sustainability: Fiji is likely to achieve this given that (a) Fiji by being party to a number of environmental treaties and conventions is involved in environmental decision making, although there is concern regarding Fiji's capabilities on delivering on its commitments; (b) the proportion of land area under forest has increased, although environmental challenges remain a serious threat to forestry resources; (c) the number of people with access to safe drinking water has increased; and (d) consumption of ozone depleting substances is expected to decline from 2013 with the phasing out of hydrochlorofluorocarbons (HCFCs). However, the growing squatter population remains a problem as it has implications for urban resource management, posing further threats to the environment.

MDG 8 - develop a global partnership for development: Fiji has achieved mixed results on this goal. Fiji has reduced its debt servicing commitments and has made available to citizens the benefits of new technology, as seen from the rise in number of mobile phone and internet subscriptions.

A number of factors have contributed to Fiji's failure towards making meaningful progress on the MDGs. These factors include: (a) intermittent political instability which has reduced of investment, exports, and employment growth, thus contributing to poverty; (b) poor governance in particular corruption, which has stifled and impeded socio-economic national development initiatives. In addressing good governance, Fiji has become a party to the United Nation Convention Against Corruption since 2008 and measures are being taken to ensure full compliance; (c) the volatility in global oil prices over the last few years, which has led to inflationary pressures, thus reducing real incomes of people and pushing those at the threshold of poverty into poverty; (d) unproductive use of fertile land, brought about by the non-renewal of expiring land leases—one of the reasons for the decline of the sugar industry and the decline in food production; and (e) global financial crisis, which has affected the flow of remittances to Fiji and tourism receipts in Fiji.

Finally, this report has found that Fiji has reasonably good quality macro data but lacks sufficient micro-level data, including data on time use survey, which is a real constraint towards mapping progress or otherwise on MDGs. Some suggestions include: (a) increasing the frequency of the Household Income and Expenditure Survey (HIES); (b) merging the Employment Survey with the HIES; and (c) conducting at timely intervals, time use surveys. The lack of such valid data and the technical expertise to assess the impact cannot be perceived that some of the MDGs are unachievable by 2015, as national development plans have been in place to address each MDG.

"Keeping the promise: united to achieve the Millennium Development Goals"

2010 MDG summit outcome statement

Chapter 1
Introduction

1.1 Introduction

Fiji, together with another 188 countries, is a signatory to the Millennium Declaration 2000, which seeks commitment to the principles of human dignity, equality and equity, especially for the most vulnerable including children and people with disabilities. The achievement of broader national development goals is reflected in the Millennium Declaration and Millennium Development Goals (MDGs). The MDGs are a set of eight internationally agreed development goals emanating from the Millennium Declaration. The present report is based on 21 Targets and 60 Indicators for the period 1990-2009 which are attached as Annex 1. Annex 2 contains the definitions of the indicators.

To ensure successful achievement of the MDGs, Fiji has committed to numerous international conventions and agreements, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform of Action, Convention on the Rights of the Child (CRC), the Copenhagen Declaration on Social Development; the Biwako Millennium Framework, leading to the Plan of Action on Disability, and regional trade agreements, such as the Pacific Platform of Action (Ministry of Finance, 2009). Fiji is also party to the Monetary Consensus and the World Summit on Sustainable Development (Fiji Government, 2006).

This chapter has three objectives: First is to provide a snapshot of Fiji's economic performance and contextualize the analysis of the MDGs for Fiji. The second objective is to provide a brief overview of socio-economic development policies. Understanding this is crucial before assessing Fiji's success or otherwise in meeting the MDGs by 2015. The third objective is to provide a snapshot of where Fiji is since 1990-2008 in terms of progress on MDGs and realistically assess Fiji's chances of successfully achieving the MDGs by 2015. In doing so, the state's supportive role is also assessed and recommendations are made about future strategies.

1.2. A Snapshot of Fiji's Economic Performance

Fiji is a small island country with a population of 0.824 million in 2007 and a population growth rate of 1.4 percent between 1975 and 2007. It is classified by the World Bank (2002) as an upper-middle income country with a Gross Domestic Product (GDP) per capita (PPP, 2005 international $) in 2008 of around $4050. While since independence in 1970, Fiji implemented import substitution policies to stimulate economic growth, beginning in 1986, backed by the International Monetary Fund (IMF), Fiji liberalized its economy. In doing so, Fiji has since followed an export-led growth based strategy for development. Despite these efforts though, Fiji's economic growth has been weak and volatile (see Figure 1), ranging from -8.4 percent to 10.4 percent, with nine years of negative growth. Three of the widely cited reasons for Fiji's weak economic performance have been intermittent political instability, poor economic and financial management, and expiry of land leases since 1997, which have basically seen the decline of the sugar industry. The sugar industry has traditionally been regarded as the backbone of the economy in terms of employment and foreign exchange earnings. The decline of the industry has thus hurt Fiji's economic and social development.

1.3. Post-independence Development Objective

Since independence to about the mid-1980s, Fiji's economic policies, based on import-substitution led growth, were aimed at maximizing economic growth through boosting consumption. The failure of import-substitution based policies to foster sustained economic growth led to the IMF intervention in 1986. Hence, beginning in 1986, Fiji embarked on trade liberalization policies, which marked Fiji's approach towards an export-led growth strategy for economic growth. Fiji's welfare policies centered around two broad issues: reducing income inequality and poverty and achieving universal primary education. In development plans prior to the advent of the MDGs, Fiji's development objectives were broadly in-line with reducing poverty, child mortality and gender inequality, achieving environmental sustainability, and improving the health and education status of its citizens. However, with the introduction of MDGs, Fiji has embraced a wide set of targets and indicators with respect to each of these broad goals.

Fiji's key social development strategies in the post-independence era can be summarized as follows, while detailed policies with respect to each of the MDGs are listed in Table 1:

- Creation of employment and income generating opportunities for people;
- Alleviation of poverty including more effective social welfare programmes;
- A more equitable distribution of national wealth and development opportunities to ensure improvements to living standards;
- The effective maintenance of law and order to secure the safety of citizens, their families, and their properties;
- Making education accessible to all;
- Making health services available to a greater cross-section of the society; and
- Increasing access to safe drinking water.

In Table 2, the MDG goals and targets are provided. The objectives are: (a) to assess, based on progress made over the period 1990 to 2008, whether targets under each of the eight goals are achievable by 2015; and (b) to assess the strength of the state's support in achieving these targets over the corresponding time period. We find the following.

Figure 1: Fiji's Per Capita Growth Rate, 1960-2008
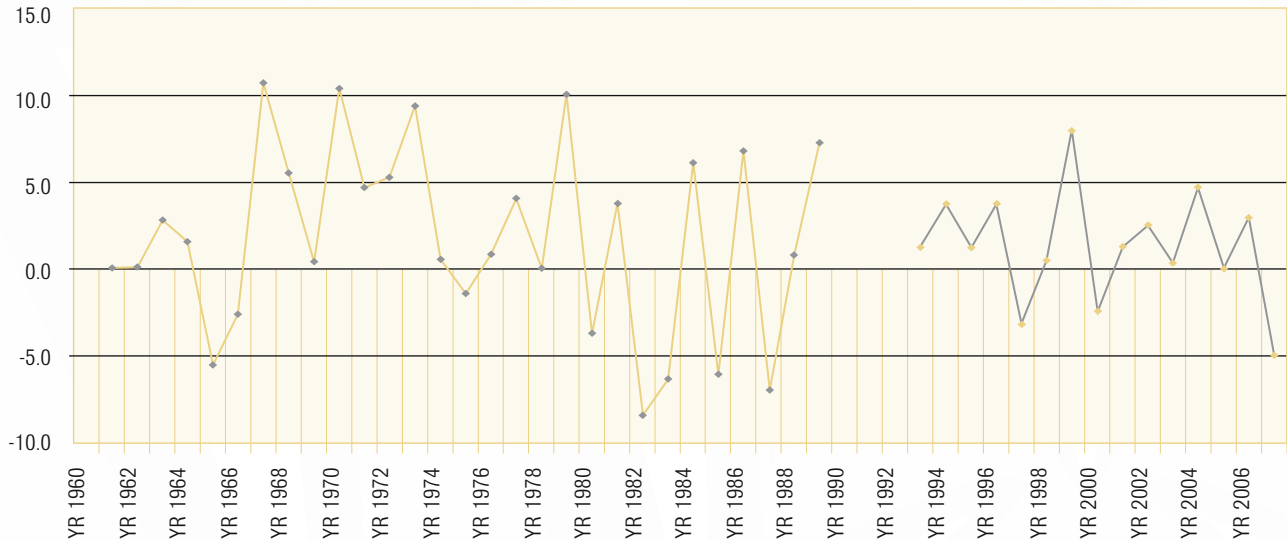
Source: World Development Indicators (2009).

MDG 1 - eradicate extreme poverty and hunger: of the three targets listed here, it is uncertain whether Fiji will meet two of them, namely poverty reduction and full employment. The third target—halving the proportion of people suffering from hunger—has already been achieved and is likely to be the case by 2015. That Fiji has not met its poverty reduction and employment creation targets to-date and is unlikely to do so by 2015 reflects in large part the inability of the state to create sufficient economic activities to engage people. Creating employment and reducing poverty requires generating sufficient volume of economic activity, which in turn depends on attracting investments. In successive development plans since independence, the state recognized that around 20 percent of GDP equivalent private investment will be required consistently to achieve an average economic growth rate of 5 percent per annum. Unfortunately, due in large part to intermittent political instability, Fiji failed to attract the desired level of private investments. At best, on average, private investments since post-independence have averaged between 8-10 percent of GDP. Lack of private investment has contributed to weak economic growth, unemployment and poverty. Economic growth since independence has averaged between 2-3 percent. During the same period, the population growth rate was around 1.4 percent. As a result of low economic growth accompanied by population growth, both unemployment and poverty have grown. Fiji has succeeded in meeting the target on hunger largely due to the contribution of the subsistence sector in meeting the basic food needs of the people. While government has introduced a number of policies to assist the elderly, destitute and disabled, such as the food voucher programme and the social welfare scheme, these have been insufficient to arrest poverty. Based on these, it is unlikely that Fiji will meet MDG 1.

MDG 2—achieve universal primary education: only one target is stated under this goal; all children are expected to complete a full course of primary education. This goal has already been met and state's support for achieving this has been strong, as can be seen from policy priorities listed in Table 1. A wide range of policies have been implemented by the government to ensure access to primary education for all. In 2009, the state also introduced the policy of free bus fares for school children in an attempt to reduce the financial burden on parents unable to afford transportation costs involved in sending children to school. Similarly, the state also makes available free textbooks and tuition fees, not only for primary school education but also for secondary school education. Given the strong state support, and the fact that the target under MDG 2 is already achieved, by 2015 this goal will potentially be achieved.

MDG 3—promote gender equality and empower women: there are two targets under this goal. The first target - to eliminate gender disparity in education - has already been achieved. In fact, in 2008 there were slightly more females enrolled in primary education than males. However, on the second target - to promote gender equality and empower women - there is uncertainty. Despite a strong set of government policies, males are still dominant in the labour market. The labour force participation rate for males is at least 2.5 times that of females. There are three times more male wage earners than female wage earners. There are at least twice as much male salary earners than females. Moreover, the role of females in politics is also weak, with an estimated 12 percent of women in parliament in 2008 - a figure well short of the state's target of 30 percent. These are significant labour market gender imbalances, which are unlikely to be fixed over the next five years. Hence, it is unlikely that this target will be achieved by 2015. On the whole, there is mixed evidence on MDG 3. One target will be achieved while the other one will not be achieved. As a result, it is fair to claim that MDG 3 is unlikely to be achieved by 2015.

MDG 4—reduce child mortality: over the period 1990-2008, the under five mortality rate has been reduced by around 18 percent. In 2008, the mortality rate was 23.6 per 1000 live births, which is more than twice what it should be by 2015. Similarly, while the infant mortality rate has declined from 16.8 in 1990 to 13.1 per 1000 live births in 2008, the expected 2015 target is 5.5. The global number of deaths among children under the age of five dropped from 12.6 million in 1990 to an estimated 8.8 million in 2008. The state support for achieving this objective is strong. The Roadmap for Democracy and Sustainable Socio-Economic Development 2010 - 2014 outlines a strong strategy to ensure success in reducing child mortality. Whilst, Fiji's health sector faces fundamental problems relating to lack of financial resources to develop health infrastructure and staff shortages in key specialized areas, strong health programmes and legislation are in place, to strengthen the delivery of health service to the public, enabling Fiji to achieve MDG 4 goal by 2015.

Table 1: Millennium Development Goals and Fiji Government Policy Priorities

MDGs Goals	Fiji Government Policies
1. Eradicate Extreme Poverty and Hunger	- Reducing poverty to a negligible level, making Fiji knowledge based society, improving health service delivery and developing a common national identity and building social cohesion. - Review and develop poverty targeted policies and implement appropriate programmes in housing, national insurance and social security and National Integrated Poverty Eradication Framework. - Empower communities through education programmes for self-sufficiency, self-reliance and self esteem. - To ensure the provision of minimum and affordable basic needs to all categories of the poor - To encourage traditional support mechanisms for the disadvantaged and provide adequate welfare support to the destitute - To provide a social safety net to those in a severe state of deprivation - To formalize and strengthen the government and civil society partnership in alleviating poverty - The creation of more sustainable, secure employment opportunities with better wages in the long-term mechanism for moving people out of poverty - To ensure the compilation and timely analysis of statistics on poverty - To ensure food and income security for rural and outer island dwellers

2. Achieve Universal Primary Education	- To ensure the provision of minimum and affordable basic needs to all categories of the poor - To improve access to education for disabled persons - To ensure the protection and development of children - Curriculum framework developed to enhance spiritual, intellectual, social and physical development and strengthen instruction in iTaukei and Hindi as well as English. - Improvement in the numbers and quality of competent and motivated teachers and reduction of the pupil: teacher ratios. - Increased use of standards improvement measurement in schools. - Enhanced rural education programme by establishing appropriate infrastructure, building standards, review of school performance and piloting distance education programme. - Strengthened partnership between government, communities, donors, municipal councils, school management committees, developers and parents. - Strengthen and expand Technical and Vocational Educational and Training (TVET). - Effective and efficient allocation of subsidies to tertiary institutions. - Ensure retention of good quality teachers. - Conduct tracer study to know the fate of school leavers as school-dropouts and qualified graduates in the labour market or in the tertiary institution.
3. Promote Gender Equality and Empower Women	- To implement and monitor the EEO (Equal Employment Opportunity) policy in all workplaces, and address occupational discrimination and gender segregation in labor markets - To ensure gender equality and non-discrimination before the law. - To ensure women's accessibility and full participation in power structures and decision-making bodies. - To educate the community and law enforcement agencies to prevent and eliminate violence against women. - To maintain effective social safety nets for the unemployed in particular training and investment to promote alternative livelihoods for women displaced from the manufacturing sector - Increase ability of women and their access to income generating activities including SME development, targeted programmes for women in agriculture reform, and equal training opportunities at all levels in Government. - Empower women, particularly rural women, through training on leadership, awareness of human and indigenous rights issues, health and quality of life through Partnership, Networking and Coordination with women groups and increased collaboration and partnership with NGOs. - Mainstream gender perspectives in all sectoral development programmes. - Strengthen women's groups to increase awareness in the role that women play in societies. - Conduct gender mainstreaming workshops at national and district (including village) level - Mobilizing and networking with more men and young boys organizations to work as gender advocates - Increased partnerships with women's groups at community level, non government and civil society organisations to conduct empowerment programmes for women - Increased partnerships with research institutions such as the academia to provide evidence based research and results to make informed policy decisions - Support local and regional organizations in engaging with women's rights CSOs and indigenous women's groups to advocate and advance gender equality initiatives - Adoption of a central data & information management information system to reflect gender statistics and indicators disaggregated by ethnicity, age, disability, employment status and other relevant data.
4. Reduce Child Mortality	- To provide adequate primary and preventative health services - Provide effective curative health care services - Maintain an appropriate level of human resources; - Maintain appropriate infrastructure and facilities; - Build a management culture that promotes and supports continuous quality improvement; - Improve health financing.

5. Improve Maternal Health	- To provide adequate primary and preventative health services - Maintain an appropriate level of human resources; - Maintain appropriate infrastructure and facilities; - Build a management culture that promotes and supports continuous quality improvement; - Improve health financing
6. Combat HIV/ AIDS, Malaria and other Diseases	- To provide adequate primary and preventative health services - Educate people about HIV/AIDS and other diseases - Improve access to treatment, care and support for people living with HIV and AIDS, especially vulnerable groups, and the general population - Improve access to prevention, including heightened public awareness - Strengthen national mechanisms to manage the epidemic
7. Ensure Environmental Sustainability	- To minimize degradation of natural resources and protect biodiversity - To maintain a healthy and clean environment through the reduction and elimination of pollution and proper management of wastes - To raise awareness of the importance of sustainable development - To ensure the provision of minimum and affordable basic needs to the rural and outer island population - To ensure the provision of minimum and affordable basic needs to all categories of the poor - To facilitate the provision of decent affordable housing to all, especially to those of low-income earners, through reduction of the cost of buying and building homes - To significantly upgrade squatters settlements by redevelopment of squatter areas, and provision of basic amenities in current squatter settlements - To strengthen government/NGO partnership in the provision of housing and land for the poor.
8. Develop a Global Partnership for Development	- To recognize and adhere to international declarations, agreements, conventions and treaties of UN, Commonwealth, EU and others that are of significant benefit - To reduce government spending as a proportion of GDP; - To keep the deficit at sustainable levels; - To reduce debt-to-GDP ratio; - To borrow locally wherever feasible (to utilize the surplus cash liquidity) - To increase employment opportunities for youth - To reduce skill shortages - To improve job growth in the formal and informal sectors - To empower young people to secure gainful employment or self-employment opportunities, both locally and abroad - To improve functioning of the labour market - To provide efficient curative (hospital) health care services - To reduce telecom rates in the short term by promoting more discussions between potential investors in ICT services and FINTEL/Telecom Fiji to negotiate favorable rates under which the investments would be viable - In the medium term, liberalization of the telecommunications sector through more competition and the removal of exclusive licenses - To align Fiji's ICT training to developments in the employment market - To provide an independent and impartial judiciary, and associated legal services, capable of efficiently and effectively discharging its obligations

Source: Ministry of Finance (2009); Ministry of Finance and National Planning (2006); Republic of the Fiji Islands (2008a); and Republic of the Fiji Islands (2008b).

Table 2: The goals and targets at a glance

No. of targets	Target for 2015	Status: will target be met?	State of supportive environment
	MDG1: Eradicate extreme poverty and hunger		
1	Halve the proportion of people living below the national poverty line	Unlikely	Fair
2	Achieve full and productive employment for all including women and young people	Unlikely	Fair
3	Halve the proportion of people suffering from hunger	Potentially	Strong
	MDG 2: Achieve universal primary education		
4	All children will complete a full course of primary education	Potentially	Strong
	MDG 3: Promote gender equality and empower women		
5	Eliminate gender disparity in education	Potentially	Strong
6	Promote gender equality and empower women	Unlikely	Fair
	MDG 4:Reduce child mortality		
7	Reduce child mortality by two-thirds	Potentially	Strong
	MDG 5: Improve maternal health		
8	Reduce maternal mortality by 75%	Potentially	Strong
9	Achieve universal access to reproductive health services	Inadequate data	Weak but improving
	MDG 6: Combat HIV/AIDS, malaria and other diseases		
10	Halt and begin to reverse the spread of HIV/AIDS	Unlikely	Strong
11	Achieve universal access to treatment for HIV/AIDS for all who need it	Potentially	Weak but improving
12	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Potentially	Fair
	MDG 7: Ensure environmental sustainability		
13	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Potentially	Strong
14	Reduce biodiversity loss	Potentially	Fair
15	Halve the proportion of population without sustainable access to improved drinking water and sanitation	Potentially	Strong
16	Achieve significant improvement in the lives of urban slum dwellers	Unlikely	Fair
	MDG 8: Develop a global partnership for development		
17	Develop further open, rule-based, predictable, non-discriminatory trading and financial system	Potentially	Fair
18	Address the special needs of small island developing states	Potentially	Fair
19	Deal comprehensively with the debt problems of developing countries	Potentially	Fair
20	Provide access to affordable essential drugs	Potentially	Strong
21	In cooperation with the private sector, make available the benefits of new technology	Potentially	Fair

MDG 5 – improve maternal health: over the period 1990-2008, the maternal mortality rate has been reduced by around 30 percent, from 41 in 1990 to around 32 per 100,000 live births in 2008. However, this decline in maternal mortality is on the slow side as by 2015 Fiji would need to reduce maternal mortality by another 70 percent from the 2008 rate to meet this target. This seems unlikely given the slow progress. On the positive side, the proportion of births attended by skilled health personnel has been extremely high in Fiji - in 2008, it was 99 percent, and has increased by 1 percentage point compared with 1990. In terms of the second target under this goal – achieve universal access to reproductive health services, there is no data on any of the three indicators to make any concrete assessment. The Ministry of Health will need to work closely with the Ministry of National Planning and the Bureau of Statistics to compile this dataset in order to evaluate Fiji's progress on this by 2015. Fiji has made improvements in maternal health and there is strong health programmes and legislation are in place, to strengthen the delivery of health service to the public, enabling Fiji to achieve the targets expected by 2015.

MDG 6 - combat HIV/AIDS and other diseases: the sixth MDG mainly focuses on HIV and AIDS but due to the high prevalence of Non-Communicable diseases (NCDs) government is committed to address these through greater national awareness programmes and the establishment of dedicated facilities for NCDs such as diabetes centers have been put in place by the government. On the first target of halting and beginning to reverse the spread of HIV/AIDS, HIV/AIDS has increased in Fiji from 4 reported cases in 1989 to 333 cumulative cases at the end of 2009. The strong state support for combating HIV/AIDS will ensure that the current trend does not reach an explosive stage . Regarding the second target on achieving universal access to treatment for HIV/AIDS, a recent report shows that those eligible to treatment have full access to treatment and are receiving such treatment. Available health data related to this goal suggests that government expenditure on health has gradually increased by around 5.5 percent from $141.3 million in 2005 to $149.1 million in 2009. There is shortage of key health personnel, which is constraining progress in Fiji's health sector. In addition to the continuing incidence of communicable diseases, there is an increasing prevalence of Non Communicable Diseases (NCD), such as diabetes and hypertension, due to lifestyle changes, poor diet, smoking, changing patterns of physical activity, and continuing mulnutrition problems, particularly in schoolchildren and women. Due to the lack of data which reflect the true incidence of HIV/AIDS, it is not clear whether the trend will be reversed by 2015.

MDG 7 – ensure environmental sustainability: there are four targets under this goal. With respect to the first target on integrating the principles of sustainable development, data is available for five indicators. On two indicators—land area covered by forest and consumption of ozone depleting substances—Fiji has improved significantly since 1990. In terms of the second target on reducing biodiversity loss, Fiji has again done well: the proportion of terrestrial and marine areas protected, for instance, has almost doubled over the 1990 to 2008 period. In terms of the third target on halving the proportion of people without sustainable access to safe drinking water, while it has remained fairly stagnant over the 1990 to 2008 period for total, rural, and urban populations, the proportion of people with improved sanitation has improved slightly. Finally, in terms of the last target under this goal, on achieving significant improvements in the lives of slum dwellers, while the proportion of people with secure tenure has increased from 10.6 percent in 2003 to 11.9 percent in 2007, the squatter population has more than doubled between 1999 to 2007 and is estimated to be around 12.5 percent of Fiji's total population. On the whole then, while it seems Fiji will potentially achieve the goal of ensuring environmental sustainability, more state resources will need to be diverted towards improving the plight of the squatters. Current government policies are geared towards securing renewal of land leases, land reform, and housing policies leading to development of housing lots. Government policy commitment in this regard is strong, as can be seen from Table 1; what is needed now is proactive implementation backed by state resources.

MDG 8 - develop a global partnership for development. There are four targets under this goal, and Fiji has achieved mixed results thus far. Fiji has achieved two targets—namely debt service and making available benefits of new technology. Fiji's performance has weakened in terms of receiving official development assistance (which has declined by about 50 percent over the 1990 to 2008 period) and making available affordable essential drugs. Fiji continues to receive concessional funding from bilateral development partners (China & Malaysia) for infrastructure development. On the whole, then, it seems that Fiji should work harder on developing global partnerships.

MDG 1
Eradicate extreme poverty and hunger:

Fiji is unlikely to achieve this goal. Poverty has increased from around 25 percent in 1990 to around 40 percent in 2008
Given the upward trend in poverty, it is unlikely that Fiji will meet MDG 1 by 2015.

Chapter 2
Eradicate Extreme Poverty and Hunger

2.1. Introduction

The first goal under the MDGs framework is: Eradicate extreme poverty and hunger. Poverty does not have a concrete definition and can be defined in many different ways. In simple terms, poverty can also be referred to as "the state of being poor", where one lacks opportunities to attain better education and proper jobs to fulfill their needs and wants and also of their family members. There are two targets to monitor the level of poverty. First, between 1990 and 2015, halve the proportion of people whose income is less than one dollar a day and second, between 1990 and 2015, halve the proportion of people who suffer from hunger. In Fiji, however, a national poverty line is considered as a more appropriate measure of poverty. The poverty line is drawn such that people earning (on a weekly basis) below the poverty line will be deemed to be in poverty. A key approach to measuring poverty in Fiji has been surveys. The first survey was conducted by Stavenuiter (1983). This was followed by the Household Income and Expenditure Survey (HIES), which were conducted in 1990-91, 2002-2003, and 2008-09. The first of the two survey results are published, while results from the latest survey are not yet available for analysis.

2.2. Status and trends

Target: *Halve, between 1990 and 2015, the proportion of people whose income is below the national Basic Needs Poverty Line (BNPL*

Based on the 2002/2003 HIES, Narsey (2006) estimates that around 34 percent of the population were below the national poverty line compared with 25.5 percent in 1990. Unfortunately, the 2008/9 HIES data is unavailable during the time of writing this report. However, a recent study by Narayan (2009) estimates poverty in 2008 to be around 40 percent (see Table 3). The volatile and high levels of predictions on poverty levels in Fiji are also documented in two other studies: Barr and Naidu (2002), for instance, estimate that close to 50 percent of the population struggle with varying degrees of poverty in Fiji. Similarly, ADB (2006) reports the incidence of poverty to be between 33 to 50 percent in 2002[1].

A number of indicators justify the rise in poverty in Fiji from 25.5 percent in 1990 to 40 percent in 2008. First, the number of people seeking family assistance has increased from 22,534 in 2005 to 26,926 in 2009—an increase of around 19.5 percent over the period. Second, the squatter population has increased sharply—from around 45,000 people in 1999 to around 100,000 people in 2007 (table 4). This represents around 12.5 percent of the population.

Table 4: Number of Squatter Settlements and Population in Fiji, 1986-2007

Year	Number of settlements	Number of people
1986	n.a	17,600
1996	n.a	47,585
1999	106	46,155
2001	121	51,925
2003	171	68,625
2004	182	82,350
2007	200	100,000

Source: Ministry of National Planning.

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[1] The Poverty Monitoring Unit (PMU) under the Prime Minister's Office (PMO) is working on a definition of poverty for Fiji which will be available towards the end of the year.

Third, and perhaps most significantly, agriculture has traditionally been one of the main sources of income for the rural population. Approximately 50 percent of total population reside in rural areas. The expiry and non-renewal of land leases has meant a loss of the main source of income for many farming households in rural areas. As can be seen from table 5, over the period 1997-2010, only 43 percent of leases were renewed.

Table 5: ALTA expiry, renewal and non-renewal, 1997-2010

Year	Expired	Renewed (%)
1997	100	50 (50)
1998	213	107 (50.23)
1999	1529	721 (47.16)
2000	1949	1068 (54.80)
2001	467	164 (35.12)
2002	673	280 (41.60)
2003	428	196 (45.79)
2004	351	100 (28.49)
2005	375	131 (34.93)
2006	477	143 (29.98)
2007	666	183 (27.48)
2008	384	106 (27.60)
2009	370	183 (49.46)
2010	461	223 (48.37)
Total	8443	3655 (43.29)

Source: Ministry of National Planning.

With a greater number of people seeking family assistance and a greater proportion of people joining the squatter population, the implication is that the number of poor people in the country has increased. From these data, it is fair to claim that poverty over the period has increased. In this regard, fittingly Naidu (2009) claims that "a clear majority of squatters are poor".

All indicators, as discussed above, point to an increase in poverty in Fiji. According to the most recent HIES available, the incidence of poverty as presented in Table 6 that is higher in rural areas than poverty in urban areas: 40 percent versus 29 percent.

Table 6: The Incidence of Poverty in Fiji based on the 2002-03 HIES

Ethnicity and location	% of population below the NPL
All rural	40
All urban	29
All	35

Source: Narsey (2008: extracted from Table 5, p.76).

It follows that with respect to target 1: Halve, between 1990 and 2015, the proportion of people below the poverty line, Fiji is off-track for the following reason. Poverty, as measured by the national poverty line, has increased from around 25 percent in 1990 to around 40 percent in 2008. Moreover, as per the HIES survey of 2002/03, while poverty affects both urban and rural areas, poverty is skewed towards the rural population. Moreover, as pointed out by Abbott and Pollard (2004) and the World Bank (2006), the income inequality in Fiji has worsened between the period 1990 (when the Gini coefficient was 0.46) to 2006 (when the Gini coefficient was 0.54).

Assessment: *Fiji is unlikely to meet this target by 2015*

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

From Table 3, we observe that the growth rate of GDP per person ranges from a fairly low -2.1 percent to a high 5 percent over the period 2000-2008. The picture is bleaker when compared with economic growth rate from 1990, when it was 15 percent. So, it is clear that from 1990 to 2008, Fiji's economy has weakened when measured in terms of per capita GDP growth rate. A number of reasons have been identified in the literature on Fiji's weak economic growth performance, with political instability emerging as the key factor (see Narayan and Prasad, 2008).

The ratio of employment to population was 53.7 percent in year 1990 and it rose, but only slightly, to 56.4 percent in 2007. On the whole, the employment to population ratio has remained very close to 55 percent throughout the period 2000-2008. Based on this trend, it is clear that job-wise there has been marginal improvement. This means that, given the rise in the inflation rate over this period, poverty levels have potentially increased over the period 1990-2008.

With growing poverty and declining economic growth rates, it is natural that unemployment will be high. Based on the 1996 and 2007 population census data, a number of features of Fiji's labour market can be deduced, based on Table 7:

1. Total unemployment rate has increased from around 3.7 percent in 1996 to around 8.6 percent in 2007, and the FBoS (2009) attributes this rise in unemployment to political instability in the country;
2. Total unemployment in the rural sector increased from 2.0 percent in 1996 to 6.6 percent in 2007, while over the corresponding period total urban unemployment increased from 5.8 percent to 10.5 percent;

Table 3: Statistics on Goal 1

Table 3: Statistics on Goal 1Goal 1: Eradicate Extreme Poverty and Hunger												
Target	Indicator	Status of Progress										
		1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	
1. Halve, between 1990 and 2015, the proportion of people whose income is below the national poverty line (BNPL)	1. Proportion of population below $1 per day (PPP values) % of population below BNPL	25.5	n.a	n.a	34	34.3	n.a	n.a	n.a	n.a	40.0	
	1a Poverty head-count ratio	n.a	n.a	n.a	n.a	34.0	n.a	n.a	n.a	n.a	n.a	
	2. Poverty gap ratio	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	11.2	n.a	
	3. Share of poorest quintile in national consumption	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	8.5	n.a	
1a. Achieve full and productive employment and decent work for all, including women and young people	4.Growth rate of GDP per person employed	15.0	-2.1	1.5	2.8	0.5	5.0	-1.9	1.6	-0.8	-1.1	
	5. Employment to population ratio (%)	53.7	55.9	55.9	55.7	56.4	56.5	56.5	56.5	56.4		

Goal	Indicator										
	6.Proportion of employed people living below $1 (PPP) per day	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	7.Proportion of own account and contributing family workers in total employment people living below $1 (PPP) per day	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	8. Prevalence of under-weight children (under 5 yrs of age)	0.8 -1993	n.a	n.a	n.a	n.a	7.0	n.a	n.a	n.a	n.a
	9. Proportion of population under minimum level of dietary energy consumption	8% -1991	n.a	n.a	n.a	n.a	5%	n.a	n.a	n.a	n.a

Source: The 1990 poverty data is from the Fiji Government and the UNDP (1996); the 2002 figure is from Narsey (2006) and the 2008 figure is from Narayan (2009). The rest of the data is from the UN Statistic Division (http://mdgs.un.org/unsd/mdg/default.aspx)

With growing poverty and declining economic growth rates, it is natural that unemployment will be high. Based on the 1996 and 2007 population census data, a number of features of Fiji's labour market can be deduced, based on Table 7:

1. Total unemployment rate has increased from around 3.7 percent in 1996 to around 8.6 percent in 2007, and the FBoS (2009) attributes this rise in unemployment to political instability in the country;
2. Total unemployment in the rural sector increased from 2.0 percent in 1996 to 6.6 percent in 2007, while over the corresponding period total urban unemployment increased from 5.8 percent to 10.5 percent;
3. For Fijians, unemployment in all sectors increased from 3.5 percent in 1996 to 9.8 percent in 2007, while for Indo-Fijians, unemployment increased from 4.0 percent to 7.0 percent over the same period; and
4. In both the rural and urban sectors, more Fijians became unemployed than Indo-Fijians yet, as found earlier, more Indo-Fijians are in poverty now than Fijians.

Table 7: Unemployment in Fiji, 1996 and 2007

	Fijians	Total
	1996	2007
All sectors	3.7	8.6
Rural	2.0	6.6
Urban	5.8	10.5

Fiji Bureau of Statistics (FBoS, 2009).

The employment rate by age group provides an alarming statistic. In the 15-30 age group, which makes up 37 percent of the labour force, around 69 percent are unemployed. Moreover, the unemployment rate for this group is 16.4 percent (Table 8). This age group is generally the fresh secondary school graduates and post-secondary school graduates. The implication is that they are not finding suitable jobs locally. As a result, those who can will migrate. This will compound the brain drain problem, which is already serious enough to negatively affect economic growth (see Narayan and Smyth, 2006).

Table 8: Unemployment in Fiji by age, 2004 (%)

Age group (years)	Unemployment rate	Share in labour force	Share in the unemployed
15-18	7.6	2	3
18-30	8.8	35	66
31-55	2.4	52	27
>55	1.4	11	3

Source: Narsey (2007).

One of the key questions regarding the labour market is whether workers are in the formal or informal sector. This is an important question because it has implications for decent work. Informal sector, because it is characterised as an unregulated labour market, is notorious for harsh and hostile work conditions and environment. As a result, the work conditions in the informal sector are inconsistent with the International Labour Organisation's (ILO's) framework for decent work (see ILO, 2009). In Table 9, the composition of employment by industry is provided together with the percentage of workers who are effectively in the rural and informal sectors. Some key features of this data are: (a) 83 percent of the workers in agriculture, forestry and fisheries are rural-based and 96 percent of this sector's workers are in the informal sector; and (b) the construction and hotel sectors boost the second largest proportion of workers who are in the informal sector (about 50 percent), followed by transport and communication (49 percent), and manufacturing (48 percent). In sum, around 65 percent of the workers in Fiji are in the informal sector (Narayan, 2010). The implication of this high proportion of informal sector workers, as explained in detail by Narayan (2010), is that for these workers there is an employment deficit, rights deficits, and a social protection deficit. This is a source of low productivity. As a result, workers earn low incomes. It follows that more and more people end up in poverty.

Table 9: Employment by Industry in Fiji, 2004-2006

Industry	Total	Rural (%)	Informal (%)
Agriculture, forestry fishing	89523	83	96
Mining & quarrying	3222	37	4
Manufacturing	43088	48	48
Electricity & water	2508	30	2
Construction	16951	35	50
Hotel, retail & restaurants	66044	46	50
Transport & communication	22550	28	49
Finance, real estate, business	10219	18	20
Commercial, social & personal services	61936	29	31

Source: Narsey (2007).

In terms of Target 1a: Achieve full and productive employment and decent work for all, including women and young people, Fiji is off-track to meet this target for the following reasons. First, since 1990 Fiji's economic growth per capita has been weak and declining. Second, the unemployment rate has increased in both urban and rural areas. Third, in the absence of decent formal sector jobs, a large proportion of workers are now employed in the informal sector. The informal sector is notorious for providing inadequate employment and social safety protection. Workers in the informal sector also do not have any minimum wage legislation. It is estimated that as much as 65 percent of the workforce are now engaged in the informal sector. Fourth, as a result of weak economic growth and high unemployment, poverty in Fiji has increased from around 25 percent in 1990 to over 40 percent in 2008.

Assessment: *Fiji is unlikely to meet this target by 2015*

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

Based on the National Food and Nutrition Centre's (2007) survey of the nutritional status of children (10-17 years) over the 1993 to 2004 period, there is clear evidence that the proportion of underweight children has declined. The proportion of male underweight children decreased from 76.1 percent in 1993 to 48.1 percent in 2004; for females, the decline in underweight children was from 64.6 percent to 40.1 percent. (Table 10).

Table 10: Nutritional Status of Children 10-17 years by Gender, 1993 and 2004

Total	Year	Sample size	Underweight (%)	Overweight (%)
Male	1993	416	76.1	14.1
	2004	580	48.1	30.7
Female	1993	413	64.6	26.1
	2004	592	40.1	44.6

Source: National Food and Nutrition Centre (2007).

However, as the last column of Table 10 shows, the percentage of overweight children in Fiji has increased over the period 1993 to 2004 for both males and females. The increase is greater for males than females. Whilst, male overweight children increased from 14.7 percent in 1993 to 30.7 percent in 2004, the percent of female overweight children increased from 26.1 percent to 44.6 percent. In addition to the continuing incidence of communicable diseases, there is an increasing prevalence of non communicable diseases (NCD), such as diabetes and hypertension, due to lifestyle changes, poor diet, smoking, changing patterns of physical activity, and continuing mulnutrition problems, particularly in school children and women. NCD continues to be the major cause of morbidity and mortality. Controlling diabetes and cardiovascular disease remains a priority focus of the Ministry of Health (Situational Analysis of the Fiji Health Sector December 2008). With the re-emergence of infectious diseases, such as typhoid, which were thought to have been controlled, an extra burden will now be placed on the already incapacitated health system (Situational Analysis of the Fiji Health Sector December 2008).

Fiji is on-track to meet the target of halving, between 1990 and 2015, the proportion of people who suffer from hunger. Although under-five age group data is unavailable, those available for children between 10-17 years suggest that for both ethnic groups, the rate of underweight children has declined. One caveat should be noted, however. With respect to food production in general, there is a decline in the food production index over the period 1990-2008 (see Figure 2). An equally significant observation, which has implications on the health of people, is that imports of food as a percentage of total imports have increased from around 14.5 percent in 1990 to around 16 percent in 2007. There seems to be a clear preference for imported food over locally produced fresh food. This should be of concern because it is generally accepted that canned food is less nutritious than fresh food (Prasad, 2009). A preference shift from traditionally grown food to imported food has health implications, through a reduction in nutritious value. This can have far reaching implications at the community level and has been a burden on the national health budget. A reduction in nutritional-based food can negatively affect the ability of children to acquire knowledge. This can potentially lead to school drop outs and illiteracy.

Finally, data on people living with disabilities relating to employment and income earning opportunities is lacking in Fiji. However, government has shown deep interest and commitment towards furthering and sustaining the economic and social welfare of the disabled in the society. For example, Fiji has adopted the Biwako Millennium Framework for action towards an inclusive, barrier free and rights-based society for persons with disabilities (Government of Fiji, 2006: 10). The framework requires the formulation of a national 5-year Plan of Action on disability. Following this, Fiji is now working closely with the ILO to ratify the ILO Convention 159 to ensure that equality of opportunity and treatment for all categories of disabled persons is achieved.

Assessment: *Fiji is on-track to meet this target by 2015*

Figure 2: Food Production Index for Fiji, 1990-2008
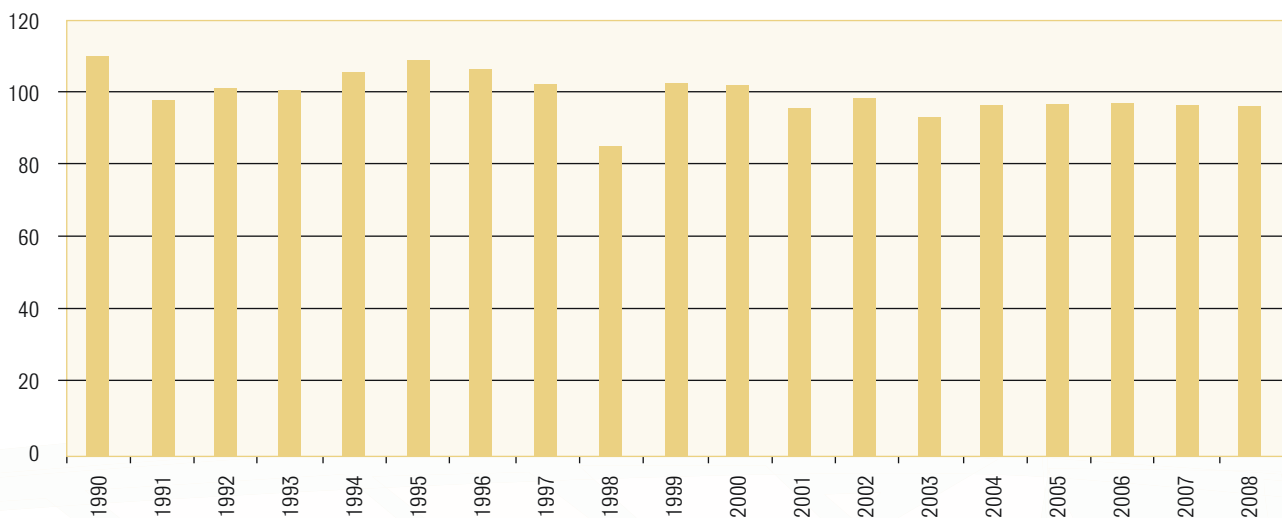
Source: World Bank (2008).

Furthermore, according to the Ministry of Health's the following programmes are being implemented to address poverty:

- Nourishment programmes in schools;
- Safe water programmes in schools;
- Disease control measures by UNICEF; and
- Typhoid vaccination programmes

2.3. Challenges, Constraints and Opportunities

The major challenge of MDG 1 is to address the deterioration of the support system, which is leading to more elderly people seeking welfare assistance. The welfare state is potentially expanding in light of growing poverty and unemployment situation in the country. This will put pressure on government finances, which have been in deficit persistently over the last couple of decades.

Creating new jobs and curbing poverty is a major challenge for policy makers. Since economic liberalization in 1986, a private sector-led job creation strategy was needed. In successive national development plans, a 25 percent of GDP equivalent private investment has been hoped for, but unfortunately private investment as a percentage of GDP has averaged less than 10 percent per annum over the 1980-2008 period. In light of global competitions for manufacturing exports, and Fiji's lack of productivity in manufacturing exports, Fiji needs to identify alternative markets that will generate meaningful investments and employment. The services sector, in this regard, seems to be at least a partial solution. Fiji's tourism industry employs around 35,000-40,000 people (part-time and full-time). It seems that tourism is where Fiji's comparative advantage lies. Unfortunately, the growth of the tourism industry has been intermittently hampered by political instability over the last couple of decades. As a result, neither the industry nor the economy has benefitted fully from the potentials offered by the tourism industry.

2.4. Future Directions and Related Strategies

It is essential that policy makers have a social policy forum that seriously considers the plight of the poor. In consultation with key stakeholders and the poor themselves, the government needs to develop a social policy response plan that at its heart offers some feasible solutions to tackle issues of poverty and hardship in the country. According to the Roadmap for Democracy Sustainable Socio-Economic Development (RDSSED) 2010 - 2014, the following strategies have been put in place to alleviate poverty:

- Reaching the correct definition of poverty and the associated problems that is a barrier to meeting the needs of the poor and ensure the compilation and timely analysis of statistics on poverty;
- Poverty targeted policies should be examined, reviewed and developed more efficiently and implement appropriate programmes in housing, national insurance and social security;
- Awareness on self-sufficiency, independence and self-confidence should be delivered through proper emancipation education conduit which will empower the community in eradicating poverty;
- More job-attaining opportunities should be created for the poor, and the unemployed should be given better training attachments which will develop their relevant skills; and
- The government and national society affiliation should be dignified and reinforced in alleviating poverty. The state through the Peoples Charter for Change. Peace and Progress has made a commitment to create sustainable livelihoods through enterprise development, the fullest and most productive utilization of our human resources and to reduce unemployment rate to less than 3% and reduce poverty from current level to less than 5% of the population by 2020;
- National Employment Centre (NEC) is one factor to alleviate poverty, which effectively and efficiently facilitates the fullest and most productive utilization of our human resources, in particular our unemployment, self employment, foreign employment and volunteerism. The Formal Employment Service aims to provide quality human resources development service to unemployed people to facilitates their absorption into formal employment market and boost productivity;
- The Self-Employment Service aims to provide quality human resources development service to unemployed people and retirees to help them to start and sustain their own small and microenterprises, Local Economic Development (LED) programmes or social enterprises as empowered entrepreneurs to boost employment creation and productivity and green jobs;
- The Foreign Employment Service aims to provide quality human resources development service to unemployed people and retirees to facilitates their absorption into decent and environmentally – responsible overseas employment to boost employment creation and productivity; and
- The Fiji Volunteer Service aims to promote a strong sense of service and civic pride amongst the people of the Fiji Islands.

One limitation of the strategies contained in the development plan is that there is no plan in terms of how these strategies will be achieved and monitored. The policies are good but their implementation and effectiveness are less understood. This has been a fundamental problem that has deprived progress towards curbing poverty in Fiji.

MDG 2
Achieve universal primary education:

Fiji has already achieved this goal through strong and effective education policies. Given the achievements thus far and the effectiveness and continuity in education policies, Fiji will achieve MDG 2 by 2015.

Chapter 3
Achieve Universal Primary Education

3.1. Introduction

The second goal is to achieve universal primary education, ensuring that by 2015 children everywhere, boys and girls alike will be able to complete a full course of primary education. The following three indicators are used to monitor this target: (a) the net enrolment ratio in primary, secondary and tertiary education; (b) the proportion of pupils starting grade 1 who reach grade 5; and literacy rate of 15-24 year olds.

3.2. Status and trends

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

In 1990, 92 percent of six year olds were enrolled in primary school education and only 44 percent were enrolled in secondary school. By 2008, however, both enrolments rates increased: primary school enrolment increased to around 96 percent, while secondary school enrolment increased to around 79 percent (Table 11). Similarly, there was an increase in tertiary school enrolment, from 4 percent in 1990 to 6.7 percent in 2008.

The proportion of students starting class 1 and surviving till class 5 was noted to be 88.4 percent in 2000 and had increased to 96.7 percent in 2008. Also, it is worth highlighting that the percentage of girls are greater compared to boys in surviving till class 5. In 2000, 89.5 percent were girls and 87.5 percent were boys who reached class 5. In 2008, the corresponding percentages for females and males were 98.2 percent and 95.4 percent, respectively. One indicator, namely the net intake rate in grade 1 - as a % of official school-age population is taken to measure this survival ratio and the data is reported in Table 12. It is noted that the net intake rate in grade 1 decreased from 74.4 percent in 2000 to 70 percent in 2008.

Primary completion ratio is recorded to be 100 percent over the period 2000-2005. However, in 2008 it had declined to about 97 percent. Two other indicators, reported in Table 12, are taken to proxy primary completion rate for better comparison and status of primary school completion ratio. These are total persistence to grade 5 (% of cohort) and total persistence to last grade of primary school (% of cohort). In 2000, 89.8 percent of the cohort was taken in grade 5. Of this, only 86.1 percent reached the last grade. In 2003, the intake in grade 5 increased to 98.7 percent. The survival rate till the last grade was 95.8 percent of the cohort. Later in 2006, the intake proportion decreased to 83.1 percent and the survival rate was 75.5 percent of cohort.

Table 11: Statistics on Goal 2

| Target | Indicator | Goal 2: Achieve Universal Primary Education | | | | | | | | | |
| | | | | | | | Status of Progress | | | | |
		1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education	10. Net enrolment ratio in primary, secondary & tertiary education	P- 92	P-94.7 S-71	n.a	n.a	P-94.8	P-95.6 S-74.5	P- 95.9	P- -5.1 S-72.6	P-96.4 S-78.5	P-95.8 S-79.1 T-6.7
	11. Proportion of pupils starting grade 1 who reach grade 5	n.a	M-87.4 F-89.5 T-88.4	n.a	M-86.3 F-89.8 T-88.	Total-99	M-93.0 F-95.8 T-94.3	T-81	M-93.0 F-93.0 T-93.0	M-89.50 F-91.2 T-90.3	M-95.4 F-98.2 T-96.7
	11a. Primary completion ratio	n.a	M-101.3 F-99.5 T-100.4	M-99.4 F-103.8 T-101.5	M-01.0 F-106.3 T-103.6	M-101.1 F-105.9 T-103.4	M-101.7 F-102.6 T-102.1	M-100.5 F-101.4 T-100.9	M-98.4 F-97.8 T-98.1	M-89.8 F-90.3 T-90.0	t-96.5
	11b. Percentage of pupils strating grade 1 who reach last grade of primary	n.a	M-81.9 F-90.9 T-86.1	n.a	M-93.9 F-93.2 T-93.5	M-97.0 F-94.6 T-95.8	n.a	M-80.4 F-81.6 T-81.0	T-75.6	M-81.9 F-89.0 T-86.1	99.5
	12. Literacy rate of 15-24 year olds	97.5	n.a	n.a	99.2	n.a	n.a	n.a	n.a	n.a	99.5

Notes: P, S, and T stand for primary, secondary and tertiary schools, respectively; M, F, T stand for males, females and total, respectively.
Source: All Primary and Secondary data are sourced from the Ministry of Education, while the 1990 data is also from the Ministry of Education, it is extracted directly from the MDG 2004 Report.

These statistics reveal that the intake ratio in grade 5 (class 5) decreases gradually year after year. The survival ratio of pupil till last grade also falls simultaneously. In addition, there are 86.1 percent of pupils who started in class 1 and reached the last grade of primary school in 2000. This percentage gradually increased to 95.8 percent in 2003 and by 2006 it had settled at 75.6 percent. The implication is that while the enrollment rates are excellent, more emphasis needs to be placed in ensuring that children complete primary education. To this end, government has introduced a number of policies, such as free transportation and education, for primary and secondary school students.

Table 13: Net Enrolment Ratio in Primary and Secondary Schools by Gender, 2000-2008

	Gender	Net enrolment ratio (%)					
		2000	2003	2004	2005	2006	2008
Primary	Male	94.9	94.4	95.8	96.4	95.4	95.3
	Female	94.6	95.2	95.4	95.8	94.8	96.3
Secondary	Male	67.7	n.a	69.8	67.2	68.3	74.1
	Female	74.4	n.a	79.6	75.8	77.2	84.4

Source: Fiji Ministry of Education, Annual Reports (Various issues).

Table 13, reports the net enrolment ratio for primary and secondary school where the enrolment rate of male and females can be compared. For males' enrolment in primary school, the ratio increased from 94.9 percent in 2000 to 95.3 percent in 2008. For females' the ratio increased from 94.6 percent to 96.3 percent over the same period. In addition, the secondary schools statistics show that the male enrolment ratio increased from 67.7 percent in 2000 to 74.1 percent in 2008. On the other hand, the female enrolment ratio increased from 74.4 percent to 84.4 percent during the same period. In both primary and secondary schools, it is noted that females are enrolled in greater numbers than males.

Regarding the indicator literacy rate of adolescents, there has never been any national survey designed to collect data on this. Literacy rates can only be estimated from the census and calculated for the census years. Due to inadequate data many relevant proxies (namely, number of children out of primary school; gross intake rate in Grade 1 (% of relevant age group); total primary completion rate (% of relevant age group); total pupils in primary education; progression to secondary school (%); primary repetition rate (% of total enrollment); secondary repetition rate (%); preprimary school enrolment (% gross); primary school enrolment (% gross); secondary school enrolment(% gross); tertiary school enrolment (% gross); pupil in secondary school; and secondary education vocational pupils) are taken to judge this indicator. The data regarding these proxies are provided in Table 12.

Children leaving school at an early age is the root of the increasing illiteracy rate. It is noted in Table 12 that in year 2003, 5,723 children left primary school. It gradually increased to 6,351 children in 2006. Also it has been noted that the gross intake rate in grade 1, measured as the percentage of relevant age group, dropped from 109.1 percent to 92.1 percent during the period 2000-2007. Progression to secondary school increased from 98.4 percent to 99.5 percent in the period 2000-2005. In addition, there were 114,710 students in primary school in 2000. This figure fell to 103,641 in 2007. For secondary school, on the other hand, the number of students increased from 97,840 to 101,741 in the period 2000-2005. The statistics in Table 13 also show the number of pupils in secondary vocational education. The trend shows that the number increased from 2,733 in 2000 to 2,866 in 2007. Repetition rate in both primary and secondary schools stayed constant at 2.2 percent of total enrolment and 2.7 percent of total enrolment, respectively, over the period 2003-2005.

In addition, the preprimary enrolment rate increased from 11.4 percent to 15.8 percent in the period 2000-2006. On the other hand, the primary school enrolment rate decreased from 107.1 percent in 2000 to 94.5 percent in 2007. The enrolment rate for the secondary school was 80.2 percent in 2000, and increased to 82.4 percent in 2007. Finally, the enrolment rate for the tertiary school over the period 2003-2005 remained close to 15.5 percent.

Health issues that are being addressed through the education system help contribute to Fiji's high school enrolment rate:

- Food security Canteen guidelines, Iron supplement for children from 6months to 7years, vitamins supplement, deworming; and
- With respect to community health, increased community awareness in schools through peer educators dealing with HIV/AIDS issues.

Generally then, Fiji's education performance has been impressive. The health and economic welfare of children is the key for sustained economic growth. There are multiple problems that face youths. The two main ones that the Fiji government is concerned about and is focused on are: (a) youth unemployment, which is being dealt with by the Youth Employment Policy Framework and the Ministry of Employment and Productivity; and (b) unwanted teenage pregnancy, which is being addressed by various awareness programmes at the Ministry of Health (Government of Fiji, 2006). Moreover, Fiji has made a number of commitments under International Conventions concerning children. For example, Fiji has ratified the Convention on the Rights of the Child (CRC) in August 1993; adopted the Stockholm Agenda for

Action in 1996; signed the Optional Protocol to the CRC in November 2005; and signed the Hague Convention on the Civil Aspects of International Child Abduction in October 1980. Article 28 of CRC contains the rights of children and recognises that education is essential for all children. The article stresses the right must be achieved on the basis of equal opportunity, which includes: (a) making primary education compulsory, available and free to all; (b) promoting the different forms of secondary education and vocational education; (c) making higher education accessible to all; (d) making educational and vocational information readily available; and (e) taking measures to encourage regular attendance at schools and reducing dropout rates.

Assessment: *Fiji has already achieved this target and is likely to achieve it by 2015.*

3.3. Challenges, Constraints and Opportunities

School enrolments are recorded sufficiently high in Fiji. However, primary school completion rate is one area that deserves particular attention. Moreover, overcoming the problem of dropout at primary level is a major challenge of this goal. This is one of the main reasons for illiteracy rate in Fiji. Many students face difficulty in affording education, as there are many families living in poverty. Hence, government has specifically targeted these issues through free transportation and cost of education policy for children. Education affordability seems to be well covered under government's policies and strategies and government has succeeded towards achieving this. The next issue that needs to be reviewed is how well the education curriculum is related to the changing labour market. One issue relevant to Fiji is the climate change adaptation and mitigation strategies and policies, which is and will create green jobs, as identified in a recent study by Narayan (2010). This means that over the medium to long term there will be demand for workers in areas such as green technology based jobs. It follows that the education curriculum will need to take into account the potential labour market expectations.

Table 12: Different Proxies used to Estimate the Indicators of Goal 2 due to Inadequate Data

Goal 2: Achieve Universal Primary Education									
11. Proportion of pupils starting grade 1 who reach grade 5									
Proxies	2000	2001	2002	2003	2004	2005	2006	2007	2008
Net intake rate in grade 1 (% of official school-age population)	74.4	75.6	n.a	66.1	69.1	69.7	71.1	n.a	M-70.4 F- 69.5 T- 70
11a Primary completion ratio									
Persistence to grade 5, total (% of cohort)	89.8	n.a	97.6	98.7	n.a	85.9	83.1	n.a	n.a
Persistence to last grade of primary, total (% of cohort)	86.1	n.a	93.5	95.8	n.a	80.9	75.6	n.a	n.a
12. Literacy rate of 15-24 year olds									
Children out of school, primary	n.a	n.a	n.a	5723	4447	4555	6351	n.a	n.a
Gross intake rate in grade 1, total (% of relevant age group)	109.1	109.2	104.7	96.8	101.2	102.1	95.9	92.1	n.a
Primary completion rate, total (% of relevant age group)	100.4	101.6	103.6	103.4	102.1	100.9	98.1	90.0	n.a
Primary education, pupils	114710	115312	114267	113432	113449	113643	109702	103641	n.a
Progression to secondary school (%)	98.4	99.8	99.7	99.5	98.6	99.5	n.a	n.a	n.a
Repetition rate, primary (% of total enrollment)	n.a	n.a	n.a	2.1	2.2	2.1	2.2	2.2	n.a

Repetition rate, secondary (%)	n.a	n.a	n.a	2.7	2.7	2.7	n.a	n.a	n.a
School enrollment, preprimary (% gross)	11.4	12.3	12.4	15.3	15.4	15.4	15.8	n.a	n.a
School enrollment, primary (% gross)	107.1	107.0	105.2	103.6	103.0	102.9	99.5	94.5	n.a
School enrollment, secondary (% gross)	80.2	79.7	81.4	83.3	86.1	85.9	84.2	82.4	n.a
School enrollment, tertiary (% gross)	n.a	n.a	n.a	15.5	15.5	15.4	n.a	n.a	n.a
Secondary education, pupils	97840	96431	97696	99210	102023	101741	n.a	n.a	n.a
Secondary education, vocational pupils	2733	2895	2649	2319	2840	2799	2226	2863	3162

Source: World Bank (2008).

Health issues that are being addressed in the education system help contribute to Fiji's high school enrolment rate:
- Food security Canteen guidelines, Iron supplement for children from 6months to 7years, vitamins supplement, deworming
-
- With respect to community health, increased community awareness in schools through peer educators dealing with HIV/AIDS issues

MDG 3
Promote gender equality and empower women:

There are mixed results on this. While Fiji has succeeded in achieving gender equality in primary and secondary school enrollments, continued efforts are required in empowering women in decision making and professional jobs. On both counts, males by far dominate females. Given the existing gender imbalance in the labour market, and despite state commitment towards empowering women, progress in empowering women is likely to be made but not sufficient enough, given the short time frame left, to achieve the target by 2015.

Chapter 4
Promote Gender Equality and Empower Women

4.1. Introduction

The target assigned to accomplish the third goal, that is: promote gender equality and empower women, is to eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015. Three indicators, namely the ratio of girls to boys in primary, secondary and tertiary education, the share of women in wage employment in the non-agricultural sector, and the proportion of seats held by women in national parliament, are used to monitor this goal.

The Fiji government recognizes gender inequality and is concerned about the growing gender imbalance in the workplace. There is government commitment to address this inequality through the Women's Plan of Action (WPA) (1999-2008), which addresses five priority areas to which Fiji made a commitment at the Fourth World Conference for Women (FWCW). The FWCW took place in Beijing in 1995.
The five priority areas are: (1) mainstreaming women and gender disparities in the labour market; (2) women and law; (3) micro-enterprise development; (4) balancing gender in decision making; and (5) elimination of violence against women and children (Ministry of Finance and National Planning, 2006). In establishing these areas of concern, the government has ensured that they are consistent with key international conventions and agreements including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform of Action, MDGs, and regional trade agreements such as the Pacific Platform of Action (Ministry of Finance, 2009).

Recently, the Department of Women has introduced the new Women's Plan of Action 2010-2019 (WPA) to continue its pursuit of promoting gender equality for the advancement of women and primarily to ensure that discriminatory practices against women are eliminated. In this regards, the strategic objectives of the 5 Areas of Concern of the WPA are as follows; (1) Formal Sector Employment & Livelihood (Pillars 5 & 8), (2) Equal Participation in Decision Making (Pillars 1 &3)m, (3) Elimination of Violence Against Women & Children (Pillar 1), (4) Access to Services: (Pillars 7,9,10) including health and HIV and AIDS, education and other basic services (water & sanitation, housing and transport) and (5) Women and the Law (Pillars 1 & 11)

4.2. Status and Trends

Target: *Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015*

Many countries face the problem of gender imbalance in schools and also at work places. Most commonly, males are provided greater opportunities for attending schools and attaining better qualified jobs. When it comes to education, this is not the case in Fiji as the net primary school enrolment rate for both males and females is almost the same over the period 1990-2008. In year 2000, at the age of 6, 97.5 percent of females and 97.6 percent of males attended school in Fiji. By year 2006, the rate fell to 91.1 percent for female enrolment and 91.4 percent for the male enrolment, as can be seen in Figure 3. This reveals that the sex ratio for primary school enrollment is closely balanced in the case of Fiji over the period 1990 to 2008 (Table 14).

Table 14: Statistics on Goal 3

Goal 3:Promote Gender Equality and Empower Women												
Target	Indicator	Status of Progress										
		1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
4.Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	13. Ratio of girls to boys in primary, secondary and tertiary education	P-0.9 S-1.1 T-0.7	P-0.9 S-1.1 T-1.0	P-0.9 S-1.1	P- 0.9 S- 1.1	P-0.9 S-1.0 T-0.9	P-0.9 S-1.1	P-0.9 S-1.1 T-1.0	P-0.9 S-1.1	P-0.9 S-1.1	P-0.9 S- 1.1
	14. Share of women in wage employment in the non-agricultural sector	27.1%	33.2%	n.a	n.a	34.4%	34.2%	30.6%	n.a	n.a	n.a
	15. Proportion of seats held by women in national parliament	0	15.5%	n.a	5.7%	5.7 %	8.7%	8.5%	11.5%	n.a	12.0%*

Notes: * Commonwealth of Australia (2009); P, S, T represents primary, secondary and tertiary education, respectively.
Source: World Development Indicators (published by the World Bank) and the UN Statistic Division (http://mdgs.un.org/unsd/mdg/default.aspx)

Figure 4 shows the primary completion rate for males and females; the graph reveals that in year 2000, the completion rate for males was higher than that for females. However, in 2001, 2002, and 2003, the completion rate was higher for females. In the post-2003 period, the primary school completion rate for males and females evened out.

In addition, the ratio of female to male enrolments in primary and secondary school was recorded at 98 percent and 107 percent, respectively in 2000. This ratio kept fluctuating by one percent over the period 2000-2007 and was recorded at 94 percent in 2008 for primary school enrolments. For the secondary school, the female to male ratio increased to 108 percent in 2008.

Most significantly, the latest HIES reveals that in education, girls now outperform boys on the attainment of junior secondary school and secondary school education (Table 15).

Figure 3: Male/Female Primary School Enrolments
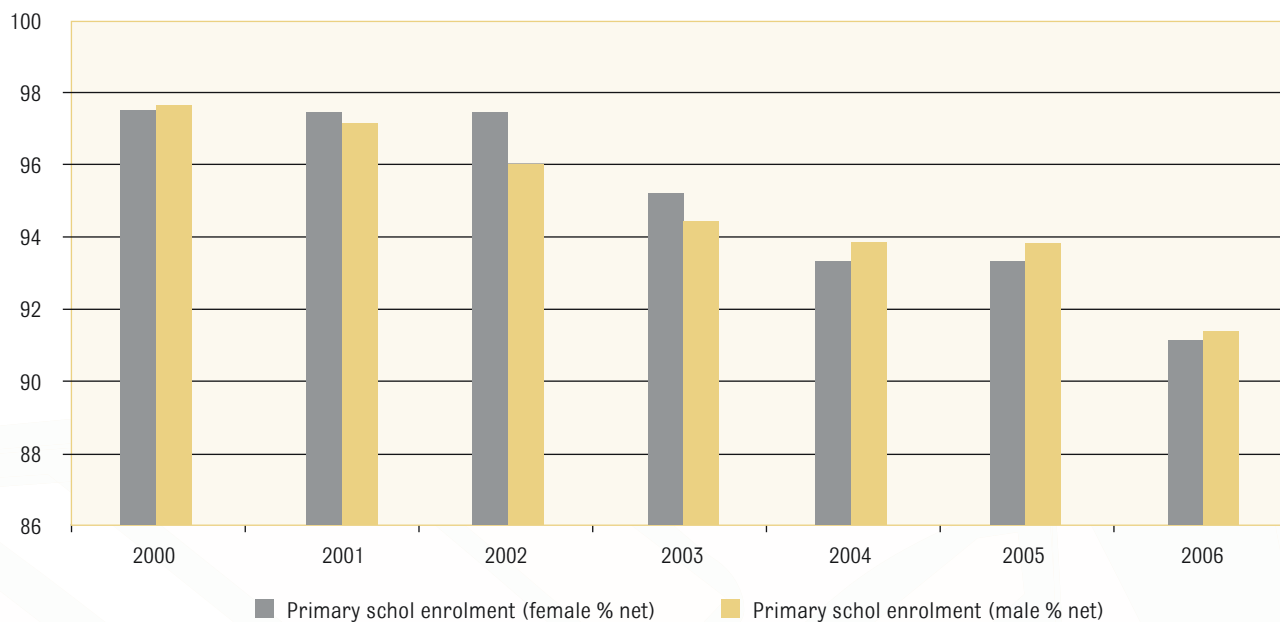
Source: World Bank (2008).

Figure 4: Male/Female Primary Completion Rate
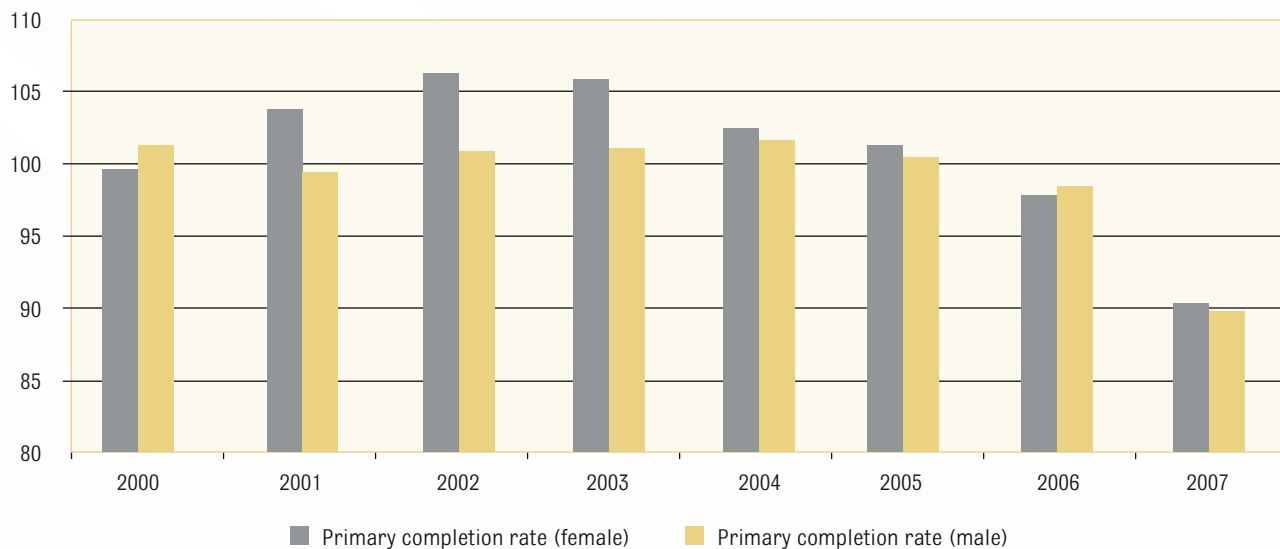
Source: World Bank (2008).

Table 15: Highest Education Attainment by Gender, 2004-05

Highest education level	Female (%)	Male (%)
No schooling	13	12
Primary (classes 1-7)	26	29
Junior secondary (Forms 2-4)	40	39
Senior secondary (Forms 3-7)	14	12
Certificate or diploma	6	7
Degree/postgraduate	1	1

Source: Narsey (2007).

In terms of the share of women in wage employment in the non-agricultural sector, it increased from 27.1 percent in 1990 to 34.4 percent in 2003, but in 2005 it had declined to around 30 percent. The employment to population ratio, shown in Figure 5, reveals that there are more males in employment compared to females when considered as a percentage of total population. An interesting observation from Figure 5 is that the respective trends in male and female employments have stayed the same over the period 2000-2007.

Table 16 Completion Awards by Gender 2006

Programme	2006			
	F	M	Total	(%) Women
Certificate	42	33	75	56
Diploma	90	48.5	138	65.2
Bachelor Degree	581	576	1,157	50.2
Graduate Certificate	65	81	146	44.5
Graduate Diploma	104	97	201	51.7
Masters Degree	38	63	101	37.6
PhD	0	1	1	0.0
All	920	899	1,819	50.6

Source: USP Gender Mainstreaming Feasibility Study, 2008

Figure 5: Employment to Population Ratio, Ages 15-24, Male/Female

Employment to population ratio, ages 15-24, female (%)
Employment to population ratio, ages 15-24, male (%)
Employment to population ratio, ages 15-24, female (%)
Employment to population ratio, ages 15-24, male (%)
Employment to population ratio, ages 15-24, total (%)
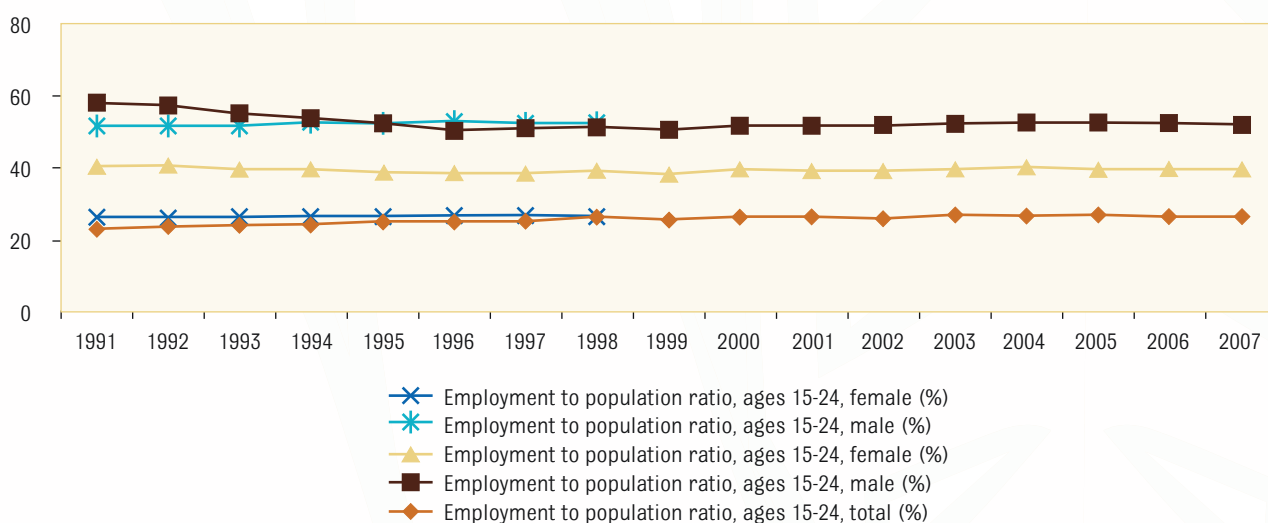
Source: World Bank (2008).

Furthermore, the proportion of seats held by women in national parliament was zero in 1990 but increased to around 12 percent in 2008. However, this falls well short of the 30 percent female representation in key decision-making positions committed to under the Beijing Platform of Action formulated at the FWCW in 1995. So women in politics do not make up a significant proportion in terms of seats held by women in the national parliament.

There are more alarming gender disparities in the labour market, which we explore and highlight next. In Table 17, data relating to labor force participation rate for both male and female is presented. The female labour force participation rate increased from 29.1 in 1990 to 39.2 in 2007, while for males this rate actually declined from 83.6 in 1990 to 78.8 in 2007. Moreover, the total labour force participation rate has remained fairly stagnant over the period 1990 to 2007, confirming the lack of state capacity to create jobs—a problem highlighted earlier. While more women have undertaken paid work over the 1990 to 2007 period, their work environment is often one which is best characterized as indecent, with low health and safety standards, such as those found in the garment industry. Such work environments can cause harm to women during their reproductive years and have far-reaching implications on the health of their children (Republic of the Fiji Islands, 2003). For example, an audit report on female workers in Levuka found that female factory workers at the Pacific American Fish cannery made up the majority of admissions to the health clinic (Republic of the Fiji Islands, 2003).

Table 17: Labour Force Participation Rate by Gender

Proxies	1990	2000	2002	2003	2004	2005	2006	2007	2008
Labor participation rate, female (% of female population ages 15+)	29.1	39.1	39.2	39.3	39.3	39.3	39.4	39.2	n.a
Labor participation rate, male (a% of male population ages 15+)	83.6	79.1	78.9	78.9	78.9	78.9	78.8	78.8	n.a
Labour force rate, total (% of total population ages 15+)	56.6	59.2	59.2	59.2	59.2	59.3	59.2	59.2	n.a

Source: World Bank (2008).

In Table 18, employment by gender is provided for different categories of workers based on the 2004-2005 Employment and Unemployment Survey. The gender disparity is still significant. The following features of the gender disparity are worth highlighting. In the wage earner and self employed categories, percentage of males employed is almost thrice that of females. In the salary earner and employer categories, twice as many males are employed compared with females. In all, around 70 percent of males are employed in these categories compared with only 30 percent of females. The gender difference in total employment is twice as much in favour of males.

Table 18: Employment Status by Gender

categories	Numbers			Percentages	
	Female	Male	All	Female	Male
Wage earner	38004	103797	141801	26.8	73.2
Salary earner	17025	28804	45828	37.1	62.9
Employer	1064	2458	3522	30.2	69.8
Self-employed	18896	59238	78135	24.2	75.8
Family worker	18122	25168	43290	41.9	58.1
Community worker	1205	2357	3562	33.8	66.2
All	94316	221822	316139	29.8	70.2

Source: Narsey (2007).

In the Employment and Unemployment Survey in 2004/2005, females comprise 31% only of those who are 'Economically Active' compared to 40% in the 1996 census. This significant reduction could be attributed to the closure of the bigger garment factories after the events of May 2000. However, the 2004/05 LFS revealed that there was an increasing number of females in self-employment from 13.5% in 1996 to 24% in 2005. However, females are 99% of household workers. 194,000 people or 43% of the labour force are estimated to be in paid or formal sector employment. Females comprised 27% of those who are wage earners and 37% are in the salary earner category.

Cultural and traditional attitudes towards women's roles in social and economic development limit their participation in formal employment.

In Table 19, the company legal structure in Fiji by gender is presented. An interesting feature of this data is that more females (52 percent) than males are sole proprietors; however, Centura and Bowman (1997) highlight that these female businesses are small, not export-oriented, and have lower revenues. Moreover, microenterprises are perceived as one of the main avenues for building assets for women (UNDP, 2010). However, in Fiji, women operate only around 20 percent of the 14560 registered small and micro businesses (Chandra and Lewai, 2005).

Table 19: Company Legal Structure in Fiji

	Total (%)	Male (%)	Female (%)
Sole proprietorship	38	35	52
Limited liability	51	55	34
Partnership	8	7	12
Joint venture	1	1	0
Other	1	1	2

Source: Centura and Bowman (2007).

The Fiji government has made a policy that 50 percent of those serving on boards of state-owned enterprises and public bodies and commissions should be women. However, this policy target has never been achieved. In a 2007 survey, Centura and Bowman (1997) find that government's policy was way off target as only 13 percent of such employees were women.

When employment by industry is considered, the gender imbalance is more visible even at the sectoral level. For instance, while it is understandable that in certain sectors, due to the physical requirements of human capital, such as in agriculture, forestry and fisheries, mining and quarrying, construction, and transport and storage, more male workers may be required; in other sectors, such as manufacturing and finance, real estate and business, there are only slightly over 30 percent of females employed (Table 20).

Table 20: Employment by Industry by Gender

	Female	Male	Total	% female
Agri., Forestry Fishing	19996	69527	89523	22
Mining & quarrying	176	3046	3222	5
Manufacturing	14192	28896	43088	33
Electricity & water	167	2341	2508	7
Construction	808	16142	16951	5
Hotel, retail, restaurant	27092	38951	66044	41
Transport, storage, communication	2878	19673	22550	13
Finance, real estate, business	3480	6740	10219	34
Community, social & personal services	25528	36408	61936	41
Total	94316	221724	316040	30

Source: Narsey (2007).

Even when we consider jobs in the civil service by different occupational groups (Table 20), we find a similar level of gender inequality. Except for the nursing category, which is traditionally a female dominated employment sector, males tend to dominate significantly in all the key sectors, such as in accounting, legal (judges and magistrates), information technology and computing, engineering and engineering support, environmental, legal, medical officers, ministers, police officers, scientific research, senior executive, and scientific support. The only two categories where females are more in numbers compared to males, apart from nursing, are teaching and dental officers. The main message of this finding is that even in the civil service, which in Fiji is the largest employer of professional workers, there is significant

gender inequality in employment except for three categories of work, namely nursing, teaching, and dental (see Table 21). This data suggests that gender inequality exists even at the professional level of work in Fiji.

Table 21: Gender Analysis for Civil Servants by Occupational Groups, 2008

Occupation	Male	Female
Accounting	164	128
Archives and library	17	36
Agriculture, fisheries, forestry & veterinary	396	44
Chairman	2	0
Dental officers	81	93
Engineering and associated professionals	65	0
Engineering and support	348	17
Environmental, surveyors, planner, valuers	44	13
General technical, hydrography	151	56
Health	216	207
Information technology and computing	30	18
Judges and magistrates	21	7
Legal	30	11
Medical offices	219	103
Ministers	22	5
Nursing	90	1594
Other classification group	21	4
Pharmacy officers	40	35
Police officers	1706	179
President	1	0
Prison officers	401	27
Scientific support	251	52
Scientific, research	56	18
Senior executive	152	30
Services and support	984	1344
Supplies and stores	149	6
Teaching	3682	4299
Total for service	9338	8326

Source: http://www.women.fiji.gov.fj/gender_analysis.html.

Furthermore, of the total women employed, almost half are in the civil service, especially in the Ministries of Health and Education. Women in the private sector are likely to be on wages rather than salaries, mostly in junior positions and nonunionized (ADB, 2006). While in the civil service more men (27 percent) earn less than F$10,000 than women (15 percent), 56 percent of women employees were on second-lowest pay scale (F$10,000-F$15,000) compared to 38 percent of men. Moreover, the disparity is even wider if one considers civil service salaries: 19 percent of women were paid salaries of more than F$15,000 per annum compared with 33 percent of men (ADB, 2006).

There are more females employed in the health sector. However, they are mainly engaged in nursing and administrative support. Their engagement is relatively less in higher professional health occupations, such as those classified as senior executive and medical cadre. At the senior executive level, while they still make up around 45 percent of total staff, there is no parity (see Table 22).

Table 22: Gender Composition of Ministry of Health Staff

Level	Male	% total	Female	% total	Total
Full-time staff	565	22.7	1915	77.3	2480
Medical Cadre	219	61.0	140	39.0	359
Nursing Cadre (2002 data)	89	5.5	1516	94.5	1605
Senior executive	15	55.5	12	44.5	27
Administration/support	0	0	51	10.0	51

Source: Republic of the Fiji Islands (2003: 29).

One of the main barriers for promotion of females to senior positions is the education level. As can be seen from Table 23, males are relatively more qualified than females; for example, while 32 male staff have a Masters level qualification, the corresponding figure for females is only 14. A similar gap exists for a Bachelor's level qualification: 138 versus 97. However, at lower levels of qualifications, such as Diploma and Certificate, female numbers are significantly higher. Unfortunately, these lower level qualifications count for less when it comes to promotions. This statistic tends to imply that the bulk of the women either do not upgrade their qualifications or do not get opportunities to do so.

Table 23: Qualification Levels by Gender, Ministry of Health

Qualification	Male	Female
Doctoral	0	0
Masters	32	14
Bachelor	138	97
Diploma	209	1122
Certificate	137	701

Source: Republic of the Fiji Islands (2003: 29).

Next we consider urban unemployment by gender over the period 1996 to 2002. In urban areas, total proportion of male and female unemployment has increased from 1996 to 2002. For example, as shown in the last column of Table 24, in 1996 around 4.8 percent of urban males were unemployed but by 2002, this had increased to 14.6 percent. Likewise urban female unemployment increased from around 3.9 percent in 1996 to 13.3 percent. A key feature of the urban unemployed is that at least 77 percent of them have secondary school education, hence one of the issues is lack of employment opportunities (ADB, 2006).

Table 24: Urban Unemployment by Gender, 1996 to 2002

	Total (%)	
	Male	Female
Census 1996	4.8	3.9
HIES 2002	14.6	13.3

Source: Chandra and Lewai (2005).

The Employment Relations Promulgation 2007 (ERP) is one of the achievements that has brought about much desired changes particularly in employer/employee relations, the EEO Policy, maternity and other leave benefits and it effectively gives recognition to the importance of reproductive functions of women. EEO Policy prohibits discrimination on particular grounds of actual or supposed personal characteristics or circumstances, ensuring equal rates of remuneration for work of equal value for all workers and specifying lawful discrimination. This policy contributes directly to the enhancement of the capability of women and their admittance to income generating activities including allowing for equal opportunities to women for training and participation in government bodies. Most women are not aware of their basic rights and that women with disabilities are almost invisible in the formal sector of employment. On the contrary, women with disabilities are developing their own businesses mainly using traditional skills. The risk however, is that income generating schemes can be seen as the only employment option for women with disabilities rather than pursuing the full range of measures that can be taken to ensure that they have a variety of employment options.

Gendered attitudes to work will likely see women with disabilities underrepresented in mainstream employment unless gender equality is required. Further support is needed in this field and the since Fiji has ratified the ILO Convention 159, they will work in the Asia Pacific region on labour legislations and systematic advocacy to employers has been noted as an important opportunity for people with disabilities in Fiji and across the Pacific.[2] Female workers in both the public and private sectors are eligible for empowerment through formal training and in-house programmes

While gender balance in education has been achieved and is likely to be the case by 2015, Fiji falls well short of empowering women, particularly in terms of their involvement in the formal sector and high level decision making. This is despite various commitments to international treaties and strong government policies in support of empowering women. The failure of empowering women in Fiji is a much more complex problem. For example, UNDP (2010) contends that women's participation in formal and informal politics, including in higher levels of government, is constrained by social, political, economic and legal barriers. With regard to the social aspect, for instance, families and husbands do not promote women as leaders; on the political aspect, political parties do not prefer women candidates because they have fewer campaign resources and possess weak links with influential constituencies. Moreover, the UNDP (2010) argues that customary notions about women's 'true' position in the society may be amongst the biggest impediments to their political participation in Fiji. For example, iTaukei women are still treated as the property of their fathers not husbands. UNDP (2010: 84) notes that "women today are the mainstay of the extremely powerful Methodist Church in Fiji, for example, but never its local or national leaders".

The magnitude of the gender problem in Fiji continues to widen when one considers the customary constraints further. There is tension between customary practices protected under the law and the objective of achieving women's equal participation because women do not have equal access to the customary title, chiefly or noble systems, which are all considered prerequisites for political representation in Fiji (UNDP, 2010).

Finally, despite government's commitment to elimination of all forms of discrimination and violence against women, the statistics suggest otherwise. Domestic violence in Fiji has increased from 212 reported cases in 1990 to 373 cases in 2009. This represents a growth rate of around 76 percent (see Figure 6). However, with the provisions of the enactment on the Domestic Violence Decree in 2009, provides greater protection on victims of violence for women and children and their safety and wellbeing.

Figure 6: Trend in Domestic Violence in Fiji, 1990-2009
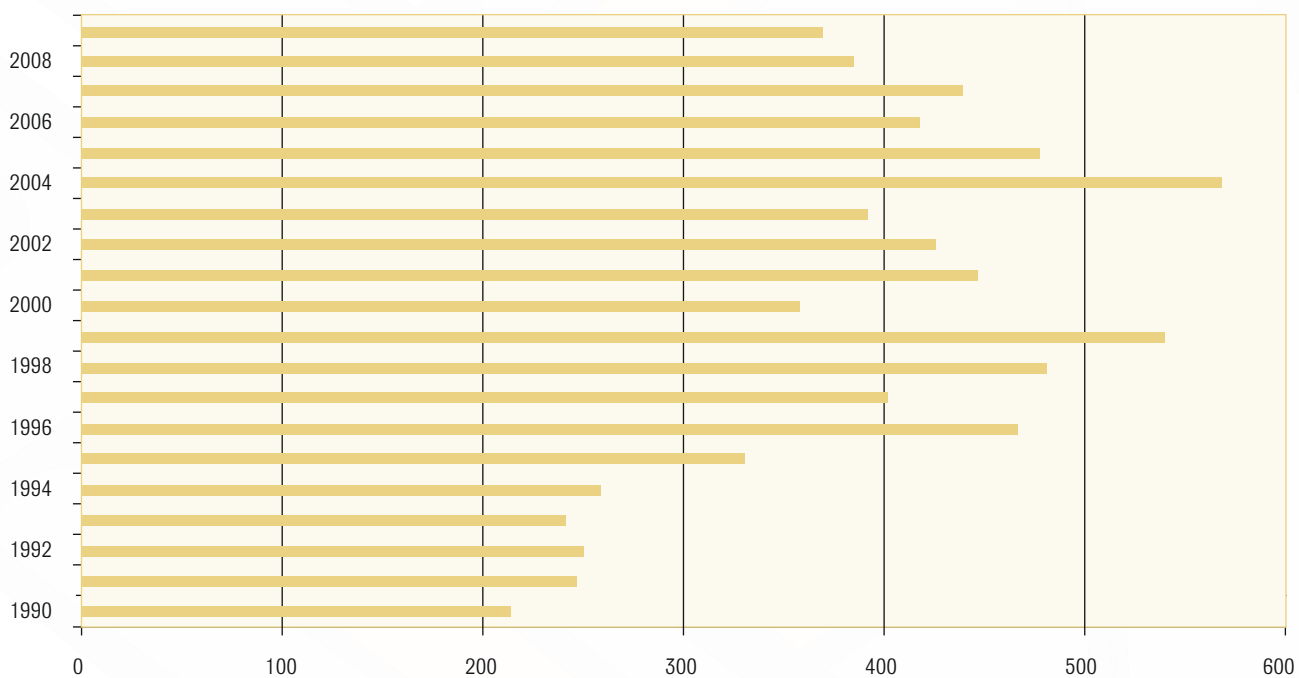
Source: www.fijiwomen.com (downloaded from the Fiji Womens Crisis Centre Web-page).

[2] WPA Situation Analysis 2009

The real cost to the economy of violence against women, as documented in a speech by the former Governor of the Reserve Bank of Fiji, Mr Savenaca Narube, in November 2002, was around FJ$300 million annually, equivalent to around 7 percent of Fiji's GDP (Ministry of Health, 2003).

4.3. Challenges, Constraints and Opportunities

On the positive side, when primary school enrollment rates are considered, there is gender balance. The same is true in terms of completion rates. However, this gender balance does not translate to the workforce. Significant gender imbalance is found in terms of women in politics and women in the workforce in general compared with males. There is a need to ensure gender equality and non-discrimination which will encourage females to participate in politics and in the labour market in general. There are a number of reasons which deter women from participating in the workforce. The two main ones are: (a) looking after children and family members (unpaid care work), and (b) lack of incentives and motivations for higher education. The RDSSED 2010 - 2014 recognizes that support is needed to strengthen government capacity to implement its policies on gender and development (Fiji Government, 2006).

4.4 Future Directions and Related Strategies

Recently government has endorsed a number of legislation that will contribute to empowerment of women. Two of these legislations are as follows:

- **Fiji Women's Federation (FWF)**

    In June 2009, Cabinet has endorsed the establishment of the Fiji Women's Federation in a national advisory body to the Minister to improve the coordination on women's programmes. This is to achieve a common goal, economies of scale and to make an impact in the alleviation of poverty by the year 2015.

    The goal of FWF is to represent and safeguard women's human rights and interests. This the federation is to advice Minister for Social Welfare, Women and Poverty Alleviation on public sector policies, programmes, projects, legislations, regulations and other emerging issues that impact women and gender as disaster risk management and human trafficking.
    It would harness women NGOs support and commitment to Government and effectively coordinate their multiple efforts and resources in the implementation of the WPA and the Roadmap.

- **Sex Disaggregated Data**

    Cabinet has endorsed in April this year to the mandatory incorporation of Sex Disaggregated Data available to all Government/Ministries policy documents. Gender is a cross-cutting issues and this will be an indicator on how gender perspectives are taken into consideration in relation to the composition of members to Statutory decision making bodies, beneficiaries of services, economic contributions and other relevant data and statistics etc.

- While, Indicator 13 (ratio of girls to boys in primary, secondary and tertiary education) to-date is well achieved in Fiji and for the indicators 14 (share of employment in the non-agricultural sector) and 15 (proportion of seats held by women in national parliament), there is still a lot that needs to be done. The following are some of the identified strategies that need to be considered to address indicators 14 and 15:

- There is a need to address issues such as the capacity of the Ministry of Women to support gender analysis and mainstreaming of gender perspectives in government policies, plans and budgets, including monitoring and evaluation, along with implementation of stand-alone gender initiatives. This will ensure availability of data disaggregated by gender. It will enable data use to better inform policy decisions, such as resource allocation towards implementing policies and plans, and monitoring and evaluation;

- Enhance the capability of women and their admittance to income generating activities;

- Allowing equal opportunities to women for training and participation in government bodies;

- Providing awareness of human rights and training on leadership and empowering women, particularly in rural areas which will encourage them to take stands in politics and attain wage employment;

- Initiating awareness on quality of life, health issues through developing partnership, networking and better channel of communication enhancing coordination with women groups and raising the essentials of collaboration and partnership with NGOs; and

- Empower and strengthen the women's group confidence to increase the awareness of the vital roles women play and its importance to our society.

These future directions need to be considered in light of the fact the MDG 3's treatment of gender equality in education only is a bit narrow. Any assessment of gender equality at the national level should consider gender equality and empowerment of women and girls. It is equally important to build and put in place mechanisms through which women can have access to resources, including land and development finance, in order to make decisions and participate in national development. Development plans need to integrate this aspect of gender and allocate appropriate resources on achieving this.

MDG 4
Reduce child mortality:

Fiji is likely to achieve this health goal. Fiji has made progress in reducing child mortality for the period 1990- 2008. Whilst, Fiji's health sector faces problems relating to lack of financial resources to develop health infrastructure and staff shortages in key specialized areas, strong health programmes and legislation are in place, to strengthen the delivery of health service to the public, enabling Fiji to achieve the targets expected by 2015.

Chapter 5
Reduce Child Mortality

5.1. Introduction

The fourth goal of the MDGs is to reduce child mortality and the target assigned to achieve this goal is to reduce by two-thirds the under-five mortality rate between 1990 and 2015. There are three indicators assigned to monitor this target: (a) under-five mortality rate (per '000 live births); (b) infant mortality rate (per '000 live births); and (c) the proportion of 1-year old children immunized against measles.

5.2. Status and Trends

Target: Reduce by 2/3 between 1990 and 2015, the under-five mortality rate
The first indicator regarding the above-mentioned target is under-five mortality rate (per 000 live births). The data reported in Table 25 reveals that the under-five mortality rate has fallen over the 1990 to 2008 period, from 27.8 in 1990 to 23.6 in 2008. This represents an 18 percent fall. However, the current rate falls well short of the 2015 expected target.

Table 25: Statistics on Goal 4

Goal 4: Reduce Child Mortality											
Target	Indicator	Status of Progress									
		1990	2000	2001	2002	2004	2005	2006	2007	2008	2015
5. Reduce by 2/3 between 1990 and 2015, the under-five mortality rate	16. Under-five mortality rate (per '000 live births)	27.8	21.8	23.2	22.4	22.5	25.8	25.8	22.4	23.6	9.2
	17. Infant mortality rate (per '000 live births)	16.8	16.2	15.4	17.8	17.8	20.8	19.5	18.4	13.1	5.5
	18. Proportion of 1 year old children immunized against measles	86	73.7	85.4	91.0	68.5	68.0	74.2	80.6	93.9	

Source: World Development Indicators (published by the World Bank)

Child mortality is due to peri-natal conditions, acute respiratory infection, communicable diarrhea diseases, rheumatic heart diseases, malnutrition, meningitis and asthma. The most common of all these diseases are the peri-natal deaths, which are associated with sepsis, congenital malformations, incompatible with life, gross prematurity, peri-natal asphyxia, meconium asphyxia, severe HMD and more recently, a re-emergence of congenital syphilis (Situational Analysis of the Fiji Health Sector December 2008). In addition, not only health problems but there are other factors such as poverty, inadequate sanitation, low education level, poor water supply and poor living and environmental conditions that are contributing to an increase in the death rate of under-five children.

Figure 7: The Mortality Rate of Infants and Under-Five year olds (per '000 live births)

Under-five mortality rate (per '000 live births)
Infant mortality rate (per '000 live births)
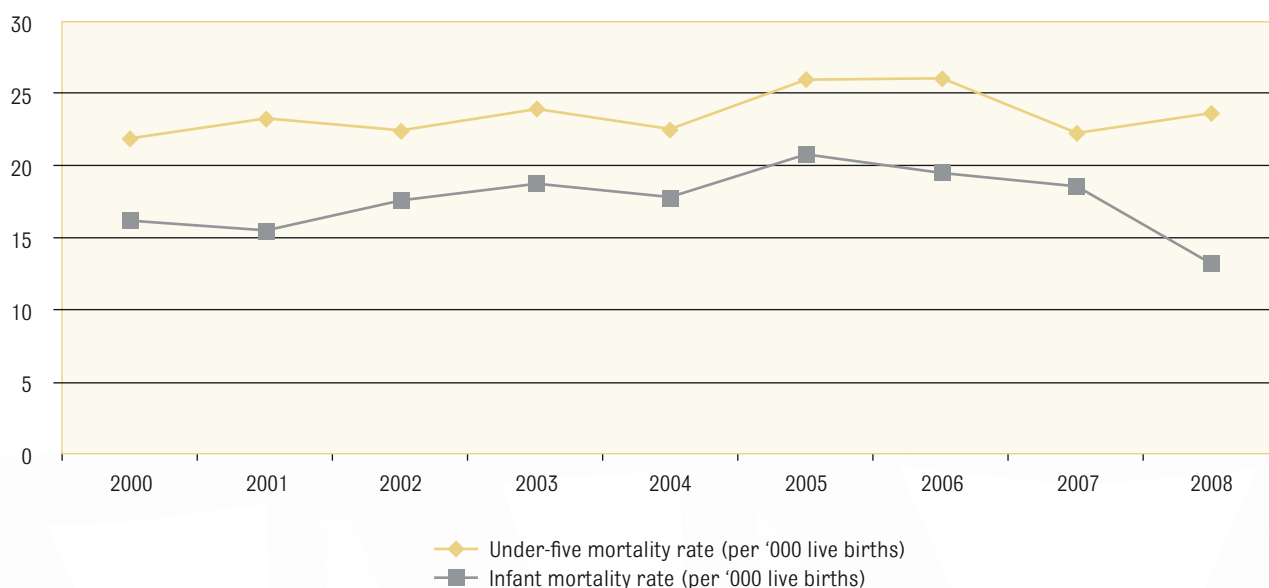
Source: MoH (Annual Reports, 2000-2008).

Like-wise, the infant mortality rate which declined from 16.8 in 1990 to 13.1 per 1000 live births in 2008, is still high relative to the expected target (see Figure 7). The expected target by 2015 is 5.5, which means that over the next five years Fiji will have to reduce the current rate by more than half. Currently, the global number of deaths among children under the age of five dropped from 12.6 million in 1990 to an estimated 8.8 million in 2008. A common source of infant mortality is under-weight, which causes ill-health. Over-weight at birth also contributes to gestational diabetes mellitus and the condition of macrosomia in infants. Data on overweight by age and overweight by height of 0-4 year olds in 2004 is presented in Table 26. It was revealed that 12.9 percent of children under five-year category were overweight by age which is high when compared to the percentage of overweight children by height.

Table 26: Percentage of Total Overweight Children, 0-4 years old, 2004

	Overweight for age	Overweight for height
Total	12.9	4.5

Source: Ministry of Health (2007)..

Another very common factor that affects infant death is sexually transmitted infections in mothers at birth that passes serious risks to the health of babies. The Ministry of Health (2003) report highlights numerous facts about STIs, and these can be summarized as follows:

1. Only 16 percent of all cases of syphilis in 2001 were among Indo-Fijians compared to 77 percent for iTaukei; and
2. Biologically, women are 2-4 times more likely to be infected by HIV and other STIs than men, and women who are HIV positive present a high risk of passing the virus on to their baby during delivery.

The proportion of one year old children immunized against measles was 83 percent in 1990 and it increased to about 94 percent in 2008. Figure 8 shows the percentage of diphtheria, pertussis, and tetanus (DPT) and measles immunization given to children aged 12-23 months. The trend here shows that the immunization of measles was greater in percentage compared to the DPT immunization and it is also worth highlighting that the percentage of measles immunization in 2006 was very close to 100 percent of children aged 12-23 months, although it declined to 81 percent in 2007.

Figure 8: Percentage of DPT and Measles Immunization given to Children ages 12-23 months

Immunisation DPT (% of children ages 12-23 months)　Immunisation, measles (% of children ages 12-23 months)
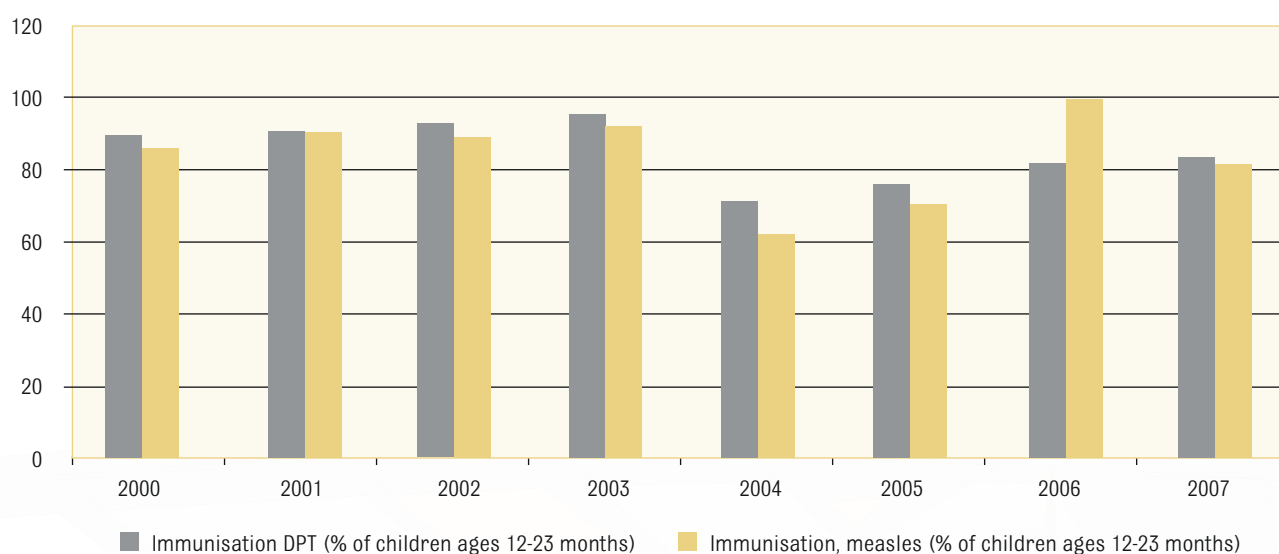
Source: World Bank (2008).

Assessment: While Fiji has made progress in terms of reducing under-five and infant mortality rates, the declining trend is not sufficient to meet the expected targets set for 2015 (see last column of Table 24). This implies that it is uncertain whether Fiji will achieve the goal of reducing child mortality to the levels expected by 2015. A situation analysis of the Fiji Health sector identifies poor equipment and consumables (including alcohol wipes, re-using disposable gloves), shortage of specialist staff (e.g. obstetricians, pediatricians, experienced midwives, and neonatal nurses), shortage of general practitioners in rural areas that have contributed to the slow progress in Fiji's health related MDGs.

5.3 Challenges, Constraints and Opportunities

The challenge of this goal is to examine and understand the contributing factors that cause ill-health in infants and children. There is a need to look for opportunities to prevent these diseases that will decrease the child mortality rate. Infant mortality rate decreased over the period 2000-2008 while there is still a lot that needs to be done for the child mortality rate which increased from 22 per 1000 live births in 2007 to 24 per 1000 live births in 2008. There is an urgent need to address two critical issues: staff shortages and investments in health infrastructure.

5.4. Future Directions and Related Strategies

The RDSSED 2010 - 2014 states the following strategies should be addressed for the future improvement of the health services and care provided to reduce child and infant mortality rates:

The RDSSED 2010 - 2014 states the following strategies should be addressed for the future improvement of the health services and care provided to reduce child and infant mortality rates:

- The integrated programmes on child health such as provision of better nutrition; immunization against measles and other deadly diseases and overcoming the problem of under-weight should be strengthened and well established;
- To ensure the appropriate number of health professionals are available in each health center around the country and quality health care and services are provided to all children and other patients;
- Improved level of justice, efficiency and helpfulness of health services provided to each individual regardless of poor and rich;
- Outreach of hospital pediatricians to sub-divisional hospitals to skill public health practitioners and set better standards of care;
- All communities to have a trained village health worker which will provide basic health services within their communities and includes children; and
- Setting too for community access to basic medicines in rural areas at point of care which reaches more that the health networks.

MDG 5
Improve Maternal Health:

Fiji is likely to achieve this goal. Maternal mortality rate is reasonably well controlled in Fiji. The vital concern is those of pregnancy related illnesses.

There is a need to monitor these concerned illnesses and look for solutions to curb such illnesses. Fiji's maternal mortality rate has been reduced by around 30 percent, from 41 in 1990 to 32 per 100,000 live births in 2008. Fiji needs to reduce this by another 70 percent to achieve MDG 5 by 2015

Chapter 6
Improve Maternal Health

6.1. Introduction

To achieve the fifth MDG - improve maternal health – it is targeted to reduce maternal mortality rate by three-quarters between 1990 and 2015 and also to achieve universal access to reproductive health services by 2015. The following are indicators that are assigned to examine the achievement of these targets: maternal mortality rate (per 100,000 live births), proportion of births attended by skilled health personnel, adolescent birth rate, antenatal care coverage (at least one visit and at least four visits, unmet need for family planning, and contraceptive prevalence rate (%).

Table 27: Statistics on Goal 5

| Goal 5.: Improve Maternal Health											
Target	Indicator	Status of Progress									
		1990	2000	2001	2002	2004	2005	2006	2007	2008	2015
6. Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate	19. Maternal mortality rate (per 100,000 live births)	41.1	34.6	29.0	23.5	33.9	50.5	43.5	31.1	31.7	10.3
	20. Proportion of births attended by skilled health personnel	98	96.9	98.4	99.0	99.0	98.9	99.3	99.4	98.8	
	25c Contraceptive prevalence rate (%)	n.a	44.0	43.7	35.5	45.9	42.5	49.1	43.0	44.7	
6a. Achieve by 2015, universal access to reproductive health	21.Adolescent birth rate	n.a	n.a	n.a	n.a	n.a	n.a	n.a	7.7	n.a	
	22.Antenatal care coverage (at least one visit and at least four visits)	n.a	n.a	n.a	n.a	n.a	n.a	n.a	65.7	n.a	
	23.Unmet need for family planning	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	

Source: World Bank (2008).

6.2. Status and Trends

Target: *reduce by three-quarters the maternal mortality rate*

Based on the first of the two targets under the goal of improving maternal mortality, two observations are worth highlighting. First, while the maternal mortality rate (per 100,000 births) has fallen from 41.1 in 1990 to 31.8 in 2008, over the next five years this rate needs to be further reduced by around 75 percent to meet the 2015 target of 10.3 (Table 27). Second, while over the period 1990 to 2008, the maternal mortality rate has been declining, the rate has been fluctuating (see Figure 9); hence, there is no steady and reliable downward trend. The main causes of maternal death from 2001 to 2007, as noted in Table 27, were ectopic pregnancy, pre eclamptic toxaemia (PET)/eclampsia; post partum haemorrhage (PPH), Cardiac disease and septicaemic (Situational Analysis of the Fiji Health Sector December 2008). Because Fiji has a relatively low maternal mortality rate, the target is deemed to be achievable by 2015.

Figure 9: Maternal Mortality Rate (per 100,000 live births)

Maternal mortality rate (per 100,000 live births)
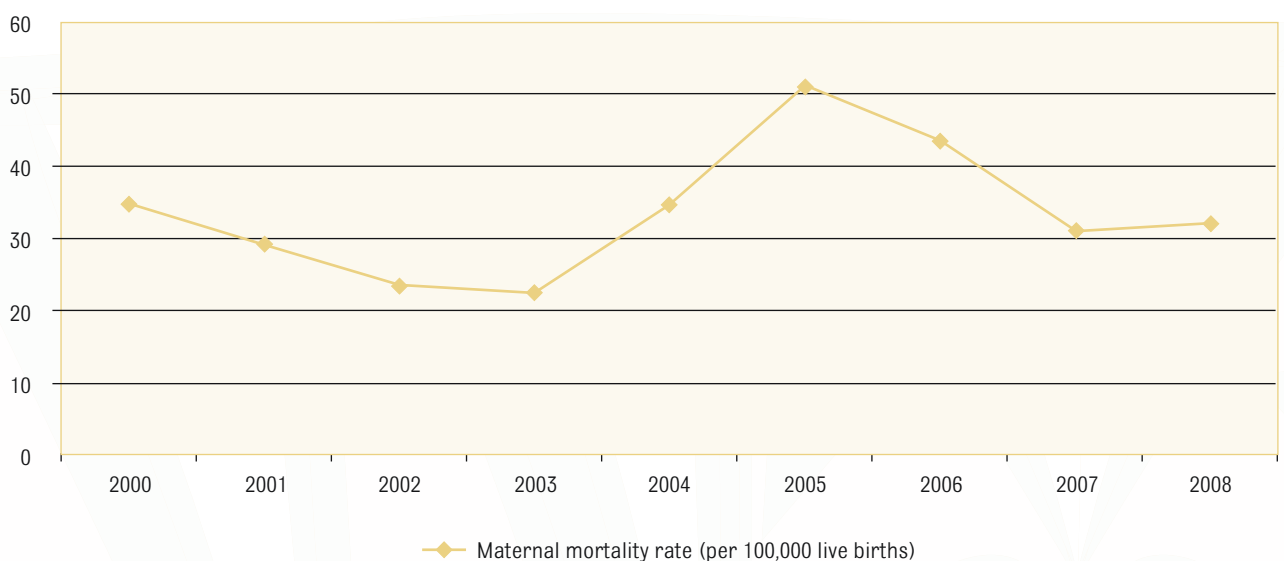
Source: World Bank (2008).

On the second indicator under this target – the proportion of births attended by skilled health personnel - while it has been fairly high throughout the 1990 to 2008 period, it has not reached 100 percent. This shows that adequate care is given to the pregnant women in Fiji. The statistics show that almost 99 percent of pregnant women are getting proper prenatal, intra-natal and post-natal care. In many cases the maternal mortality is due to anaemic or obese problem. Many women are also affected by the diseases that affect their reproductive organs, mostly cancer and sexually transmitted infections.

Furthermore, the contraceptive prevalence rate ranges between 35 percent and 49 percent from 2000 to 2008, as shown in Figure 10. Family planning services are widely available in Fiji and all government medical centers provide free services. However, the contraceptive prevalence rate has not increased over the 2000 to 2008 period, averaging only slightly over 40 percent.

Table 28: Maternal Mortality – Major Causes of Death 2001-2007

Major Cause of death	Number
Ectopic pregnancy	10
PET/eclampsia	10
PPH	10
Cardiac Disease	8
Septicaemia-puerperal infection	4
TOP complications	5
Thromboembolism	3
Amniotic fluid embolism	3
Other	15
Total maternal deaths this period	68

Source: Situational Analysis of the Fiji Health Sector December 2008

Figure 10: Contraceptive Prevalence Rate (%)

— Contraceptive prevalence rate (%)
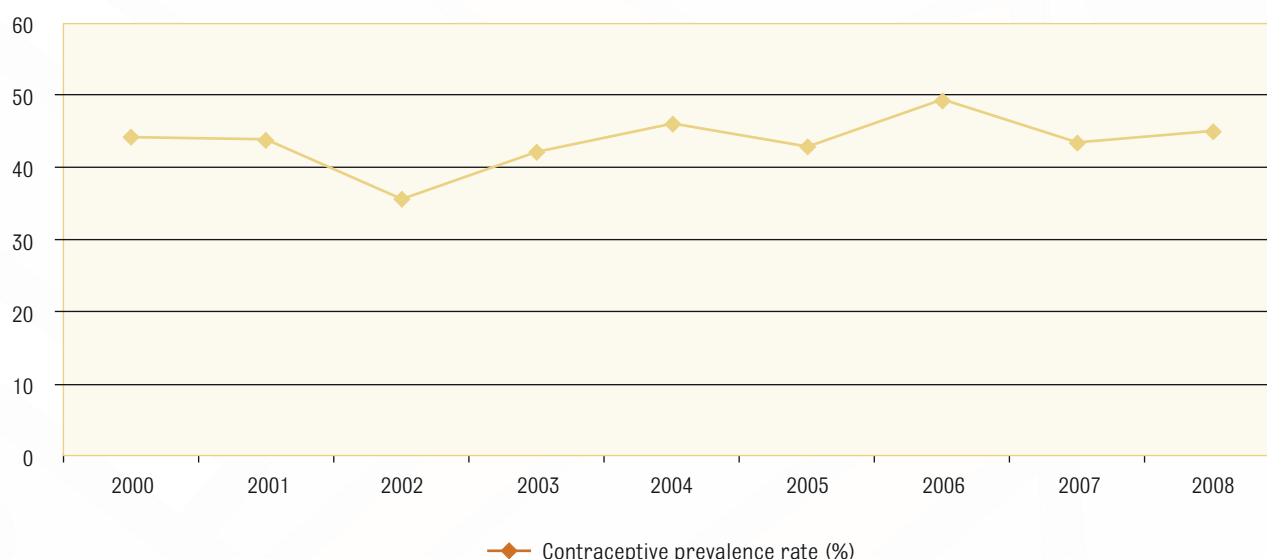
Source: World Bank (2008).

For the other three indicators (adolescent birth rate; antenatal care coverage and unmet need for family planning), there are insufficient data.

Generally health sector faces a number of challenges. The Ministry of National Planning identifies that the continued shortage of specialist medical officers will lead to a deterioration of health services in the country. In particular, some present indicators are alarming; for instance, at the divisional hospitals, waiting times for surgery are getting increasingly longer and the shortage of obstetricians and pediatricians is impacting on the care of mothers and babies. This is likely to negatively affect both infant and maternal mortality rates. Another alarming finding reported by the Ministry of National Planning was that "… surgery, including caesarean sections, and other specialist medical services were no longer available at sub-divisional hospitals even though the hospitals may still have a functioning operating theatre and have provided these services to their communities in the past."

At present, around 36 percent of established positions in the health sector remain vacant, with the largest vacant positions at the rank of 'senior medical officer' (33 positions) followed by consultant specialists (13 positions) (Situational Analysis of the Fiji Health Sector December 2008): Table 4). Loss of key health personnel has been due to emigration. Over the 2003 to 2007 period, for instance, Fiji has lost a total of 160 medical officers at an average of 32 per year; 545 nurses; and 81 paramedical staff (see Table 29).

Table 29: 'Exit' of Staff from MoH over 5 years (2003-2007)

Cadre	2003	2004	2005	2006	2007	Total	Av.p.a.
Medical Officers	29	40	37	31	23	160	32
Nurses	25	64	162	216	78	545	109
Paramedical	15	15	19	19	13	81	16
Dental	4	4	13	10	5	36	7
Pharmacy	4	3	18	8	8	41	8
Total	77	126	249	284	127	863	173

Source: Situational Analysis of the Fiji Health Sector December 2008

Assessment: *It is likely that Fiji will meet this target.*

6.3. Challenges, Constraints and Opportunities

Maternal mortality rate is reasonably well controlled in Fiji. The vital concern is those of pregnancy related illnesses. There is a need to monitor these concerned illnesses and look for solutions to curb such illnesses. Maternal health is difficult to measure, because of underreporting and uncertainty as to which factors may be most responsible for a mother's death. Maternal morbidity data is high and largely linked to high incidence of diabetes, other NCDs in pregnancy, premature birth, and anaemia. Fiji's maternal mortality ratio has stabilized at 30 – 40 percent per 100,000 live births in the last decade. The 2009 Annual Report for the Ministry of Health stated that, in 2008 and 2009 the mortality ratios were 31.7 and 27.5 per 100,000 live births respectively. More women in the child bearing age group (15 – 49 years) die of cancer related to the breast and cervix. There is a need to meet the increasing demand for health care. It is also essential to cut the cost of health services so that the poor can take advantage of available health facilities.

6.4. Future Directions and Related Strategies

There is a need to ensure adequate access to primary and a preventative health care service for all as this is a key for sustainable economic development. Currently it is found out that rural-urban gap in skilled care during childbirth had narrowed, and more women were receiving skilled healthcare during pregnancy.
The following are the strategies developed in the RDSSED 2010-2014 that need to be implemented:

- Implement the safe motherhood programme;
- Educate the women wider use of family planning through community health education programs. Tagged closely with greater accessibility of Family Planning Services to all communities;
- National Iron and Micronutrient Supplementation Program (NIMS); which targets all women of child bearing age and children, involves supplementation to boost nutritional status. Primarily this leads to reduction in anemia, and other micronutrient deficiency;
- Promote the reproductive programmes through proper channels in which the females living in rural areas can be also educated on safe sex. Avail education tools under Family Life Education in all secondary schools and tertiary institutions;
- Enhance the awareness of non-communicable diseases and sexually transmitted diseases to the youngsters, teenage and elderly females;
- Up-skilling of nurses, midwives and doctors at peripheral health facilities to provide good standard of health delivery at community levels in rural communities and maritime areas. Outreach of all fields of specialized clinical services to rural communities for service and capacity building of primary health care practitioners;
- High level of health professionals availability in each health care is very essential and the awareness of cancer of the cervix uteri to all pregnant women;
- Nutrition programs for food security and provision of healthy meals for mothers and children;
- Increase community penetration and outreach services for promotion, intervention and domiciliary supervision; and
- 100% coverage of village health workers scheme in 2010 to cover villages, peri-urban, settlements and institutions.

MDG 6
Combat HIV/AIDS and other diseases:

although there is an upward trend in the number of reported cases of HIV/AIDS in Fiji, the current health program and legislation in place will minimize any further increase in the spread of HIV. Due to the lack of data which reflects to the true incidence of HIV, it is not clear whether this trend will be reversed by 2015. However, government is committed to addressing the issue with the support from our development partners by providing the necessary resources.

Chapter 7
Combat HIV and AIDS, Malaria and Other Diseases

7.1. Introduction

The sixth goal of the MDGs is to combat HIV and AIDS, malaria and other diseases. The specific targets set to meet this goal are:

1. to have halted by 2015, and begun to reverse, the spread of HIV and AIDS;
2. to achieve universal access to the treatment for HIV and AIDS for all those who need it by 2010; and
3. to have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.

The first target is monitored based on five indicators, as follows: (1) HIV prevalence among 15-24 year old pregnant women; (2) condom use rate of the contraceptive prevalence rate; (3) condom use at last high-risk sex; (4) the proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS; and (5) the ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years.

The second target on achieving universal access to treatment for HIV and AIDS for all those who need it, by 2010 is monitored by the proportion of population with advanced HIV infection with access to antiretroviral drugs.

With respect to the third target on the incidence of Malaria and other diseases, Malaria is not relevant for Fiji. The incidence of other diseases is monitored by the following two indicators: (1) the prevalence and death rates associated with tuberculosis; and (2) the proportion of TB cases detected and cured under Directly Observed Treatment Short Course (DOTS).

7.2. Status and Trends

Target: *Have halted by 2015, and begun to reverse, the spread of HIV/AIDS*

The prevalence[3] of HIV among 15-49 years old is low in Fiji, at less than 0.1 percent of the population. On the basis of this, Fiji is classified as a low HIV prevalence country (Republic of the Fiji Islands, 2010). However, the incidence of HIV/AIDS is high. The cumulative incidence of HIV stood at 333 confirmed cases in December 2009 compared to four confirmed cases in 1989 (Republic of the Fiji Islands, 2010; see also Tables 30 and 31).

The cumulative incidence rate over the 1989 to 2009 period has increased exponentially. Two age groups – the 30-39 and 40-49 –are identified as the main contributors to this rising trend. Some recent data on HIV testing is reported by the Ministry of Health (2010). The key features of this data are as follows. First, the proportion of people who tested for HIV (as a percentage of the population) has declined from 6.6 percent in 2005 to around 5.1 per cent in 2009. Second, of those people tested, the number of diagnosed people increased from 29 in 2005 to 43 in 2009 (Ministry of Health, 2010)

Screening for HIV/AIDS is commonly done by the Ministry of Health to assess the impact of HIV/AIDS. However, this strategy of screening presents many challenges associated with gender and social stigmas. For example, more women than men are tested and identified with HIV. Since women are identified first, they are perceived as the source of HIV. As a result, they are subject to greater stigma, which can become a source of violence and intense discrimination.

A recent SGC 2008 survey found that 62 percent of STI Male aged 15-49 reported having sexual intercourse with more than one partner in the last 12 months compared to 20 percent of STI females aged 15-49. The same sample was asked whether they used a condom during their last sexual intercourse: only 10 percent of males did so compared to 38 percent of females. Interestingly, among tertiary students aged 15-24, 33 percent of males reported having sexual intercourse with more than one partner in the last 12 months compared to only 6 percent females. However, on condom use, contrary to the low rates found for males in general, 47 percent of male tertiary students reported using a condom during their last sexual intercourse compared to only 13 percent females. In fact, tertiary male students recorded the highest proportion of condom users in the sample. There seems to be lot of variance in condom use from this survey results. One likely reason for this could be the small sample size.

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[3] Prevalence is a measure of the occurrence of a condition in the population: i.e the number of cases divided by the population (usually 15-49 yrs old).

Table 30: Statistics on Goal 6

Target	Indicator	Goal 6.: Combat HIV & AIDS, Malaria and Other Diseases									
			Status of Progress								
		1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	24.HIV incidence (cumulative)*	4	58	68	85	111	142	171	200	236	333 (2009)
	25. Condom use rate of the contraceptive prevalence rate	9.8	15.0	14.8	14.8	15.3	15.4	16.3	14.6	16.3	16.5
	25a Condom use at last high-risk sex	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	25b Proportion of population aged 15-24 yrs with comprehensive correct knowledge of HIV/AIDS	n.a	44.0	n.a	n.a	n.a	n.a	n.a	24.4	n.a	n.a
	26 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 yrs	0	0	0	0	0	0	0	0	0	0
7a. Achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it	27.Proportion of population with advanced HIV infection with access to antiretroviral drugs	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	28. Prevalence & death rates associated with malaria	Not relevant	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	1 case only	Not relevant to Fiji
	29. Prevalence & death rates associated with tuberculosis	n.a	Incidence: 18	Incidence 22	n.a	n.a	n.a	n.a	Incidence 22	Incidence 11	n.a
	30.Proportion of TB cases detected and cured under DOTS	Program not yet introduced	85.5	n.a	85	n.a	n.a	71.0	n.a	88	93.0

Note: * denotes data obtained from Republic of the Fiji Islands (2010).
Source: World Development Indicators (published by the World Bank) and the Republic of the Fiji Islands (2010)

The use of condom helps to prevent the spread of HIV and other STI. The condom use rate increased from around 9 percent in 1990 to 16.5 percent in 2008. Ministry of Health data on prevalence of family planning methods in Fiji over the period 2004 to 2008 shows that condoms are used as a family planning method among a small proportion (10 percent) of Indo-Fijian couples and an even smaller proportion (5 percent) of iTaukei couples. The use of condom is particularly difficult to quantify as many condoms are distributed through viable or other conduits, apart from ministry-run health clinics. Therefore, it is difficult to collect data on the usage of condoms at last high-risk sex over time. However, there is some recent survey data on this. There is, for instance, the SGS survey of 2008 on condom use at first sex. This data is also available for 2006 survey. According to this survey, condom use at first sex was high across all six categories (STI male, STI female, youth male, youth female, male seafarers, and military force personnel) of people considered. For example, in both 2006 and 2008 around 98 percent of respondents in the STI male, male seafarers and military forces, confessed using a condom at first sex. However, the rate was much lower for youth males (63 percent) and youth females (25 percent) in 2008. While these statistics are impressive, the Republic of Fiji Islands (2010) warns that "condom use at first sex is clearly not a good indicator of continuing consistent condom use for people engaging in high-risk-sex".

The SGS (2008) survey on knowledge and behavior change on and regarding HIV found that 52 percent of tertiary students, 51 percent of STI clinic attendees, 46 percent of ANC attendees, 41 percent of military forces personnel, and 35 percent of seafarers answered all five questions on HIV correctly. Based on this survey, it is clear that there are insufficient education programs on HIV to educate people on the awareness of this disease. In case there are sufficient programmes, then the impact of these programmes need to be reviewed as a matter of priority. The survey was also conducted on correct knowledge of HIV prevention among youth and STI clinic attendee respondents disaggregated by sex. Amongst the tertiary students, more females (54 percent) than males (50 percent) answered all five questions on HIV correctly. Similarly, in the category of STI clinic attendees, 53 percent of females compared to 50 percent of males answered all five questions correctly.

Moreover, there is no information available on the ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years. It probably is a trivial issue in Fiji's case given the fact that data on AIDS orphans is of relatively little importance given the low prevalence rate.

There is good data on the proportion of population with advanced HIV infection with access to antiretroviral drugs for years 2008 and 2009. In 2008, for instance, 39 people were identified as those with advanced HIV infection receiving antiretroviral therapy (ART). Of this, there were 18 males and 21 females. In 2009, the total number of cases increased to 54, with 26 males and 28 females. All were eligible for ART, but two did not receive treatment due to personal beliefs (Republic of the Fiji Islands, 2010). On the basis of this, it seems that those eligible for ART are receiving such therapy. On the basis of this, it is fair to say that Fiji is on-track to meeting this target by 2015.

Assessment: While the prevalence of HIV is low in Fiji by global standards (at <0.1 percent of the population), the cumulative cases of confirmed HIV has increased from four in 1989 to 333 in 2009. This is alarming. On the other hand, access to ART amongst those eligible is high, implying that people impacted are getting treatment. However, the main goal will be to reduce the cumulative cases of confirmed HIV cases, which remains a relatively bigger challenge, in light of the fact that antiretroviral therapy is just a function of the number of confirmed cases of HIV. On condom use, while recent surveys show high rates of condom use amongst those engaging in sex for the first time, the national averages are very low. On the basis of this it is fair to say that Fiji is off-track in achieving this target.

Target: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases
Malaria is not a health issue for Fiji; however, tuberculosis is. There are 18 per 100,000 incidences associated with tuberculosis in 2000, the incidence increased to 22 per 100,000 in 2001 and 31 per 100,000 in 2006. Later, it decreased to 11 per 100,000 in 2007. Figure 10 shows that almost 30 per 100,000 population of TB incidence rate per year was recorded in 2000 and this rate gradually decreased to 21 per 100,000 populations in 2007 (Figure 11). The TB prevalence rate decreased from 43 per 100,000 to 30.4 per 100,000 during the period 2000-2007 and the TB death rate per year decreased from 5 per 100,000 to 3.5 per 100,000 during the same period.

Figure 11: Tuberculosis Incidence, Prevalence and Death Rates Per 100,000 Population, 2000-2007

- ◆ TB incidence rate per year per 100,000 population
- ■ TB prevalence rate per year per 100,000 population
- ▲ TB death rate per year per 100,000 population
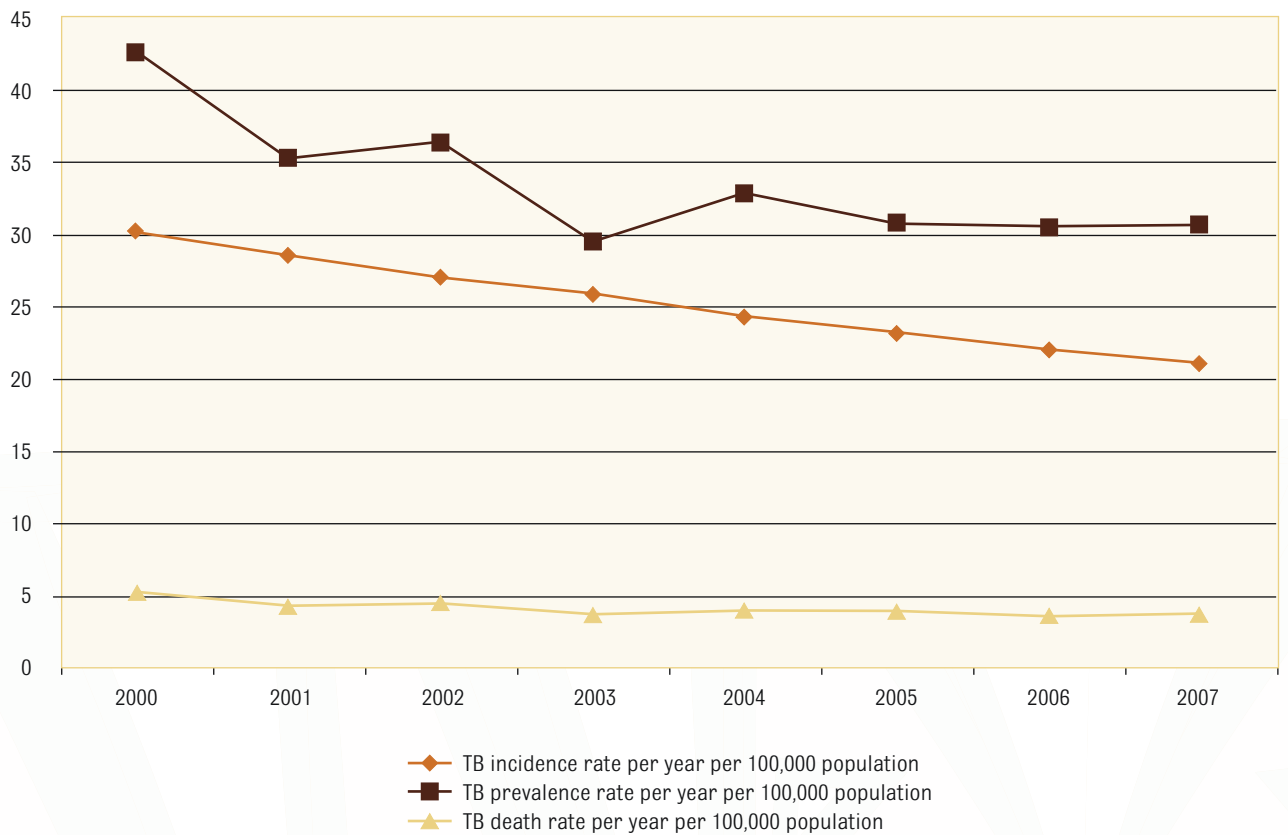
Source: World Bank (2008).

In addition, 85 percent of tuberculosis cases were detected and cured in 2000. This percentage decreased to 71 percent in 2005 and later it increased to 88 percent in 2007 and 93 percent in 2008. Figure 12, shows the trend in the percentage of tuberculosis cases detected under DOTS and it reveals that 58 percent of these cases were detected in 2000 and gradually this rate increased to 83 percent in 2003. Later this rate decreased from 83 percent in 2003 to 69 percent in 2004 and again it jumped to 89 percent in 2006 while in 2007, 67 percent of tuberculosis were detected under DOTS.

Figure 12: Tuberculosis Cases Detected under DOTS (%)
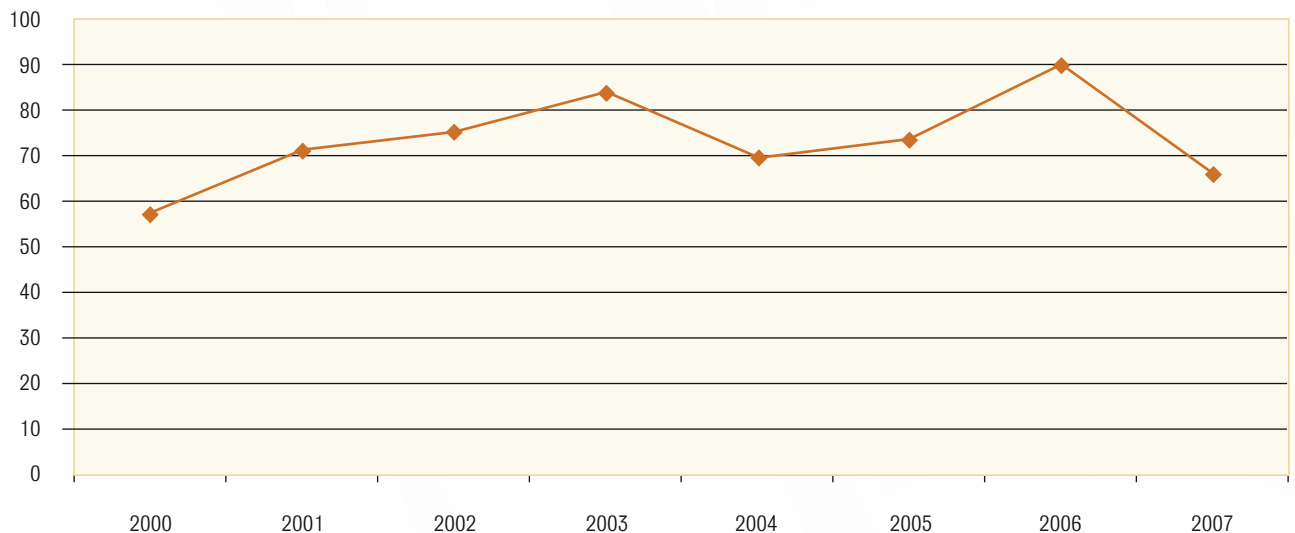
Source: World Bank (2008).

In Table 30, the percentage of tuberculosis treatment success rate is recorded and the trend shows that this successful treatment ranges between 66 percent and 86 percent during the period 2000-2006. In the latest year for which data is available, that is 2006, the rate was recorded at minimum (66 percent) which means that there is still a lot to be done to give better treatment to the people suffering from tuberculosis and there is a need to increase this percentage at least to 86 percent in coming years.

Equally significantly, the Ministry of Health's budget has declined from 4.02 percent in 1993 to 2.57 percent in 2008, making government's contribution to health the lowest amongst the PICs. Obviously the reduced budget is putting pressure on the Ministry's capacity to provide quality national health care system and to continually upgrade it (Ministry of National Planning, 2008)

Assessment: *While Malaria is not a health issue in Fiji, the incidence of TB and prevalence of TB has declined over the 2000 to 2007 period, implying that Fiji is on track to achieve this target.*

7.3. Challenges, Constraints and Opportunities

In Fiji the HIV prevalence rate is low by international standards. However, the exponential rise in the number of cumulative confirmed HIV cases is alarming. The projections until 2015 are for an exponential increases. Hence, the main challenge is be to address this exponential trend in HIV cases.

Table 31: Different Proxies used to get more Reliable Results for the Achievement of the Sixth Goal

Goal 6.: Combat HIV & AIDS, Malaria and Other Diseases									
24. HIV prevalence among 15-24 yr old pregnant women									
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Prevalence of HIV, total (% of population ages 15-49)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	n.a
30. Proportion of Tuberculosis cases detected and cured under DOTS (%)									
Tuberculosis treatment success rate (% of registered cases)	85.5	84.9	78.4	85.9	n.a	70.6	65.8	n.a	n.a
Tuberculosis cases detected under DOTS (%)	57.6	71.0	75.4	83.3	69.4	73.8	89.6	66.8	n.a

Source: World Development Indicators (published by the World Bank) and the UN Statistic Division (http://mdgs.un.org/unsd/mdg/default.aspx)

7.4 Future Directions and Related Strategies

In order to address the HIV/AIDS issues, Government has developed a National Code of Practice for HIV/AIDS in the workplace amongst other related policies. This Code of Practice is designed to advise employers and workers of acceptable preventive action for adverting occupational deaths, injuries and related diseases from HIV/AIDS in the workplace, whilst respecting the fundamental principles and rights at work. The objective of this Code is to provide a set of guidelines to both employers and workers to address and prevent HIV/AIDS in the workplace in accordance with the Health and Safety at Work Act, 1996 and the Employment Relations Promulgations 2007.

The following are some of the strategies that need to be considered in order to combat the spread of HIV/AIDS:

- There is a need to improve the efficiency and effectiveness of the use of resources in health services. Given the rise in cumulative cases of HIV, it is crucial that government steps up national level prevention efforts. This can be achieved through greater leadership at the community level. Government will need to allocate resources and begin awareness campaigns at the community level. Awareness campaigns should also be mounted at the secondary and tertiary school level, where recent studies have found clear evidence of students engaging in sexual intercourse with multiple partners. One of the main themes of the awareness programmes should be improving knowledge of the Fiji-specific nature of the HIV transmission, as well as broader socioeconomic and cultural factors, such as gender and poverty, that facilitate transmission;
- Reproductive programmes need to be strengthened and promoted throughout the nation. There needs to be an improvement in the overall provision of sexual and reproductive health services. These need to be linked to HIV services;

- The focus should also be on voluntary counseling and confidential testing, education and prevention programmes, care and support for those affected and infected, and treatment for those who need it. The issue of stigma and discrimination also needs to be addressed to ensure that the rights of those living with HIV and AIDS are not violated;
- There is a need to implement the STI/HIV/AIDS strategic plan that clearly identifies the target groups, the leadership strategy (both at the community level as well as at the school level), specific awareness programmes, costs involved, and specific targets and indicators to be used to evaluate the outcomes/success of the strategic plan. The plan should consider whether a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities offers a better way of achieving prevention. If yes, then appropriate mechanisms will need to be developed for this strategy to function at the community level. Such a plan should also recognize that prevention efforts must be first targeted at most at risk groups. This will ensure efficient use of scarce resources; and
- There is a need to strengthen health systems through improving the technical infrastructure and human resources. Investments in HIV prevention should be integrated with those that strengthen health systems and train community health workers. Building capacity at the community level is crucial given the earlier suggestion of tackling the HIV issue at the community level.

MDG 7
Ensure environmental sustainability:

Fiji is likely to achieve this given that (a) Fiji by being party to a number of environmental treaties and conventions is involved in environmental decision making, although there is concern regarding Fiji's capabilities on delivering on its commitments; (b) the proportion of land area under forest has increased, although environmental challenges remain a serious threat to forestry resources; (c) the number of people with access to safe drinking water has increased; and (d) consumption of ozone depleting substances is expected to decline from 2013 with the phasing out of hydrochlorofluorocarbons (HCFCs). However, the growing squatter population remains a problem as it has implications for urban resource management, posing further threats to the environment.

Chapter 8
Ensure Environmental Sustainability

8.1. Introduction

The seventh goal of the MDGs is to ensure environmental sustainability and this is monitored through judging progress on four specific targets. The first target is to integrate principles of sustainable development into country policies and programs and reverse the loss of environmental resources. This target is analyzed against five specific indicators: (1) the proportion of land area covered by forest, (2) carbon dioxide emissions per capita, (3) consumption of ozone-depleting substances, (4) the proportion of fish stocks within safe biological limits, and (5) the proportion of total water resources used.

The second target is to reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss. This target is based on two specific indicators; namely, the proportion of terrestrial and marine areas protected and the proportion of species threatened with extinction.

The third target is to halve the proportion of people without sustainable access to safe drinking water and basic sanitation. The following indicators are used to scrutinize this target: (a) the proportion of the population with sustainable access to an improved water source, urban and rural; and (b) the proportion of the population with access to improved sanitation, urban and rural.

Finally, the fourth target is to achieve a significant improvement in the lives of slum dwellers (in Fiji's case, the squatter population) by 2020. This target is monitored based on the proportion of people with access to secure tenure, which means households that own or are purchasing their own homes, are renting privately, or are in social housing or sub-tenancy.

Before an analysis of the trends in the data are undertaken, it is imperative to provide an account of the data sources. This is important given previous claims regarding the quality of data. An ADB study by Berdach (2005: 32) notes the following "... the quality of environmentally-related information being gathered and reported in Fiji shows a deteriorating trend". However, in writing this chapter we were fortunate to obtain some data from the Ministry of Forestry and Fisheries directly as part of their submission to the draft MDG report. Equally importantly, we also draw on the World Development Indicators database - a widely used global database published by the World Bank. It is important to note that while data on some indicators are not available, which is consistent with Berdach's claim of a deteriorating trend in data, for some indicators it seems there is reasonably good quality data. In interpreting the data, it is important to keep in mind that the quality of data is always an issue and of concern in developing countries, where there are almost always constraints such as financial and human resources in collecting and monitoring data. Fiji is no exception to this.

8.2. Status and Trends

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

The Ministry of Environment has implementing the Ozone Depleting Substances Act 1998 and its Regulations (2000). This legislation allows the Ministry to regulate the import, export, sale, storage and use of Ozone depleting substances (ODS), such as refrigerators and air-conditioning (Government of Fiji, 2006). These commitments are consistent with Fiji's obligation under the Vienna Convention for the protection of the ozone layer and the Montreal Protocol on substances that deplete the ozone layer.

The total land area of Fiji Islands is 18,270 square kilometres whereas the forest area is 10,000 square kilometres, which is 54.7 percent of the total land area (Table 32). In addition, 200,000 hectares, which is 10.9 percent of land area, is arable land area. The agricultural area is 4,600 square kilometres, which is 25.2 percent of land area and the irrigated land is 1.05 percent of cropland.[4] Moreover in Table 32, data on forest cover for native forest and plantation forest is provided for the period 2007 to 2009. The data reveals that forest cover, regardless of class, has increased in Fiji over the period 2007 to 2009.

An estimate of Fiji's forest resources is provided in Table 33, and according to the Ministry of Fisheries and Forestry, indigenous forest represents around 17 percent of total land area, while plantation and protection forest together make up around 20 percent of total land area.

Fiji's forestry resources are due to robust forestry policies and strategies. Fiji adopted a Forest Policy in 1950, followed by a National Forests Action Plan in 1990, which led to the establishment of 29 specific projects in the areas of forest management and industrial development, forestry in land-use, and conservation and institutional strengthening. The forest policy in general aims at: (a) protecting and developing natural vegetation, (b) domestic production of timber that can also be exported, (c) maintaining and improving soil fertility by preserving or extending forest cover, and (d) keeping a track on soil erosion and recovering areas eroded (Whiteman, 2005). Despite these efforts, some key issues have been identified in the forestry sector by a recent Ministry of Forestry and Fisheries (2004) report. These issues are as follows: (a) absence of comprehensive regional and national land use plans; (2) limited protection and enforcement for conservation, especially in native forest areas; (3) inadequate knowledge of forest resources; (4) inadequate research effort; (5) poor fire protection capabilities and procedures; (6) institutional weaknesses and difficult bureaucratic processes; (7) outdated forestry legislation; and (8) an absence of detailed forest management and harvesting plans[5].

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[4] Source of information: WDI, 2008.
[5] In addition, Berdach (2005) argues that the forestry sector is in need of serious reform.

Table 32: Statistics on Goal 7

| | | Goal 7:: Ensure Environmental Sustainability | | | | | | | | | |
| | | | Status of Progress | | | | | | | | |
Target	Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	31. Proportion of land area covered by forest	53.6	54.7	54.7	54.7	54.7	54.7	54.7	n.a	n.a	n.a
	32a. Carbon dioxide emissions per capita	1.52	1.07	1.4	1.1	2.0	2.3	2.0	1.9	n.a	n.a
	32b Consumption of all ozone-depleting substances in ODP metric tons)	39	2.5	2.5	5.3	1.6	5.5	6.0	5.4	4.5	85
	33. Proportion of fish stocks within safe biological limits	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	34. Proportion of total water resources used	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
9a. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	35.Terrestrial and marine areas protected (sq. km)	381	583	583	603	603	603	603	603	603	603
	36.Proportion of species threatened with extinction	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	37. Proportion of the population with sustainable access to an improved water source, urban and rural	U-43%	U- 43% R-51% T- 47%	n.a	n.a	n.a	n.a	n.a	U-43 % R-51% T-47%	n.a	n.a
	38. Proportion of the population with access to improved sanitation, urban and rural	U-87%	U-87 % R-55% T-70%	n.a	n.a	n.a	n.a	n.a	U-87 % R-55% T-71%	n.a	n.a
11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	39. Proportion of people with access to secure tenure	n.a	n.a	n.a	n.a	10.6	n.a	n.a	n.a	11.9	n.a

Table 33: Forest Cover, 2007-2009

	Native forest		Plantation forest	
	Closed forest	Open forest	Pine plantation	Mahogany plantation
2007	587.79	362.20	98.80	63.86
2008	580.47	370.87	101.88	65.40
2009	572.16	379.53	104.95	66.94

Source: Ministry of Fisheries and Forests.

Table 34: Estimates of Fiji's Forest Resources, 2002

Forest type	Hectares	% of total land area
Indigenous logged forest	309,940	16.93
Protection forest	260,330	14.22
Indigenous forest	187,700	10.25
Plantation forest	112,490	6.14
Total forest area	870,460	47.56
Total land area	1,830,000	100.0

Source: Fiji Islands Government (2003).

What has also helped forest management in Fiji is the fact that all logging licences in Fiji are to be consistent with the requirements of the Fiji National Logging Code of Practice (1990), at the heart of which is the pre-requisite that licences application requires a detailed logging and management plan. Berdach (2005) points out that to achieve forestry sustainability, among other things, better adherence to the National Code of Logging Practices is required. Moreover, there are conflicting reports on whether Fiji has successfully integrated environmental concerns into its national development plans. Whiteman (2005), for instance, argues that Fiji has succeeded in forest conversation measures mainly through integrating environmental management in the planning and development processes, which has helped to safeguard the environment and its regenerating capacity.[6] However, an ADB report authored by Berdach (2005) identifies a number of problems, such as inappropriate zoning and land use, overexploitation of marine resources, inadequate waste management plans, air and water pollution, and climate change, that pose as major threats to environmental sustainability. He argues that while laws exist for environmental compliance, the regulatory framework remains weak. This, he argues, has been a result of political instability in the country. This report concurs with Berdach while at the same time acknowledging the fact that good progress has been made towards addressing some of these issues.

The emission of carbon dioxide per capita was recorded 1.52 in 1990 and it increased to 1.9 in 2006, the latest year for which data is available. There is an increased in the consumption of Ozone Depleting Substances (ODS) from 39 tonnes in 1990 to 85 tonnes in 2008, mainly due to the increased consumption of these substances in refrigeration and air conditioning. Consumption of ODS is expected to decline from 2013 with the phasing out of Hydrochloroflurocarbons (HCFCs) and replacing with non ODS.

Assessment: *Fiji is on-track to meeting this target.*
Target: *reduce biodiversity loss*

In terms of the second target on reducing biodiversity loss, the indicator on the proportion of terrestrial and marine areas protected almost doubled over the 1990 to 2008 period—from 381 square km in 1990 to 603 square km in 2008, representing around 3.3 percent of the total land area. This data is supplied directly by the Ministry of Fisheries and Forests as part of their submission to the draft MDG report. This data seems to imply an improvement over previous findings. For example, an ADB report cited in Berdach (2005) reports that in 2002 only 1.4 percent of the total land area was declared as protected area.[7] In addition, Berdach (2005) points out the following. First, that while there have been some modest success for biodiversity conservation, there remain some real threats, such as the elimination of the native dryland forests. Only 1 percent of dryland forest habitat, home the iTaukei crested iguana and other endemic species, remains today. Second, deforestation, which is due to increased issuance of logging licenses.

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[6] The forestry policy and institutions are governed by a number of legislations, such as the Forest Sawmill Regulations 1968; Forest Guard Regulation 1955; Forest Fire Prevention Regulation 1972; Fiji Pine Commission Act 1976; Commission Forests (Maintenance and Protection) Regulations 1987; Fiji Pine Decree 1990; Native Lands Trust Act 1940; Land Conservation and Improvement Act 1953; Nature Reserves Act 1956; Native Land (Leases and Licences) Regulations 1984; and Native Land (Forest) Regulations 1984 (Whiteman, 2005).

[7] Amongst the biodiversity conservation initiatives that have shown some success are the Fiji Locally managed marine Areas, a network of village-managed marine protected areas (Berdach (2005).

While data on the second indicator—proportion of species threatened with extinction—is unavailable, we use three proxies, namely animal species threatened, bird species threatened, and plant species threatened, to make an assessment of this particular target. The statistics for these proxies are summarised in Table 34. It is noted that there were 34 animal species threatened in 2007 and later in 2008 this number jumped to 124. In addition, there were 12 bird species threatened in 2002 and 13 were recorded in 2004. Plant species were also threatened and 66 were recorded in 2008. This shows how many species are endangered in our every day usage of our surroundings. These animals, birds and plant species are threatened due to the destruction of their habitats for human needs and also for commercial and agricultural purposes. In addition, there are some people who survive on these species as source of food, particularly those living in villages and close to forests; see Berdach (2005: 12) for related discussion on this.

The Ministry of Forestry and Fisheries (2009) argues that in terms of endangered coral reef/shellfish species, they were only threatened with extinction but in the last decade none of these species have been driven to extinction. Moreover, two species of giant clams eaten to extinction over the period 1950-1962 have been re-introduced in Fiji through the Fisheries Giant Clam Project from 1986 to 2001—a project funded by the Agricultural Centre for International Agricultural Research (ACIAR). There were some fish species, such as the Golden Crescent sea perch, giant rock cods and giant sweetlips, which were under threat but the Ministry of Forestry and Fisheries (2009) argues that these species have been restored to healthy stock levels. One concern pointed out by the Ministry regards the danger posed to the freshwater ecosystem, where most of the native species are threatened due to unsustainable development or use of chemicals as well as the introduction of evasive species, such as Tilapia fish species into rivers and streams.

The Law of the Sea has been ratified in a number of ways, including the UN Fish Stocks Agreement, and since 2004 the Convention on the Conservation and Management of Highly migratory Fish Stocks in the Western and Central Pacific Fisheries, to which Fiji is a signatory (Government of Fiji, 2006). The management of development of the fisheries sector has been boosted by the Social Justice Act of 2001 and the 2005 Environmental Management Act.

Moreover, Fiji has implemented a number of environmental programmes related to biodiversity conservation, biological resource use, climate change, waste and pollution. Many of these programmes are a direct result of Fiji's obligations under regional and multilateral agreements, and include the production of Fiji's Biodiversity Strategy and Action Plan, National Land Use Policy (2005), the First National Communication on Climate Change Strategic Actions (2005), Solid and Liquid Waste Strategies (2006), Endangered and Protected Species Act (2002), the Environmental Management Act (2005), and the Litter Act (2008). These strategic action plans and Acts are likely to provide a solid framework for sustainable development and management of land and water resources (Government of Fiji, 2006). However, while there are a number of laws to ensure environmental compliance, there are weak regulatory framework and environmental governance practices that impede work towards environmental sustainability. To this effect, Berdach (2005: 24) notes that while a host of environment-related policies, legislation and regulations have already been promulgated, implementation and full enforcement are generally lacking. This seems to imply that Fiji's capacity to implement and enforce environmental legislation is an area that needs substantial support in terms of financial and capacity building resources. This is a crucial aspect of ensuring environmental sustainability given that Fiji is a signatory to several environmental conventions. This provides Fiji an avenue to voice its concerns and participate in environmental policy decision making. The downside is that such commitments put pressure on institutions that already have limited financial and human capital resources. Such resource constraints impede government's ability to deliver on international commitments.

Assessment: *Fiji is on-track to meeting this target.*

Target: *Halve the proportion of people without sustainable access to safe drinking water and basic sanitation.*

Sustainable access to an improved water source means houses having water connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection, whereas access to improved sanitation means adequate excreta disposal facilities; that is, connection to sewer or septic tank system, pour-flush latrine or other type of latrine. Both indicators, obtained from the Ministry of Fisheries and Forestry, show improvements for Fiji: In terms of improved water source, while the rural and urban populations' access has remained the same over the 1990 to 2006 period, it has increased for the aggregate population, from 47 percent in 1990 to 60 percent in 2006. Similarly, in terms of access to improved sanitation, while urban and rural populations access in 1990 stood at 87 percent and 55 percent respectively and was the same in 2006, total population's access increased from 68 percent in 1990 to 71 percent in 2006.

Assessment: *Fiji is on track to meeting these targets by 2015.*

Table 35: Different Proxies used for the Indicator 'Proportion of Species threatened with Extinction'

Goal 7.: Ensure Environmental Sustainability									
39. Proportion of species threatened with extinction									
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Animal species, threatened	n.a	n.a	n.a	n.a	n.a	n.a	n.a	35	124
Bird species, threatened	n.a	n.a	12	n.a	13	n.a	n.a	n.a	n.a
Plant species (higher), threatened	n.a	n.a	65	n.a	66	n.a	n.a	66	66

Source: World Bank (2008).

8.3. Challenges, Constraints and Opportunities

The main environmental issues and challenges for Fiji are land use management, forestry resources, marine and coastal resources, biodiversity resources, mineral, water, and ground water resources, urbanization, pollution and water management, tourism development, energy sector, natural hazards, and climate change (see Tadulala, 1998; Berdach, 2005).

Sea level rise is a serious threat to Fiji because the coastal areas are rich in economic activity, such as tourism (Fiji's largest industry) and subsistence and commercial agriculture (which has significant linkages with the rest of the economic sectors, such as retail and trade, hotel and transportation and water and electricity). The most vulnerable industries, settlements and societies will be those in coastal and river flood plain areas, such as Navua, Rewa, Nadroga, Nadi. In one study, based on potential future demographic changes, Feresi et al. (2000: 20) conclude that: (1) fragmentation and degradation of ecosystems will increase in those areas most affected by population increases, such as the coastal and lowland areas; and (2) sewage pollution is likely to increase in proportion to population growth. Feresi et al. (2000) also point out that Fiji's coral reefs are under threat from coral bleaching from elevated sea surface temperatures, and have been subjected to pollution from urban areas.

8.4. Future Directions and Related Strategies

There are some of the key strategies stated in strategic document, RDSSED 2010-2014 which will help Fiji in sustaining its environment. These strategies are listed below:
*   Managing our own environment should be prioritized over outside interference by state and non-state actors who indeed need to promote awareness of the importance of managing our surrounding at all levels;
*   The act that involves environmental management provisions (such as Forest Act, Public Health Act, and Litter Decree) must be refined, reviewed, reinforced and enforced with full power and its strength;
*   Enforce sound waste management practices and develop waste management to address disposal of wastes in non-urban areas;
*   The Environment Management Act needs to be enforced;
*   The Biodiversity Strategy and Action Plan and Endangered and Protected Species Act needed to be implemented and enforced in a very strict manner;
*   The waste collection in non-municipal areas needs to be established and improved; and
*   Legislate water quality control and standards.

MDG 8
Develop a global partnership for development:

Fiji has achieved mixed results on this goal. Fiji has reduced its debt servicing commitments and has made available to citizens the benefits of new technology, as seen from the rise in number of mobile phone and internet subscriptions.

Chapter 9
Develop a Global Partnership for Development

9.1. Introduction

The eighth goal of the MDGs is to develop a global partnership for development. There are four targets prioritized under this goal and six indicators. The first target is to address the special needs of developing countries, monitored by the target 'official development assistance (ODA) received in small island developing countries as a proportion of their gross national incomes (GNI)'. The second target is to deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term and it is monitored using the indicator: Debt service as a percentage of exports of goods and services.

The third target is to provide access to affordable essential drugs in developing countries in cooperation with pharmaceutical companies, which is monitored based on the target, 'the proportion of population with access to affordable essential drugs on a sustainable basis'.

The last target under this goal is to make available the benefits of new technologies, especially information and communications, in cooperation with the private sector and this is monitored using following indicators: (a) telephone lines per 100 population, (b) mobile cellular telephone subscriptions per 100 population, and (c) internet users per 100 populations.

9.2. Status and Trends

Target: *Address the special needs of developing countries*

Under this target of addressing special needs of developing countries, ODA is considered as an indicator. In the case of Fiji, ODA as a percentage of GDP has fallen sharply over the 1990 to 2007 period. The ODA as a percentage of GDP in 1990 was valued at 3.8 and it fell by around 124 percent over the period to settle at 1.7 percent in 2007.

The special needs of Fiji are unlikely to be met through ODA as a number of ODA programmes have been either cancelled or postponed due to political instability in Fiji. The other main reason for the decline in ODA to Fiji has been the 2007/08 global financial crisis, which has meant that some aid donors have reduced their commitment to Fiji (Narayan, 2009).

Assessment: *Fiji is off-track in terms of meeting this target.*

Table 36: Statistics on Goal 8

Goal 8.: Develop a Global Partnership For Development												
Target	Indicator	Status of Progress										
		1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
12. Address the special needs of developing countries	40. ODA received in small island developing countries as a proportion of their gross national incomes	3.8	1.7	1.6	1.8	2.2	2.4	2.2	1.9	1.7	1.8
13. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	41. Debt service as a percentage of exports of goods, services and income	9.0	2.2	1.5	1.4	1.0	0.7	0.8	0.8	1.5	2.6
15. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	42.Proportion of population with access to affordable essential drugs on a sustainable basis	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
16. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	43a.Telephone lines per 100 population	5.9	10.8	11.5	12.0	12.5	12.8	13.6	13.9	14.6	16.9
	43b.Mobile cellular telephone subscriptions per 100 population	0.0	6. 9	10.0	11.1	13.5	17.3	24. 8	34.3	63.5	n.a
	44. Internet users per 100 population	0	1.5	1.9	6.2	6.7	7.4	8.5	9.6	11.0	n.a

Source: World Development Indicators (published by the World Bank) and the UN Statistic Division (http://mdgs.un.org/unsd/mdg/default.aspx).

Target: *Deal comprehensively with the debt problems of developing countries*

The indicator assigned to this target – debt service as a percentage of exports of goods, services, and income has remained less than 2.5% between 2000 and 2009. This is because external debt has remained less than 20% of total

debt over the same period

Assessment: *While Fiji is on-track in reducing its debt service in terms of meeting this target, its national debt has been increasing steadily, which may put fiscal pressure on the financial system in future.*

Target: *In cooperation with pharmaceutical companies, provide access to affordable essential drugs*

There is no data on the proportion of population with access to affordable essential drugs on a sustainable basis for Fiji. To make some crude assessment of the potential for Fiji meeting this target, we draw on three proxies, namely total health expenditure (% of GDP), private health expenditure (% of GDP), and public health expenditure (% of GDP). This data is plotted in Figure 13. We make the following observation. The total health expenditure in 2000 was reported at 4.2 percent of GDP, out of which public health expenditures share was 2.9 percent and private health expenditure's share was 1.3 percent. By 2006, the latest year for which this data is available for Fiji, the total health expenditure, however, decreased and was only 3.7 percent of GDP. Both private and public health expenditures also declined and were valued at 1.1 percent of GDP and 2.6 percent of GDP, respectively. It is also worth highlighting that the public health expenditure is almost double that of private health expenditure. The implication from this data with regard to the above target is: because total health expenditure as a proportion of GDP has declined over the period 2000-2006, it is likely to have a negative effect on the sustainable access of essential drugs.

Figure 13: Total/ Private/Public-Health Expenditure (% of GDP, 2002-2008)

Source: World Bank (2008) & Ministry of Health.

- ◆ Health expenditure, total (% of GDP)
- ■ Health expenditure, private (% of GDP)
- ▲ Health expenditure, public (% of GDP)
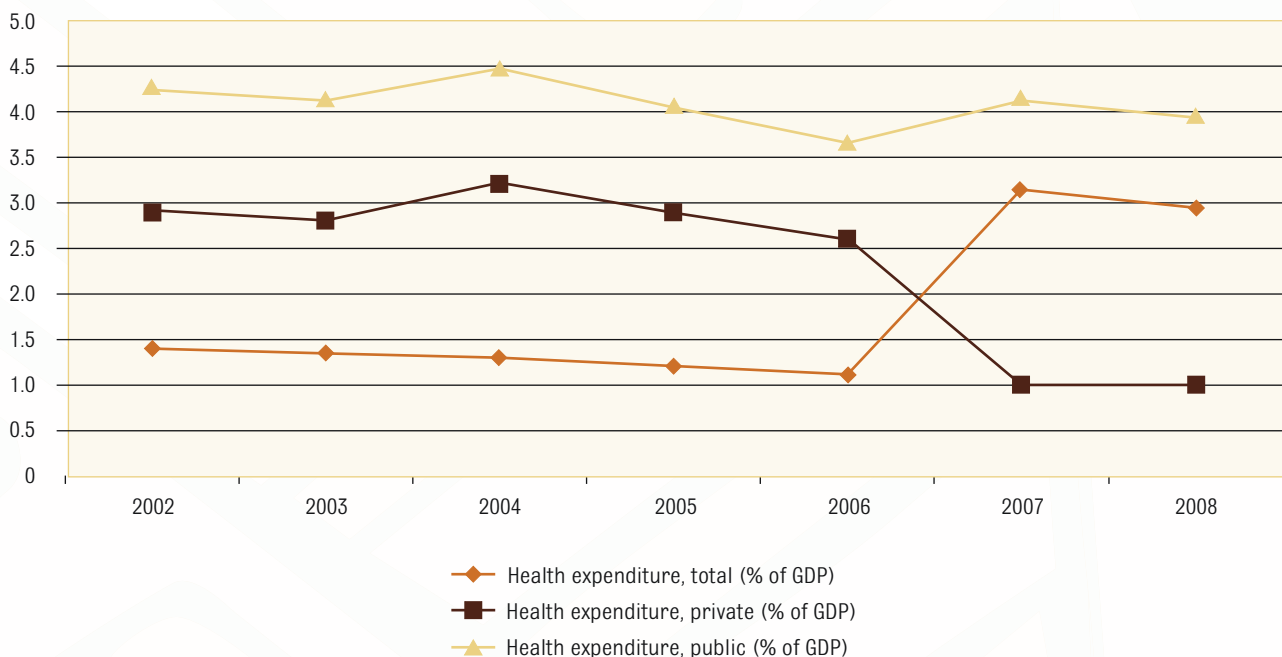
One obvious question is: why is health expenditures as a percentage of GDP low in Fiji by small island states standards? The answer is equally obvious. Fiji has failed to achieve desired levels of economic growth in the post-independence period. Insufficient economic growth, weak export performance, and declining productivity led to rising budget deficits and escalating national debt, which currently stands at around 55 percent of GDP. With the gap between government revenue and expenditures widening, Fiji has had less to spend on health. This has meant that Fiji's health infrastructure is relatively less developed (Narayan, 2008).

Assessment: *Fiji is unlikely to meet this target.*

Target: *In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.*

There are essentially three indicators—telephone lines, mobile cellular telephone subscriptions, and internet users—assigned to this particular target. Fiji's progress with respect to all these three targets has been impressive over the

period 1990 to 2007. For example, telephone lines per 100 people increased from 5.9 in 1990 to 14.6 in 2007; mobile cellular telephone subscriptions per 100 people increased from zero in 1990 to 63.5 in 2007; and internet users per 100 people increased from zero in 1990 to 11 in 2007 (see also Figure 14). In addition, the use of M-Paisa has increased since its inception in early 2010. M-Paisa is a money transfer service that allows users to send and receive money via mobile phones. This is the most cost effective and sustainable means of providing rural banking and financial services to Fiji's unbanked population. While it assists microfinance by facilitating disbursement of funds and repayment of loans, M-Paisa has greatly benefited those in the rural areas and in the maritime islands who have for a long time been denied the opportunity to participate in the mainstream economic activities because of lack of financial services and high cost of doing financial transactions.

The impressive performance of Fiji's telecommunications sector has been achieved against the backdrop of significant reforms in the sector, which encouraged competition, leading to better service delivery and lower costs. The root of the telecommunications sector transformation in Fiji is owed to the "Radisson Accord, which was signed in November 2007. The Accord was between Amalgamated Telecom Holdings Limited (ATH) and the Fiji government. This effectively ended monopoly in the sector. At the heart of this reform is the Telecommunications Bill 2006, which lays the foundation for the deregulation of the sector. Two features of the bill responsible for the successful performance of the sector are: (a) it sets out the framework for a transparent regulatory authority with the establishment of the Telecommunications Authority of Fiji (TAF); and (b) it dismantles monopoly rights granted by the 1989 decree through granting non-exclusive licenses to any entity satisfying the provision of telecommunication services in the country (Parliament of Fiji, 2006).[8]

In Fiji while the pharmaceutical costs have increased, government's budgetary allocations have been below par. For example, the pharmaceutical budget was constant over the period 2003-2006 despite rising costs (see Table 36). Generally, the outages of essential drugs and shortages of functional essential equipment is identified as major issues affecting the health sector (Ministry of National Planning, 2008). The magnitude of the problem can actually be found from the substantial reduction in budget for the purchases of biomedical equipment (Table 38). Over the 2003-2008 period, for instance, the biomedical budget fell by around 27 percent.

Table 37: Pharmaceutical Budget (millions FJD) 2003-2008

2003	2004	2005	2006	2007	2008
8.032	8.032	8.032	8.032	9.5	9.5

Source: Situational Analysis of the Fiji Health Sector December 2008

Table 38: MoH Biomedical Budget Allocations 2003-2008

Type of Facility	2003	2004	2005	2006	2007	2008
Urban Hospitals	700.000	500,000	700,000	700.000	700.000	500,000
Sub divisional Hospitals	700,000	700,000	700,000	700,000	700,000	500,000
H/Centre's and nursing stations	500,000	400,000	400,000	400,000	400,000	500,000
Total	1,900,000	1,600,000	1,800,000	1,900,000	1,800,000	1,500,000

Source: Situational Analysis of the Fiji Health Sector December 2008

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[8] For an overview of the telecommunications sector in the Pacific, see 'Ofa (2008).

Figure 14: Telephone Lines and Mobile Cellular Telephone Subscriptions (per 100 population), 1990-2007
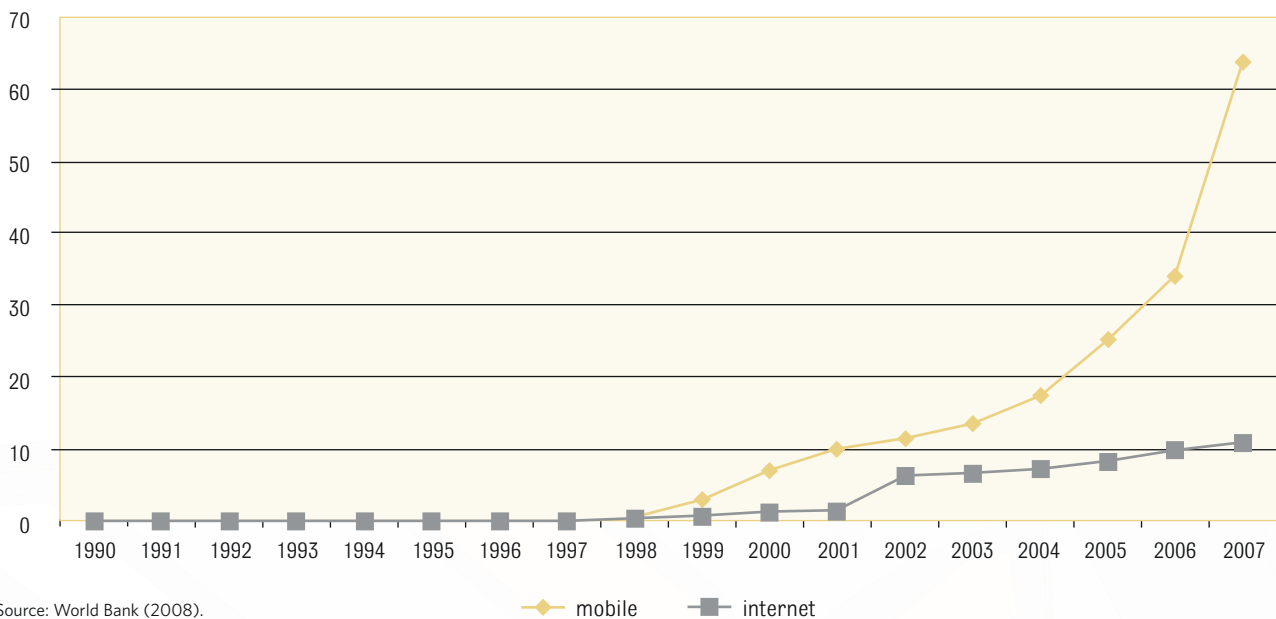
Source: World Bank (2008).

Assessment: *Fiji is on-track to meet this target.*

9.3. Challenges, Constraints and Opportunities

Statistics on debt services should be monitored and published regularly for the public awareness as the national debt is an issue for every citizen. Fiji's total debt stands at around 52 percent of GDP, so while the debt service ratio has declined, national debt still remain high.

Trade liberalization offers Fiji an opportunity to negotiate beneficial trade deals. Fiji is party to numerous trade agreements, such as the Economic Partnership Agreement (EPA—2007), The Melanesian Spearhead Group Trade Agreement (MSGTA—1998), The Pacific Island Countries Trade Agreement (PICTA—2009), The South Pacific Regional Trade and Economic Cooperation Agreement (SPARTECA-1988), and Pacific Agreement on Closer Economic Relations (PACER). However, Fiji is constrained from developing global (regional) partnerships in light of its suspension from the Pacific Islands Forum Secretariat (PIFS) in 2009.

9.4. Future Directions and Related Strategies

According to the RDSSED 2010-2014, the following are some of the strategies that need to be addressed to meet MDG 8:
- In order to enhance the competence of service delivery, initiate e-government;
- Improve business support services and infrastructure by reviewing micro, small and medium enterprise laws and regulations; extend micro finance facilities to all provinces; conducting training of trainers and refresher courses;
- Financial institutions need to be encouraged to provide access to finance;
- Telecom rates should be reduced in short term via promoting more discussions between potential investors in ICT services and providers of telecommunication services;
- The coverage of telecommunication should be increased especially in rural areas; and
- Align ICT training to development in the employments market.

Chapter 10
Conclusion

The first MDG Report for Fiji was produced in 2004 by the Ministry of National Planning. The main finding of the 2004 report, which considered the eight MDGs, covering 18 targets and 54 indicators over the period 1990-2000, was that Fiji was on track to achieve six out of the eight goals. The report indicated that by 2015, Fiji was going to either 'probably' or 'potentially' meets its stated targets with respect to six of the goals. With regard to goal 6 (combat HIV/AIDS and other diseases), the report reached the conclusion that Fiji was unlikely to achieve this goal. Due to lack of data, the report concluded that goal 1 (eradicate extreme poverty and hunger) could not be assessed.

The purpose of this report is to assess the MDGs progress for the period 1990-2009. The idea, following on from the 2004 report, is to see whether: (a) Fiji has continued to make good progress on the six goals it had achieved over the 1990-2000 period and was likely to achieve by 2015; (b) there is enough evidence now to assess whether Fiji could make progress regarding goal 1 (eradicate extreme hunger and poverty); and (c) Fiji has made enough progress on goal 6 (combat HIV/AIDS and other diseases), which according to the 2004 report, Fiji was unlikely to achieve. The analysis is based on the revised MDG framework which has additional targets and indicators: 21 targets and 60 indicators, compared with the 2004 report.

The results from this report are substantially different from the 2004 report. In sum, of the eight goals, Fiji is unlikely to meet three goals. The goals that Fiji will potentially meet are MDG 2 (Achieve Universal Primary Education), MDG 4 (Reduce Child Mortality), MDG 5 (Improve Maternal Health), MDG 7 (Ensure Environmental Sustainability and MDG 8 (Develop a Global Partnership Development). The three goals which may be difficult to achieve are MDG 1 (Eradicate Extreme Poverty), MDG 3 (Promote Gender Equality and Empower Women), and MDG 6 (Combat HIV/AIDs).

A summary of why or why not Fiji will meet each of the eight goals follows.

MDG 1 - eradicate extreme poverty and hunger: Fiji is unlikely to achieve this goal. While, policies for fighting poverty have traditionally featured in development plans since independence, the environment in which they have been implemented have been distorted by intermittent periods of political instability. Consequently, Fiji has failed to attract the desired level of private investments, drained human capital through emigration, has not stimulated export growth, and as a result the state's ability to create employment has been constrained. These weaknesses have led to increasing poverty, from around 25 percent in 1990 to around 40 percent in 2008. Given the upward trend in poverty, it is unlikely that Fiji will meet MDG 1 by 2015.

MDG 2 - achieve universal primary education: Fiji has already achieved this goal through strong and effective education policies. Given the achievements thus far and the effectiveness and continuity in education policies and programmes, Fiji is likely to achieve MDG 2 by 2015.

MDG 3 - promote gender equality and empower women: There are mixed results on this. While Fiji has succeed in achieving gender equality in primary and secondary school enrollments, Fiji has lagged behind in empowering women in decision making and professional jobs; on both counts, males by far dominate females. Given the existing gender imbalance in the labour market, and despite state commitment towards empowering women, progress in empowering women is likely to be made but not sufficient enough given the short time period left to achieve the target by 2015.

MDGs 4 and 5 - reduce child mortality and maternal mortality, respectively: Fiji is likely to achieve these two health goals. Fiji has made progress in reducing child mortality and maternal mortality for the period 1990- 2008. Whilst, Fiji's health sector faces fundamental problems relating to lack of financial resources to develop health infrastructure and staff shortages in key specialized areas, strong health programmes and legislation are in place, to strengthen the delivery of health service to the public, enabling Fiji to achieve the targets expected by 2015.

MDG 6 - combat HIV/AIDS and other diseases: Although there is an upward trend in the number of reported cases of HIV/AIDS in Fiji, the current health program and legislation in place will minimize any further increase in the spread of HIV. Due to the lack of data which reflects to the true incidence of HIV, it is not clear whether this trend will be reversed by 2015. However, government is committed to addressing the issue with the support from our development partners by providing the necessary resources.

MDG 7 - ensure environmental sustainability: Fiji is likely to achieve this given that the proportion of land area under forest has increased, those with access to safe drinking water has also increased. Consumption of ozone depleting substances is expected to decline from 2013 with the phasing out of hydrocholorofluorocarbons (HCFCs) has been achieved. However, the growing squatter population remains a problem as it will have implications for urban resource management.

MDG 8 - develop a global partnership for development: Fiji has achieved mixed results on this goal. It has reduced its debt servicing commitments and has made available to citizens the benefits of new technology.

Compared to the 2004 first MDGs report on Fiji, according to which Fiji was on track to meeting six of the eight targets, the present report (a progress report) finds that Fiji is on track to achieving five of the eight goals. This is not a surprising outcome, for the main reasons for Fiji's weak performance since 2004 have been: (1) military coup in December 2006, which stalled foreign investment, stagnated exports, and together reduced employment prospects which led to rising poverty; (2) oil price hike over the 2007-2009 period, which sparked inflationary pressures, reducing real incomes of people, thus pushing more and more people who were previously on the margins of poverty, into poverty; (3) the oil price crisis also sparked features of food insecurity as rising fuel prices contributed to escalating costs of production, which saw prices for basic food products, such as rice and floor rise, sparking health and nutrition concerns; and (4) most recently the 2008 global financial crisis, which slowed down two main sources of income for Fiji: income from tourism and remittances. In support of these reasons, a recent Commonwealth of Australia (2009: 12) report states "In Fiji, the high cost of food and oil imports, coupled with political instability leading to lower tourism numbers, has seen much reduced economic growth in recent years (–6.6 per cent in 2007 and 1.2 per cent in 2008) compared to previous years (2.7 per cent per year between 2001 and 2006)".

Finally, a note on data quality and quantity deserve particular mention in this report. Fiji, among the PICs, has probably the best time series data. There are sufficient quality and quantity of macroeconomic data published by the Reserve Bank of Fiji and the Fiji Bureau of Statistics. There is, however, lack of micro-level data relating to such issues as poverty, health including nutrition status, housing, squatter population, and informal sector employment and activities. These are integral inputs in assessing the MDGs. Given that informal sector labour force in Fiji is estimated to be around 65 percent, a large cross-section of the activities seems not to be accounted for in assessing the MDGs. Hence, at least on some indicators it is fair to say there is incomplete analysis due to insufficient data. There are two suggestions on improving the quality and quantity of micro data:

1. Household Income and Expenditure Surveys (HIES) should be conducted every two years so that we have poverty, amongst other indicators, data every three years. This will help monitor and track poverty more efficiently and enable a better allocation of resources to fighting poverty; and

2. The Employment Survey needs to be merged with the HIES so that there is timely and consistency of all related data—this is sensible in light of the relationship between employment and poverty. At present, there is this gap between untimely poverty and employment data, which is a constraint to evidence-based policy making.

A final note: there is no time use survey on Fiji. This has significant implications for achieving gender balance and empowering women, for a time use survey will provide a clear identification of the types of work males and females do. So a 5-year interval based time use survey is needed to better devise policies for achieving progress in MDGs 1, 3 and 6.

References

Abbott, D., and Pollard, S., (2004) Hardship and poverty in the Pacific, Asian Developmemnt Bank, Manilla, Philippines.

Asian Development Bank (2006) Republic of the Fiji Islands—Country gender assessment, ADB, Manila.

Barr, K., (2007) Squatters in Fiji: The need for an attitudinal change", *CCF Housing and Social Exclusion Policy Dialogue Paper* (No.1), Suva.

Barr, K. and Naidu, V. (2002) "Comment on Poverty", *Fiji Update*, Suva.

Commonwealth of Australia (2010) Social protection in the Pacific—A review of its adequacy and role in addressing poverty, Australian Agency for International Development, Canberra.

Commonwealth of Australia (2009) Tracking development and governance in the Pacific, Australian Agency for International Development, Canberra.

Chand, A., (2006) Physical and psychological health problems of garment workers in Fiji, Pacific Health Dialogue, 13, 65-70.

Cutura, J., and Bowman, C., (2007) Women in Business in Fiji: Key findings from the December 2007 scoping mission, Unpublished Report.

Feresi, J., Kenny, G., Wet, N de, Limalevu, L., Bhusan, J., and ratukalou, I., (2000) Climate change vulnerability and adaptation assessment for Fiji, A Report prepared for the World Bank, International Global Change Institute, SPREP, and PICCAP, Unpublished Report.

Fiji Government and UNDP, 1996, *Fiji Poverty Report*, UNDP, Suva.

Fiji Bureau of Statistics (2009) 2007 Census of Population and Housing Statistical News, No. 09, 1-34.

Fiji Islands Government (2003) National Assessment Report submitted to
Barbados Programme of Action + 10. Suva.

Government of Fiji (2006) Strategic Development Plan, 2007-2011, Parliamentary Paper Number 92, Star Printery Limited, Suva.

ILO (2009) Guide to the new Millennium Development Goals Employment Indicators including the full set of Decent Work Indicators, ILO, Geneva.

Leslie, D., and Ratukalou, I., (2002) A Rural Land Use Policy for Fiji. Ministry
of Agriculture, Fisheries, and Forests/Ministry of Agriculture, Sugar and Land
Resettlement.

Ministry of Education (various issues) Annual Report, Ministry of Education, Suva.

Ministry of Finance (2009) Republic of Fiji economic and fiscal update: supplement to the 2010 budget address, Ministry of Finance, Suva.

Ministry of Health (2003) Gender Audit—Ministry of Health, Suva.

Ministry of Health (2007) 2004 Fiji National Nutrition Survey Main Report, National Food and Nutrition Centre, Suva.

Ministry of Finance and National Planning (2006) Strategic Development Plan, 2007-2011, Government of Fiji Parliamentary Paper number 92, Star Printery Limited, Suva.

Ministry of Health (various issues) Annual Report, Ministry of Health, Suva.

Ministry of Fisheries and Forestry (2009) Comments on MDG Fiji Report 2009—a submission to the author, Unpublished, Suva.

Naidu, V., (2009) Draft Report Fiji Islands Country Profile on Excluded Groups, Unpublished Report for UNESCAP, Suva.

Narayan, P.K., (2010) Green jobs in the South Pacific: A preliminary study, International Labour Organisation, Unpublished Report.

Narayan, P.K., (2009) Social Policies in small island states: A case study of the Fiji Islands, UNRSID, Geneva.

Narsey, W., (2006) Report on the 2002-03 Household Income and Expenditure Survey, Fiji Islands Bureau of Statistics, Suva, Fiji.

Narsey, W., (2007) Report on the 2004-05 Survey on Employment and Unemployment, Fiji Islands Bureau of Statistics, Suva, Fiji.

Narsey, W., (2008) The incidence of poverty and the poverty gap in Fiji: unpalatable facts for ethno-centric political parties, Pacific Economic Bulletin, 23, 70-81.

'Ofa, S.V., (2008) The telecommunications sector in the Pacific: a regulatory policy survey, Pacific Economic Bulletin, 23, 69-100.

Parliament of Fiji (2006) Explanatory Note, Telecommunications Bill 2006, Attorney-General's Chambers, Parliament of Fiji; available from http://www.parliament.gov.fj/legislative/bills.aspx?billID=318&viewtype=full&billnav=bill (assessed 13 December 2009).

Prasad, B.C., (2009) Food security in the Pacific region, Background paper for the Pacific Economic Survey, 2009, Unpublished Manuscript.

Republic of the Fiji Islands (2003) Gender Audit—Ministry of Health, Ministry for Women, Social Welfare and Poverty Alleviation, Suva.

Republic of the Fiji Islands (2008a) Fiji: The state of the nation and the economy; available at www.fijipeoplescharter.com.fj.

Republic of the Fiji Islands (2008b) Peoples charter for change, peace and progress, National Council for Building a Better Fiji, available at www.fijipeoplescharter.com.fj.

Republic of the Fiji Islands (2010) UNGASS-United Nations General Assembly Special Session on HIV and AIDs: Country Report—Fiji.

UNDP (2010) Asia-Pacific Human Development Report—Power, Voice and Rights: A turning point for gender equality in Asian and the Pacific, Macmillan Publishers India Ltd, Colombo.

Whiteman, A., (2005) A review of the forest revenue system and taxation of the forestry sector in Fiji, ministry of Fisheries and Forests and Food and Agriculture Organisation of the United Nations, Suva.

World Bank (2006) At home and away: Expanding job opportunities for Pacific Islanders through labour mobility, World Bank, Washington, D.C.

World Bank (2008) World Development Indicators, World Bank, Washington, D.C.

Annex 1

Official list of MDG Indicators

All indicators should be disaggregated by sex and urban/rural as far as possible

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration) Goal 1 : Eradicate extreme poverty and hunger	Indicators for monitoring progress
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years 6.5 Proportion of population with advanced HIV Infection with access to antiretroviral drugs 6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7 : Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slumsb

Goal 8 : Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non- discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.
b The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Annex 2

Definitions of Indicators

#	Indicator		Definition
1.1	•	Proportion of population below $1 per day (PPP values)	Percentage of population living on less than $1 a day at 1985 international prices, adjusted for purchasing power parity.
1.2	•	Poverty gap ratio	The mean shortfall from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line. This measure reflects the depth of poverty as well as its incidence.
1.3	•	Share of poorest quintile in national consumption	The share that accrues to the lowest quintile of the population.
1.4	•	Growth rate of GDP per person employed	The growth rate of GDP per person employed or labour productivity is defined as the growth rate of output per unit of labour input. Output is measured as "value added", which is the total production value minus the value of intermediate inputs, such as raw materials, semi-finished products, services purchased and energy inputs. Value added, called "gross domestic product" (GDP) in the national accounts, represents the compensation for input of services from capital (including depreciation) and labour directly engaged in the production. Labour input is defined as persons employed.
1.5	•	Employment-to-population ratio	The employment-to-population ratio is defined as the proportion of an economy's working-age population that is employed.
1.6	•	Proportion of employed people living below $1 (PPP) per day	The proportion of employed persons living below $1 (PPP) per day, or working poor, is the share of individuals who are employed, but nonetheless live in a household whose members are estimated to be living below the international poverty line of $1 (PPP) per day.
1.7	•	Proportion of own-account and contributing family workers in total employment.	Vulnerable employment is defined as the sum of the employment status groups of own- account workers and contributing family workers. Own-account workers are those workers who, working on their own account or with one or more partners, hold the type of jobs defined as a self-employment jobs (i.e. remuneration is directly dependent upon the profits derived from the goods and services produced), and have not engaged on a continuous basis any employees to work for them during the reference period. Contributing family workers, also known as unpaid family workers, are those workers who are self-employed, as own-account workers in a market-oriented establishment operated by a related person living in the same household.
1.8	•	Prevalence of under-weight children (under 5 yrs of age)	Under-weight for age includes moderate and severe stunting, defined as more than two standard deviations between the median weight for age of the reference population.

1.9	•	Proportion of population under minimum level of dietary energy consumption	For Fiji, defined as population below food poverty line.
2.1	•	Net enrolment ratio in primary, secondary & tertiary education	The 'net enrolment ratio' is the number of children enrolled in primary or secondary school that are of the official school age group, expressed as a percentage of the whole population of the official age for that level of school, in a given year (UNESCO, 2000).
2.2	•	Proportion of pupils starting grade 1 who reach last grade of primary	The 'survival rate' is defined as the percentage of a cohort of pupils who enrolled together in the first grade, who eventually reach last grade of primary (UNESCO, 2000). It is calculated from school enrolment data.
2.3	•	Literacy rate of 15-24 year olds, women and men	The percentages of people ages 15-24 w ho can, with understanding, read and write a short, simple statement on their everyday life – In Fiji defined as people with more than 3 years of formal education.
3.1	•	Ratio of girls to boys in primary, secondary & tertiary education	The percentage of girls to boys enrolled at primary, secondary & tertiary levels in public and private schools.
3.2	•	Share of women in wage employment in the non-agricultural sector	The share of female workers in the non-agricultural sector (industry and services), expressed as a percentage of total. Industry includes mining and quarrying (including oil production), manufacturing, construction, electricity, gas, and water, corresponding to divisions 2-5 (ISIC revision 2) or tabulation categories C-F (ISIC revision 3). Services include wholesale and retail trade and restaurants and hotels; transport, storage, and communications; financing, insurance, real estate, and business services; and community, social, and personal services - corresponding to divisions 6-9 (ISIC revision 2) or tabulation categories G-P (ISIC revision 3).
3.3	•	Proportion of seats held by women in national parliament	This includes membership of both the House of Representatives and the Senate
4.1	•	Under-five mortality rate (per '000 live births)	The probability of dying between birth and exactly five years of age, expressed per 1,000 live births
4.2	•	Infant mortality rate	The probability of dying between birth and exactly one year of age, expressed per 1,000 live births
4.3	•	Proportion of 1 year old children immunized against measles	The percentage of children under one year of age who received measles vaccine. A child is considered adequately immunized against measles after receiving one dose of vaccine.
5.1	•	Maternal mortality	The annual number of deaths of women from pregnancy-related causes, per 100,000 live births.
5.2	•	Proportion of births attended by skilled health personnel	The percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labour, and the postpartum period, to conduct deliveries on their own, and to care for the newborns.
5.3	•	Contraceptive prevalence rate	The percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception, as measured by the Ministry of Health from attendance at their clinics.

5.4	•	Adolescent birth rate	The adolescent birth rate measures the annual number of births to women 15 to 19 years of age per 1,000 women in that age group. It represents the risk of childbearing among adolescent women 15 to 19 years of age. It is also referred to as the age-specific fertility rate for women aged 15-19.
5.5	•	Antenatal care coverage (at least one visit and at least four visits)	Antenatal care coverage (at least one visit) is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy, as a percentage of women age 15-49 years with a live birth in a given time period. Antenatal care coverage (at least four visits) is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times with ANY provider (whether skilled or unskilled), as a percentage of women age 15-49 years with a live birth in a given time period.
5.6	•	Unmet need for family planning	Women with unmet need for family planning for limiting births are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children. This is a subcategory of total unmet need for family planning, which also includes unmet need for spacing births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. For MDG monitoring, unmet need is expressed as a percentage based on women who are married or in a consensual union.
6.1	•	HIV prevalence among population aged 15-24 years	HIV prevalence rate among population aged 15-24 years is the percentage of persons aged 15-24 living with HIV, as measured in national based surveys. Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system, ultimately leading to AIDS, the acquired immunodeficiency syndrome HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death.
6.2	•	Condom use at last high-risk sex	High-risk sex is intercourse with a casual partner, including a sex worker.
6.3	•	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	Comprehensive correct knowledge of HIV/AIDS is defined as understanding the main known methods of HIV transmission.
6.4	•	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Orphans are defined as children under the age of 15 who have lost both of their parents to death.
6.6	•	Incidence and death rates associated with malaria	Incidence of malaria is the number of cases of malaria per 100,000 people. Death rates associated with malaria are number of deaths caused by malaria per 100,000 people.
6.9	•	Incidence, prevalence and death rates associated with tuberculosis	The estimated number of tuberculosis cases (pulmonary, smear positive, extra-pulmonary) and deaths to TB per 100,000 population.

6.10	•	Proportion of tuberculosis cases detected and cured under directly observed treatment short course	The percentage of estimated new infectious tuberculosis cases detected under the directly observed treatment, short-course (DOTS) case detection and treatment strategy.
7.1	•	Proportion of land area covered by forest	Land under natural or planted stands of trees of whether productive or not, as percentage of total land area.
7.2	•	CO2 emissions, total, per capita and per $1 GDP (PPP)	CO2 emissions per $1 GDP (PPP) - total CO2 emissions divided by the total value of the gross domestic product (GDP) expressed in purchasing power parities (PPPs). CO2 emissions per capita - carbon emissions per capita are measured as the total amount of carbon dioxide emitted by the country as a consequence of all relevant human (production and consumption) activities, divided by the population of the country. Total CO2 emissions - estimates of total carbon dioxide (CO2) emissions include anthropogenic emissions, less removal by sinks, of carbon dioxide (CO2).
7.3	•	Consumption of ozone-depleting substances	This indicator is used to monitor the reduction in the usage of Ozone Depleting Substances (ODSs) as a result of the Montreal Protocol. Therefore only ODSs controlled under the Montreal Protocol are covered by the indicator. Reducing consumption ultimately leads to reductions in emissions since most uses of ODSs finally lead to the substances being emitted into the atmosphere.
7.4	•	Proportion of fish stocks within safe biological limits	The percentage of fish stocks exploited within their level of maximum biological productivity.
7.5	•	Proportion of total water resources used	Proportion of total renewable water resources withdrawn is the total volume of groundwater and surface water withdrawn from their sources for human use (in the agricultural, domestic and industrial sectors), expressed as a percentage of the total volume of water available annually through the hydrological cycle (total actual renewable water resources). The terms water resources and water withdrawal are understood as freshwater resources and freshwater withdrawal.
7.6	•	Proportion of terrestrial and marine areas protected	Percentage protected of the total territorial area of a country. According to the International Union for Conservation of Nature (IUCN), a protected area is "an area of land and/or sea especially dedicated to the protection and maintenance of biological diversity, and of natural and associated cultural resources, and managed through legal or other effective means".
7.7	•	Proportion of species threatened with extinction	The proportion of all species in a country that are considered to be under threat of extinction.
7.8	•	Proportion of population using an improved drinking water source	The proportion of the population with sustainable access to an improved water source, urban and rural, is the percentage of the population who use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided water, bottled water, tanker trucks or unprotected wells and springs.

7.9	•	Proportion of population using an improved sanitation facility	The percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact. Facilities such as sewers or septic tanks, poor-flush latrines and simple pit or ventilated improved pit latrines are assumed to be adequate, provided that they are not public.
8.5	•	ODA received in small island developing States as a proportion of their gross national incomes	Official development assistance comprises grants or loans to developing countries and territories on the OECD Development Assistance Committee list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms (if a loan, having a grant element of at least 25 percent).
8.12	•	Debt service as a percentage of exports of goods and services	External debt service refers to principal repayments and interest payments made to non-residents in foreign currency, goods or services.
8.13	•	Proportion of population with access to affordable essential drugs on a sustainable basis	The proportion of population with access to affordable essential drugs on a sustainable basis is the percentage of the population that has access to a minimum of 20 most essential drugs. Access is defined as having drugs continuously available and affordable at public or private health facilities or drug outlets that are within one hour's walk of the population. Essential drugs are drugs that satisfy the health care needs of the majority of the population.
8.14	•	Telephone lines per 100 population	Telephone lines refer to the number of telephone lines connecting subscribers' terminal equipment to the public switched network and that have a dedicated port in the telephone exchange equipment. The estimated number of telephone lines divided by the country's population and multiplied by 100.
8.15	•	Cellular subscribers per 100 population	Cellular subscribers refer to users of cellular telephones who subscribe to an automatic public mobile telephone service that provides access to the public switched telephone network using cellular technology. The estimated number of cellular subscribers divided by the country's population and multiplied by 100.
8.16	•	Internet users per 100 population	The Internet is a linked global network of computers in which users at one computer, if they have permission, can get information from other computers in the network. The estimated number of internet users divided by the country's population and multiplied by 100.