

MILLENNIUM DEVELOPMENT GOALS



JAMAICA

APRIL, 2004

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□

OVERVIEW

The Millennium Development Goals and targets were adopted by 189 countries at the Millennium Summit held in 2000. “They represent a partnership between developed and developing countries determined, as the declaration states, ‘to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty.’”¹

Table 1.1, over page, presents the goals, with associated targets and indicators, while, immediately following, Table 1.2 presents a summary picture of Jamaica’s progress towards achieving each of the goals. The status given for each goal is based on the categorization of the United Nations Development Programme². These are as follows:

- Achieved:** The country has achieved the target.
- On Track:** The country has attained the rate of progress needed to achieve the target of 2015 or has attained 90 per cent of that rate of progress.
- Lagging:** The country has achieved 70 to 89 per cent of the rate of progress required to achieve the target by 2015.
- Far Behind:** The country has achieved less than 70 per cent of the required rate of progress.
- Slipping back:** The country’s level of achievement is at least 5 percentage points worse in 2000 than in 1990.

Based on the World Bank’s classification, Jamaica could be called a “**country in green**”.³ Countries in green made progress in the 1990s fast enough to attain the target value of the various indicators in the specified time period (by 2005 for gender equality and by 2015 for all others). They are “likely” to achieve the goals.

¹ MDG Country Reporting, p. 14

² UNDP 2002. Human Development Report, p.259.

³ http://www.developmentgoals.org/Achieving_the_Goals.htm

TABLE 1.1: The Millennium Development Goals, Targets and Indicators

Goals	Targets	Indicators
1. Eradicate Extreme Poverty and hunger	1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below US\$1(PPP) per day 2. Poverty gap ratio gap ratio [indices x depth of poverty] 3. Share of poorest quintile in national consumption
	2. Halve between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children under-5 years of age 5. Proportion of population below minimum level of dietary energy consumption
2. Achieve universal primary education	3. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net Enrollment rate in primary education 7. Proportion of pupils starting Grade 1 who reach Grade 5 8. Literacy rate of 15-24 years old
3. Promote gender equality and empower women	4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 years old 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in the national parliament
4. Reduce child mortality	5. Reduce by two thirds between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1-year old children immunized against measles.
5. Improve maternal health	6. Reduce by three quarter, between 1990 and 2015, the maternal mortality rate	16. Maternal mortality rate 17. Proportion of births attended by skilled health personnel.
6. Combat HIV/AIDS, malaria and other diseases	7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among the 15-24 year old pregnant women 19. Condom use rate of the contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
	8. Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases	21. Prevalence of death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence of death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under the DOTS (Directly Observed Treatment Short Course)
7. Ensure environmental sustainability	9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kg oil equivalent) per \$1 GDP (PPP). 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons). 29. Proportion of population using solid waste.
	10. Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of population with sustainable access to an improved water source, urban and rural. 31. Proportion of urban and rural population with access to improved sanitation
	11. By 2020, to have achieved a significant improvement in the lives of at 100 million dwellers	32. Proportion of people with access to secure tenure

11. Develop a global partnership for development	12. Develop further an open rule-based, predictable, non-discriminatory trading and financial system. Includes commitment to good governance, development, and poverty-reduction – both nationally and internationally.	<p><i>Some of the indicators listed below will be monitored separately for the Least Developed Countries (LDCs), Africa, landlocked countries and small developing countries.</i></p> <p><u>Official Development Assistance</u></p> <p>33. Net ODA as percentage of DAC donors GNI (target of 0.7% in total and 0.15% for LDCs)</p> <p>34. Proportion of ODA to Basic Social Services (Basic Education, primary health care, nutrition, safe water and sanitation).</p> <p>35. Proportion of ODA that is untied</p> <p>36. ODA in landlocked countries as proportion of their GNIs.</p> <p>37. ODA in small island developing States as proportion of their GNIs.</p> <p><u>Market access</u></p> <p>38. Proportion of exports (by value and excluding arms) admitted free of duties and quotas</p> <p>39. Average tariffs and quotas imposed by developed countries on agricultural products and textiles and clothing</p> <p>40. Domestic and export agricultural subsidies in OECD countries as percentage of their GDP</p> <p>41. Proportion of ODA provided to help build trade capacity.</p> <p><u>Debt sustainability</u></p> <p>42. Number of countries reaching HIPC decision and completing points</p> <p>43. Proportion of ODA provided as debt relief.</p> <p>44. Debt services as percentage of exports of goods and services..</p>
	13. Address the special needs of the Least Developed Countries. Includes: tariffs and quota free access for LDC export; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.	
	14. Address the Special Needs of landlocked countries and small island developing states. (Through Barbados and 22 nd General Assembly provisions).	
	15. Deal comprehensively with the debt problems of developing countries (through national and international measures in order to make debt sustainable in the long run)	
	16. In co-operation with developing countries develop and implement strategies for decent and productive work for youth.	
17. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.	46. Proportion of population with access to affordable essential drugs on a sustainable basis	
18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines and cellular subscribers per 1000 population. 48. Personal computers in use per 1000 population and internet users per 1000 population..	

TABLE 1.2: Jamaica's Status at a Glance

GOALS	Selected Target (s)	Selected Data	General Status Re Goal	Main Concerns
1. Eradicate extreme poverty and hunger	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	<i>Poverty levels</i> 1990: 28.4 2001: 16.8	<i>On track</i>	<ul style="list-style-type: none"> Chronic public and private poverty in the rural areas Chronic public poverty in some marginalized urban communities
2. Achieve universal primary education	Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<i>Enrolment at the primary level</i> 1990: 95.6 2001: 96.2	<i>Achieved</i>	<ul style="list-style-type: none"> Quality of access, especially among the poor and in the Rural Areas The quality of primary level teachers
3. Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<i>Ratio of girls to boys at the primary level</i> 1990: 0.99 2001: 0.96 <i>Ratio of girls to boys at the secondary level</i> 1990: 1.07 2001: 1.03 <i>Ratio of girls to boys at tertiary level</i> 1990: 1.26 2001: 1.99	<i>Lagging</i>	<ul style="list-style-type: none"> Women are not adequately participating in the major political decision-making spheres. Cultural norms constrain gender equality at the household level. Men are under-represented at upper-secondary and tertiary levels of the education system..
4. Reduce child mortality	Reduce by two thirds between 1990 and 2015, the under-five mortality rate	<i>Under-five Mortality Rate(per 1000)</i> 1993: 28.5 2000: 26.6	<i>Far behind</i>	<ul style="list-style-type: none"> Under-registration of births No sustained policy action to reduce the rates
5. Improve maternal health	Reduce by three quarter, between 1990 and 2015, the mortality rate	<i>Maternal Mortality Rate (per 100,000)</i> 1990: 119.7 2001: 106.2	<i>Far behind</i>	<ul style="list-style-type: none"> No sustained policy action to reduce the rates
6. Combat HIV/AIDS, malaria and other diseases	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<i>Number of reported HIV/AIDS cases</i> 1990: 70 2002: 6401	<i>Achieved re control of Malaria</i> <i>Lagging re HIV/AIDS</i>	<ul style="list-style-type: none"> Cultural context is a major hindrance to progress Not prominent enough on the political agenda
7. Ensure environmental sustainability	Halve, by 2015 the proportion of people without sustainable access to safe drinking water	<i>Proportion of persons without piped water:</i> 1990: 38.8 2001: 29.1	<i>On Track</i>	<ul style="list-style-type: none"> Poverty inhibits progress
General Status of Country		GREEN		

TABLE OF CONTENTS

SECTION 1: INTRODUCTION

1.1. Background	11
1.2. The Objectives of a Country Report on the Millennium Development Goals	11
1.3. Methodology	12
1.4. Format of the Report	12
1.5. The International Context	12
1.6. The National Context	13

SECTION 2: JAMAICA'S PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS

2.1. Eradication of Extreme Poverty and Hunger	17
2.2. Achieve Universal Primary Education	21
2.3. Promote Gender Equality and Empower Women	24
2.4. Reduce Child Mortality	28
2.5. Improve Maternal Health	30
2.6. Combat HIV/AIDS, Malaria and other Diseases	32
2.7. Ensure Environmental Sustainability	35
2.8. Develop a Global Partnership for Development	41

SECTION 3: SUMMARY, CONCLUSION AND OUTLOOK

3.1. Summary and Conclusion	46
3.2. Outlook	46

References	50
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Appendices	52
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LIST OF TABLES

Table 1.1	The Millennium Development Goals, Targets and Indicators.....	4
Table 1.2	Jamaica's Status at a Glance.....	6
Table 1.3:	Selected Socio-Economic Indicators for Jamaica (2002).....	16
Table 2.1.1:	Poverty Gap Ratio and Gini Coefficient.....	19
Table 2.1.2:	Share of National Consumption by Quintiles.....	20
Table 2.1.3:	Percentage of Persons in Food Poverty.....	22
Table 2.2.1:	Net Enrolment Rate in Primary Education (6-11 Years).....	22
Table 2.2.2:	Survival Rate to Grade 5 by Gender (Public Schools Only) 1998/9 – 2001/02.....	22
Table 2.2.3:	Literacy Rate of 15-24 Year Olds.....	23
Table 2.2.4:	Literacy Rate of 15-24 Year Olds by Gender 1999.....	23
Table 2.3.1:	Ratio of Girls to Boys at the Primary, Secondary and Tertiary Levels (1990-2001).....	25
Table 2.3.2:	Women to Men Parity Index (ratio of literacy rates aged For 15-24 years old).....	25
Table 2.3.3:	Share of Women in Wage Employment in the Non-Agricultural Sector.....	26
Table 2.3.4:	Women in Parliament – Senate (Upper House) and House of Representatives.....	26
Table 2.4.1:	Under Five Mortality Rate (1993-2001).....	28
Table 2.4.2:	Under 1 Year Infant Mortality Rate (1993- 2001).....	28
Table 2.4.3:	Immunization Coverage of Children Under 1 Year Old (Averages)..	29
Table 2.7.1:	Protected Areas by Type and When Declared.....	36
Table 2.7.2:	Energy Use (kg/oil equivalent per \$1000 (ppp) GDP).....	37
Table 2.7.3:	Atmospheric Pollution Measures.....	37
Table 2.7.4:	Proportion of Households with Piped Water Supply (1990-2001)...	38
Table 2.7.5:	Proportion of Households which own the house they live in.....	39
Table 2.8.1:	Official Development Assistance (2000) Allocated to Basic Social Services US\$ Million.....	42
Table 2.8.2:	Ratio of each Component of Basic Social Services OSLO definition) and the Ratio of Basic Social Services to GDP and Total Gross Expenditure,1980-1996... ..	42
Table 2.8.3	ODA Allocated to Debt Relief.....	44
Table 2.8.4:	Unemployment Rates for 15-24 Year Old Age Group.....	45
Table 2.8.5:	Telephone Lines and Cellular Subscribers per 100 Population.....	45
Table 2.8.6:	Personal Computers and Internet Users per 100 Population (ITU Estimates).....	46

LIST OF FIGURES

Figure 2.1.1: Percentage of Persons living below the Poverty Line in Jamaica, 1989 to 2001.....	18
Figure 2.1.2: Trends in Nutritional Status, 1992-2001.....	19
Figure 2.6.1: AIDS Cases by Year of Reporting.....	33
Figure 2.7.1 Percentage with Water Closet.....	38

LIST OF APPENDICES

Appendix 1.1.1: The Copenhagen Declaration and Program of Action World Summit	
Appendix 1.4.2: List of persons interviewed and from whom data were collected	

ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
CEDAW:	Convention for the Elimination of All Forms of Discrimination Against Women
ESSJ:	Economic and Social Survey of Jamaica
EU:	European Union
FTAA:	Free Trade Area of the Americas
HDI:	Human Development Index
HIV:	Human Immune Deficiency Virus
JSIF:	Jamaica Social Investment Fund
JSLC:	Jamaica Survey of Living Conditions
MDG:	Millennium Development Goal
NPEP:	National Poverty Eradication Programme
PATH:	Programme of Advancement Through Health and Education
PAHO:	Pan American Health Organization
PIOJ:	Planning Institute of Jamaica
REPA:	Regional Economic Programme Agreement
STATIN:	Statistical Institute of Jamaica
UNDP:	United Nations Development Programme
WHO:	World Health Organization
ITU:	International Telecommunications Unit

SECTION 1: INTRODUCTION

1.1. Background

The turn of the century was a unique and symbolically compelling moment for the members of the United Nations to articulate a vision for development for the new era. In December 1998, the commitment was made to designate the fifty-fifth session of the General Assembly to “The Millennium Development Goals”. Consequently, “The Millennium Assembly of the United Nations” opened in New York on September 5, 2000.

Heads of State and/or Government of the Member States of the United Nations gathered at the Headquarters of the United Nations in New York to participate in the Millennium Summit from 6 to 8 September, 2000. The Summit was a historic opportunity to agree on a process for fundamental review of the role of, and challenges facing the United Nations in the new century.

At the Summit, the Secretary-General noted that this was a time for reflection and noted that despite the fact that the world had seen many social gains, there were still some deplorable facts. The 20th century was ending with grinding poverty for some and striking inequality amid unprecedented wealth. Diseases, old and new, threatened to reverse health gains. Nature’s life sustaining services are being degraded and disrupted by the daily activities of humankind.

The Millennium Goals underscore the importance of *sustainable development*. They re-emphasize the objectives outlined in the Social Summit of 1995 (see Appendix 1.1.1), the Declaration of the United Nations Decade for the Eradication of Poverty (1997-2006), the International Conference on Population and Development (1994) and the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW).

1.2. The Objectives of a Country Report on the Millennium Development Goals⁴

Of the more than 50 goals spelt out in the Millennium Declaration, 8 (comprising 18 targets) are defined as the Millennium Development Goals (MDGs). They are aimed at tracking poverty eradication and they recognize cross-cutting important issues such as education, health, the environment and official development assistance.

The main objectives of the country’s report are to:

- Move the Millennium commitments from the global to the local level.
- Create the necessary links between global target setting and national priority setting.
- Re-energize a broad political constituency to accelerate progress towards the Goals.
- Generate public awareness, scholarship and debate for action around the development challenges of our times.

⁴ These objectives are stated in The United Nations Department of Public Information Bulletin– October 2002

- Build alliances across and within countries, working with national Governments, civil society, the private sector, international financial institutions and other development partners.

This report seeks to fulfill the above-mentioned objectives and ensure that it serves as an advocacy tool to expedite progress towards the Goals.

1.3. Methodology

The research was based on the indicators provided in Table 1.1 Secondary and primary data were collected. To arrive at the state of the progress towards the MDGs, the progress was analyzed based on the World Bank and the UNDP criteria. Due to time constraints, the primary data were collected from some key informants at Governmental and Non-Governmental Organizations.⁵ (See Appendix 1.1.2). These elite interviews provided more in-depth data on and understanding of the progress made towards the fulfillment of the MDGs. They identified most of the achievements and challenges that confront the MDGs. The findings were presented and discussed at reviews attended by stakeholders from relevant agencies. Verbal and written feedback was used to refine the analyses and conclusions.

1.4. Format of the Report

This report is presented in a format enabling easy international comparisons. The data on the international goals and indicators (that were available) are presented with analysis of the progress made towards the goals. As much as possible, the same data source was used for each indicator. Consequently, each goal will be discussed in the following manner:

- Overview of Progress towards meeting the goal
- Progress by indicator, including the data on the indicators
- Government Policy and Programmes related to the Goals
- Achievements
- Challenges
- Data constraints

1.5. The International Context⁶

As countries of the United Nations strive to reach the targets set by the Millennium Development Goals, there have been some successes at a global level, including significant cuts in child malnutrition, rising primary school enrolment, especially for girls, and improvements in conditions for women giving birth. But there are enormous regional variations and overall the outlook, if present trends continue, is bleak:

- Infant and child mortality rates are increasing in Africa.

⁵ Many key informants would not accommodate the researchers during their data collection period.

⁶ Action Aid, 2002, p.1.

- There will still be 140 million underweight children in 2020.
- 75 million children will still be out of school in 2015.
- 200 million people will develop TB and 35 million people will die by 2020.
- Average life expectancy for all Africans has fallen by 15 years as a direct result of HIV/AIDS within the past two decades.
- Today almost 12 million children under the age of 5 still die each year, mostly from preventable diseases, compared to 11 million in 1990.

It would appear that at current rates of progress the poorest regions are set to fail to meet the targets. Although making steady progress in Latin America, the progress is not fast enough. Improvements in South Asia are uneven. However, it is sub-Saharan Africa that poses the biggest challenge, where some of the key target indicators are actually getting worse.

The MDGs are intrinsically linked to the issue of sustainable development. The Barbados Program of Action (BPOA) adopted by Small Island Developing States (SIDS) in 1994 is considered the blueprint for sustainable development in SIDS. As is necessary, Jamaica, like other SIDS, acknowledges the BPOA in addressing policy issues for meeting the MDGs. The Johannesburg Plan of Implementation, an outcome of the 2002 World Summit on Sustainable Development is another of the key international agreements on sustainable development that a country has to address successfully in order to meet the MDGs.

What is the cost of achieving the Millennium Development Goals? A recent UN-commissioned report⁷ estimated that an additional \$50 billion per year is needed to meet the MDGs worldwide, including \$12 billion for primary education, \$10 billion for health and \$20 billion for poverty reduction. The World Bank puts the bill at around \$40-60 billion per year for the poverty goal alone. In this context it is crucial to note that ODA to small islands has decreased by 50 per cent since the adoption of the BPOA, i.e. from US\$2.3 billion in 1995 to US\$1.7 billion in 2002⁸. It is clear that, if the MDGs are to be achieved, the international community will have to make ODA more responsive, flexible, efficient and effective including harmonising their operational procedures so as to reduce transaction costs.

1.6. The National Context⁹

The Millennium Development Goals were established to facilitate monitoring of progress in achieving satisfactory levels of human development at the global and the country-specific level. The first review of such progress for Jamaica covers the period 1990-2001/02. (Table 1.3 presents relevant socio-economic indicators.) This was a time of reform and transition for the country as it was necessary to cope with the challenges

⁷ Prepared by ex-President Zedillo of Mexico.

⁸ Anwarul Chowdhury, (Secretary General Mauritius Meeting) at the Inter-regional Meeting for the International Meeting to Review the Implementation of the BPOA for the Sustainable Development of SIDS, Nassau, Bahamas, 26-30 January 2004.

⁹ Data in this section obtained/calculated from Economic and Social Survey Jamaica, several editions

ensuing from intensive structural adjustment of the economy while simultaneously striving to redress the effects of contraction in social spending that had characterized much of the previous decade.

At the start of the review period the structural adjustment programme involved far reaching changes in macro-economic policies such as the removal of foreign exchange control regulations and major tariff reductions. Among the immediate effects of the introduction of these policies in 1991 was escalation in inflation to the unprecedented level of 80%, and a peaking of poverty rates at 44%. Efforts to stabilize the economy eventually resulted in inflation rates leveling off at 6- 8% between 1998 and 2001 and a reduction in poverty to 16 -18% over the same period.

An important feature of the economic scenario is the national debt which stood at 128.7% of GDP in 1990 but as a result of tight monetary controls was reduced to 79.8% of GDP by mid-decade (1996). However, in response to a crisis which emerged in the financial sector, the Government increased its debt burden in order to prevent total collapse in the financial system. The consequent increase in the public debt amounted to 44% of GDP and the overall debt was thus increased to 132.1% of GDP by 2001. During the review period, there was also stagnation in the economy with continuous decline in real GDP growth until 2000 when there was resumption of an upward trend. In relation to international co-operation and trade, Jamaica, in the 1990s, reformed its external tariff regime in keeping with regional and international agreements, and since 1998 the tariff range has been 5-20%. This reflects Jamaica's strong commitment to open and liberalized trade.

Despite the economic strictures, overall social spending in real terms increased from J\$2199.4 million in 1990/91 to J\$2442.4 million in 2001/02, or by 11.05%. Within this framework, efforts made to cushion the effects of the economic situation on the poor and vulnerable included the explicit targeting of the poor via a range of programmes and projects, these going beyond mere poverty alleviation to having a more development approach. Among the first of these was the Human Resources Development Programme which protected public spending in health and education and saw to reforms in these sectors designed to afford higher priority to services that would be of greatest benefit to the poor. At least eight other new programmes/projects were introduced in the mid-1990s which together had annual expenditures of over J\$1 billion. The National Poverty Eradication Programme which was launched in 1996 embraced over 60 projects and programmes that were deemed to have a poverty reducing impact. These had a projected total expenditure of J\$15billion over a five-year period. Other important developments impacting on the provision of services to the public include an extensive Public Sector Modernisation Programme which to date has had some success in discharging its mandate to, *inter alia*, reform and upgrade service delivery in certain key areas, facilitate participatory governance and promote transparency, integrity and accountability in the public sector.

Progress towards achieving the human development objectives expressed in the MDG has been variable. In the areas of poverty reduction, primary education enrolment and

female empowerment, there have been some outstanding achievements, but progress in relation to reproductive and perinatal health and control of HIV/AIDS has been unsatisfactory to date. Shortcomings in this area run counter to the relatively high standards of health care that Jamaica has been acknowledged to have. Stronger commitment to overcoming the pertinent obstacles are called for, but in addition, given the current national resource constraints, international support is essential. Public sensitivity on environmental sustainability issues has been heightened and based on the assumption that efforts at enforcement will be sustained, *inter alia*, there is basis for optimism concerning success in this area.

In order to maintain the gains already achieved and also to make meaningful progress in attaining those goals not yet attained, there are certain challenges to be overcome in the broader national context. It is evident, firstly, that continued reduction in poverty is dependent on sustained economic growth in the future. Promoting and sustaining a healthy economy is dependent, however, on the acknowledgement and discharge of responsibilities by the state, the private sector and civil society. The state's remit is broad and amongst the major challenges faced is the need for effective control of public expenditure and management of the public debt while ensuring that resources are available for human development particularly in key pro-poor areas. An overarching principle is that social development must be afforded equal priority as economic growth and there must be heightened commitment to the principle of "growth with equity" which was enunciated by the government as a central tenet of national development policy.

Table 1.3: Selected Socio-Economic Indicators for Jamaica (2002)

Indicator	Year		
	1990	1995	2002
Total population	2,415,100.0	2,503,300	2,624,700
Economic Growth	3.8	0.5	1.0
Inflation rate	29.8	20.0	7.1
Debt servicing % of GDP	13.6	20.0	36.3%
Total fertility rate	2.7	3.0	2.8
Infant Mortality Rate (under 1 year)****	24.0 (1993)	22.6	19.0 (2001) per '000 live births
Maternal Mortality	106.2 ('93)	106.2	106.2 per 100,000
Percentage of individuals in Poverty (2001)	28.4	22.8	16.8
Adult Literacy Rate	79.0 ('87)	75.4 ('94)	79.9 ('99)
Human development Indicator (UNDP)	0.720	0.7365	0.742
Gini Coefficient	0.3811	0.3624	0.3843
Percentage of population with access to safe water	72	82.3	86.2
Percentage of population with access to sanitary facilities	91	99.5	99.5
Percentage of children immunized (National average)			
<1 year old (DPT, OPV, BCG)	89.8	92.3	94.8
12-23 months (MMR)	64.8	89.0	85.8
Unemployment			
Total	15.3	16.2	15.1
Male	9.1	10.8	10.6
Female	22.5	22.5	20.7

Sources: Planning Institute of Jamaica (2002). Economic and Social Survey of Jamaica, (1990-2002). Jamaica Survey of Living Conditions, (1990-2001). UNDP. Human Development Report, 2002. Jamaica Adult Literacy Survey, 1999.

**** Demographics Statistics, 2002, Statistical Institute of Jamaica, March 2003, (page x).

SECTION 2: JAMAICA'S PROGRESS TOWARDS THE MILLENNIUM GOALS

2.1. Goal 1: Eradication of Extreme Poverty and Hunger

Targets:

- Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
- Halve between 1990 and 2015, the proportion of people who suffer from hunger.

2.1.1. Overview of Progress

To date, Jamaica has done well in the reduction of poverty, achieving an impressive downward trend in overall poverty rates since 1990. However, for persons who are judged to be at risk in food consumption levels, the downward movement is less pronounced. In relation to children under five years, malnutrition levels have also been on a declining trend, but with evidence of a slight increase in recent years.

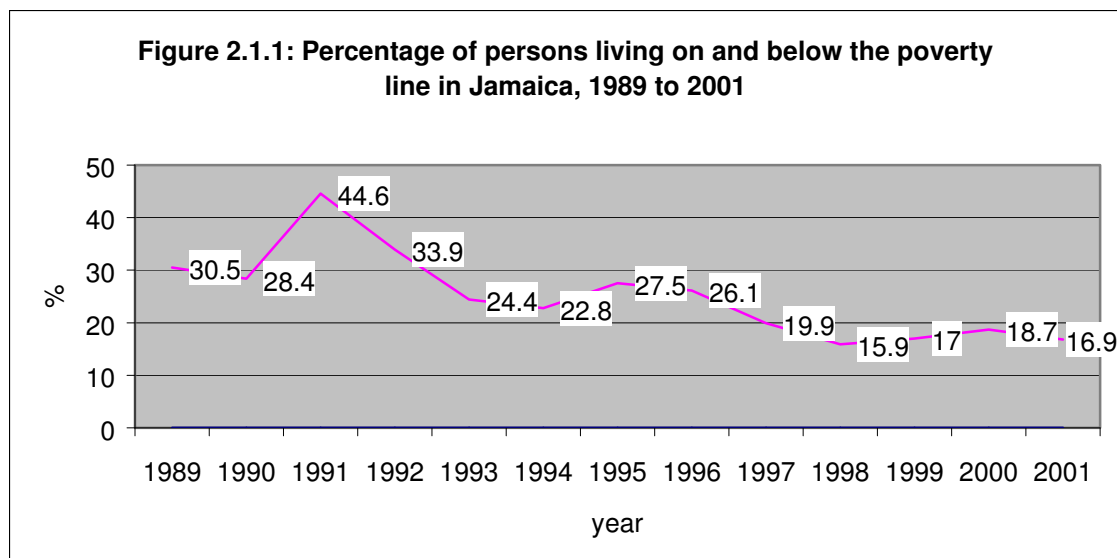
The severity of poverty declined between 1990 and 1997, but has remained fairly stable since, while inequality in national consumption was estimated at the same level in 2001 as it was in 1990.

Progress towards this goal can be said to be “on track” as the targets have almost been achieved.

2.1.2. Progress by Indicator

Proportion of persons living below the poverty line:¹⁰ The proportion of persons living on and below the poverty line fell from 28.4 per cent of the population in 1990 to 16.9 per cent for 2001 (Figure 2.1.1). The country is thus on target to halve by 2015, the number of persons who live below the poverty line.

¹⁰The analysis will not be completed using the US\$1 benchmark, although the Planning Institute of Jamaica has calculated the number of persons living below US\$1 a day at 2.98 per cent in 2001, up from 1.98 per cent in 2000. The discussion will however focus on the Jamaican current dollars.



Source: JSLC, Planning Institute of Jamaica

Poverty gap ratio (Indices X depth of poverty)

The "income gap ratio" measures the mean depth of poverty as a proportion of the poverty line (Ravallion, M. 1992:37).¹¹ The ratio therefore reflects "the percentage shortfall of the average income of the poor from the poverty line" (Sen., 1981), and therefore gives an idea of the income needed to bring the poor up to the poverty line. This has fallen from 7.9% of the poverty line in 1990 to 4.6% in 2001 (See Table 2.1.1).

Table 2.1.1: Poverty Gap Ratio and Gini Coefficient

Year	Poverty Gap (Per cent)	Gini Coefficient
1990	7.9	0.38
1991	15.7	0.40
1992	10.7	0.38
1993	7.5	0.37
1994	6.0	0.38
1995	7.2	0.36
1996	6.9	0.36
1997	4.9	0.42
1998	4.2	0.37
1999	4.4	0.38
2000	4.6	0.38
2001	4.6	0.38

Source: Jamaica Survey of Living Conditions (Various years)

Consumption by Quintile

The Gini Coefficient has not changed significantly through the years (See Table 2.1.1), and the poorest quintile has steadily had 6% of national consumption for most of the

¹¹The poverty line minus the average income of the poor divided by the poverty line.

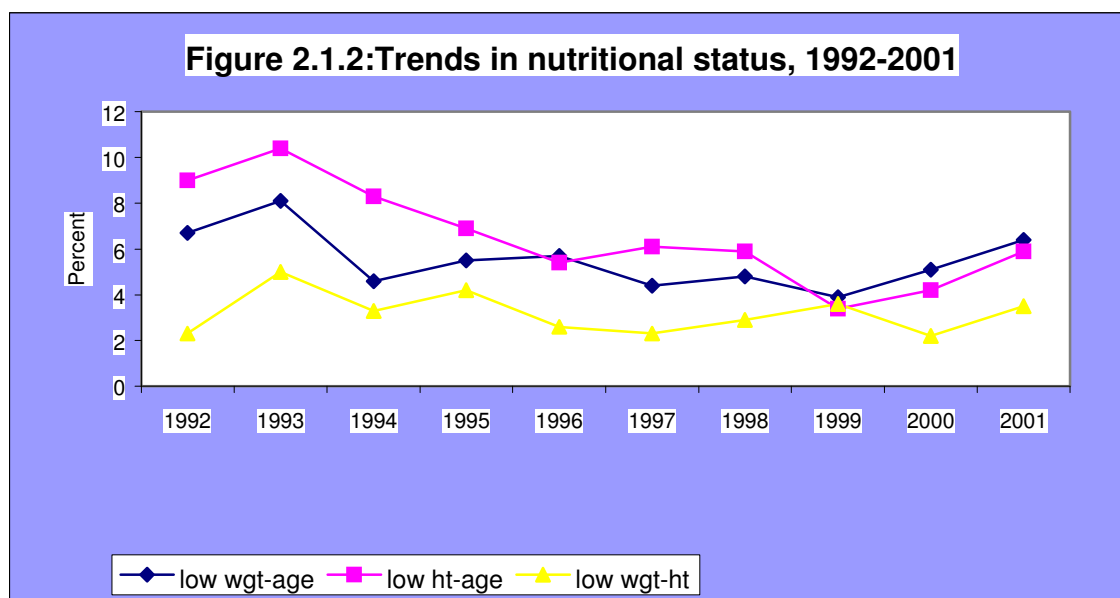
period under review. There has been, therefore, no evidence of redistributive effect between the quintiles. (See Table 2.1.2)

Table 2.1.2: Share of National Consumption by Quintiles, 1990-2001

Year	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	TOTAL
1990	6	10	15	22	46	100
1991	5	10	14	21	47	100
1992	6	10	15	22	45	100
1993	6	11	15	22	44	100
1994	6	11	15	22	46	100
1995	7	11	15	21	44	100
1996	7	11	16	21	45	100
1997	6	9	14	22	49	100
1998	6	11	15	21	45	100
1999	6	10	15	21	45	100
2000	6	10	14	21	46	100
2001	6	11	15	22	46	100

Sources: Jamaica Survey of Living Conditions 1999 and 2001, Planning Institute of Jamaica, and Statistical Institute of Jamaica (2000), p.23 and 2002, Section B ix.

Prevalence of underweight children (under-5 years of age): Malnutrition levels as measured by standard indicators of weight for age, height for age, and weight for height have improved over the period 1992 to 2001 for children aged under five (Figure 2.1.2). The data indicate that there were no statistically significant differences by region, consumption quintile or gender.



Source: JSLC, 2001, p.4.7

Table 2.1.3 Percentage of Persons in Food Poverty

Proportion of population below the minimum level of dietary energy consumption: Using as an indicator, the persons below the “food only” poverty line, the percentage of persons who did not consume the minimum nutritional requirements is shown in Table 2.1.3. In 2001, the percentage of persons in “food poverty” was 5.5, which is a reduction by one-third of the 1990 estimate.

Year	Per cent
1990	8.3
1992	14.5
1993	9.9
1994	8.0
1995	9.0
1996	8.6
1997	4.1
1998	3.7
1999 _s	5.1
2000 _o	5.0
2001 _u	5.5

S
Source: JSLC, PIOJ, 1990-2001

2.1.3. Government Policy and Programmes

Very soon after the Social Summit in 1995, the Government launched the National Poverty Eradication Programme (NPEP)¹². The broad programme objectives included reducing the number of persons below the poverty line by 50 per cent in targeted communities, promoting economic growth and social development and eradicating absolute poverty in the long term. The Programme was estimated to cost some \$15 billion over five years. The decline in the poverty levels in spite of slow economic growth has been related to:

- success of some elements of the National Poverty Eradication Programme (NPEP) in reducing poverty (e.g., the Indigent Housing Project, the Food Stamp Programme, the Jamaica Social Investment Fund, the Rural Electrification Project, the Catchment Tank Rehabilitation Programme, and the New Horizons for Primary Schools Project).
- relative stabilization of the inflation rates;
- growth of the underground or informal economy, which still remains to be comprehensively documented;
- the increasing role of remittances which in 2002, stood at US\$1.3 billion.

The Social Safety Net includes all programmes that are funded by the State to alleviate conditions for the poor and protect the vulnerable. The Reform programme is geared to improving identification of the poor, effectiveness, relevance and efficiency in the delivery of these programmes. The first phase of the programme which was launched in 2001, with assistance from the Inter-American Development Bank (IDB) and the International Bank for Reconstruction and Development (World Bank), is the introduction of The Programme of Advancement Through Health and Education (PATH). This programme consolidated three programmes which provided welfare relief through income transfer. Monthly benefits are provided for persons in specific vulnerable

¹² Information on the NPEP taken from The Planning Institute of Jamaica, Economic and Social Survey, 2000 p.25.3

categories and a mechanism is in place for increases in benefit levels based on movements in the rate of inflation. Continued receipt of benefits is conditional on behaviour change by recipients to encourage human capital development.

2.1.4. Challenges

Beyond the decline in poverty, other dimensions of poverty in Jamaica have been identified as priority issues for policy and programme focus:

- Rural poverty was higher than the national average and in 2001 was over three times that of the KMA.
- Almost half of the poor were children under 18, and 10 per cent were elderly.
- 66 per cent of female-headed households were in poverty.
- Some 69 per cent of the poor work, but were concentrated in the secondary labour market.
- Public poverty is excessive in inner-city areas.

Many of the macro-economic factors that operated to produce a decline in poverty during the mid-1990s, i.e. lower inflation rates, large wage increases, appreciation of the exchange rate and lower tariff are no longer operating, hence a reduction in poverty will depend significantly on increasing economic growth.

Other Challenges include:

1. Sustainability of poverty eradication projects after external funding has ended remains problematic.
2. The unemployed youth in the inner cities.
3. Child labour
4. Crime and violence in poor communities particularly in the inner cities.

2.2. Goal 2: Achieve Universal Primary Education

Target:

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

2.2.1 Overview of Progress

Jamaica achieved universal access to primary education before the start of the last decade. Survival rates to Grade 5 show a declining trend which is likely to be reflective of a newly introduced policy of retention at Grade 4 for remediation purposes. Literacy rates for those in the 15-24 age group have been improving to register over 90.0%.

2.2.2 Progress by Indicator

Net Enrolment: As indicated by the data in Table 2.2.1, net enrolment rates for the primary level have been over 95 per cent for the last five years. These ratios do not include children in the 6-11 age group who are enrolled in other levels of the system.

Disaggregation by gender shows that in 2001, the net enrolment rate for males (99.9 per cent) was higher than that for females (95.7 per cent).

Table 2.2.1: Net Enrolment Rate in Primary Education (6-11 Years)

Year	Percentage Enrolment
1990	95.6
1991	91.9 (JSLC)
1992	94.0
1993	96.0
1994	93.7
1995	92.9
1996	91.7
1997	95.7
1998	96.5
1999	98.6
2000	98.7
2001	97.8

Source: MOEYC, Statistics Unit

Survival Rates to Grade 5

As indicated in Table 2.2.2, survival rates through to Grade 5 have been declining from approximately 96.5 per cent in 1999/2000 to 87.6 per cent in 2001/2002. This decline is largely due to the policy introduced in 1998, which prohibits the automatic promotion of Grade 4 students to Grade 5 with their retention/promotion based on their performance in the National Grade 4 Literacy Test. This policy seeks to ensure that students in Grades 5 and 6 are reading at the appropriate level. The data show a larger percentage of females than males are promoted through to Grade 5.

Table 2.2.2: Survival Rate to Grade 5 (Public Schools Only) 1999 - 2002

Year	Male (%)	Female (%)	Total (%)
1998/99	93.4	99.4	96.5
1999/00	91.4	92.1	91.6
2000/01	84.1	92.6	88.3
2001/02	84.3	91.4	87.6

Source: MOEYC – Statistics Unit

Literacy Rate of 15-24 Year Olds

The literacy rate among 15-19 year olds has increased from 81.3 per cent in 1987 to 92.6 per cent in 1999 (Table 2.2.3). The 20-24 year olds had a similar increase. However, in both age groups, the literacy level is higher among females (Table 2.2.4).

Table 2.2.3: Literacy Rate of 15-24 Year Olds

Age Group	1981	1987	1994	1999
15 – 19 years	87.3	81.3	86.5	92.6
20 – 24 years	85.5	78.4	82.7	90.0

Source: National Literacy Survey 1994. Jamaica Adult Literacy Survey 1999

Table 2.2.4 : Literacy Rate of 15–24 Year Olds by Gender 1999

Age	Male	Female	Total
15 – 19 years	88.6	97.2	92.6
20 – 24 years	85.2	94.9	90.0

Source: Jamaica Adult Literacy Survey, 1999

N.B. Literacy rate by gender and age is not available for 1981, 1987 and 1994.

2.2.3. Government Policy and Programmes

Following Independence in 1962, considerable effort was put into the expansion of coverage and the improvement of primary education. In a 2001 White Paper¹³, certain critical minimum targets were put forward and among those for the primary level were:

- Ninety per cent average daily attendance by 2005.
- Eighty per cent of all Grade 6 completers to demonstrate full literacy by 2003.

Among the key considerations for achieving the stated objectives is to enforce compulsory school attendance at the primary level, especially in rural and inner city schools. An important move was made in linking the support provided to families under a social safety net programme to regular school attendance under the government's Programme of Advancement through Health and Education (PATH). Other long standing support programmes include a school feeding programme in all primary schools, and the provision of textbooks to all children at this level at no cost.

2.2.4. Challenges

While universal enrolment has been achieved, there are problems to be overcome in relation to attendance and quality. In relation to this and other issues facing the education sector, a consensus on Education was agreed on between the Government and Opposition in 2003. Among the objectives of the consensus are:

- a) improvement in attendance in primary and secondary schools by making more affordable the costs for books, school fees, lunch, transportation and uniforms;
- b) the provision of the required infrastructure in schools: water, sanitation, furniture and equipment;
- c) the proper selection of eligible students for assistance from the State for the payment of school fees.

¹³ *Education: the way upward - A path for Jamaica's education at the start of the new millennium*, February 2001

The consensus speaks to a government commitment to increase the allocation to the Ministry of Education, Youth and Culture from 8.8. per cent in 2003/04 to 15 per cent of the total budget over the next five years in increments of 1 per cent per annum to ensure; *inter alia*:

1. increased investment at the *Early Childhood Education Level* in basic schools by upgrading teachers, building new basic classrooms and training new teachers in order to guarantee to all infants 3 to 5 years old access to early childhood education at internationally acceptable standards;
2. the ability of schools to provide a *compulsory homework/literacy hour* after classes, to ensure that homework is completed under supervision and good conditions;
3. the introduction of *performance incentives* for all teachers progressively over five years with emphasis on inner city and deep rural schools, and ensuring full accountability for all schools.

2.3. Goal 3: Promote Gender Equality and Empower Women

Target:

- Eliminate gender disparity in primary and secondary education preferably by 2005 and to all level of education no later than 2015

2.3.1. Overview of Progress:

The Jamaica Human Development Report (2000) stated that, based on gender sensitive indicators used to develop a Gender Development Index and a Gender Empowerment Measure, Jamaica had made steady progress in the social and economic advancement of women. However, gender inequality issues persist in certain areas some of which include a reversal of the customary position in which females are at a disadvantage compared with males. These issues include female unemployment rates being twice that of males while male educational achievement falls below that of females. Female empowerment at the household level is also an area requiring redress.

Overall, progress towards meeting this goal has been assessed as “lagging”.

2.3.2. Progress by Indicator:

Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

Jamaica is one of the few countries in which there is a reversal of the normal gender disparity in education as the ratio of girls to boys in primary, secondary and tertiary education reveals that girls have the advantage over boys from Grade 10 upwards. This gap widens up to tertiary level. The relatively low level of male enrolment partially reflects unevenness in the quality of secondary schools and the expectation is that with

reforms being introduced the gender disparity at upper secondary and tertiary levels will be significantly reduced. These reforms will guarantee five years of secondary education for all students that enter school in the present academic year (2003/04). In order to meet the 2015 target, however, additional provisions, are needed to encourage male academic achievement.

Table 2.3.1: Ratio of Girls: Boys at Primary, Secondary and Tertiary Level, 1990-2001

Year	Primary Level	Secondary Level	Tertiary Level
1990	0.99	1.07	Na
1991	N/a	N/a	Na
1992	0.95	1.05	Na
1993	0.96	1.08	Na
1994	0.96	1.04	Na
1995	0.97	1.07	Na
1996	0.96	1.09	1.75
1997	0.96	1.06	1.92
1998	0.97	1.03	1.91
1999	0.97	1.03	2.07
2000	0.96	1.03	2.06
2001	0.96	1.03	1.99

Source: MOEYC Statistics Unit. n.a. = not available

Ratio of Literate females to males of 15-24 years old.

Women have higher levels of literacy than men in this age group (Table 2.3.2).

Table 2.3.2: Women to men Parity Index (ratio of literacy rates for 15 - 24 yrs. old)

Year	Parity Index
1990	1.10
1991	1.09
1992	1.09
1993	1.09
1994	1.09
1995	1.08
1996	1.08
1997	1.08
1998	1.08
1999	1.08
2000	1.07
2001	1.07

Source: Labour Force Statistics

Share of Women in Wage Employment in Non-Agricultural Sector

Female participation in the labour force is traditionally high and in 2002 stood at 55% of those of labour force age. However, unemployment rates have been twice that of males at 20.7 per cent in 2002. Except for 1999 and 2001, approximately one third of employed

women worked in the non-agricultural sector (Table 2.3.3.), compared with their representation in the labour force of 45 per cent.

Table 2.3.3: Share of Women in Wage Employment in the Non-Agricultural Sector

Year	Females as Percent of Total Employment
1990	38.3
1991	36.2
1992	36.2
1993	28.6
1994	38.5
1995	37.7
1996	33.1
1997	30.8
1998	37.8
1999	21.3
2000	37.0
2001	20.1
2002	38.1

Source: Statistical Institute of Jamaica.

Proportion of Women in the National Parliament

The number of women in Parliament has increased by 50 per cent between 1990 and the present. (Table 2.3.4). Of the twenty-eight (28) Ministerial posts in the national Cabinet (the highest decision-making body in Jamaica), four are occupied by females. The current President of the Senate and Clerk to the Houses of Parliament are women.

Table 2.3.4: Women in Parliament - Senate and House of Representatives

	Senators		House of Representative		Total Females
	Total	Female	Total	Females	
1989 - April 1993	21	4	60	4	8
April 1993-December 1997	21	7	60	4	11
January 1998 to Present	21	5	60	7	12

Source: Houses of Parliament (Jamaica), 2003

2.3.3. Government Policy and Programmes

The Jamaican Government is committed to gender equity. In June 1996 a broad-based Steering Committee was established with its mandate including ATo recommend a framework for which gender equality is a social policy goal and an empowerment process which can be sustained over time, based on a review of current arrangements by Government to incorporate gender and social equity in its machinery@ Since then there has been acceleration of efforts towards the achievement of gender equality and the empowerment of women. These include the following.

§ A comprehensive review of 42 pieces of legislation, including section 24(3) of the Constitution of Jamaica, to bring them in line with international convention and

treaties to which the government of Jamaica is committed¹⁴. Reform and introduction of important pieces of legislation include the Domestic Violence(Amendment) Bill; the Incest (Punishment) Bill, the Maintenance Orders (Facilities for enforcement) (Amendment)Act 1999; the Citizenship (Constitutional Amendment) Act 1999; an Act to Amend the Offences Against the Person Act to make sexual offences more gender sensitive; and the Child Care and Protection Bill.

- § Introduction of policies to enhance gender equity such as the main streaming of gender in socio-economic development and the development of instruments, mechanisms and checklists to facilitate the process, for example, a Gender Development Index and a Gender Empowerment Measure.
- § Establishment and training of focal points in public sector agencies in the use of gender lens in the development, monitoring, and evaluation of, policies, projects and programmes.
- § Commissioning of research to determine where inequities exist and their root causes to inform decision-making.
- § The government has provided support to NGOs which are working towards the attainment of gender equality.
- § Plans are in place for the establishment of a National Gender Advisory Committee to provide direction for the coordination, integration, and monitoring of the gender main streaming activities of the government.

2.3.4. Challenges

There are deep-rooted cultural traditions related to gender roles and sustained efforts are required to bring about attitudinal changes and behaviour modification especially at the household and community levels. Another challenge is to sustain the strengthening of capacity in gender analysis in policy and planning and the institutionalization of gender management systems throughout the public and private sectors.

There is also a critical need to raise the levels of male retention in the education system from upper secondary to tertiary levels and to improve their attendance and performance throughout the system.

¹⁴Jamaica=s Report on the CEDAW.December 2003.

2.4. Goal 4: Reduce Child Mortality

Target:

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

2.4.1. Overview of Progress

The child mortality rate has been improving slowly and in addition to certain chronic issues, has been negatively affected recently by the impact of HIV/AIDS. Based on the data and the stated target, Jamaica can be said to be “far behind” in the progress towards this Goal.

2.4.2. Progress by Indicator

Under Five Mortality Rate

Benchmark data for 1990 are lacking but between 1993 and 2001 the under 5MR declined from 28.5 per 1,000 live births to 26.6 (Table 2.4.1)

Table 2.4.1. Under 5 Mortality Rate (1993-2001)

Year	Per 1, 000 live births
1993	28.5
1994	27.7
1995	28.1
1996	28.7
1997	28.3
1998	27.9
1999	27.5
2000	26.6
2001	26.6

Unpublished. Estimated by STATIN

Acute respiratory tract infection, poisoning and injuries are among the leading issues affecting the health of children under five years.

Infant Mortality Rate

The IMR declined from 24.0 per 1,000 in 1993 to 19.0 in 2001 (Table 2.4.2). Perinatal conditions associated with prematurity and management of labour persist as major contributors to IMR while HIV/AIDS has contributed to the slower reduction in the rate.

Table: 2.4.2: Under 1 Year Infant Mortality Rate

Year	Registered Births	Estimated Infant Death Rate (per 1000 Births)	Estimated Number of Infant Deaths	Number of Infant Deaths Registered**	% Registered
1993	57404	24.0	1,378	449	32.6
1994	59235	23.3	1,380	412	29.6
1995	63487	22.6	1435	524	36.5
1996	59194	22.0	1302	562	43.2
1997	59385	21.4	1271	614	48.3
1998	56937	20.7	1179	710	60.2
1999	53626	20.1	1078	795	73.8
2000	54035	19.6	1059	659	62.2
2001	53659	19.0	1020	678	66.5

** Demographic Statistics, 2002. Statistical Institute of Jamaica, March 2003 (page x).

Immunization Levels

National Immunization levels are based on coverage for DPT, OPV and BCG (children under 1 year) and measles (children 11-23 months). These have increased by 5.6% and 32.4%, respectively, between 1990 and 2002 (Table 2.4.3).

Table 2.4.3: Immunization Coverage of Children under 1 Year Old (averages)

Year	National Average Immunization Rates	
	(DPT,OPV,BCG)	(MMR)
1990	89.8	64.8
1991	88.3	77.1
1992	80.6	63.3
1993	94.8	72.0
1994	96.3	76.5
1995	92.3	89.0
1996	93.9	99.3
1997	91.6	81.7
1998	84.9	87.6
1999	85.3	82.0
2000	88.7	88.1
2001	92.6	84.6
2002	94.8	85.8

Source: Economic and Social Survey of Jamaica, 1997 & Economic and Social Survey of Jamaica, (1990-2002)

2.4.3. Government Policy and Programmes

The Government has afforded high priority to child health, and the focus through its primary care Family Services has included: close monitoring of the nutritional status of children 0-59 months, with an associated supplemental Feeding Programme for those

identified as being malnourished; an Expanded Programme on Immunisation providing additional coverage for Hepatitis B and Haemophilus Influenza Type B aimed at achieving wider immunization coverage of children under one year old throughout private and public health sectors; efforts to promote exclusive breast-feeding of babies up to six weeks; and a Mother-to-Child Transmission of HIV/AIDS (MTCT) prevention programme being implemented in select parishes with islandwide expansion being planned.

2.4.3.1 Achievements

1. Children's access to and coverage by the health services have improved.
2. The level of immunization is over 90 per cent and immunizable diseases are under control.
3. Control of infectious diseases affecting children has decreased the under one year and under five year mortality rates.
4. Severe under-nutrition met the goal of remaining below 0.35 per cent since 1997.

2.4.4. Challenges

Challenges to the fulfilment of MDG Number 4 include the need to:

1. Expand coverage through utilization of pentavalent vaccine which covers DPT, Polio, Measles and protects against Hepatitis B and Haemophilus.
2. Achieve targets for exclusive breastfeeding.
3. Accelerate programme aimed at reducing of Mother-to-Child Transmission of HIV/AIDS (see Goal 6)
4. Ensure an adequate quality of life for children with HIV/AIDS
5. Strengthen programmes for the management of Respiratory Tract Infections including asthma.
6. Implement injury prevention programmes targeting young children.
7. Control the high rate of teenage pregnancy.

2.4.5 Constraints to Monitoring Progress

A concern exists in relation to the registration of infant deaths. Errors in recording cause of deaths, under registration of deaths, and delays in reporting to RGD affect accuracy of reports from RGD and delays in production of reports. The ensuing uncertainty in the number of infant deaths lead to difficulty in establishing rates and coverage.

2.5. Goal 5: Improve Maternal Health

Target:

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

2.5.1. Overview of Progress

Improvements in maternal health have not been satisfactory as key indicators reveal a failure to meet national targets, for example, the target set to reduce Maternal Mortality Rates (MMR) to 80 per 100 000 by 2005. This is related to the small proportion of women who initiate care in the first trimester of pregnancy. Poor dietary practices leading to anaemia is also a cause for concern, while direct obstetric complications is a leading cause of death, despite a high proportion of attended births.

Based on the data, the progress made towards the reduction of maternal mortality by three-quarters, between 1990 and 2015, is “far behind”.

2.5.2. Progress by Indicator

Maternal Mortality

Maternal Mortality rates were estimated at 119.7 in 1986-87 and have been estimated at 106.2 in recent years.¹⁵

Proportion of Births Attended by Skilled Health Personnel

The proportion of births attended by skilled health personnel have been estimated at 95 per cent.¹⁶

2.5.3. Government Policy and Programmes

The Ministry of Health continues to strive for improvement in the percentage of women seeking antenatal and post-natal care. The National Family Planning Board is chiefly responsible for ensuring that the Revised National Population Policy of 2.0 children per woman by 2010 is obtained. The most recent Total Fertility Rate is 2.8 per woman in 1997. A new Jamaica Reproductive Health Survey will be completed in 2003 and will provide a more current estimate (ESSJ, 2002, p.20.3).

A Personal Choice Programme promoting contraceptive use implemented through the private sector and the National Family Planning Board (NFPB) continues to be successful. The Ministry of Health has also placed special emphasis on the inclusion of males in service provision for reproductive health. In its national strategy, the Ministry using a community-based approach, integrates family planning, maternal and child health, gender-based violence, parenting education and adolescent sexual and reproductive health and rights.

¹⁵ McCaw-Binns, Affette, *et al*, *Access to care and maternal mortality in Jamaican Hospitals*.

¹⁶ www.millenniumindicators.un.org

2.5.3.1 Achievements

Some of the achievements made are as follows:

1. The number of antenatal visits made by pregnant mothers to public health facilities has averaged four (4) as recommended by the World Health Organization (WHO).
2. A strategic framework for a Safe Motherhood policy has been developed. This provides for the strengthening of policies, service delivery, training, health promotion and behaviour change programmes.

2.5.4. Challenges

Some of the challenges which may retard further progress towards the goal, or reverse progress already made, are as follows:

1. Access to essential obstetric care; associated with this is the need for adequate staffing of facilities with persons trained in midwifery and emerging obstetrics in order to monitor and supervise labour and delivery.
2. Access to contraceptives/family planning to reduce risk of maternal deaths and poor perinatal outcomes.
3. To reduce deaths associated with the major killers - eclampsia/pre-eclampsia, hemorrhage and infection.

2.5.5. Constraints to Monitoring Progress

There is the need to strengthen the overall surveillance system and registration process for maternal deaths. Concerns also exist about the incorrect classification of maternal deaths. If the mothers die (maybe at home) some time after childbirth, the death is not always treated as a pregnancy-related illness.

2.6. Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Targets:

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases

Overview of Progress:

HIV/AIDS is increasingly becoming a major health concern in Jamaica, resulting in the country being in a generalized epidemic status (based on population prevalence, antenatal prevalence and prevalence in the high risk group such as STI clinic patients). The prevalence rate has doubled every two years and the cumulative number of known HIV/AIDS cases is reported to be 5,890 in 2001, with males accounting for 60 per cent of all cases (see Figure 2.6.1). However, the rate of increase among women is higher than that among men, and there is now what could be termed the “feminization of the

epidemic”. Geographically, parishes with highest degrees of urbanization or with high levels of tourism have the highest prevalence rates. In relation to other infectious diseases, the target for **malaria** has been achieved since no indigenous cases of malaria have occurred since the 1960s, and malaria, therefore, does not pose a health problem for Jamaica. **Tuberculosis** cases have remained constant despite the presence of HIV co-infection.

Because of the situation in relation to the incidence of HIV/AIDS, the general status of progress can be said to be “lagging”.

2.6.2. Progress by Indicator

HIV prevalence among the 15-24 year old pregnant women

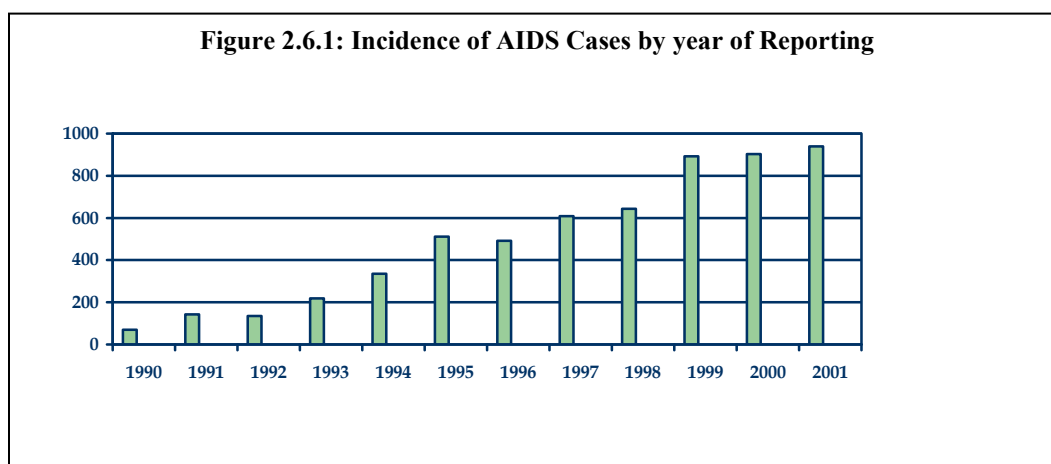
There are no trend data available on this indicator. Ministry of Health officials stated that the HIV prevalence rate among 15-24 year old pregnant women is low at 1.22 per cent in 2002 moving from 0.74 in 2000 and 2001. However, it must be noted that while the rate is low, it has almost doubled since 2000.

Contraceptive prevalence rate

The contraceptive prevalence rate has increased through the years moving from 55 per cent in 1990 to 66 per cent in 2001. Since proper and consistent condom use is the most effective way of combating the transmission of HIV among sexually active individuals, it is important to specifically track usage of this type of contraceptive. Market survey data reveal that condom usage has increased greatly in recent years rising from 5.8 million sold in 1991 to 10.2 million in 2001.¹⁷

Number of children orphaned by HIV

It is estimated that in 2001 there were 5,100 children living who have been orphaned by HIV/AIDS, moving from 1,200 in 1999.¹⁸ This represents an extremely high rate of increase and is a matter of grave concern.



Source: National HIV/AIDS/STI Prevention and Control Programme, Ministry of Health

¹⁷ Data source: Hope Enterprises Condom Market Surveys

¹⁸ Data source: www.millenniumindicators.un.org

Incidence of Malaria and Other Major Diseases

In 2002 there were 7 recorded cases of malaria in Jamaica, all of which were imported. The disease is, therefore, no longer indigenous but the vector mosquito is still present in the island and continued vigilance is required to prevent re-introduction and local transmission. Tuberculosis averaged 111 cases per annum between 1990 and 2001. There is no pattern of increase in spite of the presence of HIV co-infection.

2.6.3. Government Policy and Programmes

The Jamaican Government has expressed a commitment to priority funding for HIV/AIDS. In response to the threat of AIDS, the Jamaica National Strategic Plan (NSP) on HIV/AIDS was developed and tabled in Parliament in 2002. A five-year Investment Programme is now being implemented, involving the Ministries of: Health; Education, Youth and Culture; Industry and Tourism; Labour and Social Security; National Security; Local Government, Community Development and Sport. This programme is projected to cost J\$1.2 billion and is expected to stem the spread of HIV as well as improve and provide support for AIDS patients.

A National AIDS Committee (NAC) was set up to, among other things, advise the Minister of Health on policy issues relevant to HIV/AIDS and STIs and to involve all sectors of the Jamaican society in efforts to prevent and control HIV/AIDS and STIs. A national task force to guide the expansion of the Prevention of Mother to Child Transmission (PMTCT) Programme was also established by the government. Additionally, the Ministry of Health successfully negotiated a 90 per cent reduction in the cost of the antiretroviral (ARV) from five key pharmaceutical companies. Other programmes include the provision of a Confidential HIV Reporting Form and the revised Obstetric Summary Form improves the monitoring and evaluation of the PMTCT. Another programme, the Surveillance of Communicable Diseases, has included the drafting of a surveillance manual and well as a computerized database on Class One notification.

2.6.3.1 Achievements

Some of the achievements related to this goal are as follows:

1. Infectious diseases are on the decline. Malaria does not pose a problem (although the presence of the vector mosquito puts at risk of malaria being re-introduced). Jamaica is experiencing an epidemiological transition with more persons dying from chronic diseases than from communicable diseases.
2. There has been a significant decrease in the number of cases of STD (sexually transmitted diseases excluding HIV/AIDS), which saw a decrease from 457 cases in 2001 to 420 cases in 2002 (ESSJ, 2002 p.23.8).
3. Jamaica has done very well in the preparation of a strategic plan for the fight against HIV/AIDS involving all sectors of the society, and additionally:

- a. through State intervention, the cost for anti-retroviral treatment has dropped to US\$100.00.
- b. rapid tests at clinics to screen HIV/AIDS patients are available on a pilot basis and used with infected pregnant women early in their pregnancy.
- c. there is evidence that the provision of anti-retroviral drugs to pregnant women who are HIV positive will reduce the transmission to their children

2.6.4. Challenges

1. There are cultural practices that mitigate against safe sexual practices. The gap between knowledge about HIV, which is high, and the consistent practice of safe sex illustrates the difficulty in inducing behavioral change.
2. HIV/AIDS is the leading cause of death in the 30-34 age group and 50 per cent of HIV/AIDS cases have occurred in the prime reproductive years of 15 to 39 years age group.
3. The discrimination practised by members of the society and particularly health workers remains an area of grave concern. There is the absence of legal protection for homosexuals and commercial sex workers.
4. There is a need to address the care and support of HIV infected persons and affected families including access to social services, community care and institutional care. Basic treatment and prophylaxis against opportunistic infections must be available for PLWA.
5. An extension of the HIV prevention program and policy addressing the general health needs of incarcerated persons in the correctional services is needed.
6. There is a general fear among individuals regarding testing for HIV and AIDS, due to the prevailing stigma, lack of knowledge and understanding of the disease and the general perception of imminent death that is often associated with the disease. Some persons, therefore, end up seeking care at an advanced stage of the disease which reduces their chances of survival.

2.7. Goal 7: Ensuring Environmental Sustainability

Targets:

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
- Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation
- By 2020, to have achieved a significant improvement in the lives of at least 100 million dwellers

2.7.1. Overview of Progress

Jamaica is making progress towards ensuring environmental sustainability in several areas. There is clear evidence of the integration of sustainable development principles in national policies and programmes and of increasing efforts to raise national consciousness of these principles, as well as efforts to redress existing threats to the environment. However, success in relation to these efforts is varied. Access to safe drinking water has improved considerably within the last decade and major initiatives have been taken to address living standards for those living in substandard conditions in squatter settlements and inner-city communities.

In general, progress towards meeting this goal is assessed as being “on track”.

2.7.2. Progress by Indicator

Proportion of Land Area Covered by Forest

In 1990 the proportion of land covered by forest was estimated at 35 per cent¹⁹, and an assessment done by the Forestry Department in 2000 gave a figure of 30 per cent. This is equivalent to 336,000 hectares. Of this 110,000 hectares, or 33 per cent are government lands and 226,000 hectares are in private ownership²⁰. By comparing land cover data for the period 1988 and 1998, it was determined that the loss in forest cover amounted to 3,304 hectares, which is equivalent to an annual rate of 0.1 per cent. This loss was largely due to bauxite mining.

Land Area Protected to Maintain Biological Diversity

The National Environmental and Planning Agency has declared a number of protected areas and marine parks (see Table 2.7.1). Non-government organizations are managing some of these protected areas and parks.

¹⁹ Data source: www.millenniumindicators.un.org

²⁰ This assessment was done using a combination of satellite imagery (LANDSAT) data, aerial photographs and ground reconnaissance.

Table 2.7.1: Protected Areas by Type and When Declared

Protected areas	Declared	Area, hectare	
		Land	Marine
National Parks	1993	49,500	
Blue and John Crow Mountains			
Marine Parks			
Montego Bay	1992	-	1,400
Negril	1998	-	18,500
Ocho Rios	1999	-	13,300
Protected Areas (NRCA Act)			
Negril	1997	40,700	-
Palisadoes- Port Royal	1998	800	6,000
Coral Spring/Mountain Spring	1998	170	-
Portland Bight	1999	55,000	142,300
Mason River	2002	49	-
Total area		146,219	181,500
Per cent of total land area		13.1	

Source: Environmental Statistics 2003 and Mineral Accounts, page 59

GDP Per Unit of Energy Use (as Proxy for Energy Efficiency)

Table 2.7.2. shows that the energy use has increased from 387 kg to 449 kg. This may be indicating that more of the population is gaining access to electricity. Increasing motor vehicle ownership may also be fueling the increased energy consumption.

Table 2.7.2: Energy Use (kg/oil Equivalent Per \$1000 (ppp) GDP

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Energy use	387	333	326	346	355	366	397	432	463	449

Data source: www.millenniumindicators.un.org

Carbon Dioxide Emissions (Per Capita), Ozone Depletion and the Accumulation of Warming Gases

The statistics in Table 2.7.3 present the situation in Jamaica with regard to greenhouse gas emissions and ozone depleting CFCs consumption. In general, air pollution resulting from emissions of carbon dioxide (CO₂) is not a significant environmental issue because of limited industrial development. One area of concern is that measurements of air quality are not undertaken regularly. In areas where air quality is impaired, it is usually a localized problem.

The consumption of CFCs has in general been showing a downward trend. The big reductions shown between 1990 and 2000 are due to:

- Change in technology for refrigerators and air conditioning equipment.
- Development of a Refrigerant Management Plan
- Development of a Halon Bank Management Plan

Table 2.7.3: Atmospheric Pollution Measures

Year	Metric tones of carbon dioxide (CO ₂) per capita (UNFCCC-CDIAC)	Ozone-depleting CFCs consumption in ODP metric tons (UNEP-Ozone Secretariat)	Carbon dioxide emissions (CO ₂), metric tons of CO ₂ (UNFCCC-CDIAC)
1990	2	424	7,958,334
1991	3	350	8,167,185
1992	3	464	8,090,240
1993	3	66	8,412,677
1994	4	49	8,625,192
1995	4	82	9,542,107
1996	4	91	10,094,480
1997	4	107	10,724,698
1998	N/a	199	N/a
1999	4	210	1,099,538
2000	N/a	60	N/a

Data source: www.millenniumindicators.un.org

Proportion of Population with Sustainable Access to an Improved Water Source:
Table 2.7.4 Proportion of Households with Piped Water Supply

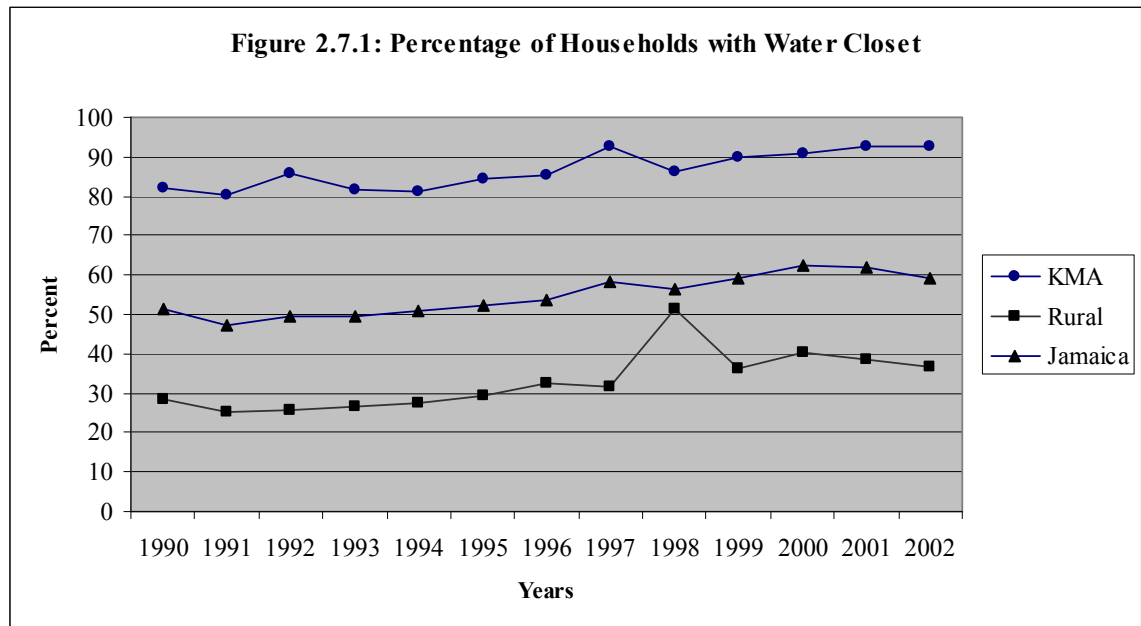
Year	National	Urban (KMA)	Rural Areas
1990	61.2	95.9	33.2
1991	62.9	93.9	37.2
1992	58.7	95.8	31.5
1993	62.3	92.5	37.0
1994	63.0	93.1	37.3
1995	63.4	96.9	35.7
1996	66.8	96.4	42.9
1997	66.1	97.4	38.8
1998	65.7	96.6	38.2
1999	67.6	97.7	43.2
2000	66.6	97.1	39.5
2001	70.9	98.3	44.8

Source: JSLC, various years

The data on the percentage of persons with access to piped water (Table 2.7.4) shows that access has increased through the years. There is a wide disparity between the urban and rural areas, however, with the urban areas showing close to universal access over the period, while in rural areas access is yet to be attained by half of households.

Proportion of People with Access to Improved Sanitation

Access to water closets (flush toilets) has also improved through the years. (Figure 2.7.1). The urban/rural disparity is again strongly evident.



Source: JSLC, various years

Proportion of People with Access to Secure Tenure

Table 2.7.5: Proportion of households that own the house they live in

Year	National	Urban (KMA)	Rural Areas
1990	67.2	49.7	82.2
1991	60.6	37.9	69.8
1992	60.2	40.5	73.0
1993	58.7	46.0	70.8
1994	59.1	47.7	69.1
1995	60.3	43.8	70.2
1996	60.3	44.7	72.0
1997	57.9	42.0	68.6
1998	58.6	45.7	68.9
1999	57.9	44.1	67.9
2000	58.3	44.9	67.9
2001	57.3	42.3	66.9

The proportion of persons with secure tenure (ownership of house) has declined from 67.2 per cent in 1990 to 57.3 per cent in 2001. (See Table 2.7.5) The figure (2001) for squatting was low at 0.3 per cent.

Source: JSLC, various years

As the data in Table 2.7.5 shows, home ownership is on a declining trend but this is indicative of increasing urbanization as home ownership is more prevalent in rural than urban areas. This cannot, therefore, be considered an indicator of conditions in the lives

of slum dwellers. In relation to this matter, the Government has implemented several policies and programmes aimed at improving conditions, and these are outlined below.

2.7.3. Government Policy and Programmes

One programme specifically geared towards lower income families is the Programme for Resettlement and Integrated Development (Operation PRIDE) which was instituted in 1994. Operation Pride seeks to provide affordable shelter by regularizing the tenure in squatter settlements islandwide. Since its inception, the Programme has started over 6,000 units and completed over 3,500 such settlements. In addition, the Inner-City Renewal Programme was launched in 2001 with the goal of addressing social, economic and physical conditions in urban areas throughout the country. Initially, efforts are being directed at conditions in the capital where the National Housing Trust is slated to build 5,000 new units in inner-city areas. A similar number of such units will also be built in other urban areas throughout the country.

Since the 1992 Summit, the Jamaican Government has paid serious attention to environmental sustainability and a National Framework has been established for an effective, integrated coordinated approach to sustainable development. Some of the steps taken by the Government in its pursuit of sustainable development include:

- The unification of the Town Planning Department, the National Resources Conservation Authority and the National Land Agency into the National environment and Planning Agency, to ensure greater coherence in planning activities that impact on environmental sustainability;
- Establishment of a Sustainable Development Policy Unit (SDPU) within the Planning Institute of Jamaica, to facilitate effective, integrated and coordinated approach to sustainable development.
- Support for Local Sustainable Development Planning (LSDP). This has included funding for sustainable development processes in Kingston and St. Andrew and a Sustainable Development Plan is now being prepared for these parishes. Additionally, six sustainable tourism projects have been identified for the parish of Portland.

A Business Council for the Environment (BCE) was also launched in June 2002 under the Environmental Action Programme (ENACT) to advocate on sustainable development and environmental issues for the private sector.

In addition, in 2002, White Papers enunciating Government policy for waste management, ocean and coastal zone management, biodiversity and environmental management systems were prepared and the National Forest Management and Conservation Plan (NFMCP) to promote sustainable forestry management was adopted by Cabinet. The Trees for Tomorrow Project which started 1998 has improved the institutional capacity of the Forestry Department to manage Jamaica's forest cover, and the Department is taking steps to:

- Improve protection of forests through increased vigilance and patrolling activities

- Strengthen community linkages/participation through establishment of local forest management committees (LFMCs)
- Establish Co-management Arrangements and MOUs with NGO and private sector entities to broaden and deepen forest management and protection
- Promote incentive packages through a private planting programme in which land owners are given free seedlings and technical advice to establish forest plantations, in collaboration with other government agencies.
- Conduct re-assessment of forest cover every 5-10 years using satellite imagery, with periodic detailed analysis using aerial photography and ground checks.

2.7.4. Challenges

1. The rural areas continue to be marginalized with their residents having less access to services than their counterparts in the urban areas.
2. Inappropriate land use continues to pose a major problem for hazard mitigation.
3. The National Forest Management and Conservation Plan lists as constraints to forest management²¹ low levels of public awareness and compliance; lack of official commitment to enforcement; inadequate human resources and enforcement capability and insufficient budgetary allocations; and the need for greater coordination in institutional responsibilities for various aspects of the environment.
4. Management capability and reducing sources and amounts of funds for NGOs pose a problem in relation to the management of protected areas and parks by NGOs. Another issue affecting the management of biodiversity resources is the fact that large sections of the islands are privately owned

2.8. Goal 8: Develop a Global Partnership for Development

Targets:

- Develop further an open rule-based, predictable, non-discriminatory trading and financial system
- Address the special needs of the Least Developed Countries
- Address the special needs of landlocked countries and small island developing states.
- Deal comprehensively with the debt problems of developing countries
- In co-operation with developing countries develop and implement strategies for decent and productive work for youth
- In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.

²¹ http://www.forestry.gov.jm/PDF_files/ForestPlan.pdf

- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

2.8.1. Introduction:

This goal addresses aspects of global cooperation and the targets deal with progress in relation to areas specifically designated for assistance to developing countries. Jamaica's experience is outlined in relation to the volume and nature of ODA, status of exports to developed countries, and the national debt burden. In addition, information is presented on progress in addressing two of the three outcome areas included in the list of targets, namely: youth unemployment, and usage of new technologies.

2.8.2. Overview of Progress

Over the years, Official Development Assistance from multilateral and bilateral sources, has facilitated the achievement of the government's goals of macro-economic stability, growth and poverty reduction. This global partnership has reduced the impact of endogenous and exogenous shocks which could have caused major economic and social dislocation. However, the volume of ODA has been declining recently. The allocation of these resources has nevertheless reflected some targets identified for priority areas such as the 20/20 initiative for Basic Social Services. The debt burden is a serious challenge for Jamaica with the value of exports representing only a portion of the debt service costs. Meanwhile debt relief initiatives amount to 3-5% of ODA. Overall, approximately three-quarters of the value of exports to developed countries have preferential access such that they are permitted duty free entry.

The country has not been able to reduce youth unemployment rates which persist at high levels, particularly for females. On the other hand, progress in widening access to information and communication technology has been outstanding.

2.8.3. Progress by Indicator

ODA Volume

ODA in the form of loans, grants and technical assistance has been provided from multilateral and bilateral sources to support government's development programmes. In recent years however, the volume of ODA has been declining due to a number of factors including:

- overall decline in ODA to SIDS;
- the diversion of aid to least developed countries;
- the classification of Jamaica as a middle income country;
- the deliberate policy of the government to restrict borrowing.

The data on ODA are as follows (in Constant Terms):-

2000	-	US\$406.7 million
2001	-	US\$318.1 million
2002	-	US\$245.7 million
2003	-	US\$117.7 million

Nature of ODA

Hard data are lacking on the extent of untied ODA, within the context of varying degrees of conditionalities and procurement modalities of the donors. Some specifics on allocation for different development objectives are as follows:

Allocation to Basic Social Services (i.e. basic education, primary health care, nutrition, safe water and sanitation) amounted to US \$ 205.38 million in 2000 (see Table 2.8.1). In relation to the 20/20 initiative which calls for the allocation of 20 per cent of both Government's public expenditure and ODA to basic social services, ODA was 3.3% below the desired level in 2002. The most recent available data on Jamaica's public expenditure to basic social services reveals that it was 50% of the desired level. (Table 2.8.2).

Table 2.8.1: ODA Allocated to Basic Social Services, 2000

Basic Social Services	Official Development Assistance Allocated US\$M	Percentage of Total ODA
Basic Education	65.0	5.3
Primary Health Care	20.5	1.7
Nutrition	~	-
Safe Water and Sanitation	119.88	9.7
Total	205.38	16.7

Source: Matrix of Ongoing Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ. July 2002

Table 2.8.2: Ratio of each Component of Basic Social Services (OSLO definition) and the ratio of basic social services to GDP and Total Gross Expenditure, 1980-1996.

Year	Basic Education as a % of Total BSS	Basic Health as a % of BSS	Nutrition as a % of BSS	Rural Water as a % of BSS	BSS as a % of Total Expenditure	BSS as a % of GDP
1990	63.6	13.0	8.1	15.2	13.4	5.8
1991	69.9	10.8	8.8	10.5	10.1	4.4
1992	62.6	15.6	7.4	14.5	9.2	3.6
1993	72.0	9.3	7.5	11.2	11.7	5.7
1994	62.3	14.9	7.5	15.3	8.6	4.9
1995	69.1	9.9	4.8	16.2	10.1	5.5
1996	71.5	10.4	4.8	13.3	10.2	5.8

Source: Estimates of expenditure, Jamaica, various years (cited from Henry-Lee A & Alleyne D. (1999) Government Expenditure On Basic Social Services In Jamaica (Report For UNDP).

Allocation to Other Areas²²

In 2000/01, some 60% of ODA resources were channeled to economic infrastructure projects as well as to social infrastructure projects in the health and education sub-

²² Data Source: Matrix of ongoing and Pipeline Projects Funded by the Government of Jamaica and International Development Partners. Prepared by External Co-operation Management Division, PIOJ, July, 2002

sectors; 18.7 % went to roads construction and maintenance; 3.0% went to the environment; and 0.5% was allocated to building trade competitiveness

Proportion of ODA given as Debt Relief

At the end of 2002, Jamaica's total debt stock stood at J\$572.7 billion or 147.1% of GDP. In 2001, the debt service ratio was 41.8% of GDP and in 2002, it was 36% of GDP. In recent years Jamaica has been the recipient of ODA in the form of debt relief from the Government of the Netherlands as well as from the British Government. Though the proportions are small relative to total ODA, the assistance is valued by the government as it reduces the impact of the debt on the economy. The data in Table 2.8.3 reflect the sum provided by both governments

Table 2.8.3: ODA Allocated to Debt Relief

Year	Total ODA J\$ (billion)	Total Debt Relief (J\$ million)	Total Debt Relief as Percent of ODA
1998	7	420.4	6
1999	3.8	361.9	9.5
2000	17.8	300.6	2
2001	14.7	456	3
2002	12	547.2	4.6
2003	6.8	194.5	2.9

Source: Economic and Social Survey Jamaica, several editions

Proportion of Exports (by Value and Excluding Arms) Admitted Free of Duties and Quotas

Jamaica's main exports to developed countries have primarily been the traditional exports of agricultural products, mining and agro-processing. Overall, approximately 77% of the total value of such exports are currently admitted free of duties to these countries. This is provided for under separate agreements with the United States, Canada and the European Union. Trade with the U.S. occurs within the framework of the Caribbean Basin Economic Recovery Act which incorporates concessions given under the Caribbean Basin Initiative. Trade with Canada is governed by CARIBCAN which provides one-way preferential access for CARICOM goods, and in the case of the E.U., Jamaica's trade takes place in the context of the Cotonou Agreement which grants preferences for most products. However, all existing Preferential Trade Arrangements with the E.U. will end in 2008.

Share of Earnings from Exports in Relation to Costs for Debt servicing

Overall earnings from exports represented 57.0% of debt servicing (amortization and interest) for fiscal year 2000/01. This represented a decline from 59.0% in fiscal year 1999/2000.

Unemployment Rates of 15-24 Years Old

The data presented in Table 2.8.4 reveal fluctuating unemployment rates, ranging from a low of 31.7% in 1990 to a high of 52.4% in 1995. Though fluctuating, the rates remain consistently high, particularly for the female population.

Table 2.8.4: Unemployment Rates for 15-24 Year Old Age Group

Year	Average Annual		
	Men	Women	Total
1990	19.5	43.9	31.7
1991	32.3	60.2	46.3
1992	28.7	55.1	41.9
1993	34.0	55.0	44.5
1994	30.2	52.1	41.2
1995	41.5	63.3	52.4
1996	37.4	65.2	51.3
1997	37.8	59.4	48.6
1998	36.8	57.3	47.1
1999	35.6	56.4	46.0
2000	35.8	49.3	42.6
2001	35.6	48.5	42.1

Source: Economic and Social Survey Jamaica, several editions

Telephone Lines Per 1000 Population

Major strides forward have been made in accessibility to modern communication technology. Telephone and cellular lines increased from 4.46 per 100 in 1990 to 43.58 per 100 in 2001 (Table 2.8.5).

Table 2.8.5: Telephone Lines and Cellular Subscribers Per 100 Population

Year	Telephone lines and cellular Subscribers per 100 Population	Telephone lines and cellular Subscribers (ITU Estimates)
1990	4.46	105,653
1991	5.63	134,377
1992	7.28	175,281
1993	9.23	224,363
1994	11.31	277,638
1995	13.59	337,440
1996	16.54	415,137
1997	19.17	485,825
1998	21.36	546,175
1999	24.70	635,902
2000	34.04	881,466
2001	43.58	1,135,172

Data source: www.millenniumindicators.un.org

Personal Computers Per 100 Population

Personal computers are becoming increasingly accessible with five in every 100 persons owning a computer in 2001 (Table 2.8.6).

Internet Users per 100 Population

The number of Internet users has increased even more rapidly, rising to 3.83 persons in every 100 having access to the Internet.

Table 2.8.6: Personal Computers and Internet Users Per 100 Population (ITU Estimates)

Year	Personal Computer per 100 Population	No. of Personal Computers	Internet Users per 100 Population	No. of Internet Users
1994	0.35	8,592	0.04	982
1995	0.52	12,912	0.11	2,731
1996	0.80	20,079	0.59	14,808
1997	1.99	50,433	0.80	20,274
1998	3.94	100,746	1.97	50,373
1999	4.30	110,704	2.35	60,501
2000	4.66	120,671	3.10	80,275
2001	4.99	129,980	3.83	99,764

Data source: www.millenniumindicators.un.org

2.8.4: Government Policy and Programmes

Government's strategic objectives with respect to the use of ODA are dictated by its economic and social programmes outlined in the National Industrial Policy and the Medium Term Economic and Social Policy Framework. In view of the global decline in ODA, the Government has instituted a process of Donor Coordination and Harmonization, to ensure the effective allocation of resources to priority programmes, minimize duplication and reduce transaction costs. Four theme groups have been constituted: Private Sector Development, Youth, Sustainable Development and Governance. It is anticipated that this mechanism will facilitate the formulation of country strategies and programming cycles, as well as contribute to effectiveness in the development of programmes and projects. Jamaica has also been selected as a pilot country for a World Bank funded initiative for the harmonization of donor/lender procedures and practices. Discussions are ongoing regarding action needed to ensure the attainment of targets which will lead towards harmonization.

The primary objective of the Government's debt management has been to achieve the lowest possible long-term borrowing costs while ensuring that the associated costs are kept within acceptable limits. This approach has had a positive impact on the domestic debt structure.

Jamaica is strongly committed to the principle of global free market access, and is playing a leading role in the development of the Caribbean Single Market and Economy. At the same time, the Government's trade policy has been influenced by the need to moderate the pace of liberalization in order to give the economy time to adjust to the global environment. The recently enunciated trade policy also seeks, *inter alia*, to develop a broader export base and create new diversified exports by facilitating the growth of domestic capital while stimulating import displacement.

2.8.5. Challenges

The challenges which remain are as follows:

1. ODA to Jamaica is expected to continue on a downward trend given the factors noted above plus the global geopolitical situation with resources being diverted to countries with civil disturbances.
2. The size of the public debt and the implications for social spending are major areas of concern. A primary objective is to reduce the burden of interest payments so that the expected primary surpluses are sufficient to stabilize and reduce the debt overhang.
3. The identification and implementation of appropriate strategies to address youth unemployment stands out as a major objective for global cooperation initiatives.

SECTION 3: SUMMARY, CONCLUSION AND OUTLOOK

3.1 Summary and Conclusion

The data show that in relation to the specific targets and indicators, achievements have been commendable in relation to eight of the twelve²³ targets (excluding those linked to global partnerships i.e. Goal 8). The targets and indicators for which the progress was least satisfactory were:

1. Eliminate gender disparity in all levels of education.
 - Ratio of girls to boys in tertiary education.
2. Reduce the under-five child mortality rate(U5MR) by two-thirds.
 - Under-five mortality rate
 - Infant mortality rate
3. Reduce the maternal mortality rate (MMR) by three quarters.
 - Maternal mortality rate
4. Halt and begin to reverse the spread of HIV/AIDS.
 - HIV prevalence among 15-24 year old pregnant women.
 - Number of children orphaned by HIV/AIDS

The examination has, therefore, revealed that Jamaica has made good progress, so far, towards meeting the majority of the Millennium Development Goals. This performance gives the country a firm platform on which to move to achieve the goals/targets as stated. There are, however, major challenges to be overcome to consolidate past gains while striving to address the issues associated with meeting the most difficult targets which are listed above.

3.2 Outlook

The prognosis for the future is tabulated in Table 3.1. It is shown there that the following eight targets have a strong likelihood of being met by 2015 (or have been met already).

MDG Targets that are likely to be met over 1990-2015

- 1) Halve the proportion of people living in extreme poverty.
- 2) Halve the proportion of people who suffer from hunger.
- 3) Ensure that all boys and girls will be able to complete a full course of primary schooling.
- 4) Eliminate gender disparity in primary and secondary education.
- 5) Halt and begin to reverse the incidence of malaria and other major diseases.
- 6) Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- 7) Halve the proportion of people without sustainable access to safe drinking water.
- 8) Achieve significant improvement in the lives of slum dwellers.

²³ There are eleven targets specified, but the target for reducing gender disparity in education is best treated as two separate targets in the Jamaican context.

As indicated in the Table, however, based on the policies and programmes in place or that are being developed, there are two areas in which there is some concern about the adequacy of the supportive environments to overcome the perceived challenges. These are the achievement of: further poverty reduction; and environmentally sustainable development.

In relation to poverty reduction, it was stated earlier that strong economic growth in the future would be a prerequisite to maintaining the downward movement in these rates and to sustain them at low levels. The prognosis for such growth is rated as “*fair*” given present trends for economic investment which include reduction in interest rates, stabilization of the exchange rate and the recently instituted contract between the government and the private sector. Meanwhile possible constraints to growth include an inadequate pool of trained labour and low competitiveness in the global market place.

With regard to the integration of sustainable development principles, progress has been slow, but if the recent developments outlined maintain momentum, such as the White Paper for improved management of environmental resources, then one may be optimistic about the likelihood of meeting the target. The supportive environment is thus considered “*weak but improving*”.

There are four targets for which the prospects of success are weakest. These are the same as those for which the progress to date has been unsatisfactory, and are discussed below.

Access to upper secondary and tertiary education point to advancement in female empowerment, but they reveal significant levels of male under-achievement. Several changes are needed to correct this situation and one cannot be assured that they will all be achieved by 2015. These include:

- a) At the secondary level, research has shown that major reforms in school practices are needed throughout the system, while extensive resources are required to upgrade rural, newly converted high schools to the standards necessary, so that desirable levels of male participation, achievement and retention may be obtained.
- b) Expansion of tertiary capacity by at least one-third is required in order to accommodate the number of additional males necessary to achieve a gender balance, without displacing females.
- c) Finally, changes in current social norms and values are needed to encourage and foster male goals that include academic achievement.

The supportive environment for this target is thus rated as “*weak*”.

Meeting the three health related targets will be extremely difficult, as they call for major modification in the behaviour of certain population groups, and devotion of significant resources for upgrading relevant segments of health service provisions. Combating the HIV/AIDS pandemic, in particular, requires a strong broad-based national thrust involving private and public sector partnerships, along with financial and other support from the international community. It must be noted, however, that the targets in relation

to the under-five mortality rate and the maternal mortality rate are not totally realistic. This is due, in part, to the fact that continued reductions in these rates are increasingly difficult the lower the rates become, given the heightened level of inputs that are required. Therefore, consideration will be given to establishing more realistic targets for these two goals. Nevertheless, in all three instances, there is evidence of commitment to confront the challenges, hence their supportive environments are considered “*weak but improving*”

Overall, one may conclude that the country is likely to achieve the goals specified by the international community for the new millennium. It must be borne in mind, however, that by and large, gains are relatively more easily attained at the lower levels of the development spectrum than at the higher levels. Even stronger commitment and more effort will, therefore, be needed to overcome the challenges with which the country will have to grapple over the next decade or so.

TABLE 3.1 Assessment of the Likelihood of Meeting Specified Targets (Goals 1-7)

TARGETS (1990-2015)	WILL BE MET?		STATE OF SUPPORTIVE ENVIRONMENT			
EXTREME POVERTY 1. Halve the proportion of people living in extreme poverty.	<u>LIKELY</u>	Unlikely	Strong	<u>FAIR</u>	Weak but improving	Weak
HUNGER 2. Halve the proportion of people who suffer from hunger.	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
EDUCATION 3. Ensure that all boys and girls alike will be able to complete a full course of primary schooling	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
GENDER EQUALITY 4. (a) Eliminate gender disparity in primary and secondary education preferably by 2005 4. (b) To all levels of education no later than 2015	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
	Likely	<u>UNLIKELY</u>	Strong	Fair	Weak but improving	<u>WEAK</u>
CHILD MORTALITY 5. Reduce under-five mortality rate by two-thirds.	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
MATERNAL HEALTH 6. Reduce maternal mortality rate by three-quarters.	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
HIV/AIDS 7. Halt and begin to reverse the spread of HIV/AIDS.	Likely	<u>UNLIKELY</u>	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
OTHER MAJOR DISEASES 8. Halt and begin to reverse the incidence of other major diseases	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
ENVIRONMENT 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<u>LIKELY</u>	Unlikely	Strong	Fair	<u>WEAK BUT IMPROVING</u>	Weak
ACCESS TO SAFE WATER 10. Halve the proportion of people without sustainable access to safe drinking water.	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak
SLUM DWELLERS 11. By 2020, to have achieved a significant improvement in the lives of slum dwellers	<u>LIKELY</u>	Unlikely	<u>STRONG</u>	Fair	Weak but improving	Weak

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APPENDIX 1.1.1: The Copenhagen Declaration and Program of Action World Summit

We commit ourselves to:

- 1. creating an economic, political, social, cultural and legal environment that will enable people to achieve social development.**
- 2. the goal for eradicating poverty in the world, through decisive national actions and international cooperation, as an ethical, social, political, and economic imperative of human kind.**
- 3. promoting the goal of full employment as a basic priority of our economic and social policies, and to enabling all men and women to attain secure and sustainable livelihoods through freely chosen productive employment and work.**
- 4. promoting social integration by fostering societies that are stable, safe and just and that are based on the promotion and protection of all human rights, as well as on nondiscrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security, and participation of all people, including disadvantaged and vulnerable groups and persons.**
- 5. promoting full respect for human dignity and to achieving equity between women and men, and to recognizing and enhancing the participation and leadership roles of women in political, civil, economic, social, and cultural life and in development.**
- 6. achieving universal and equitable access to quality education, the highest attainable standard of physical and mental health, and universal access to primary health care; to respecting and promoting our common and particular cultures; and to striving to strengthen the role of culture in development.**
- 7. accelerating the economic, social and human resource development of Africa and the least developed countries.**
- 8. ensuring that when structural adjustment programs are agreed to they include social development goals, in particular eradicating poverty, promoting full and productive employment, and enhancing social integration.**
- 9. increasing significantly and/or utilizing more efficiently the resources allocated to social development in order to achieve the goals of the summit through national action and regional and international cooperation.**
- 10. an improved and strengthened framework for international, regional, and subregional cooperation for social development, in a spirit of partnership, through the United Nations and other multilateral institutions.**

APPENDIX 1.1.2: List of persons interviewed and from whom data was collected

Name of Respondent	Institution/Agency
Ms. Hannah Clarendon	FAO
Mr. Errol Graham	World Bank
Ms. Gillian Nanton	UNDP
Mme. Helene-Marie Gosselin	UNESCO
Ms. S. Barrington	UNESCO
Ms. Laila Ismail Khan	UNICEF
Dr. Jaslin Salmon	NPEP
Ms. Donette Edmondson	STATIN
Dr. Barbara Bailey	Gender Studies, UWI
Dr. Affette McCaw-Binns	UWI
Ms. Kristin Fox	UWI
Mrs. Heather Ricketts	UWI
Dr. Peter Figueroa	MOH
Ms. Lovette Byfield	MOH
Ms. Penny Dowedoff	Bureau of Women's Affairs
Ms. Faith Webster	Bureau of Women's Affairs
Ms. Shirley Duncan	Bureau of Women's Affairs
Ms. Claire Bernard	PIOJ
Mrs. Mary Clarke	PIOJ
Dr. Peter John-Gordon	PIOJ
Mr. Easton Williams	PIOJ
Mr. Steven Kerr	PIOJ
Mrs. Pauline Knight	PIOJ
Mr. Walter James	PIOJ
Ms. Deborah Patrick	PIOJ
Mr. Hopeton Peterson	PIOJ
Mrs. Carol Watson-Williams	PIOJ
Ms. Marsha Woolcock	PIOJ
Ms. Denise Irvin	PIOJ
Mrs. Andrea Shepherd-Steward	PIOJ
Mrs. Mary Clarke	PIOJ
Ms. Janet McFarlane	MOEC
Ms. Shirley Lewis	Parliament Office