



Millennium Development Goals

Fiji National Report

National Planning Office
Ministry of Finance and National Planning

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Overview

This Report, provides the status of Fiji's implementation as regards the Millennium Development Goals (MDGs). Fiji is party to the Millennium Declaration of 2000 and is committed to achieving the MDG targets by the year 2015. The country has incorporated the MDGs in the Strategic Development Plan (SDP) 2003-2005, after the World Summit on Sustainable Development (WSSD) in Johannesburg in 2002. These goals are included in the Government's Plan to ensure that national policies are consistent with the MDGs and the Plan of Implementation on Sustainable Development adopted in Johannesburg in 2002.

The MDG Report has been prepared in the context of the Strategic Development Plan (SDP) 2003-2005. The compilation of the MDG Report was timely as it coincided with the Mid Term Review of Fiji's SDP 2003-2005 whereby the MDG indicators were also assessed. The MDGs were endorsed in the SDP but were not specifically included as indicators. Many of the MDG indicators have now been incorporated in the revised Key Performance Indicators in the relevant sectors as part of the SDP review.

The Report contains Fiji's development trends; and progress made and constraints encountered in meeting the 18 targets and 48 indicators in the 8 priority areas under the MDGs. The Report was compiled on the basis of information provided by implementing agencies. Assessments were made on our achievements according to definitions and criteria agreed globally in the Millennium Declaration in September 2000.

Despite scarce resources, Fiji has progressed well in achieving 6 out of the 8 Goals and will 'probably' or 'potentially' meet the set targets by 2015. Significant progress has been achieved in human development. Life expectancies at birth are high for both women and men. Infant, child and maternal mortality rates have been halved since the 1960s and are very low. There is a high level of adult literacy, very little gender disparity in primary and secondary education, almost universal primary school enrolment, and around 40 % of adolescents remain at school at the age of 18 years.

The unavailability of an up to date statistics is not helpful in determining Fiji's progress towards eradicating poverty. The last poverty statistics were made available in 1996 based on the UNDP report. Statistics from the Household Income and Expenditure Survey for urban and rural households conducted from 2002 to early 2004 is yet not available.

Progress under Goal 6 on HIV/AIDS shows that HIV/AIDS epidemic is at a low level. However, a determined effort from all stakeholders is required to contain and reverse the small increase detected so far.

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Box 1: Overview of Millennium Declaration and Millennium Development Goals (MDGs)

The Millennium Declaration was ratified by 189 heads of state at the United Nations Millennium Summit in September 2000. The Declaration sets the global agenda for the start of the 21st century so that globalization becomes a positive force for all the world's people. The Declaration includes eight important Millennium Development Goals (MDGs). The MDGs represent a global commitment by all nations who signed the Declaration. The entire MDG framework is composed of eight broad goals, eighteen targets, and forty-eight indicators.

The Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

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

Goal 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.

Goal 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.

Goal 4: Reduce Child Mortality

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

Goal 5: Improve Maternal Health

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

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

Halt and reverse the spread of HIV/AIDS, malaria and other major diseases.

Goal 7: Ensure Environmental Sustainability

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

Goal 8: Develop a Global Partnership for Development

Develop further an open, rules-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development, and poverty reduction – both nationally and internationally.

Development trends in Fiji

1. The country situation

Fiji Islands, one of the larger countries of the South Pacific island region, has a relatively high level of human development. Its multi-ethnic population, which numbers approximately 800,000, is growing slowly due to a moderately low level of fertility and a high level of emigration. The economy rests primarily on sugar production and tourism but is becoming more diverse, with manufacturing now an important sector of employment.

Life expectancy at birth is high for both women (70.7 years) and men (66.5 years). Infant, child and maternal mortality rates have been halved since the 1960s and are now low. There is a high level of adult literacy, almost universal primary school enrolment, and around 40 per cent of adolescents remain at school to the age of 18 years, up from a small minority a generation ago.

These achievements have come about through the combined efforts of the whole community. NGOs, church organizations and other community bodies operate most of the schools and many of the welfare and community development organizations. Since Independence in 1970, successive governments have given priority to equal development, economic growth, and developing human resources through expanded health and education services.

Yet economic and social change is not a one-directional process. It once seemed like that. From the 1960s until recently, education facilities only expanded, health services only improved, and the expectation grew that this would continue. In the past decade, however, political instability, economic down-turn, concerns over law and order, growing pressure on the environment and on social services, an eroding sense of community, and a widening gap between the rich and the poor have diminished the quality of life for many people. There has been a fundamental shift in lifestyles over recent decades, and the decrease in deaths from infectious causes has been partly countered by increased deaths from degenerative and chronic diseases, principally diabetes, circulatory diseases and cancer. There is an increased vulnerability to poverty. Many rural people have migrated to town, and many skilled people overseas.

Total government expenditure almost doubled from the 1980s to the 1990s and the proportion that government spent on its social priorities—primary education, rural and public health, and rural water supplies—increased 50 per cent. Buried within the overall increase in government expenditure, however, was a declining share for capital investment. Particularly over the past decade, the high proportion of government spending that is spent on operating costs has put pressure on the quality of services.

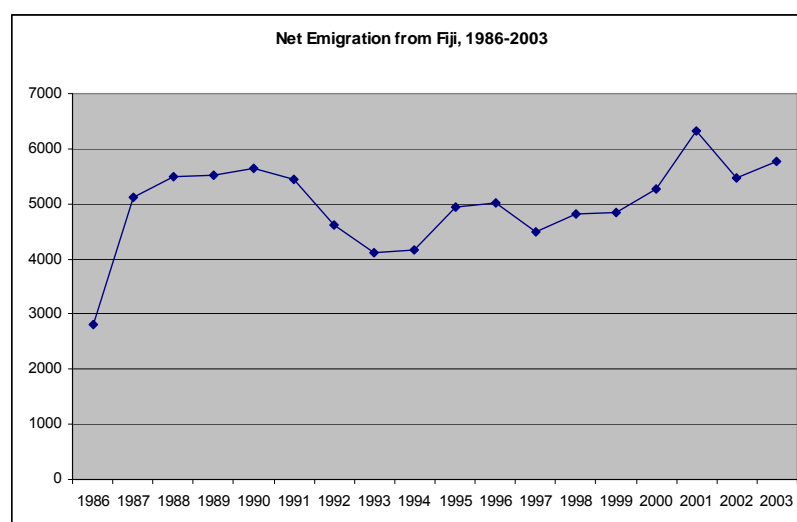
In anticipating the progress that Fiji will make over the next ten years towards achieving the MDG goals, several trends are likely to have a large impact on development standards:

- **Economic change** In the next few years, the fate of Fiji's sugar industry will probably have the greatest effect on the national economy. Sugar provides around 30 per cent of Fiji's domestic export earnings, employs around 13 per cent of the labour force, and indirectly supports many more. Preferential prices paid by the EU, of two to four times higher than world prices, will soon end. As well, the expiry of some 10,300 farm leases over the next 25 years is causing experienced farmers to leave the industry, while

landowners are entering with limited capital and experience. The industry has developed inefficient practices and standards. All of this has put the sugar industry under strain and, in order to save it, a major restructuring is underway.

- **Growing unemployment** Fiji's deepening employment problem is contributing to instability and poverty. Driving up the number of job-seekers are the growing demand for cash incomes and the growing proportion of people in the working age-group. The economy is generating far fewer new jobs than needed each year just to provide for school leavers.
- **Emigration and skill loss.** Fiji has long had a slow but steady exodus of professional and skilled workers, but emigration accelerated in the late 1980s and after 2000. Following the military coups of 1987, emigration rates more than doubled. In the early 1990s, the outflow dropped back to around 4,000 people per year, partly because of long waiting times for visas, and then steadily rose again. By 2000, emigration was almost back to its post-1987 height. After the attempted coup that year, it peaked at around 6,300 in 2001. Most migrants have been skilled workers and professionals and their families. This 'brain drain' has had particularly severe repercussions on the staffing of schools and medical facilities, business and administration.

Figure 1.



Source: Bureau of Statistics

2. National development policies and plans

An emphasis on equal development throughout Fiji dates from the earliest days of Independence after 1971. Since the early 1990s, despite several changes of government, national development policies have quite consistently focused on:

- Reduction of poverty and support for the disadvantaged, including the poor, youth, and disabled people;

- Affirmative action programs for Fijians and Rotumans;
- Development of the private sector, including the increased participation of Fijians in business, and the withdrawal of government from commercial enterprise;
- Improved management of government finance;
- Improved service provision, particularly in health and education; and
- Environmental protection for sustainable development.¹

The Environment Management Bill is yet to be passed in Parliament but environment considerations have featured prominently in the physical development planning process since 1984 when Environment Impact Assessment became a standard requirement in processing major building applications and environment sensitive building development applications.

The Fiji Government currently has two development plans, the *Strategic Development Plan 2003-2005*, and an affirmative action plan for ethnic Fijians, *50/50 By Year 2020*: A 20-Year Development Plan For The Enhancement Of Participation Of Indigenous Fijians And Rotumans In The Socio-Economic Development Of Fiji. These two planning documents are intended to be complementary. Both give a high priority to addressing issues of poverty and hardship in particular sections of Fiji society.

Table 1 Key Issues and Government Strategies, 2003-2005

Key Issues and Constraints	Key Strategies
<p><u>Governance</u></p> <ul style="list-style-type: none"> • Deterioration in security and law and order • Perceived decline in governance standards and quality of service delivery 	<ul style="list-style-type: none"> • Provide committed, visionary leadership at all levels of society • Strengthen governance standards to build investor confidence • Support NGOs in their efforts to provide for the poor and disadvantaged; • Preparation and enactment of the Code of Conduct Bill and the Freedom of Information Bill, now being drafted.
<p><u>Social Development</u></p> <ul style="list-style-type: none"> • Deterioration of basic services especially in rural and outer island areas • Weakening in the operation of the land tenure system • Persistence of poverty amongst sections of the population 	<ul style="list-style-type: none"> • Ensure rural areas receive equitable share of government expenditure, service delivery and public investment • Increase spending on primary health and nutrition programs • Improve quality of education and training
<p><u>Macroeconomic Management</u></p> <ul style="list-style-type: none"> • Weakening fiscal position • Low rates of productive investment • Difficulty in creating adequate productive employment for growing population • Declining performance and uncertainty over the future of the sugar industry 	<ul style="list-style-type: none"> • Maintain sound and growth oriented macroeconomic policies • Ensure a fairly regulated, competitive environment in support of both private sector development and associated improvements in public sector management and productivity • Restructure sugar industry • Identify alternative livelihood opportunities • Reform the administration of native lands to increase efficiency of land use and greater equity between landowners and tenants.

ADB, 2003, from SDP 2003-2005, with additions from National Planning Office

¹ Fiji Government, 1993, Opportunities for Growth; Fiji Government 2003, Strategic Development Plan 2003-2005.

3. Constraints on planning

Despite the attention that successive governments have given to fostering development, employment and investment have not grown as expected, disadvantaged areas and communities remain much the same, and the number of households in relative and absolute poverty has steadily expanded.² Many of the aims of the development plans have not been met.

One reason for this is that planners and formal policies are fairly weak forces in the wide system of national and international linkages. The Fiji economy is too small to influence international economic trends to its benefit. Moreover, national plans have rarely taken into account domestic set-backs such as hurricanes and other natural disasters, bank collapses, or political instability. Yet such events have changed the face of Fiji's economy and society over-night.

Another reason is that the Government has rarely had sufficient data to objectively design, monitor and assess social policy. Since the early 1980s, the quality and quantity of social data provided through Government agencies has steadily declined.³ Apart from the national population censuses, the Bureau of Statistics has not maintained its production of social statistics:

- Household Income and Expenditure Surveys were conducted in 1977, 1983, 1990-91 and 2002-4. The 1983 survey was only partially analyzed before the data were destroyed. The 1990-91 survey, which had technical difficulties, was analyzed in 1996 with donor assistance and provided the basis for the 1997 Poverty Report. The Urban HIES conducted in 2003 and the Rural HIES in 2004 are still being processed. The long gaps between surveys - 19 years between the reporting of the 1977 HIES and the analysis (in 1996) of the 1990-91 HIES; at least 12 years between the 1990-1 HIES and the 2003 Urban HIES – has been detrimental to the design and monitoring of anti-poverty policies and programs.
- An employment survey planned for 2004 will produce the first new national data (other than that provided by the Census) since the early 1980s. The 1992-3 Employment Survey had technical problems and was only partly analyzed. Some data on employment by households was collected by the National Nutrition Survey in 1993, incidental to the main purpose of that survey. Data from annual employment surveys have been unreliable because response rates have been very low, particularly in the early 1990s.
- Other survey programs did not fare better. A National Household Economic Activity Survey conducted in 1989-90 was only partly analyzed before its data tapes were corrupted. Only some data from the 1991 Agricultural Census was processed before its data tapes were also damaged beyond repair.
- Other than the Census, no national surveys were conducted by the Bureau from the early 1990s until the Urban HIES in 2003.
- The Bureau of Statistics provides regular bulletins of mostly economic statistics. The Bureau has a web-page but has not yet posted regular updates of information from related ministries, particularly Health or Education.

The difficulty of generating new data has been partly compensated for by the establishment of computerized data management systems that draw upon ministry administrative records. Most of these systems have been developed with donor assistance. For example, the Ministry of

² Bienefled, 1984; Stavenuiter, 1983; Barr, 1990; Naidu, 1995, Government of Fiji and UNDP, 1997; ADB, 2003; Bureau of Statistics, 2003.

³ Chung, 1995.

Education and the Customs Department received assistance from AusAID to establish their systems; the Ministry of Health has benefited from WHO assistance.

However, these systems are still not being fully utilized. Ministry annual reports have changed little in their content over the last decade or so and other data from the systems is difficult to access. The availability now of Geographic Information Systems (GIS) puts a powerful new analytical and reporting tool in the hands of ministries and other organizations. Various training programs in operating GIS have been conducted by organizations such as the Secretariat of the Pacific Community. The GIS Unit of the Bureau of Statistics produced the Fiji Atlas and the Urban Atlas based on the 1996 Census of Population and Housing. Systems are not yet operating in other government agencies.

The potential therefore exists for more productive use of administrative data but this will not replace the need for periodic national surveys. Moreover, these systems need to be better linked into national reporting systems, such as the Bureau of Statistics' consolidated reporting and the National Planning Office's process of monitoring National Development Plans.

Other than the Bureau of Statistic's role in producing and analyzing these data, several research facilities have recently been developed within Government. For example, a Policy Analysis Unit was established in the early 1990s to assist Cabinet; the National Planning Office has responsibilities for monitoring national development plans; a research unit is being developed in the Prime Minister's Office; the Ministry of Women, Social Welfare and Poverty Alleviation intends to set up a national database. The effectiveness of these bodies is, of course, constrained by the absence of timely and accurate information, as detailed in the previous list. This seems to suggest that greater investment should be made in producing information than in reviewing and managing it.

4. Goal by goal progress and challenges

Table 2 MDG Status at a Glance

Goal	Will Development Goal Be Reached?				State of Supportive Environment			
	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but Improving	Weak
Goal 1: Eradicate Extreme Poverty and Hunger Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day and the proportion of people who suffer from hunger.				√		√		
Goal 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.		√			√			
Goal 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.	√				√			
Goal 4: Reduce Child Mortality Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.		√			√			
Goal 5: Improve Maternal Health Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate.		√			√			
Goal 6: Combat HIV/AIDS and other Diseases Halt and reverse the spread of HIV/AIDS, malaria and other major diseases.			√			√		
Goal 7: Ensure Environmental Sustainability Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.		√				√		
Goal 8: Develop a Global Partnership for Development Develop further an open, rules-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development, and poverty reduction – both nationally and internationally.		√				√		

Justifications for 'MDG Status at a Glance'

1. Reduce Poverty

Will target be met: **Difficult to assess due to lack of data**

- 1 Indications are that relative poverty in Fiji has increased since 1991, rather than decreased.
- 2 Economic trends, in particular the crisis facing the sugar industry and growing urban unemployment, threaten current levels of well-being.

State of supportive environment: **Fair**

- 1 The scarcity of firm data on poverty will be improved by the completion of the urban and rural HIES in 2004
- 2 Reduction of poverty has always been a central policy of the Fiji Government.
- 3 Government is providing a range of services to tackle this issue, including education, health and other essential services, social justice, and programs for people in rural and outer islands.

2. Achieve Universal Primary Education

Will target be met: **Potentially**

- 1 Enrolment rates are high by international standards, and equally so for boys and girls. Fiji is close to achieving the goal.
- 2 However, although the survival ratio (ie the proportion of children who stay at school from class 1 to the end of class 5) is high, it has fallen since the early 1990s. This reflects the difficulty some families have in affording education for their children.

State of supportive environment: **Strong**

- 1 There has long been strong community acceptance of the importance of primary education for all children.
- 2 Since the mid-1990s, the Ministry of Education has paid tuition fees for all primary school pupils, but families must pay related costs, such as uniforms, transport, school fund-raising, etc, which amount to around F\$200 per pupil per year. Some low-income families have difficulty in meeting this cost.
- 3 Although primary education has been compulsory since 1997, this policy is not enforced, in part because most primary schools are run by committee organizations. The Ministry of Education advocates that no child in secondary schools should be sent home for non-payment of school fees and the Ministry has no difficulty enforcing this policy.
- 4 A high number of students are at school but not reported. This includes students who are enrolled in private schools such as Christian schools.

3. Promote Gender Equality and the Empowerment of Women

Will target be met: **Probably**

- 1 There is very little gender disparity in primary and secondary education. The 1996 census showed that almost equal proportions of boys and girls (of both major ethnic groups) stayed at school to the age of 18 years.

State of supportive environment: **Strong**

- 1 Fiji Constitution prohibits discrimination on the basis of gender.
 - 2 Fiji is signatory to the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW).
-

-
- 3 The Ministry of Education aims to reduce or eliminate any gender bias in access to education, including within school curricula.

4. Reduce Child Mortality

Will target be met: **Potentially**

- 1 Fiji has already achieved a high standard in this respect. As child mortality is already low by international standards, it will be difficult to meet the MDG goal of reducing it by a further two-thirds.

State of supportive environment: **Strong**

- 1 Through the Ministry of Health, the Government operates a network of primary health care centres throughout the country, and has achieved high levels of child immunization.

5. Improve Maternal Health

Will target be met: **Potentially**

- 1 Fiji has already achieved a high standard in this respect. As maternal mortality is already low by international standards, it will be difficult to meet the MDG goal of reducing it by a further three-quarters.

State of supportive environment: **Strong**

- 1 Through the Ministry of Health, the Government operates a network of maternal-child health services throughout the country.
- 2 Almost every birth in Fiji is attended by a trained medical assistant.

6. Combat HIV/AIDS and other Diseases

Will target be met: **Unlikely**

- 1 The Fiji Government is committed to reducing the spread of HIV in Fiji, but there are several risk factors for a serious epidemic.
- 2 Fiji is facing an epidemic-like rise in diabetes and hypertension, diseases that are related to a growing prevalence of obesity and sedentary lifestyles.

State of supportive environment: **Fair**

- 1 Through the Ministry of Health, the Government operates a network of health services throughout the country.
- 2 The Government has increased the resources committed to HIV/AIDS prevention,

7. Ensure Environmental Sustainability

Will target be met: **Potentially**

- 1 Pressure on natural resources placed by demands of 'economic' development and livelihoods.

State of supportive environment: **Fair**

- 1 Weak state of environmental legislation and mechanisms for its enforcement; long delayed passage of the Environment Management Bill through Parliament.
 - 2 Once legislated, the Environment Management Bill will ensure that an Environmental Impact Assessment is done before any major development projects are undertaken.
-

8. Develop a Global Partnership for Development

Will target be met: **Potentially**

- 1 The country is still overcoming the deleterious effects on public institutions of two political coups in 1987 and an attempted coup in 2000.

State of supportive environment: **Fair**

- 1 The Strategic Development Plan 2003-2005 for the first time included key performance indicators (KPI) to monitor the progress of development policies and programs.
- 2 A shortage of reliable and timely data limits national capacity to design or evaluate public policy.

Millennium Development Goals and Fiji Government Policy Priorities: Adapting the MDGs to the National Context

MDGs & Indicators	Fiji Government Policies & Key Performance Indicators
1. POVERTY	
<p>Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</p> <ol style="list-style-type: none"> 1. Proportion of population below \$1 per day (PPP v) 2. Poverty gap ratio 3. Percentage share of income or consumption held by poorest 20% 	<p>To reduce poverty</p> <p>Poverty reduced by 5% annually</p> <p>Increased number of successful micro-enterprises</p> <p>Increased participation of civil society in poverty alleviation</p> <p>To ensure the provision of minimum and affordable basic needs to all categories of the poor</p> <p>National Policy and Implementation Framework on Poverty” approved by 2003</p> <p>Comprehensive review of Family Assistance Allowance and Poverty Alleviation Program completed by 2003</p> <p>To encourage traditional support mechanisms for the disadvantaged and provide adequate welfare support to the destitute</p> <p>All elderly have access to basic needs</p> <p>Increased private sector and community participation</p> <p>Tax incentive proposals for looking after elderly parents/family members evaluated by 2003</p> <p>To provide a social safety net to those in a severe state of deprivation</p> <p>Increased number of families looking after their elderly family members</p> <p>To create earning income opportunities for the poor</p> <p>Increased micro-lending to the poor</p> <p>All poor incapable of working receive assistance</p> <p>A coordinated monitoring mechanism for micro-finance is established by 2003</p> <p>Comprehensive review of micro-finance programs implemented by 2005</p> <p>Tax incentive proposals for looking after elderly parents/family members evaluated by 2003</p> <p>To formalize and strengthen the government and civil society partnership in alleviating poverty</p> <p>More regular consultations/biannual forums between Government and NGOs</p> <p>Increased participation of civil society in poverty alleviation</p> <p>NGO Social Policy Framework /MOU between Department of Social Welfare and NGOs established by 2003</p> <p>Certified training programs for community social workers established by 2003</p> <p>To ensure the compilation and timely analysis of statistics on poverty</p> <p>Poverty Situation Report completed by 2003</p> <p>Analysis of HIES results completed by 2004</p> <p>The feasibility of 5-yearly HIES survey evaluated by 2003</p> <p>Other data collection mechanisms explored, evaluated and implemented</p>

MDGs & Indicators	Fiji Government Policies & Key Performance Indicators
<p>Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p> <p>4. Prevalence of underweight children (under 5yrs)</p> <p>5. Proportion of population below minimum level of dietary level consumption</p>	<p>To ensure food and income security for rural and outer island dwellers</p> <p>Risk management and environment impact assessments required for rural development projects</p> <p>Increase in number of persons employed in cash work (including small holder agriculture) and cottage industries</p> <p>Production of traditional food crops increased</p> <p>Programme to promote food and income security effected by 2003</p> <p>Explore the potential of NATCO spearheading an improved rural marketing network by 2003</p> <p>Micro-finance facilities, and business advisory services (including marketing available widely in rural areas by 2005</p>
2. PRIMARY EDUCATION	
<p>Target 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education</p> <p>6. Net enrolment ratio in primary education</p> <p>7. Proportion of pupils starting grade 1 who reach grade 5</p> <p>7a. Primary completion ratio</p> <p>8. Literacy rate of 15-24 year olds</p>	<p>To ensure the provision of minimum and affordable basic needs to all categories of the poor</p> <p>All children to receive 12 years of education by 2005</p> <p>To improve Indigenous Fijian & Rotuman education and training</p> <p>Fijian education curriculum developed from classes 1 to Form 7 by 2004</p> <p>Centres of Excellence for sports, music, and creative art established by 2004</p> <p>To improve access to education for disabled persons</p> <p>A policy for disabled persons developed by 2003</p> <p>To ensure the protection and development of children</p> <p>Number of children with 12 years of education</p>
3. GENDER EQUALITY	
<p>Target 4 Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015</p> <p>9. Ratio of girls to boys in primary, secondary and tertiary education</p> <p>10. Ratio of literate females to males of 15-24 year olds</p> <p>11. Share of women in wage employment in the non-agricultural sector</p> <p>12. Proportion of seats held by women in national parliament</p>	<p>To increase participation of women in socio-economic development</p> <p>Women's access to micro-credit assistance improved by 50% by 2004</p> <p>Access to formal credit through affirmative action programs improved by 30% by 2004</p> <p>To mainstream gender perspectives, issues and concerns in the planning process.</p> <p>Conduct gender audit to be conducted in two pilot ministries (Agriculture and Health) and gender sensitization training in government and the private sector.</p> <p>To ensure gender equality and non-discrimination before the law.</p> <p>The Family Law Act enacted in 2003;</p> <p>The Mental Health Treatment Act reviewed.</p> <p>To provide disadvantaged women with access to savings and credit mechanisms and to advisory and marketing assistance.</p> <p>Operate the Women's Social and Economic Development (WOSED) Program;</p> <p>Establish the National Centre for Small and Micro Enterprise Development.</p> <p>To ensure women's accessibility and full participation in power structures and decision-making bodies. Equal employment opportunity policy implemented by the Public Service Commission.</p> <p>To educate the community and law enforcement agencies to prevent and eliminate violence against women.</p> <p>Programs of male advocacy training conducted with police, military personnel and other groups of men, community-based training, and workshops on the economic costs of violence.</p> <p>Domestic violence legislation reviewed by the Fiji Law Reform Commission.</p>
4. CHILD MORTALITY	
<p>Target 5 Reduce by 2/3 between 1990 and 2015, the under-five mortality rate</p> <p>4. Prevalence of underweight children (under 5yrs)</p> <p>13. Under-five mortality rate</p> <p>14. Infant mortality rate</p> <p>15. Proportion of 1 year old children immunised against measles</p>	<p>To provide adequate primary and preventative health services</p> <p>Prevalence of underweight children (under 5yrs)</p> <p>Under-five mortality rate</p> <p>Infant mortality rate</p> <p>Proportion of 1 year old children immunised against measles</p> <p>Health promotion activities integrated into rural and community health programmes</p>

5. MATERNAL HEALTH	
<p>Target 6 Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate</p> <p>16. Maternal mortality ratio</p> <p>17. Proportion of births attended by skilled health personnel</p>	<p>To provide adequate primary and preventative health services</p> <p>Maternal mortality ratio</p> <p>Proportion of births attended by skilled health personnel</p> <p>Health promotion activities integrated into rural and community health programmes</p>
6. HIV/AIDS & OTHER DISEASES	
<p>Target 7 Have halted by 2015, and begun to reverse, the spread of HIV/AIDS</p> <p>18. HIV prevalence among 15-24 year old pregnant women</p> <p>19. Contraceptive prevalence rate</p> <p>20. Number of children orphaned by HIV/AIDS</p>	<p>To provide adequate primary and preventative health services</p> <p>HIV prevalence among 15-24 year old pregnant women</p> <p>Contraceptive prevalence rate</p> <p>Number of children orphaned by HIV/AIDS</p> <p>Sustained prevention and control of HIV/AIDS</p>
<p>Target 8 Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases</p> <p>23. Prevalence and death rates associated with tuberculosis</p> <p>24. Proportion of TB cases detected and cured under DOTS</p>	<p>To provide adequate primary and preventative health services</p> <p>Prevalence and death rates associated with tuberculosis</p> <p>Proportion of TB cases detected and cured under DOTS</p>
7. ENVIRONMENTAL SUSTAINABILITY	
<p>Target 9 Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</p> <p>25. Proportion of land area covered by forest</p> <p>26. Land area protected to maintain biological diversity</p> <p>28. Carbon dioxide emissions (per capita)</p>	<p>To minimize degradation of natural resources and protect biodiversity</p> <p>Sustainable Development Bill enacted and implemented by 2004</p> <p>Marine Prevention Pollution Bill enacted and implemented by 2004</p> <p>Fiji Biodiversity Strategy Action Plan endorsed and implemented by 2003</p> <p>National Implementation Strategy and First National Communication to the Framework Convention on Climate Change endorsed by 2003</p> <p>National controls on coral harvesting by 2003</p> <p>Two nature parks and walkways by 2004</p> <p>Mangrove Management Plan reviewed by 2003</p> <p>To maintain a healthy and clean environment through the reduction and elimination of pollution and proper management of wastes</p> <p>Vehicle emission levels reduced by 50% by 2005</p> <p>National Analytical Laboratory established by 2003</p> <p>Alternative bio fuel identified by 2005</p> <p>Naboro waste disposal facility commissioned by 2003</p> <p>Use of adulterated fuel banned by 2004</p> <p>To raise awareness of the importance of sustainable development</p> <p>National accounts framework that takes account of natural resource depletion and environmental degradation established by 2004</p> <p>Public awareness programmes on the Sustainable Development Act conducted</p> <p>Improved coverage of environmental issues in school curriculum by 2004</p>
<p>Target 10 Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</p> <p>29. Proportion of population with sustainable access to an improved water source</p> <p>30. Proportion of people with access to improved sanitation</p>	<p>To ensure the provision of minimum and affordable basic needs to the rural and outer island population</p> <p>Master plan for 100% provision, on a participatory basis, of potable piped water to rural areas prepared by 2004</p> <p>80% of rural population to have water seal toilets or other sanitary waste disposal systems by 2005</p> <p>Review of community contribution for infrastructure development, water, electricity, etc by 2004</p>
<p>Target 11 By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p> <p>32. Proportion of people with access to secure tenure</p>	<p>To ensure the provision of minimum and affordable basic needs to all categories of the poor</p> <p>Upgrading of squatter settlement at Jittu Estate I and Lakena II completed by 2005</p> <p>To facilitate the provision of decent affordable housing to all, especially to those of low-income earners, through reduction of the cost of buying and building homes</p> <p>Increased number of low-income earners accessing Housing Authority special</p>

	<p>interest rate loans</p> <p>3000 approvals for FNPF withdrawals for members housing by 2004</p> <p>Review of HA and PRB operations by 2004</p> <p>Government, NLTB and Housing agencies working in partnership to make more land available for housing</p> <p>Development by HA of 500 new residential lots per annum</p> <p>To significantly upgrade squatters settlements by redevelopment of squatter areas, and provision of basic amenities in current squatter settlements</p> <p>Urban Squatter population reduced by 5% per year</p> <p>Examination of Squatter Control Legislation by 2005</p> <p>Government support for NGOs involved in squatter housing increased</p> <p>Completion of all resettlement projects earmarked for each year</p> <p>To strengthen government/NGO partnership in the provision of housing and land for the poor</p> <p>Increased development of native land for housing the poor</p> <p>200 new houses per annum constructed by NGOs</p>
8. GLOBAL PARTNERSHIP	
Target 14 Address the special needs of small island developing states	<p>To recognize and adhere to international declarations, agreements, conventions and treaties of UN, Commonwealth, EU and others that are of significant benefit</p> <p>Progressive increases in receipts of development cooperation funds, in areas of priority identified under Government's Public Sector Investment Program between 2003-2005</p>
Target 15 Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	<p>To reduce government spending as a proportion of GDP;</p> <p>Increase expenditure target ratio of infra-structure, health and education to total expenditure with corresponding cuts in other areas by 2005</p> <p>To keep the deficit at sustainable levels;</p> <p>Debt service as a percentage of exports of goods and services</p> <p>Net expenditure to be not more than 28% of GDP by 2005</p> <p>A fully-fledged Debt Unit established by 2004</p> <p>To reduce debt-to-GDP ratio;</p> <p>4% of GDP in 2003 and less than 3% of GDP by 2005</p> <p>To borrow locally wherever feasible (to utilize the surplus cash liquidity)</p>
Target 16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	<p>To increase employment opportunities for youth</p> <p>Number of youth employed</p> <p>Number of youth in training programs per year</p> <p>To reduce skill shortages</p> <p>Expansion of intake at tertiary and vocational institutions to meet skills needs</p> <p>To improve job growth in the formal and informal sectors</p> <p>Annual Review of the Employment Taxation Scheme</p> <p>National Centre for Small and Micro Enterprise Development (NCSMED) fully established and operational in 2003</p> <p>Employment exchange scheme with NZ/Australia/US introduced</p> <p>To empower young people to secure gainful employment or self-employment opportunities, both locally and abroad</p> <p>Increased number of accredited training programs organized by Ministry of Youth</p> <p>Increased number of income generating projects</p> <p>Increased opportunities & access for youths to participate in attachment and volunteer programs</p> <p>To improve functioning of the labour market</p> <p>The Computerised Human Resources Information System (CHRIS) and Labour Market Info System (LMIS) established and expanded in 2003-2005</p> <p>National Accreditation Board established and operational in 2004</p> <p>Industrial relations, labour and minimum wage legislation reviewed by 2003</p> <p>Employment Placement Services/Job Matching System established and operational in 2003-2005</p> <p>Labour Force Survey conducted annually from 2004</p>

<p>Target 17 With cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>To provide efficient curative (hospital) health care services Appropriate levels of drugs and medical supplies reviewed and established New Government Pharmacy constructed by 2004</p>
<p>Target 18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>To reduce telecom rates in the short term by promoting more discussions between potential investors in ICT services and FINTEL/Telecom Fiji to negotiate favorable rates under which the investments would be viable Reduction in telephone charges by an average of 15% by 2005 At least one international call center established by 2003 Telecommunication access to at least 400 more unconnected villages by 2005 In the medium term, liberalization of the telecommunications sector through more competition and the removal of exclusive licenses Exclusive telecommunications licenses removed by 2005 Increased competition with more Internet Service Providers (ISPs) To align Fiji's ICT training to developments in the employment market An additional ten schools per year with computers and internet access. Corporate sponsorship provided for additional schools Teachers' computer skills upgraded To introduce "e-government" in order to raise efficiency of service delivery Suitable government services available through the Internet by 2005 To provide an independent and impartial judiciary, and associated legal services, capable of efficiently and effectively discharging its obligations Full computerization of DPP's Office by 2005 Crime search database activated and shared by relevant agencies by 2005</p>

Goal 1: Eradicate Extreme Poverty and Hunger

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Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 per day (PPP values)	n.a	n.a	n.a	n.a
	1a Poverty head-count ratio	n.a	National 25.5%; Urban 27.6% Rural 24.3% ¹	n.a	n.a
	2. Poverty gap ratio	n.a	0.31 ¹	n.a	n.a
	3. Share of poorest quintile in national consumption	n.a	2% ¹	n.a	n.a
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of under-weight children (under 5 yrs of age)	15% ²	n.a	n.a	n.a
	5. Proportion of population under minimum level of dietary energy consumption	n.a	9.9% ¹	n.a	n.a

Sources: ¹ Calculations from 1990-91 HIES for Fiji Poverty Report, 1996; ² Fiji National Food and Nutrition Committee, 1994.

1. Proportion of the population below \$1 per day

Measuring change

Despite the prominence now given in national policy to reducing poverty, there are very few reliable or up-to-date data available on the extent, depth or other characteristics of poverty in Fiji. Information on the proportion of the population below any income point usually comes from a national Household Income and Expenditure survey (HIES). These surveys were conducted in Fiji in 1977, 1983, 1990-91, and recently in 2002-4.

- The 1977 survey results were described by Stavenuiter (1983);
- Data from the 1983 survey were destroyed;
- The 1990-91 survey, which had quite serious technical difficulties, was analyzed in 1996 and reported in the Fiji Poverty Report (1997);
- An urban HIES was conducted in 2003-4 and some preliminary results have been reported, but the data are yet to be edited (ie. checked for errors) and fully analyzed;
- A rural HIES was conducted in 2004. The data have been tabulated and edited but not yet analyzed.

There are plans to conduct an HIES every five years. This will certainly be an improvement over the present situation. There was a 17 year gap between the 1977 and 1990-91 surveys – and 19 years before the latter survey was analyzed. Twelve to thirteen years have elapsed since the 1990-91 HIES. As well as the HIES, there have been a number of small-scale surveys and studies which throw some light on the nature of poverty in Fiji but cannot give much information about its extent. (A bibliography of these studies can be found in the Fiji Poverty Report.)

Purchasing power parity (PPP) has not yet been calculated for Fiji.⁴ (PPP is a rate of exchange that accounts for price differences across countries, allowing international comparisons of real output and incomes.) The nominal value of the US dollar cannot be used, for in 2004 its devaluation against the Fiji dollar would itself have changed the measured extent of poverty in this country. In order to properly reflect poverty levels, national income figures also need to more fully include the value of remittances and subsistence production, both significant sources of income for some households.

Finally, poverty in Fiji is difficult to express as a monetary value. Poverty here does not typically take the form of extreme destitution; many households get a large part of their livelihood from semi-subsistence activities. Poverty in Fiji is better measured in a relative manner as the proportion of people or households that cannot afford basic living conditions, defined by Fiji standards.

Despite these difficulties, occasional estimates have been made of the proportion of the population in poverty in Fiji. It is important to note that these are extrapolations from the fairly weak 1990-91 HIES, usually with annual inflation factored in and a guess, at best, at PPP values.

General progress

In the 1980s, Fiji was described as a society with deep inequalities but relatively little absolute poverty.⁵ The 1997 Fiji Poverty Report reached a similar conclusion.⁶ About 25 per cent of households lived in poverty, unable to afford a basically adequate living as defined by Fiji standards. Many more households were vulnerable to poverty. The report challenged the generally held assumption in Fiji that poverty is rare and that better-off relatives always help disadvantaged people. The report found that poverty pervaded all communities—Fijian, Indian, and others—and was not restricted to a particular ethnic group or section of the society. Inequalities of wealth were greater within ethnic groups than between them. The main difference was that Fijian households predominated in the middle income groups while Indian households predominated in both the lowest and highest income groups. Income inequality was therefore greatest amongst Indian households.

A recent study surveyed twenty communities and found that nine communities reported their situations had improved during the past five years, another nine felt that their situation has worsened and two saw no change in their standard of living.⁷ Communities that said their lives had improved cited community improvements such as the construction of a community hall, footpath, community water supply, or rural electrification as improving their well-being. The communities that reported greater hardship cited price increases of basic commodities, increased unemployment, particularly in the urban areas, and high school dropout rates. People who said that life had become harder were mainly those who were most disadvantaged.

The survey also confirmed central findings of the Fiji Poverty Report:

- Urban communities (of all ethnicities) associated poverty with inability to afford basic needs such as housing and food; or access basic services and infrastructure particularly education, water supply, and power, often because they lack secure land title or cannot afford the connection costs; the growing number of children and youth who drop-out from school because of inability to afford the costs; and the increased involvement of young people in criminal activities and prostitution because of lack of other income.

⁴ Fiji is the only Pacific island country that is participating in an ESCAP-sponsored International Comparison of Prices Survey, and this will assist the calculation of PPP.

⁵ Kanbur, 1986.

⁶ Fiji Government and UNDP, 1997.

⁷ ADB, 2003.

- Rural communities defined poverty as poor housing (being made from traditional bush materials and having only pit toilets), inability to afford school fees and materials for their children, lack of farming or fishing tools and equipment, being ‘in debt all the time’, and their perceived exclusion from government programs and economic and financial opportunities to improve their situation.
- The three forms of hardship common to all communities were (i) insufficient means of income, either through paid employment or some form of subsistence; (ii) limited access to basic services and infrastructure, particularly water supply, electricity, and education; and (iii) increased social pressures such as broken marriage, crime and community disputes due to weakening of family values and traditional structures within families and communities.

1a. Poverty head-count ratio

Measuring change

This statistic counts the percentage of the population below the national poverty line. The 1997 Fiji Poverty Report calculated four related poverty lines: a relative poverty line (ie less than 50 per cent of average household income); the cost of a basic lifestyle considered adequate by Fiji standards; basic food costs only; and ‘subjective’ poverty lines based on estimations by poor people and welfare organizations of the minimum cash needed to maintain a low-income but adequate lifestyle.

The main source of data is a household income and expenditure survey. As well, calculations need to be made of the composition and cost of a minimum nutritionally adequate diet, separately for Fijians and Indians as the composition and cost of these diets are quite different. This information needs to be complemented by small-scale surveys to derive the ‘subjective’ poverty lines, as well as to validate other calculations. The 2002-3 HIES is yet to be analyzed; the costs of the diets to be calculated; and complementary surveys designed and conducted.

General progress

The extent of poverty in Fiji increased between 1977 and 1990-91. In 1977, around 15 per cent of Fiji households lived below the poverty line.⁸ By 1990-91, this figure had risen to 25.5 per cent.⁹ Many others were estimated to be highly vulnerable to poverty, with incomes only marginally higher than the poverty line.

Table 3 Percentage of the population living under the poverty lines, 1997

	National	Urban	Rural	Fijian	Indian
Relative poverty line	32.7	29.0	35.0	31.3	34.5
Basic living costs poverty line	25.5	27.6	24.3	27.7	31.0
‘Food’ poverty line	9.9	7.9	11.1	10.4	9.2
‘Subjective’ poverty line	12.5	-	-	-	-

Source: Fiji Poverty Report, 1997

Although there are as yet no firm data from the HIES, there are other reliable indicators that the extent of poverty has continued to grow during the 1990s and the 2000s:

⁸ Stavenuiter, 1983, calculated from 1977 HIES.

⁹ Fiji Government and UNDP, 1997.

- Wages declined in real value over the past three decades. The real wage in 1990 was estimated to be only 62 per cent of what it was in 1975.¹⁰ From 1990-91 to 2003, the overall cost of living rose around 42–45 per cent, while the mean wage rate increased by only about 28 per cent. The real value of the lowest incomes possibly declined by around 15 per cent.¹¹
- The cost of living has meanwhile risen, including the costs of most essential items. Increased fuel costs, including the doubling of the cost of diesel since 2001, has affected not only the cost of transport but many other sectors of the economy. Rises in living costs reflect, among other things, devaluation of the Fiji dollar.
- Changes to taxation structure, namely the implementation of sales tax (VAT) in the early 1990s, has redistributed the taxation load across the whole population, a change that has disproportionately affected the real incomes of poor households.
- In 1990-91, around 86 per cent of the heads of poor households worked but earned too little to keep their family above the poverty line. Poor families, on average, had just over one income earner per family.¹² Wages have not risen comparably with the cost of living. Unless the families who were in poverty or on its borderlines in 1990–91 managed to either work more hours or get more of their members into employment, they have likely sunk further into poverty. Families just above the poverty line in 1990 have probably now slipped below it.¹³
- Although employment data are weak, every indication is that employment has dropped in recent years. Women workers have particularly been disadvantaged by the closure of garment factories. The average annual rate of job creation since 1999 has been two per cent, considerably less than the growth in the number of job seekers.
- In 1990-1, least poverty was found in rural villages (22.4 per cent) and most in the towns (27.6 per cent). The urban growth rate has escalated, particularly with the decline of the sugar industry in the north and western parts of the country, and urban unemployment has grown. The extent of urban poverty, therefore, must have risen.

2. Poverty gap ratio

Measuring change

The poverty gap is a measure of the difference between the poverty line and the mean income of the poor. The cost of eradicating poverty can be calculated from the incidence of poverty multiplied by the mean poverty gap, multiplied by the total population.¹⁴ Again, this information is derived from a national HIES and the most recent data available in Fiji are for 1990-91.

General progress

The cost of closing the poverty gap rose markedly from 1977 to 1990-91 and it can be assumed that it has risen further since then. The annual cost of closing the poverty gap in 1977 was approximately \$F11.5 million - assuming there were no leakages and the money went to the poor. This was then equivalent to 6 per cent of government expenditure and 1.9 per cent of GDP.¹⁵ By

¹⁰ UNDP, 1994.

¹¹ ADB, 2003, from Bureau of Statistics data.

¹² Fiji Government and UNDP, 1997.

¹³ ADB, 2003.

¹⁴ Kanbur, 1986.

¹⁵ Kanbur, 1986.

1990-91, the annual cost of eradicating poverty had escalated to F\$45.9 million, a sum equivalent to 6.8 per cent of government spending and 5.4 per cent of GDP.¹⁶

Table 4 The widening poverty gap, 1977 - 1991

	1977	1990-91
National household mean income	\$5,398	\$10,364
National poverty line	\$1,480	\$4,316
Mean income of the poor	\$814	\$2,939
Poverty gap	\$666	\$1,377
Cost of closing the poverty gap	\$11.5 million per year	\$45.9 million per year
Cost of closing the poverty gap as a percentage of GDP	1.9%	5.4%

Source: Fiji Government and UNDP, 1997

3. Share of poorest quintile in national consumption

Measuring change

Information about national income distribution and consumption comes from an HIES. As explained above, there are no more recent national data yet available since the 1990-91 HIES.

In analyzing the 1990-91 HIES, the Fiji Poverty Report focused on income, rather than expenditure or consumption, because the income data were less problematic. There were indications, however, that the HIES data were not very reliable.

General progress

The Fiji Poverty Report found that income distribution in Fiji was quite markedly unequal. In 1990-91, the top quintile (ten per cent of households) received 35 per cent of all income and the lowest quintile received less than 2 per cent. The lowest two quintile (ie. 20 per cent of households) received 5 per cent of all income in Fiji, while the top 20 per cent of households received 50 per cent. Over all, the lower half of all households received just over one-fifth of total income. From 1977 to 1990-91, income inequality in Fiji increased by between 4 and 6 percentage points. There are no more recent data but the process of growing inequality appears to have continued.

Table 5 Gini Coefficients for 1977 and 1990-91

	1977	1990-91
Total household income	0.42	0.46
Per capita income	0.43	0.49

Sources: Stavenuiter, 1983; Fiji Government and UNDP, 1997

Note: The Gini coefficient measures inequality in income. Perfect equality equals zero and absolute inequality equals one.

From 1977 to 1990-91 there was:

- A slight decrease in the share of national income that the poorest 20 per cent of households received, dropping slightly from 5.4 per cent in 1977 to 5.0 per cent in 1991;

¹⁶ Fiji Government and UNDP, 1997.

- An increase in the share of total income taken by the highest decile. The share of national income that the wealthiest 20 per cent of households received grew from 43 per cent in 1977 to 53 per cent in 1991; and
- A slight move in the middle deciles in the direction of a more equitable distribution but, overall, a widening gap between the wealthy and the poor in Fiji.¹⁷

The 1997 Poverty Report and the 2003 Urban HIES identified the following characteristics of the poorest households:

- The heads of households are often either old (60 years and over) or young (20-34), which means they were not in the mid-work ages when average earnings are generally higher. They are less likely to be working, and more likely to be women, than in other households
- Poor households tend to be smaller than other households, which accounts for their fewer employed adults.
- By ethnicity, they are more often Indian (54 per cent) than Fijian (42 per cent).
- Many live in informal urban settlement areas, where poor quality housing is exacerbated by a lack of basic amenities such as piped water, adequate sanitation, regular power supplies or refuse disposal.
- Around half of the collective income of the poorest 20 per cent of households came from agriculture and another third from casual employment, these being the two lowest paying forms of employment.

4. Prevalence of under-weight children

Measuring change

Under-weight for age includes moderate and severe stunting, defined as being more than 2 standard deviations below the median weight for height of the reference population.

The most recent national figures were collected by the 1993 National Nutrition Survey.¹⁸ An earlier survey was conducted in 1980.

General progress

The 1993 National Nutrition Survey found a low incidence of child malnutrition in Fiji. One per cent of rural children were severely malnourished and 15 per cent were moderately malnourished. The incidence of under-weight children was higher, at 15 per cent nationally, but this varied between ethnic groups. Many nutrition and related problems were associated with poverty and poor living conditions.

The main causes of under-weight and stunting in children under 5 years are maternal nutritional and health status, low birth weight, acute respiratory infection, diarrhoeal diseases, meningitis, asthma and malnutrition. Contributing factors include poverty, poor household food security and purchasing power, natural and other forms of disaster, poor water supply and sanitation, and poor living and environmental conditions.

The 1993 survey found 11 per cent of babies were underweight at birth, with Indian (21 per cent) babies being considerably more vulnerable to low birth-weight than Fijian babies (4 per cent).

¹⁷ Fiji Government and UNDP, 1997.

¹⁸ Fiji National Food and Nutrition Committee, 1994.

The main cause of low birth-weight babies was the high rate of anemia amongst pregnant women, accounting for 62 per cent of Indian and 52 per cent of Fijian women. The survey found that the trend of low birth-weight continued through into young children with 19 per cent of Indian children aged 1-5 years being underweight compared to 5 per cent of Fijian children.

A 1999 survey found that 19.4 per cent of urban school children and 32.9 per cent of rural school children were underweight. Sixty-one per cent underweight children were in rural schools which were predominantly Indian.¹⁹

Table 6 Per cent of under-weight children, aged 0-5 years, 1993

	National	Fijian	Indian	Other
Under-weight children	15	4.6	18.6	8.1
Wasting	4.3	2.1	7.2	2.7
Stunting	1.6	0.3	2.4	0

Source: National Food and Nutrition Committee, 1994

Note: Measurements used WHO standards.

By comparison with the 1980 national survey, there was a lesser extent of nutritional problems in children in 1993. The practice of exclusive breast feeding in the first three months increased in rural areas from 72 per cent in 1980 to 92 per cent in 1993, but remained steady at around 50 per cent in the urban areas.

Table 7 Nutritional problems in Fiji children, 1980 and 1993

Condition	1980	1993
Low birth-weight babies (less than 2,500g)	n.a.	11%
Children severely malnourished	5.8%	1 % rural children
Children moderately malnourished	21.2%	15%
Under-weight children (0-4 yrs)	16.4%	10.5%
Over-weight children (0-4 yrs)	n.a.	4.5%
Over-weight children (5-9 yrs)	n.a.	5.9%
Anaemic children (0-4 yrs)	n.a.	40%

Sources: National Nutrition Surveys, 1980 and 1993

There is increasing concern about obesity in children. The 1999 survey of school children found that 24.2 per cent of urban children and 8.7 per cent of rural children were overweight.²⁰ The urban schools with the highest number of overweight children, 39.5 per cent, were those with predominantly Fijian students. A large-scale survey of primary school students conducted by the Ministry of Health in 2002 found that 18.9 per cent of children were over-weight or obese, compared with 16.5 per cent and 7.4 per cent of children who were moderately or severely under-weight.

The 1999 report concluded that overall underweight status is more prevalent in rural schools. This may be related to physical activity, and nutritional factors such as socio-economic status,

¹⁹ Nand et al., 1999. The survey involved 33,074 children aged 6 – 12 years in 58 urban and 46 rural schools in the Suva and Rewa sub-divisions

²⁰ Nand et al., 1999.

availability of home-grown food (in rural areas), and access to food of poor nutritional value (junk foods) in the urban centres. It also noted that cultural and genetic, body build, factors probably contribute to general differences between Fijian and Indian children. The report recommended that nutrition education and interventions should be targeted at the issues of obesity in urban areas, especially among Fijian children, and at under-nutrition in the rural areas, especially among Indian children.²¹

5. Proportion of the population under the minimum level of dietary energy consumption

Measuring change

As part of the analysis of the 1990-91 HIES, the Fiji Food and Nutrition Committee calculated the composition and costs of minimum nutritionally adequate diets for Fijian and Indian households.²² Similar tables have not yet been calculated to assist the analysis of the 2003-4 HIES and the most recent data remain that for 1990-91.

General progress

The minimum nutritious diet allows only for a Spartan diet that will keep a household alive but is monotonous and meets only the most minimal requirements. It is not a goal to be met but one to be far surpassed. Even so, the Fiji Poverty Report found almost 10 per cent of households in the early 1990s could not afford even this low standard of diet. (Factoring in other costs of a basic adequate lifestyle such as shelter, clothes and transport, 25 per cent of all households in 1990-91 fell below the poverty line.) There were some differences between areas and ethnic groups but food poverty and poverty in general was a problem for some people in all parts of the country. The 1993 National Nutrition Survey supported this conclusion. It found most people in Fiji did not lack for food. More than 90 per cent of the population had a balanced diet in the previous 24 hours but the extent of malnutrition had declined over the previous decade and was a significant problem in Fiji.

Two groups at general risk of poor nutrition were people who did not understand the importance of a good diet and people on low incomes and without adequate sources of food.²³ A study of low-income Fijian families living in Housing Authority flats in Suva found that they depended on the cheapest possible food, that their diets were determined by low cost rather than the quality of the food and, as a result, they experienced many illnesses related to poor diet.²⁴

Table 8 Households below the food poverty line, 1977 and 1990-91²⁵

	1977	1990-91
National	15 %	25 %
Urban	12 %	33 %
Rural	21 %	23 %
Rural settlement	19 %	29 %

Source: Fiji Government and UNDP, 1997.

²¹ ADB, 2003

²² See Annex 2, Fiji Poverty Report for the 1977 and 1990-91 dietary tables.

²³ Fiji Food and Nutrition Committee, 1994.

²⁴ Fiji Association of Women Graduates, 1991.

²⁵ With the poverty line defined as not being able to afford the minimum food budget.

Adapting the MDG on Poverty to the National Context

The Strategic Development Plan 2003-2005 gives prominence to the need to alleviate poverty and arrest its growth in Fiji. One of the key strategies is to 'ensure the timely compilation and analysis of statistics on poverty. As the non-availability of many of the statistics required for the MDG indicators suggests, it is difficult to maintain any coherent or credible policy in the absence of key information about the extent and characteristics of poverty in this country.

Of the poverty MDG, the only indicator that is of doubtful relevance to Fiji is 1, the proportion of the population below \$1 per day. This statistic is a measurement of absolute poverty. In Fiji, absolute poverty is rare (although it does exist) and relative poverty is a more relevant basis for measurement. Wealth and other opportunities are unevenly distributed here and it is the clear disadvantage of particular groups of people that needs to be identified and addressed.

Many of the missing MDG data will be provided once the 2002-4 HIES are analyzed, but more is needed. A greater investment needs to be made in producing and managing data relating to poverty in Fiji, especially so that the MDG and other standard indicators can be disaggregated by area and groups of particular vulnerability.

The Fiji Plan of Action for Nutrition that was endorsed by Cabinet in 1998 and proposed to address the problem of under-weight children was not implemented because of a lack of commitment by major stakeholders. It was however reactivated in late 2003. New information on nutritional status will be available after the National Nutrition Survey is fully analyzed in 2005.

Goal 2: Achieve Universal Primary Education

Goal 2: Achieve Universal Primary Education					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education	6. Net enrolment ratio in primary, secondary & tertiary education	<i>Primary:</i> Total 92% ⁴ Boys: 91.7% Girls: 92.4% (1986)	Total: 97.1% ² Boys: 96.7% Girls: 97.6% (1996)	Total 94.7% ⁴ Boys: 94.9% Girls: 94.6%	Total 102% ^{1**} Boys: 102% Girls: 102%
		<i>Secondary</i> Total: 44.2% ⁴ Boys: 44.1% Girls: 44.2% (1986)	Total: 67.1% ² Boys: 64.7% Girls: 69.6% (1996)	Total: 71.0% ⁴ Boys: 67.7% Girls: 74.4%	n.a.
		<i>Tertiary</i> 4% ⁵	1.2% ²	n.a.	n.a.
	7. Proportion of pupils starting grade 1 who reach grade 5		Total: 91.4% ¹ Boys: 90.6% Girls: 92.3% (1996)	Total: 88.4% ¹ Boys: 87.4% Girls: 89.5%	Total: 88.0% ¹ Boys: 86.3% Girls: 89.8% (2002)
	7a Primary completion ratio	n.a.	n.a.	n.a.	64.3% (2003) ⁷
	8. Literacy rate of 15-24 year olds	Total: 97.5% Males: 97.6% Females: 97.4% (1986) ²	Total: 99.3% Males: 99.1% Females: 99.4% (1996) ²	n.a.	Total: 99.2% (2002) ³

Sources: ¹ Ministry of Education, various dates; ² Bureau of Statistics, various dates; ³ ADB, 2003 (from UNESCO Statistical Yearbook); ⁴ Calculated from Ministry of Education, 2000 and Bureau of Statistics, 2004; ⁵ World Bank, 1992.

Note: ** This figure is an estimate by the Ministry of Education. The explanation given for the NER being over 100 was that the population was estimated based on a projection from the 1996 census, and enrolments may include children under the age of 6 years.

6. Net enrolment ratios

Measuring change

The net enrolment ratio is defined as the number of children enrolled in primary or secondary school that are of the official school age group, expressed as a percentage of the whole population of that age in a given year.²⁶ This is calculated from school enrolment records but usually only in census years for there is no other accurate population count by age-group to provide the denominator. Accurate figures are therefore available only for 1986 and 1996. Rates for other years can be drawn from population estimates, such as the Bureau of Statistics estimate for 2000.

In 1996 enrolments reported by the Ministry of Education exceeded the total population (measured by the census) for several age-groups. Either the census under-counted children of these ages, or the enrolment figures were inflated. The second is possible, for the Ministry provides a per capita grant to schools and this may encourage head-teachers to under-report the number of children who leave during the year.

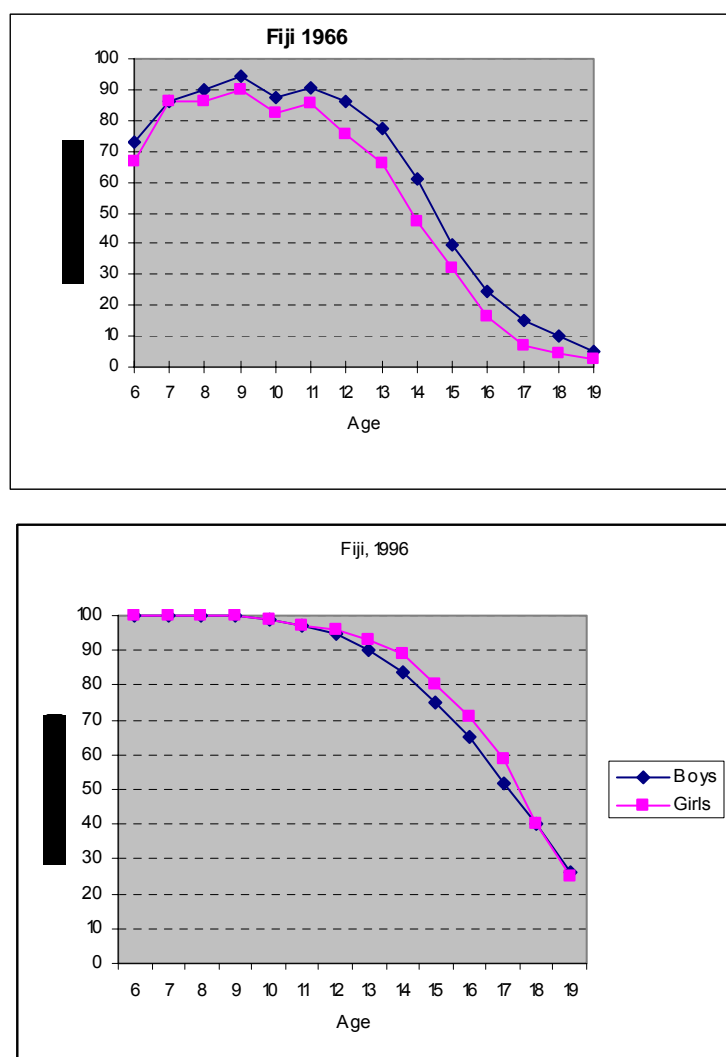
²⁶ UNESCO, 2000.

The ratio cannot be calculated for tertiary students as many of these students study outside of Fiji, would therefore not been counted in the census, and there is no data source that includes all students studying abroad, both government and privately funded.

General progress

Over the span of one generation, there has been a great increase in access to primary and secondary education in Fiji (Figure 2). In the mid 1960s, only 70 per cent of six-year-olds were enrolled in school, many children started school late, only a small minority stayed on after the age of 16, and boys out-numbered girls at almost all stages. By the mid-1990s, almost all six-year-olds were enrolled, the gender gap had closed in primary school but reversed in secondary school – with girls out-numbering boys, 72 per cent of children enrolled at secondary school, and 40 per cent of all eighteen-year-olds were still at school.

Figure 2 Percentages of children aged 6-18 in school, 1966 and 1996



Sources: National censuses, 1966 and 1996

With a Net Enrolment Ratio around 100 per cent, entry to primary education is now almost universal in Fiji. This significant national achievement has come about through the joint efforts of the Ministry of Education and the many NGOs, local communities, churches and private organizations that operate schools or programs to assist under-privileged children. This community involvement in school management is encouraged by the Ministry of Education, which concentrates on providing material and technical support and supervision to schools and teachers.

Since the mid-1990s, Government has progressively absorbed tuition costs for pupils, established more rural schools, and provided special assistance to children in remote areas with transport to school. The Compulsory Education Order of 1997 made school attendance compulsory for all children from six to 15 years, or until they have completed Class 8 or Form 2, unless they are prevented from attending by an unavoidable cause such as distance to school or illness, or are involved in some other form of organised education. Despite Government's imbursement of tuition costs, other assistance for disadvantaged children and now compulsory school attendance, a number of children drop out of school, usually because their families cannot afford other fees levied by the schools and costs such as uniforms, books, and transport. The expense of schooling increases at secondary school level.

7. The survival ratio

Measuring change

Survival ratios are calculated from school enrolment data collected by the Ministry of Education. The ratio is the percentage of the Class 1 population that is at school and in Class 5, four years later. The Ministry regularly publishes the information that allows this ratio to be calculated. The data are disaggregated by gender and ethnicity but not by district, province or rural-urban location. The latest year for which information is available is 2002.

In Fiji, where school enrolments are high, the survival ratio provides a good indication of how children fare at school. High emigration from Fiji in recent years will have depressed the survival ratio to some extent, most for Indian children. Other than emigration, the survival ratio is drawn down by children who drop out of school or repeat a class and fail to progress as expected. Survival ratios, therefore, give insight into patterns of disadvantage and early academic failure.

General progress

Census data (Table 9) suggest that ethnic and gender differences in school drop-outs largely disappeared between 1986 and 1996, at the same time as school enrolments increased.

Table 9 Children 6-14 years not attending school, by ethnicity and gender, 1986 & 1996

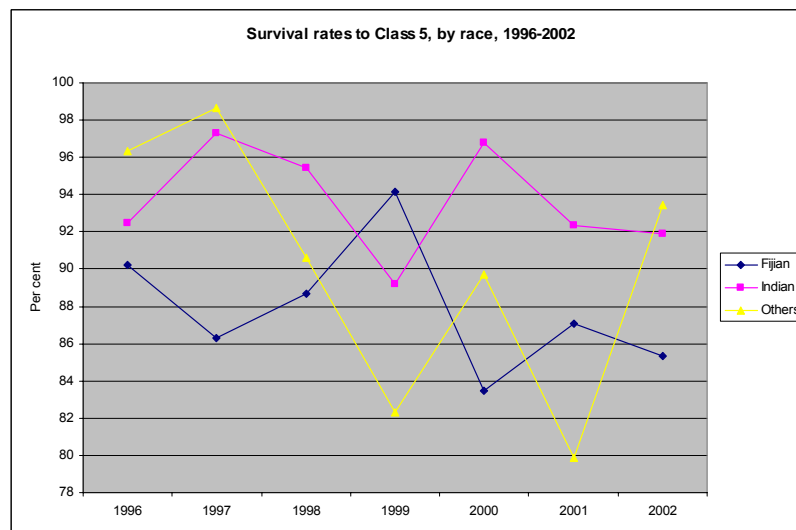
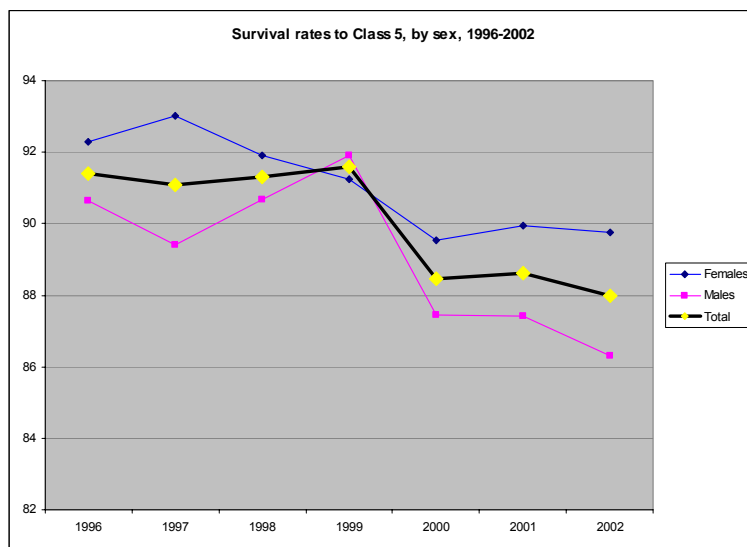
Ethnicity and Gender	Percent of Children Not Attending School	
	1986	1996
Fijian	9.8	4.0
Male	10.2	4.6
Female	9.4	3.4
Indian	8.2	4.0
Male	8.8	4.6
Female	7.5	3.3

Sources: 1986 and 1996 Censuses

Ministry of Education data, by contrast, show that survival ratios for primary education to Class 5 decreased slightly, from 91.4 in 1996 to 88.0 in 2002. Figure 3a shows that in almost all years, girls out-performed boys. There has been no research conducted to explain the overall decline or the gender difference. Figure 3b shows a more complicated picture by ethnicity: that Indian children mostly out-perform Fijian children, but 'Other' children sometimes fare worst.

A 1998 study of the reasons why some children fail to complete primary school found these were: (a) financial pressure on parents or guardians; (b) other family pressures, such as the need for a child to look after young or old family members while their parents worked; (c) lack of parental commitment to a child's education; (d) violence in schools, particularly harsh punishment by teachers; (e) academic failure, including poor achievers being encouraged to leave so that school maintained a good examination pass rate; (f) school admission policies; and (f) peer pressure.²⁷

Figure 3 Survival rates to Class 5, by sex and ethnicity, 1996-2002



Source: Ministry of Education, annual reports

7a Primary completion ratio

²⁷ Save the Children Fund Fiji, 1998.

Measuring change

This is the ratio of the number of children who successfully complete the last year of primary school in a given year, divided by the total number of children of official graduation age in the population. The same difficulties apply here as for the previous rates, namely:

- The unavailability of an accurate denominator, except in census years;
- The apparent inflation of Ministry of Education figures relative to the Census count of these age-groups.

The Ministry of Education routinely reports the mid-year (May or June) number of children enrolled in Class 8 but not the number that complete that year. Successful completion was once marked by a pass in the national Class 8 examinations but now many schools provide automatic graduation from Class 8 to Form 3, the entry class in secondary schools. By age, enrolments in all primary school classes range over at least four years, and this further complicates the problem of establishing an accurate denominator for the ratio.

General progress

Figure 2 shows that rates of primary completion and secondary school enrolment rose considerably over recent decades, but this change has now leveled out. Using cohort data, the Ministry of Education estimated that the primary completion ratios for 1993-2000 and 1996-2003 were 64.3 per cent and 64.6 per cent, respectively.²⁸

8. Literacy rates of adolescents

Measuring change

There has never been a national survey of literacy in Fiji. Literacy rates are estimated from the census, from the percentage of adults (over the age of 15) who attended school for at least four years. While this is a widely used proxy, it does not provide an accurate measurement of functional literacy and inflates this statistic.

Because it is derived from the census, this rate can only be calculated for census years. Some global databases provide estimates for other years, most based on the questionable assumption that adult literacy will only improve.

General progress

The literacy rate for adolescents is now over 99 per cent, very high by international standards. Because of the way it is calculated, however, this rate mostly indicates growth in primary school enrolments, not the quality of education provided, and provides only a crude measurement of the state of human resources.

Adapting the MDG on Primary Education to the National Context

Policy objectives

As Figure 2 showed, school enrolments are high in Fiji, have been for at least the past decade, and gender differences now advantage girls. Indicators for the MDG on primary education are not very relevant to Fiji. The important issue here is no longer raising school enrolments but raising school learning achievements in equitable ways. This involves:

²⁸ Ministry of Education, 2004, unpublished data.

- Addressing differences in access to quality education for urban and rural children. Remote rural communities and their schools face various disadvantages.
- Narrowing differences in attainment between Fijian children and those of other ethnicity. There is concern that the educational performance of indigenous Fijian students has been below par compared with that of other groups in the community, although there has been almost no in-depth research to find out why this is so. The ten-year plan for Fijian education advocates affirmative action to assist Fijian children.
- Narrowing differences in attainment by girls and boys. National policy focuses on ethnic differences in school performance but Ministry of Education data suggest that gender differences are also significant.
- Ensuring that children with special needs can attend school and have their needs addressed, and
- Ensuring that school is a safe place for all children, with minimal risk of violence.

Other policy objectives of the Fiji Government are to:

- Develop and support a professional teaching force;
- Strengthen quality partnership between government and all other stakeholders;
- Promote nation building through social justice; and
- Strengthen and expand technical and vocational educational training.²⁹

The Ministry of Education has a well-established computerized data collection system that collects information from its own administrative system. This system needs to be further developed to produce information that better supports national educational policy and programs.

1. Data on school efficiency and education quality: The Education for All initiative proposed a series of statistics derived from administrative data that can give useful measurements of school efficiency (Table 9). These statistics were collected for Fiji's 1999 EFA report but have not otherwise been regularly reported. Three of these statistics – repetition rates by grade, survival rate to Grade 5 and coefficient of efficiency - shed light on the critical issues for Fiji schools of drop-outs and academic failure. Their regular collection and use would help to identify patterns of academic failure or other disadvantage and, thereby, provide a basis to remedy biases. For example, if schools are generally disadvantaging boys, the causes of this need to be identified and the problems resolved.

A better monitoring system needs to be set in place to identify children at risk of dropping out of school. Sometimes this is a family or community matter but other times it occurs right across a district, for example, after a natural disaster such as a drought or hurricane.

2. Disaggregating data by district, province and urban-rural areas: Although much is said in Fiji about patterns of disadvantage, there is at present little firm information by which these various types of disadvantage can be assessed and monitored. With the advances of information technology, it is a relatively simple matter to incorporate currently under-utilized administrative data into a geographic information system (GIS). Although a GIS is relatively cheap and simple to use, it is a powerful tool with which to identify and measure patterns of disadvantage. This would enable the Ministry of Education to more efficiently and equitably allocate resources.

²⁹ Fiji Government, 2003.

Goal 3: Promote Gender Equality and Empower Women

Goal 3: Promote Gender Equality and Empower Women					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
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 & tertiary education	Primary: 0.94 Secondary: 1.05 ¹ Tertiary: 0.72 ⁵	Primary 0.94 Secondary 1.04 Tertiary: 0.82 ⁵	Primary 0.98 Secondary 1.07 Tertiary: 0.87 ⁵	Primary: 0.93 Secondary: 1.0 ¹ Tertiary: 0.99 ⁵ (2003)
	10. Ratio of literate females to males of 15-24 year olds	1.000 ³	1.003 ²	n.a	n.a
	11. Share of women in wage employment in the non-agricultural sector	27.1% ³	44.6 ²	38.1% (1999) ³	31 ⁴
	12. Proportion of seats held by women in national parliament	House of Representatives: 0 Senate: 0 Total: 0	House of Representatives: 4.2% Senate: 9.4% Total: 5.8%	House of Representatives: 11.3% Senate: 25% Total: 15.5%	House of Representatives: 7% Senate: 12.5% Total: 8.7% (2004)
Sources: ¹ Ministry of Education, various years; ² National Census; ³ Bureau of Statistics, 2004; ⁴ ADB 2004 from 2002 Urban HIES; ⁵ USP.					

9. Ratio of girls to boys in primary, secondary & tertiary education

Measuring change

The ratio of girls to boys is calculated from school enrolment data published annually by the Ministry of Education. In Fiji, the sex ratio for of that age-group is closely balanced, and enrolment figures reflect the overall population in this respect.

The ratio for tertiary figures was derived from University of the South Pacific enrolments and other main institutions. Tertiary education is becoming more diverse, with a number of small private institutions established in recent years. There is no consolidated information available on their enrolments, but neither is there any good reason to expect the sex ratio in private institutions would be different from the main institutions.

General progress

In many countries fewer girls than boys attend school but the opposite is the case in Fiji. At age six, 98 per cent of all children in Fiji attend school but, from there on, boys are more likely to repeat a class or drop out. Around the age of 13, the gap between girls and boys starts to widen, with girls out-numbering boys by around 6 to 7 percentage points between the ages of 15 and 17.

All primary schools and tertiary institutions are co-educational but some secondary schools and vocational institutions are gender-specific. While there are about equal enrollments of boys and girls at primary and secondary schools, and similar levels of achievement, at the post-secondary level males out-number females. This is particularly so in the science and technical fields, in vocational education and as scholarship holders. Since the mid-1990s, due to some donors' insistence on gender equality, the female share of overseas awards has increased. The gender balance of enrolments in Fiji education institutions, however, has changed very little over the past decade (Figure 4).

Figure 4 Male and female enrolments in various types of school, 2001



Source: Ministry of Education, 1993, 2001.

10. Ratio of literate females to males of 15-24 year olds

Measuring change

Some difficulties with this indicator were explained under Indicator 8, Literacy Rates for Adolescents. Because the literacy rate is derived from the census, this figure mostly reflects past school enrolments and is only a crude measurement of the state of human resources.

General progress

As explained previously, adult literacy statistics in Fiji are derived from – and therefore reflect – past patterns of school attendance. Education has become much more accessible in recent decades. Many older adults had little chance to attend school. The once considerable educational disadvantage of girls is still evident in the significant difference between the education attainment of men and women, a difference that varies by ethnic group, and is declining over time as more educated cohorts join the adult population (Table 10).

Table 10 Per cent of Fiji adults with less than four years of formal schooling

	1986		1996	
	Women	Men	Women	Men
Indian	24.1	13.8	14.2	8.4
Fijian	8.0	5.9	3.8	3.1
Other	6.6	5.6	n.a	n.a

Source: National censuses, 1986 and 1996.

Of the adult population (all people over 15 years), the most disadvantaged group is Indian female adults, of whom 14 per cent in 1996 had no formal education, followed by Indian male adults, of

whom 8 per cent had no formal education. Comparable figures for Fijian females and males were 3.8 and 3.1 per cent, respectively. In the adult Fijian population, educational opportunities have been fairly evenly distributed both by gender and a high proportion of adults attended school for at least a few years. Opportunities were more unequally distributed for the adult Indian population in that fewer attended school as children, but those that did tended to stay on longer. Girls were particularly disadvantaged.

The continuing significance of this pattern is that formal education attainment is closely linked to employment opportunities. Educational disadvantage translates into economic disadvantage, dependency and sometimes poverty.³⁰

11. Share of women in wage employment in the non-agricultural sector

Measuring change

Little in-depth information was collected about employment in Fiji during the past two decades. The censuses produced some limited information. The Bureau of Statistics conducts annual surveys of businesses with paid employees, collecting information about the nature of the business; the age, sex and race of workers; and their work hours, pay and allowances, but these surveys often suffer from a low response rate. What has been lacking is the more detailed information that national surveys can provide. A national employment survey in 1992-3 and the National Household Economic Activity Survey in 1989-90 were only partly tabulated because of technical difficulties. Some data on employment by households was produced by the 1990-91 Household Income and Expenditure Survey (HIES) and, more incidentally, the 1993 National Nutrition Survey. Recent information has been produced by the 2002-4 urban and rural HIES. A new National Labour Force Survey began in August 2004 and will run for 12 months. Two comprehensive reviews of employment conditions for women were produced by Emberson-Bain and Slatter, 1993 and ILO, 1997. A number of other studies have drawn on data that describe some aspects of employment, such as from Inland Revenue and Fiji National Provident Fund membership.

General progress

The share of women in paid employment has grown considerably in Fiji over the past three decades (Figure 5). During the 1990s, female wage employment grew faster than male employment because more women were joining the labour force and the occupations where most women were employed (especially factory work) were expanding.

The 1996 census showed that women held less than one third of wage or salaried jobs. Much of the growth in women's employment during the early 1990s came from an expansion of manufacturing and processing industries. Policies to encourage tax-free factories helped create approximately 12,000 new jobs between 1987 and 1993, but most paid low wages and provided poor, insecure working conditions. The garment industry has since contracted.

The latest urban HIES (2002) found that women comprised 35.5 per cent of the economically active population but only 31 per cent of people engaged in the cash economy. Of urban women who did work, 64 per cent were engaged in the money economy. Most others worked in non-monetary subsistence activities.

Figure 5:

³⁰ Fiji Government and UNDP, 1997.



Source: National censuses, Bureau of Statistics

A study conducted in the mid-1990s found that employment opportunities for women in Fiji were concentrated in a small part of the labour market.³¹ One quarter of all paid jobs for women was in clerical work, teaching, nursing, factory work, and sales. Women were generally lower paid, lower ranked, and less often promoted. Most of the jobs that were coming available for women then were jobs at the lowest end of wage employment.³²

A survey conducted by ILO in 1997 found that 44 per cent of women in paid employment in Fiji worked in the civil service, particularly in the ministries of health and education, and most in middle management and the lower levels of the civil service (ILO, 1997). In the private sector, women tend to be employed in partnerships, private companies, and non-profit organizations. As a result, they are more often wage-earners than salary-earners, hold junior positions and are engaged as non-unionised labour.

The 1997 study noted that women's subordinate position in the Fiji economy was caused by a complex of factors, including a general educational disadvantage. There was direct discrimination in hiring and promotion. Many fewer women than men enrolled in training programmes that led to higher positions in the formal sector, and those that were enrolled were being prepared for a narrow range of work. On average, women earned the equivalent of 88 per cent of male wages. Most organizations claimed to base their recruitment on merit, yet men were recruited or promoted to most higher level positions. There are no laws in Fiji that mandate equal pay for equal work, nor is there a national basic minimum wage. Instead, wages are negotiated on an industry-by-industry basis and therefore vary considerably.

The Fiji Poverty Report found that women were at particular risk of becoming impoverished because of the difficulties they faced compared to men in getting paid work, the small amount of maintenance support they received from ex-husbands, and other forms of gender discrimination. Divorce and separation were becoming more common and brought the risk of destitution, especially when the woman had little chance to earn money and had dependents. In response to this problem, the Family Law Act 2003 addresses issues relating to maintenance support and divorce proceedings, amongst others.

12. Proportion of seats held by women in national parliament

³¹ House, 1995.

³² Booth, 1994.

Measuring change

This information is available from the national parliament. Information about the involvement of women in public boards and other bodies is available from the Public Service Commission.

General progress

Local politics are generally male-dominated, especially within traditional communities. Although few women gain parliamentary posts, since 1990 there has been a marked increase in women's involvement in national politics. This has been assisted by some NGOs which are encouraging and training women to participate more actively in politics and to stand for election to local and national bodies.

Table 11 Women in national politics, Fiji, 1990-2004

	House of Representatives	Senate
	No Parliament (Interim Govt)	No Parliament (Interim Govt)
1990		
1991	0	0
1992	1	3
1993	0	3
1994	3	3
1995	3	3
1996	2	0
1997	2	4
1998	2	4
1999	8	8
2000	8	8
2001	5	4
2002	5	4
2003	5	4
2004	5	4

Source: Parliamentary Library

Note: Total Parliamentarians: 71 Members of the House of Representatives; 32 Senators.

Adapting the MDG on Gender Equality to the National Context

Of the four indicators for the MDG on gender, Fiji has already achieved a high level of equality on numbers 9 (the ratio of girls to boys in education) and 10 (the ratio of literate females to males of 15-24 year olds). There is still a long way to go on indicators 11 (the share of women in wage employment) and 12 (the proportion of seats held by women in national parliament).

The main objectives of the Fiji Government in regard to gender are to:

- **Mainstream gender perspectives, issues and concerns in the planning process.** This includes a gender audit to be conducted in two pilot ministries (Agriculture and Health) and gender sensitization training in government and the private sector.
- **Ensure gender equality and non-discrimination before the law.** This includes the enactment of the Family Law Act in 2003 and a review of the Mental Health Treatment Act.

-
- **Provide disadvantaged women with access to savings and credit mechanisms and to advisory and marketing assistance.** This includes operation of the Women's Social and Economic Development (WOSED) Program and establishment of the National Centre for Small and Micro Enterprise Development, which is contributing to poverty reduction.
 - **Ensure women's accessibility and full participation in power structures and decision-making bodies.** This includes the implementation of an equal employment opportunity policy with the Public Service Commission.
 - **Educate the community and law enforcement agencies to prevent and eliminate violence against women.** This includes programs of male advocacy training which work with police, military personnel and other groups of men, community-based training, and workshops on the economic costs of violence. The Fiji Law Reform Commission has begun to review domestic violence legislation in Fiji.

The agenda of the Ministry of Women, Social Welfare and Poverty Alleviation is also informed by commitments made to the Beijing Platform of Action, CEDAW, ICPD, and other international agreements. The monitoring requirements of these commitments have only been summarized by the MDGs, not replaced.

In the early 1990s, with assistance from the Asian Development Bank, the Department for Women and Culture began the establishment of a gender database.³³ This has not been continued or further developed, and yet it could be a central resource for the Ministry of Women, aiding in the analysis and monitoring of national policies and their contributions to greater gender equality.

³³ Booth, 1994.

Goal 4: Reduce Child Mortality

Goal 4: Reduce Child Mortality					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
5. Reduce by 2/3 between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate (per 1000 live births)	27.8 ¹	19.4 ¹	21.8 ¹	22.35 (2002) ¹
	14. Infant mortality rate (per 1000 live births)	16.8 ¹	14.7 ¹	16.2 ¹	17.8 (2002) ¹
	15. Proportion of 1 year old children immunized against measles	86% (1991) ¹	75% ¹¹	73.6% ¹	76.4% (2002) ¹
Sources: ¹ Ministry of Health; ² UNDP, 1994; ³ ADB, 2003;					

13. Under-five mortality rate

Measuring change

Reliable information on child deaths and morbidity is regularly reported by the Ministry of Health.

General progress

Child mortality has remained fairly steady over the past decade, varying within the low 20s (Figure 6). There are differences within Fiji between the main ethnic groups, with the highest rate being for Fijians (Table 12).

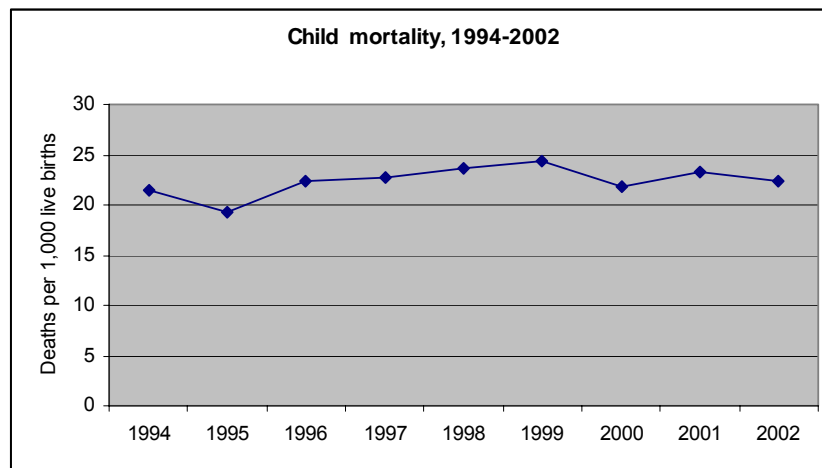
Table 12 Under 5 deaths, 1990 and 2000

Population	1990	2000
National	21.7	21.8
Fijian	26.7	23.2
Indian	15.9	20.3
Other	14.5	13.3

Source: Ministry of Health

In Fiji, the leading causes of death in children under the age of five are, in order of occurrence, acute respiratory infection, communicable diarrhoeal diseases, rheumatic heart diseases, malnutrition, meningitis, and asthma. Other contributing factors are poverty, inadequate sanitation, low education level, poor water supply, and poor living and environmental conditions, particularly in rural areas. The under-five mortality rate is now low. Meeting the MDG goal of reducing under-five mortality by another two-thirds will therefore be difficult, for the challenge now goes far beyond improving medical services to addressing hardship and poverty throughout Fiji.

Figure 6:



Source: Ministry of Health

14. Infant mortality rate

Measuring change

The Ministry of Health maintains reliable records for births and infant deaths. As almost all (98.6%) births are attended by trained medical personnel, very few births or infant deaths go unrecorded. Data from all health centres, provincial hospitals and divisional health services are compiled by the Statistics section of the Ministry of Health in Suva and published in the Ministry's annual report.

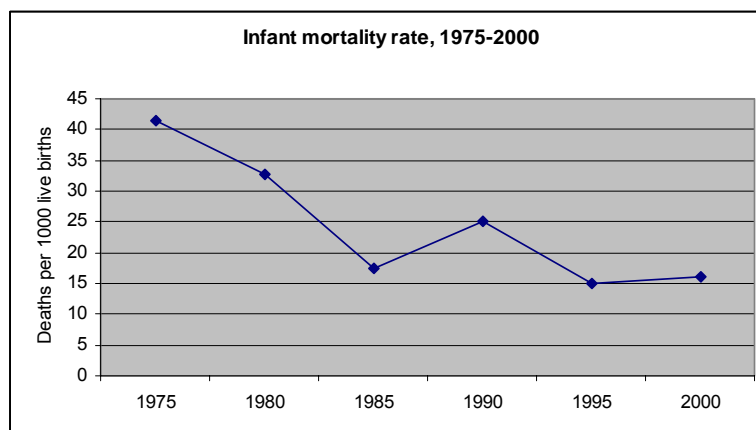
General progress

Fiji's infant mortality rate fell from around 71 per 100,000 live births in 1960 to around 16 in 2000. The decline has leveled out over the past decade, possibly because of political instability during this period. Fiji has a good network of basic health services, particularly for maternal-child health. While efforts continue to reduce infant mortality, of at least equal concern now are patterns of infant and child morbidity, and the extent to which these relate to lifestyles in Fiji.

- Under-weight for age, which is a key indicator of ill-health for this age-group, is associated with poor nutrition, poor environmental health, anaemia, and other hall-marks of poverty. The 1993 National Nutrition Survey found 11 per cent of babies were underweight at birth. The main cause of low birth-weight was the high prevalence of anemia amongst pregnant women. Of children aged one to five years, 19 per cent of Indian children and five per cent of Fijian children were under-weight. The number of under-weight babies should reduce with the iron fortification of flour.
- The high and rising incidence of diabetes, meanwhile, contributes to gestational diabetes mellitus and the condition of macrosomia in infants, namely very over-weight at birth. This problem will be addressed in the National Non-Communicable Diseases Plan for 2004-8.

- Sexually transmitted infections (STI) are a serious risk to the health of babies who contract these diseases from their mother at birth. At Suva's Colonial War Memorial Hospital, syphilis caused the death of 21 babies in 1992, 15 babies in 1993 and 12 babies in 1994.³⁴ In 2003, 223 pregnant women with STI were seen at the CWMH. This problem is being closely followed up in the Antenatal Clinics.

Figure 7:



Source: Ministry of Health, annual reports

15. Proportion of 1 year old children immunized against measles

Measuring change

The Ministry of Health runs a comprehensive immunization program through the primary health care clinics and rural nursing stations. These figures are reported annually to the Ministry and the World Health Organisation. The most recent National Immunization Coverage Survey in 1999 found that the measles coverage for one-year-olds was 92.3 per cent.

General progress

Infant immunization coverage rates are generally high but fluctuate between the years. The main reason for lower coverage in some years is the poor maintenance of the cold chain system in the remote areas.

Adapting the MDG on child mortality to the national context

Average infant and child mortality rates have progressively fallen in Fiji over recent decades. While the MDG goal and its indicators retain some relevance, current concerns in Fiji require more detailed information about contributing factors to ill-health in infants and children.

The concern here is now with sub-national differences in mortality rates and patterns of infant and child morbidity. The main needs in regard to promoting child health are to sustain the immunization rates and attend to nutrition, including poor weaning practices, reduce 'junk food' intake and reduce anaemia – the latter being monitored since the recent introduction of iron fortification of flour.

General policy objectives of the Ministry of Health are to:

- Provide adequate primary and preventative health services;

³⁴ Ministry of Health; cited in Fiji Government and UNICEF, 1995.

-
- Provide effective curative health care services;
 - Maintain an appropriate level of human resources;
 - Maintain appropriate infrastructure and facilities;
 - Build a management culture that promotes and supports continuous quality improvement;
 - Improve health financing.

The Ministry of Health has a well-developed information management system and intends to develop geographic information system capability. Policies are in place to address current concerns. The information system nevertheless needs to be expanded beyond the types of information traditionally gathered in order to better support the monitoring of health patterns and policies.

Introduction of the Integrated Management of Childhood Illnesses (IMCI) Strategy in its pilot phase from August 2003 to August 2004 has already shown huge improvements in addressing the main causes of death in children under the age of 5. This program will be scaled up to national level by the end of 2004.

Goal 5: Improve Maternal Health

Goal 5: Improve maternal health						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
6. Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate	16 Maternal mortality rate (per 100,000 live births)	41.1 (1989) ²	60.4 ¹	57.6 ¹	35.3 (2002) ¹	The large fluctuations in this rate reflect the small size of the population.
	17 Proportion of births attended by skilled health personnel	98 ¹	99 ¹	99 ¹	98.6 (2003) ¹	

Sources: ¹ Ministry of Health, Annual Reports; ² WHO, various dates.

16. Maternal Mortality rate

Measuring change

In a small population like Fiji, the maternal mortality rate tends to fluctuate widely, and this limits its usefulness as an indicator of the state of reproductive health. With an annual average of around 17,700 births, one maternal death would raise the maternal mortality rate by 5.6 and anything more than 18 deaths in a year would place Fiji among the countries with the worst conditions in the world for reproductive health. Complementary indicators are the Crude Birth Rate (19.48/1000, 2002) and the Contraceptive Prevalence Rate (46.8%, 2002).

General progress

The latest estimate of the maternal mortality rate is 35 per 100,000 live births (ie around six pregnancy-related deaths in that year), down from 60 per 100,000 (around 11 deaths) in 1988.³⁵ Complications of pregnancy are still a major reason for women to be hospitalized.

There is a good network of maternal and child health services throughout Fiji. Almost all women now have proper prenatal, intra-natal and post-natal care. The proportion of women giving birth in hospitals has steadily risen over recent decades, from 88 per cent in 1975 to 93 per cent in 1985. In 2000, 98.6 per cent of women gave birth in hospitals that were equipped with basic essential emergency obstetric care (ie syntocinon, IV antibiotics, oxygen etc), as opposed to comprehensive emergency obstetric care (eg emergency caesarean section, blood transfusion, etc.)

Maternal mortality is already low in Fiji by international standards. Reducing by three-quarters from its 1990 level would imply an annual rate of around 15/100,000 or less than three deaths per year. This will be difficult, for maternal mortality and morbidity is now less related to the conditions of delivery and more to long-term health risks such as rheumatic heart disease, obesity, diabetes and anaemia which exacerbate complications of pregnancy and child-bearing.

The 1993 National Nutrition Survey estimated that 33 per cent of women in Fiji were anaemic and 41 per cent were obese. This prevalence of obesity reflects diets that are high in fats, salt and sugar. Obesity contributes not only to complications of pregnancy but also the high incidence of diabetes mellitus. This problem should be reduced after the implementation of the iron fortification of flour and other nutritional improvement strategies that will be confirmed after analysis of the 2004 National Nutrition Survey is completed.

³⁵ Ministry of Health, 2002.

Women are also at risk from diseases that affect their reproductive organs, particularly cancer and sexually transmitted infections, including Human Papilloma Virus (HPV) which is implicated in the high incidence of cancer of the cervix. The Ministry of Health now has programs in place to improve the early detection of these cancers.

Sub-national differences in maternal health conditions need to be better identified and addressed, in order to further reduce maternal deaths in Fiji.

17. Proportion of births attended by skilled health personnel

Measuring change

The data come from Ministry of Health records and, as there is no other check, it is possible there is some bias, particularly as any under-reporting would reflect poorly on the health clinics and health nurses.

The quality of the skilled health personnel and health services generally vary considerably across Fiji, from the well-equipped main hospitals to quite rudimentary services in remote, rural areas where emergencies are difficult to manage. Whenever possible, the Ministry of Health air-lifts emergency cases to one of the main hospitals. Conventional statistics such as the number of doctors or nurses per 10,000 population are therefore fairly meaningless in small island countries. They can give the impression that the population is well served, even though it may be a small community dependent on one health professional. If this person is off the island or cannot cope with a particular health problem, then this 'access' counts for very little.³⁶

General progress

Children born in Fiji today are much more likely to survive their first year of life than even a generation ago. Almost all children at birth now receive care from qualified medical workers. This has significantly improved the welfare of mothers and babies by reducing deaths and birth injuries, the latter once a common cause of life-long disability and suffering.³⁷

Health care services are provided by Government throughout Fiji. All health centres and nursing stations provide routine services, antenatal and post-natal care, family planning, and developmental screening for children. Nearly all child births are attended by trained personnel – doctors, nurses or trained traditional birth attendants. Training in basic emergency obstetric care through on-going basic training in midwifery through the Fiji School of Nursing and, since 1995, in post-graduate training in obstetrics and child health by the Fiji School of Medicine has improved the quality of skilled birth attendants, including in rural health centers.

There is nevertheless concern that the quality of rural health services has deteriorated, particularly in the availability of medical staff.³⁸ The high rate of emigration from Fiji since the early 1990s has included many nurses, doctors and other medical workers.

Adapting the MDG on Maternal Health to the National Context

Similar to infant and child mortality, the concern in Fiji is now less with maternal deaths than it is with patterns of illness related to pregnancy. The MDG and indicators on maternal health

³⁶ UNDP, 1999.

³⁷ Fiji Government and UNICEF, 1996.

³⁸ Fiji Government, 2003b,.

therefore retain some relevance but, as with child health, they need to be complemented by more detailed information about sub-national differences in maternal health conditions. The Ministry of Health has the potential capacity for this in its existing information management system, but may need further resources in order to achieve it.

While maternal mortality is low in Fiji, there are real concerns with maternal health, particularly in connection with the high prevalence of diabetes, obesity and gynecological cancer.

Cancer of the cervix uteri is the most common of all cancers in Fiji, even though it affects only half of the population, namely women. Given this high prevalence, specific indicators for Fiji's next MDG monitoring report should include:

- The number of Pap smears taken per year as a percentage of women aged 25-65, by ten-year age-group;
- The number of cases of cancer of cervix uteri diagnosed over the same period.

Goal 6: Combat HIV/AIDS and other diseases

Goal 6: Combat HIV/AIDS and other Diseases					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18 HIV prevalence among 15-24 yr old pregnant women	0	< 0.01	< 0.01	< 0.01
	19 Condom use rate of the contraceptive prevalence rate	9.8% (1989) ¹	13.1% ¹	14.6% ¹	14.8% (2002) ¹
	19a Condom use at last high-risk sex	n.a.	n.a.	n.a.	n.a.
	19b Percentage of the population 15-24 yrs with comprehensive correct knowledge of HIV/AIDS	n.a.	n.a.	n.a.	n.a.
	19c Contraceptive prevalence rate	31% ¹	38% ¹	44% ¹	35% ¹
	20 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 yrs	0	0	0	0
8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence & death rates associated with malaria	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji
	23 Prevalence & death rates associated with tuberculosis	n.a.	Prevalence: 21.1/100,000 Death rate: 0.37/100,000 (1997) ³	Prevalence: 18/100,000 Death rate: 0.37/100,000 ³	Prevalence: 22/100,000 Death rate: 0.73 (2001) ³
	24 Proportion of TB cases detected and cured under DOTS	Program not yet introduced	40% ³	85.5% ³	80% ³

Sources: ¹ Ministry of Health, annual reports; ² ADB, 2003; ³ WHO, 2004.

18. HIV prevalence among 15-24 year old pregnant women

Measuring change

There is limited surveillance of HIV in Fiji. The Ministry of Health obtains information about HIV positive cases from laboratory test results. The Ministry reports HIV/AIDS cases separately by age, sex and race, and provides no information that could identify an individual.

To date, 54 women have been reported HIV positive, accounting for 38 per cent of known infections. Of all cases, 51 per cent were aged 20-29 at the time of diagnosis, and 2 per cent less than 19 years. If the same sex ratio applies in this age-group as to all cases, then approximately 20 per cent of known HIV positive people would be women aged less than 29 years. A smaller number would be aged 15-24 years, and some fraction of this number would be pregnant. From this, the known HIV prevalence among 15-24 year-old pregnant women in Fiji can be assumed to be well less than one per cent. However, we cannot say this for sure as HIV is not routinely

screened at ANC clinics and only around 85 per cent of pregnant women attend these clinics. Many of the people now recorded as HIV positive were first tested after their sexual partner, parent or child tested positive, and had been living unknowingly for some time with HIV.

General progress

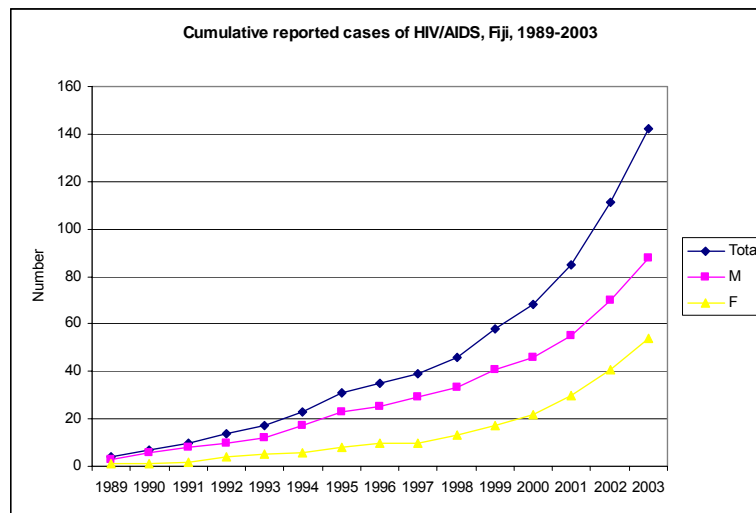
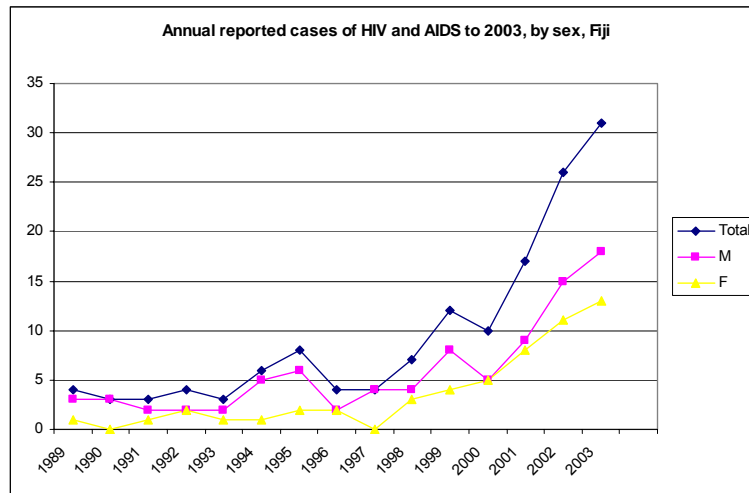
The HIV epidemic in Fiji is still in a low level state but the number of known cases is rising steadily and the risk exists for a fast-developing, widespread epidemic. By mid 2004, there were 160 confirmed cases of HIV and AIDS in Fiji but, given the limited surveillance, this is almost certainly a large under-estimation.

Of the known infections, 62 per cent are male, and 82 per cent are in the indigenous Fijian population. The main route of infection is sexual activity; there has been only one known case of intravenous transmission. Although the first confirmed HIV positive person was infected through blood (a transfusion done abroad), blood supply in Fiji is considered safe, although there is some doubt among doctors that this is so. Of the 13 pregnancies of women known to be HIV positive, there have been six or seven (still waiting for confirmation) transmissions of the virus to the infant, four women were lost to follow up, and two babies were born HIV-negative. Eight of the ten known cases of mother-to-child transmission have occurred since 1999. The main reported mode of transmission has been heterosexual (85 per cent), but there is also a considerable level of homosexual and male bisexual activity in Fiji.

The risk factors for a fast growing HIV epidemic in Fiji include the high incidence of other sexually transmitted infections, a high incidence of teenage pregnancies, a high incidence of drug and substance abuse, a mobile population, a large tourism industry, and cultural behavior that includes a considerable degree of extramarital sex, particularly by men, and sexual violence. Data on known infections suggest that women are a large group at risk, for they have little control over the sexual behavior of their partners and little opportunity to protect themselves from infection. Young people are also generally at risk. Ten per cent of known infections have been to people under the age of 20, and 50 per cent were aged 20-29 years.

Although there are real risks of a serious epidemic, the situation is not yet out of control in Fiji and an integrated, multi-sectoral response is gathering strength. The Government has directed more resources to combating the spread of HIV and traditional Fijian leadership through the *vanua* and the churches have shown commitment to this cause.

Figures 8 & 9:



Source: Ministry of Health, 2004

19. Condom use rate of the contraceptive prevalence rate

Measuring change

These figures are compiled by the Ministry of Health from health clinic data. Issues of data quality are discussed more fully below, under 19c, contraceptive prevalence rate. Condom use is particularly difficult to quantify. Many are distributed through commercial or other channels, apart from the Ministry-run health clinics. It is difficult to equate the number of condoms distributed with the number of people using them. It can be assumed, however, that there is substantial under-reporting of condom use.

Two studies recently conducted relating to condom supplies in Fiji, by WHO (2002) and UNFPA (2003) have focused on the social marketing of condoms and ways to support NGOs to promote condom use. Condoms generally are hard to get in rural communities and many young people are embarrassed to seek them in pharmacies because of the stigma of being associated with promiscuous behavior, rather than being perceived as acting responsibly.

The Ministry of Health is looking into quantifying condom usage specifically for HIV prevention, and ways to substantiate the correlation between increased awareness of HIV prevention and actual condom use.

General progress

According to Ministry of Health figures, the use of condoms rose from 10.5 per cent of family planning acceptors in 1988 to 14.8 per cent in 2002. Many other condoms are now distributed to help prevent the spread of HIV and other STI. The Ministry of Health increased their procurement of condoms from 200,000 in 2000 to 500,000 in 2003.

19a. Condom use at last high-risk sex

Measuring change

The most recent national survey of reproductive behavior was the World Fertility Survey conducted in 1973 – now more than a generation ago, at least a decade before there was any concern with HIV, and certainly well out-dated. There have been a number of small-scale surveys regarding condom use and high-risk sex,³⁹ but there are no figures available that could be extrapolated to the national population.

General progress

Condom use is being encouraged by the Ministry of Health and various NGOs and agencies that are working to prevent HIV transmission. The number of condoms distributed has risen steadily. While it can be assumed that some are being used in situations of high-risk sex, this progress can not be quantified in Fiji.

While it is difficult to measure the impact of HIV/AIDS awareness activities on people's behavior, indicators of some positive impact of these activities include the now strong Government commitment to addressing HIV; similar commitment by the Great Council of Chiefs, churches and faith-based organizations; a progressive increase in the allocation of government funds to addressing HIV/AIDS; the growing range of activities involving youth and women; positive support from the media; and the inclusion of HIV prevention in the school curricula.

19b. Percentage of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

Measuring change

The same data limitations exist here as for Indicator 19a. No surveys have been conducted that could indicate the general level of awareness.

³⁹ These studies include N. Van Burren Inoke, 1997, A study of the health of a group of Suva commercial sex workers, Fiji General Practitioner 4:3; Hotchin et al., 1996, Knowledge, attitudes and behavior of reinfected patients, Suva STD Clinic, Fiji 1994-5, Pacific Health Dialog 2:2; and N Plange, S. Govind and A Robertson, 1989, Baseline Knowledge, Attitudes, Beliefs and Practice Survey in Relation to STD/AIDS in Fiji, National Advisory Committee on HIV/AIDS.

General progress

There have been many education programs on HIV and AIDS but few resources have gone towards monitoring them. While it can be assumed these programs have helped to educate people about HIV/AIDS and changing their behavior, there is only anecdotal evidence for this.

19c. Contraceptive prevalence rate

Measuring change

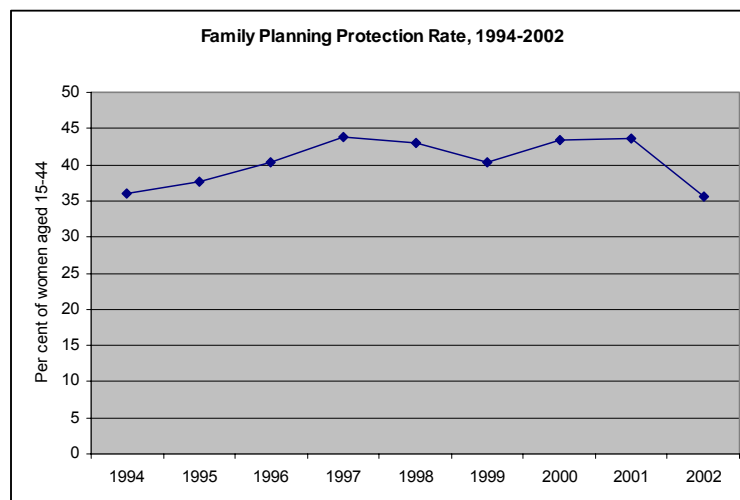
Birth control is more widely practiced than the official contraceptive prevalence rate suggests. This figure is compiled only from government health services, and misses out the many people who use private health services, especially in urban areas, or traditional methods (including rhythm and withdrawal, used particularly by Fijian couples) or poorly counted methods (condoms, used particularly by Indian couples).

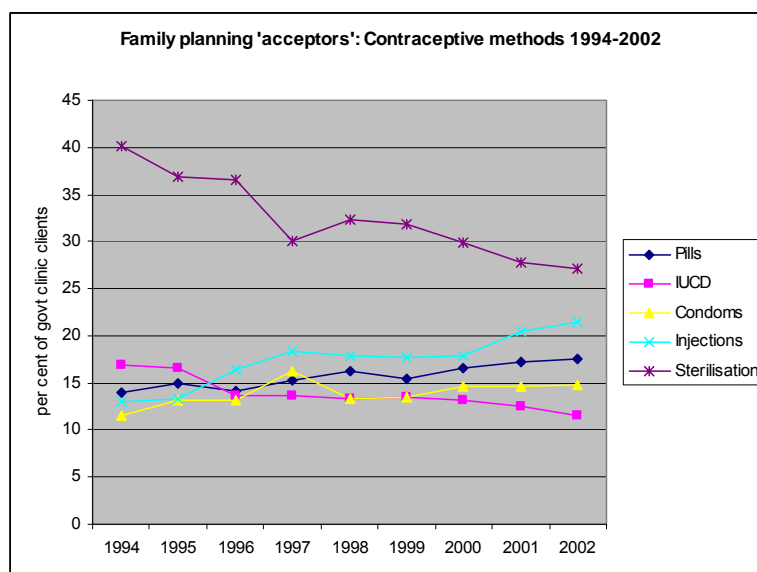
Figures on method use are therefore biased towards the methods promoted by the government clinics. A population-based CPR could be expected to show a lower per cent of women relying on sterilisation, for example, but no national survey has been conducted since the World Fertility Survey in 1973.

General progress

Family planning services have been widely available in Fiji for the past 30 years, and are provided free in all Government medical stations throughout Fiji. From 1994 to 2002, the rate has ranged between 35 and 45 per cent of women of child-bearing age, which is moderately high. The emphasis is on the health benefits of well-spaced births and, while a 'cafeteria' choice of methods has been championed, most promotion has been given to long-acting methods. Long-acting methods are preferred by couples in Fiji.

Figures 10 & 11:





Source: Ministry of Health, 2004

20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Measuring change

The Ministry of Health reports no information about HIV or AIDS cases that could identify an individual or their family. Nor does the Ministry of Education collect or report any information about the families of students. There is, therefore, no official information about the number of orphans that attend school in Fiji.

General progress

No information is available on this topic.

23 Prevalence & death rates associated with tuberculosis

Measuring change

Information on the prevalence of tuberculosis (TB) is compiled by WHO from reports by the Ministry of Health. Calculation of death rates specific to TB is difficult because only sputum-smear positive cases (ie. those with confirmed diagnosis by sputum microscopy) are counted, although there are a certain number of TB cases that cannot be diagnosed by microscopy, ie non-lung TB.

General progress

Over the past few decades, there has been a marked decline in the prevalence of tuberculosis in Fiji and considerable improvement in its treatment. The number of TB cases detected in Fiji dropped from 200 in 1996 to 150 in 2002, with fluctuations in between.⁴⁰ There has been an average three deaths per year during that period. While TB now appears to be under good control, vigilance is required in order to maintain this situation.

⁴⁰ WHO records.

24 Proportion of TB cases detected and cured under DOTS

Measuring change

DOTS, or Direct Observed Treatment Short Course, is a case detection and treatment strategy now being used by the Ministry of Health. A separate registry of TB cases is maintained but this information is not regularly available to the Health Statistics Section.

General progress

Fiji fully introduced DOTS in 1996, although 40 per cent of cases were diagnosed and treated under this system in 1995. Since 1996, 100 per cent of TB cases have been detected under DOTS.

Table 13 Cure rate (%) of sputum smear positive (ss+) cases, Fiji, 1996-2002

	1996	1997	1998	1999	2000	2001	2002
Cure rate	n.a	83	89.9	92.3	85.5	84.9	80

Source: Ministry of Health

Adapting the MDG on HIV/AIDS, Malaria and Other Diseases to the National Context

Given the growing risk of an HIV epidemic and the growing burden of ill-health from degenerative illnesses like diabetes and heart disease, most of the indicators for the MDG on combating HIV/AIDS and other diseases are very relevant. The exception is indicator 21, for Fiji is considered to be malaria-free.

The goals of the Fiji National AIDS strategy are to:

- Improve diagnostic and surveillance capacity. This includes the establishment of 'second generation' surveillance systems (both epidemiological and behavioral); strengthening of infrastructure and human resources; provision of diagnostic and monitoring services; improved blood screening and safety; increased research, and improved monitoring of the epidemic.
- Improve access to treatment, care and support for people living with HIV and AIDS, especially vulnerable groups, and the general population. This includes the provision of voluntary counseling and testing (VCT) services, client-friendly clinics, improved clinical management and treatment of HIV/AIDS, and support for anti-retroviral treatment (ART).
- Improve access to prevention, including heightened public awareness. This includes support for peer education programs, such as media campaigns and community theatre; building local capacity, such as training health workers; more attention given to human rights concerns, and behavioral change interventions.
- Strengthen national mechanisms to manage the epidemic. This includes revitalizing the National HIV/AIDS Council, improving coordination between the Ministry of Health and NGOs working in this field, and the development of a coordinated multi-sectoral response.

Despite growing concern over HIV and other sexually transmitted infections over the past decade, too few resources have gone towards monitoring the impacts of education and behavior change

programs. If Fiji is to avert an HIV epidemic, the indicators to focus on are 19, 19a and 19b, for these refer to actions that will reduce HIV transmission. Most attention is given to prevalence indicators, such as 18, but in the absence of effective counter-action these will only rise. Along with the innovative health promoting strategies being taken by the Ministry of Health, there needs to be more evaluation of the impacts of these activities.

As the last national survey was conducted in 1973, a validation survey of the contraceptive prevalence rate and methods is urgently needed.

There has been an enormous rise in diseases associated with nutrition, tobacco use and lifestyle in Fiji over the past two to three decades. Obesity and anaemia are prevalent in the adult population and becoming more so among children. The epidemic-like rise in diabetes and heart disease in particular is claiming an enormous economic and social toll from the general loss of health and productivity and the specific health consequences such as kidney failure, blindness and amputations. Few people have access to specialist medical treatment or health insurance. Seeking medical treatment abroad is out of reach for most people because of the high cost and difficulties in getting visas.

The 1996 Fiji Poverty Report detailed the ways in which the prevalence of these diseases was contributing to poverty in Fiji and, in turn, how the inability of many households to afford a proper nutritious diet was contributing to the growing prevalence of these diseases. Again, more information needs to be gathered about patterns of risk within Fiji and communicated to the public. Much more needs to be done to encourage and assist people to have better diets and more healthy lifestyles.

Indicators for Fiji's next MDG monitoring report should include both the prevalence of these degenerative diseases and causal factors for them, particularly overweight, obesity and tobacco consumption.

Goal 7: Ensure environmental sustainability

Goal 7: Ensure Environmental Sustainability					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	25. Proportion of land area covered by forest	48.9 % ⁴	n.a.	44.6 % ³	n.a.
	26. Ratio of land area protected to maintain biological diversity to surface area	9136.4 ha ⁷	9256.4 ha ⁷	9256.4 ha ⁷	9306.4 ha ⁷
	27. Energy use (kg oil equivalent) per \$1 GDP (PPP)	n.a.	n.a.	9.3	n.a.
	28a. Carbon dioxide emissions per capita	1.52 ⁹	n.a.	1.02 ⁹	n.a.
	28b. Consumption of ozone-depleting CFCs (ODP tons)	38 ⁹	n.a.	9 (1999) ⁹	n.a.
	29. Proportion of population using solid fuels	80% rural 30% urban ⁸	48% ⁵	n.a.	n.a.
10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of the population with sustainable access to an improved water source, urban and rural	n.a.	National:92.7% Urban: 97.5% Rural: 65-82% ⁵	n.a.	96.1% (urban) (2002) ³
	31. Proportion of the population with access to improved sanitation, urban and rural	93% (1993) ⁶	National: 98.8% ⁵ Urban: 99.8% Rural: 97.9 ⁵	n.a.	National: n.a. Urban 75 Rural 12 ³
11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of people with access to secure tenure	n.a.	National-83.5% Urban -86.7% Rural -80.7%	n.a.	n.a.
Sources: ¹ UNDP, 1994; ² Urban HIES, 2002; ³ ADB, 2003; ⁴ Dept Forestry, 1989; ⁵ Bureau of Statistics, from 1996 Census; ⁶ National Nutrition Survey, 1993; ⁷ D. Watling; ⁸ SOPAC estimations; ⁹ SPC, 2004.					

25. Proportion of land area covered by forest

Measuring change

The most recent forest inventory in Fiji was conducted in 1992. The land area covered with forest can now also be measured by satellite imagery. A recent set of images is held by the Ministry of Fisheries and Forests, and a partial set is held by SOPAC. The definition of forested areas used for Indicator 25 does not fully correspond to the definition proposed by the UN, as it includes all forest types (including mangroves, dry and wet woodlands and coconut and broadleaf forest areas) but excludes forest plantations and any bare land.

General progress

The three main types of forest in Fiji are indigenous forests, plantations of pine and plantations of exotic hardwoods (mahogany: *Swietenia macrophylla*). The pine plantations have been planted

over the past few decades mostly on degraded grassland that had little other use. The pine forest now covers around 43,000 hectares and provides an important export. Government is now developing the mahogany industry, to harvest and market this valuable resource.

Largely because of the development of these plantations, Fiji's rate of deforestation has been slow. Since the 1970s, Fiji has lost less than one per cent annually of its forest area to non-forest uses. The main sources of this conversion have been:

- Large-scale commercial agricultural projects;
- The continuing expansion into the forest of smallholder mixed subsistence-commercial farmers;
- The continuing spread of settlement, urban growth and infrastructure; and
- Fire.⁴¹

26. Ratio of land area protected to maintain biological diversity to surface area

Measuring change

The only areas that have legal standing as conservation areas are the nature reserves and the National Park at Sigatoka. Several other areas have been set aside for biodiversity protection but not gazetted include Koroyanitu near Nadi and Bouma in Tavenuni. The conservation purpose of these areas will be recognized in Fiji law once the Environment Management Bill completes its passage through Parliament. One category of protected lands is forest reserves. Some natural forest areas have been converted to plantation forest, so contributing to the decline in forest biodiversity.

General progress

The 1993 National Environment Management Strategy set out a plan to establish comprehensive heritage protection, since the nature reserves were legally recognised, the area of land protected for biodiversity conservation has been only informally enlarged by the addition of small project areas.

Table 14 Protected areas in Fiji

National Park	Year of Establishment	Area (ha)
Sigatoka Sand Dunes	1988	240
Nature Reserves (Forestry Act)		
Ravilevu	1959	4020
Naqarabuluti	1958	279
Draunibota, Labiko	1959	2.16
Nadarivatu	1956	93
Tomaniivi	1958	1322
Vuo	1960	1.2
Other Protected Areas (secure)		
JH Garrick Memorial Park	1986	428
Namenalala island	1984	43
Yadua Taba island	2004	50
Other Protected Areas (without legal security)		
Coloisuva Amenity Park	1952	91

⁴¹ JICA, 1998.

Bouma National Heritage Park	1990	1417
Koroyanitu National Heritage Park	1989	1200
Waisali Protected Area	1991	120

Source: D. Watling, pers. comm..

27. Energy use (kg oil equivalent) per \$1 GDP (PPP)

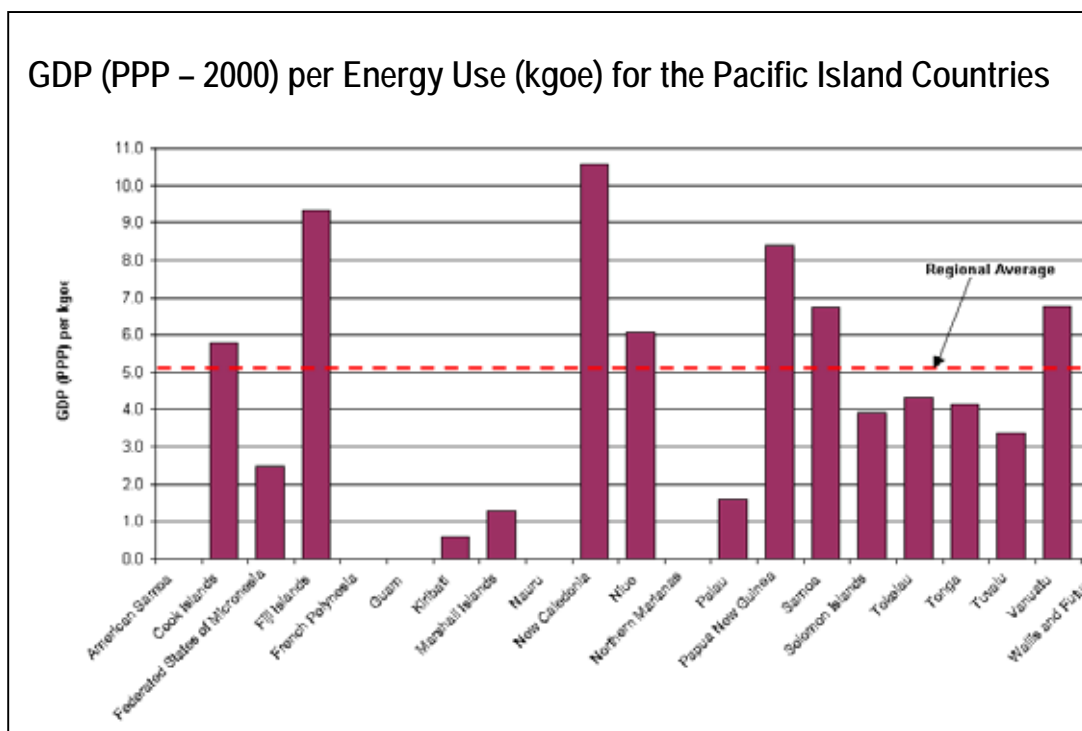
Measuring change

This ratio of GDP (in 1995 US\$ PPP) to commercial energy use (measured in kg of oil equivalent) gives a measurement of energy efficiency. A value could only be calculated for 2000 as there are no GDP PPP calculations for other years. The Pacific region is participating in an international commodity pricing survey, which should allow PPPs to be calculated. Energy efficiency has not previously been measured in this manner in Fiji or other countries of the region.

General progress

Fiji ranks higher than most other Pacific island countries in regard to energy efficiency (SOPAC, 2004)

Figure 12



Source: SPC, 2004

28. Carbon dioxide emissions per capita and consumption of ozone-depleting CFCs (ODP tons)

Measuring change

In line with its commitments to the Climate Change Convention, Fiji has conducted an emissions inventory and compiled a country report on national progress towards meeting the goals of the Convention.

General progress

Importation of CFCs has been controlled by legislation since 2000. Importation of R-12 was banned but quantities already within Fiji (mostly in old refrigerators and vehicle air-conditioning systems) can be reused until 2010. The Act requires licences and permits to be applied for and issued.

29. Proportion of population using solid fuels

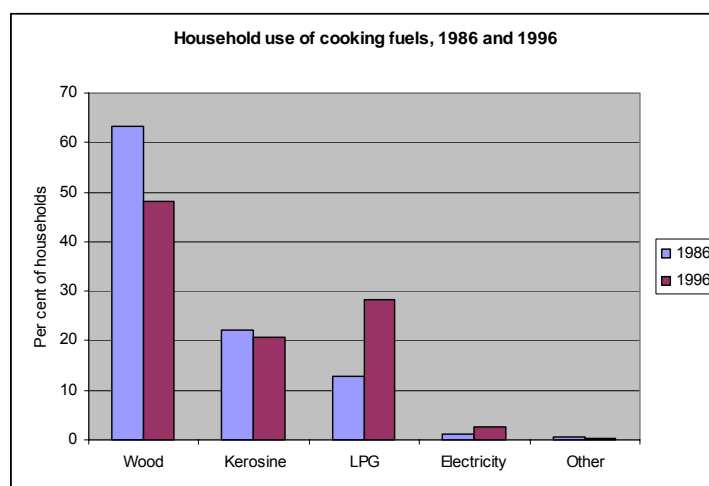
Measuring change

Information on household use of cooking fuels is provided by the 1996 census. There have been no other surveys conducted since the mid 1980s to determine solid fuel consumption in Fiji or other countries of the region.⁴² Taking the categories of 'wood stove,' 'wood open fire,' and 'other', 48 per cent of households used solid fuel for cooking in 1996. The estimate for 1990 was provided by SOPAC and references surveys carried out in various Pacific island countries in the mid 1980s.

General progress

This was a considerable reduction in the percentage of households using wood for cooking fuel, from 63 per cent in 1986 to 48 per cent in 1996. The main switch was to using LPG gas which more than doubled, from 13 per cent of households in 1986 to 28 per cent in 1996.

Figure 13



Source: National censuses, 1986 & 1996

⁴² SOPAC, 2004.

In 1986, wood was used by 88 per cent of rural households and 27 per cent of urban households, kerosene then being the most popular cooking fuel for urban dwellers.

30. Proportion of the population with sustainable access to an improved water source, urban and rural

Measuring change

An improved water source for drinking water includes household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. Reasonable access means the availability of at least 20 liters per person per day from a source within one km of the user's dwelling.

National data on access to a water source comes from the 1996 census and the 2002-3 HIES. Until 1997, the Ministry of Health was reporting annual figures on this access but has discontinued this since, as there was no clear source for this information. The census reports only on the type of supply used by each household, not the amount of supply or distance from the dwelling.

General progress

The types of water supply reported in the census included metered, communal standpipe, roof tank, well, river or creek, and other. Taking 'river or creek' and 'other' to represent inadequate access, 7.3 per cent of households in 1996 had inadequate access to clean water for drinking.

According to data from the 2002 urban HIES, access of urban households to assets and services has improved since the 1996 census.⁴³ The HIES reports that 96.1 per cent of urban households had access to safe water, compared with 92.9 per cent in 1996. This is down from 96.4 per cent in 1986,⁴⁴ a decline that reflects the growing pressure on infrastructure from population growth.

A recent ADB survey of access to opportunities (using the categories of most access, moderate access and least access) found that rural villages and settlements were the most disadvantaged in almost all regards, particularly water supply and sanitation.⁴⁵ In rural settlements over one-third of households were without safe water and almost three-quarters had no improved sanitation system.

31. Proportion of the population with access to improved sanitation, urban and rural

Measuring change

Improved sanitation is defined as adequate excreta disposal facilities, eg. connection to sewer or septic tank system, pour-flush latrine or other type of latrine. The only national data on access to sanitation facilities comes from the census.

As with access to clean drinking water, the Ministry of Health stopped reporting annual figures on access to sanitation in 1997 as there was no clear source for this information.

⁴³ ADB, 2003

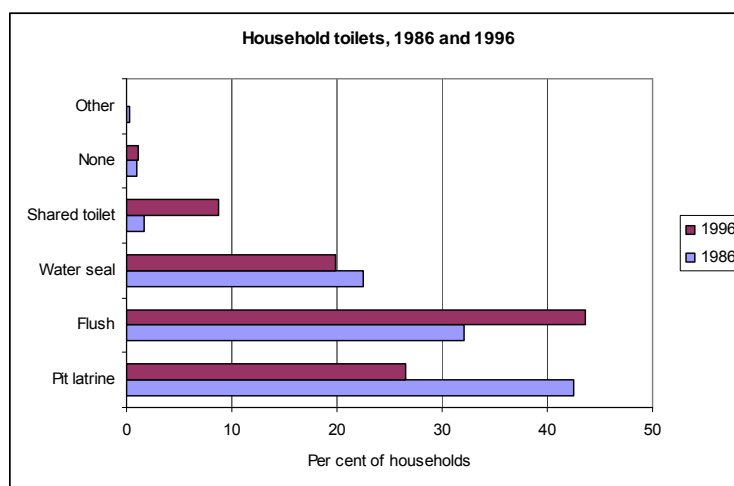
⁴⁴ National Census, 1986.

⁴⁵ ADB, 2003.

General progress

The types of facilities reported in the census are flush toilets, sealed privies, pit latrines, none and other. Taking 'none' or 'other' to represent inadequate access, only 1.2 per cent of households in 1996 had inadequate access to sanitation, similar to the 1.3 per cent in 1986. Discounting pit toilets, however, the numbers rose from 57 per cent in 1986 to 73 per cent in 1996.

Figure 14:



Source: National censuses, 1986 & 1996

32. Proportion of people with access to secure tenure

Measuring change

Secure tenure is defined by the UN as households that own or are purchasing their own homes, are renting privately, or are in social housing or sub-tenancy. According to the 1996 census, 83.5 per cent of households had such secure tenure, including 86.7 per cent of urban households and 80.7 per cent of rural households. However, this definition does not fully reflect the nature of tenure security in Fiji. Generally, although many households may own or rent their home, many urban and some rural households live in insecure conditions in that they do not own the land on which they are 'squatting'. The issues of tenure security are complex in Fiji and pertinent to patterns of economic change and poverty, The UN definition requires some adjustment in order to better reflect Fiji conditions.

General progress

Many urban dwellers of all ethnic groups lack secure tenure. Surveys conducted for the Fiji Poverty Report in the mid 1990s found that around 20 per cent of urban households lived in informal, or 'squatter' housing, often with inadequate sanitation and water supply. There are very limited provisions for public housing for low-income families. According to the 2002 HIES, 26.5 per cent of the urban population lived in settlements and a further 10.3 per cent lived in squatter areas.⁴⁶

Many rural households in Fiji also face insecure tenure. In the late 1990s, the first of some 22,000 agricultural leases, most held by Indian farmers in the sugar-cane districts, began to expire, putting both the farmers and the sugar industry in an uncertain situation.

⁴⁶ ADB, 2003.

Table 15 Growth of the squatter population in the Suva city area, 1978 - 1994

Ethnic group	1978 ¹	1983 ¹	1991 ²	1994 ²
Fijians	3,203	3,808	3,808	5000
Indians	4,390	5,438	4,175	5,200
Others	250	315	198	178
Total	7,849	9,317	8,181	10,378

Note: ¹ 1978-1983 figures from Suva City Council surveys;

² 1991-1994 figures estimated.

Source: Parliamentary Paper 33 of 1995.

Adapting the MDG on environment sustainability to the national context

The goal and indicators for the MDG on environmental sustainability are all relevant to Fiji, and reflect various regional and international commitments that the Fiji Government has made on these issues. The exception is indicator 32 for although Fiji has a growing number of urban squatters (rather than 'slum dwellers'), the very relevant issue of insecurity of tenure is not well covered by the particular definition given to it in the MDG reporting process.

Indicators 25 through 28 are fairly well covered, at least for recent years, for the Ministry of Environment has been given resources to monitor most of these changes. There must be concern, however, about indicators 30 and 31 (access to improved water source and sanitation) for there is so little reliable information about these critical issues.

The issue of secure tenure is very relevant to Fiji, particularly in regard to the growing extent of poverty. A workable definition needs to be developed, in line with the conditions and issues that concern Fiji.

Goal 8: Develop a Global Partnership for Development

Goal 8: Develop a global partnership for development					
Target	Indicator	Status of Progress			
		± 1990	± 1995	± 2000	Latest
13. Address the special needs of developing countries	37. ODA received in small island developing countries as a proportion of their gross national incomes	3.75% ⁷	n.a.	1.78% ⁷	n.a.
15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	44. Debt service as a percentage of exports of goods and services	12% ⁷	5.9% ⁷	2.1% ⁷	n.a.
16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15-24 yr olds, each sex and total	Male: 12.9% Female: 34.3% Total: 18.3% (1986) ⁶	Male: 11.3% Female: 16.7% Total: 13.1% (1996) ⁶	n.a.	14.1% adult rate ²
17. With 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	100%	100%	100%	100%
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 100 people			106 (2001) ³	
	48a Personal computers per 100 population	n.a	n.a	n.a	n.a
	48b Internet users per 100 population	0	n.a	n.a	0.1 (2004) ⁸
Sources: ¹ Fallon & King, 1995, from Reserve Bank data; ² Urban HIES, 2002; ³ ADB, 2003; ⁴ Ministry of Finance, various dates; ⁵ Reserve Bank, various dates; ⁶ Censuses; ⁷ SPC, 2004; ⁸ Estimate based on number of dial-ups in September 2004 through the single ISP.					

37. ODA received in small island developing countries as a proportion of their gross national incomes

Measuring change

Information on direct ODA is regularly published by the Reserve Bank and the Ministry of Finance. The benefits of trade agreements are more difficult to quantify and there is no regular source of this information.

General progress

Fiji receives four types of direct foreign aid, namely cash grants for projects; aid-in-kind; technical assistance; and emergency assistance. Per capita aid receipts in Fiji are lower than in most neighboring Pacific island countries and have declined over the past decade, from F\$78.7 mill in 1990, to F\$44.1 mill in 1995, and F\$13.6 mill in 2000.⁴⁷ This partly reflects Fiji' higher

⁴⁷ Ministry of Finance, unpublished data.

development status but, as well, some donor agencies cut back their assistance after an attempted coup in 2000 and concerns about human rights violations. Continued fear of political instability has also deflated foreign investment.

Another form of assistance is trade agreements. Fiji's main export – sugar – has long benefited from much higher than world market prices through European Union (EU) trade agreements, but these arrangements have been annulled and superceded by those of the WTO. Since the early 1980s, the South Pacific Regional Trade and Economic Cooperation Agreement (SPARTECA) has allowed for duty-free exports of specified goods from Pacific island countries to Australia and New Zealand, including the importation of garments from 1987, but tariff preferences have steadily reduced since the mid 1990s as these countries have responded to WTO tariff reduction targets.

With other Pacific island countries, Fiji is party to the Cotonou Agreement with the EU. Signed in 2000 and in force since 2003, the Agreement allows for non-reciprocal free right of access for goods from African, Caribbean and Pacific (ACP) States into the EU until 2008. Up to the end of 2007, the ACP States and the EU will negotiate a new trade regime to take the form of economic partnership agreements and WTO-compatible trading arrangements that will progressively eliminate trade barriers between them. The Pacific ACP States commenced negotiation of a regional EPA with the EU in September 2004. With other Pacific island countries, Fiji has also ratified and is working to implement the Pacific Island Countries Trade Agreement (PICTA), which aims to create a common market for these countries, increase trade within the region, and respond to some of the challenges of globalisation.

44. Debt service as a percentage of exports of goods and services

Measuring change

This statistic is regularly reported by the Reserve Bank

General progress

Debt service as a percentage of exports of goods and services has steadily reduced in Fiji since the early 1990s. This is, however, only one indicator of the sustainability of debt payments. In 2002, according to the Reserve Bank, government debt amounted to 46 per cent of GDP.

45. Unemployment rate of 15-24 year olds, each sex and total

Measuring change

The ILO categories used by censuses to describe the labor force can be confusing. 'Unemployment' means people who are actively seeking work but have not found it. Many other people who might be considered unemployed can include those described as 'unpaid family worker', a 'subsistence farmer' or simply 'not in the labor force.'

General progress

Youth unemployment rates rose from 1986 to 1996 in both rural and urban areas. They were particularly high for urban young women in 1996, considerably higher than the general rate of adult unemployment. Of an estimated 17,000 persons entering the labor force each year and actively looking for work, less than half can be expected to find formal sector employment. As a result, many people, mostly young, must instead enter the informal sectors of the economy: non-farm cottage type enterprises and/or cash crop or mixed cash-crop/subsistence agriculture.

Table 15 Youth unemployment, 1986 and 1996

	Male		Female		Total	
	Rural	Urban	Rural	Urban	Rural	Urban
1986						
15-19 yrs	9.5	35.7	36.5	55.1	15.4	42.7
20-24 yrs	4.9	18.7	23.9	28.4	8.4	21.8
Adults 15-55 yrs	2.7	9.9	13.4	16.9	4.5	11.8
1996						
15-19 yrs	11.0	21.6	18.7	29.5	13.3	24.5
20-24 yrs	6.4	12.2	10.9	14.9	7.8	13.2
Adults 15-55 yrs	4.2	6.5	5.8	10.1	4.2	7.7

Source: Bureau of Statistics, from National Census, 1986 & 1996

46. Proportion of population with access to affordable essential drugs on a sustainable basis

Measuring change

Access to affordable drugs is defined as a minimum of 20 of the most essential drugs being continuously and affordably available at public or private health facilities or drug outlets within one hour's travel from home. While the Ministry tries to maintain supplies of essential drugs and provide them free or at low cost to patients, often they are in short supply and patients must buy them at commercial rates from private-sector chemists. The extent of access can only be broadly estimated.

General progress

Fiji has a good network of government-run health facilities, available throughout Fiji at low cost to consumers. However, while many key health indicators have improved in recent years there is concern that the quality of services being delivered, especially in the rural areas, is declining.⁴⁸

47 Personal computers and internet users per 100 population

Measuring change

There is no source of information for this indicator in regard to the number of personal computers. Local sales only account for some of the number of personal computers, trade figures include both computer parts and whole computers, and neither source of information indicate how many machines still function. Telecom, a publicly owned corporation, holds a virtual monopoly on internet connections but there several commercial outlets (internet 'cafes') and large networks operated by institutions (eg the University of the South Pacific) that provide internet connection to many other people.

General progress

There has been a sharp increase in the number of personal computers in Fiji but there is no reliable way to count this. Most personal computers are owned by wealthier urban households. There is still limited access to computers in rural areas, in part because of limited power supply

⁴⁸ ADB, 2003.

and few telephone connections which do not allow for internet connection. Internet connections are limited to areas which have conventional telephone systems although a radio-operated phone system ('Easytel') now allows for internet connection in areas that are not connected by telephone wires.

There is only one ISP in Fiji (Connect.com) and in September 2004 it had 8,000 dial-ups. These included 10 dedicated full-time connections and 30 volume users, each of which in turn have a number of their own dial-ups. No data was available on the over-all total, but the rate of internet connectivity in Fiji is still very low.

Adapting the MDG on Partnership to the National Context

The goals and indicators for the MDG on global partnership are relevant to Fiji, although some of this information is difficult to access. Little information about ODA is regularly published, and it is particularly difficult to quantify all forms of external assistance to the country. The issue of fair trade is most pertinent, and indicators need to be developed to better gauge the costs and benefits to Fiji of trade arrangements.

National debt is an issue of public concern in Fiji. Statistics on debt service provide part of the picture but figures that are more accessible to public understanding should be regularly published.

Youth unemployment is an even more urgent concern, particularly as figures may well have risen further since 1996. The paucity of data on employment has been commented on earlier. It will be addressed through the national labour force survey now underway, but these surveys need to be conducted more often.

Given the growing importance of telecommunications, computerization and internet connectivity, and limited information about their national distribution, data on Indicators 47 and 48 could be usefully included in the next national census, planned for 2006.

MDG Goals, Targets and Indicators

Goal 1: Eradicate Extreme Poverty and Hunger						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 per day (PPP values)	n.a	n.a	n.a	n.a	The 1990 figure is the proportion of population below the national poverty line, 1990-91, as no PPP available for that year. Poverty gap = F\$1,377; average depth of poverty = 66%
	1a Poverty head-count ratio	n.a	National 25.5%; Urban 27.6% Rural 24.3% ¹	n.a	n.a	
	2. Poverty gap ratio	n.a	0.31 ¹	n.a	n.a	
	3. Share of poorest quintile in national consumption	n.a	2% ¹	n.a	n.a	
2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of under-weight children (under 5 yrs of age)	15% ²	n.a	n.a	n.a	Proportion of population below 1996 Food Poverty Line
	5. Proportion of population under minimum level of dietary energy consumption	n.a	9.9 ¹	n.a	n.a	
Sources: ¹ Calculations from 1990-91 HIES for Fiji Poverty Report, 1996; ² Fiji National Food and Nutrition Committee, 1994.						

Goal 2: Achieve Universal Primary Education						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education	6. Net enrolment ratio in primary, secondary & tertiary education	<i>Primary:</i> Total 92% ⁴ Boys: 91.7% Girls: 92.4% (1986)	Total: 97.1% ² Boys: 96.7% Girls: 97.6% (1996)	Total 94.7% ⁴ Boys: 94.9% Girls: 94.6%	Total 102% ¹ Boys: 102% Girls: 102%	Tertiary is not accurate as many tertiary students study abroad and were therefore not counted in the census. There is no other data source that includes all students studying abroad, both government and privately funded.
		<i>Secondary</i> Total: 44.2% Boys: 44.1% Girls: 44.2% (1986)	Total: 67.1% Boys: 64.7% Girls: 69.6% (1996)	Total: 71.0% Boys: 67.7% Girls: 74.4%	n.a.	
		<i>Tertiary</i> 4%.	1.2% ²	n.a.	n.a.	
	7. Proportion of pupils starting grade 1 who reach grade 5		Total: 91.4% ¹ Boys: 90.6 % Girls: 92.3 % (1996)	Total: 88.4% ¹ Boys: 87.4 % Girls: 89.5 %	Total: 88% ¹ Boys: 86.3% Girls: 89.8% (2002)	
	7a Primary completion ratio	n.a.	n.a.	n.a.	64.3% (2003) ¹	
8. Literacy rate of 15-24 year olds	Total: 97.5% Males: 97.6% Females: 97.4% (1986) ²	Total: 99.3% Males: 99.1% Females: 99.4% (1996) ²	n.a.	Total: 99.2% (2002) ³		

Sources: ¹ Ministry of Education, annual dates; ² Bureau of Statistics, various dates; ³ ADB, 2003 (from UNESCO Statistical Yearbook); ⁴ Calculated from Ministry of Education, 2000 and Bureau of Statistics, 2004; ⁵ World Bank, 1992.

Goal 3: Promote Gender Equality and Empower Women						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
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 & tertiary education	Primary: 0.94 Secondary: 1.05 ¹ Tertiary: 0.72 ⁵	Primary 0.94 Secondary 1.04 Tertiary: 0.82 ⁵	Primary 0.98 Secondary 1.07 Tertiary: 0.87 ⁵	Primary: 0.93 Secondary: 1.0 ¹ Tertiary: 0.99 ⁵ (2003)	Tertiary: Figures for USP only
	10. Ratio of literate females to males of 15-24 year olds	1.0 ³	1.003 ²	n.a	n.a	
	11. Share of women in wage employment in the non-agricultural sector	27.1% ³	44.6% ²	38.1% (1999) ³	31% ⁴	Wage employment cannot be disaggregated by sex and non-agricultural occupation for 1986
	12. Proportion of seats held by women in national parliament	House of Representatives: 0 Senate: 0 Total: 0	House of Representatives: 4.2% Senate: 9.4% Total: 5.8%	House of Representatives: 11.3% Senate: 25% Total: 15.5%	House of Representatives: 7% Senate: 12.5% Total: 8.7% (2004)	
Sources: ¹ Ministry of Education, various years; ² National Census; ³ Bureau of Statistics, various dates; ⁴ ADB 2004 from 2002 Urban HIES; ⁵ USP.						

Goal 4: Reduce Child Mortality						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
5. Reduce by 2/3 between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate (per '000 live births)	27.8 ¹	19.4 ¹	21.8 ¹	22.35 (2002) ¹	
	14. Infant mortality rate (per '000 live births)	16.8 ¹	14.7 ¹	16.2 ¹	17.8 (2002) ¹	
	15. Proportion of 1 year old children immunized against measles	86% (1991) ¹	75% ¹¹	73.6% ¹	76.4% (2002) ¹	
Sources: ¹ Ministry of Health; ² UNDP, 1994; ³ ABD;						

Goal 5: Improve maternal health						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
6. Reduce, by three-quarters, between 1990 and 2015, the maternal mortality rate	16 Maternal mortality rate (per 100,000 live births)	41.1 (1989) ²	60.4 ¹	57.6 ¹	35.3 (2002) ¹	The large fluctuations in this rate reflect the small size of the population.
	17 Proportion of births attended by skilled health personnel	98% ¹	99% ¹	99% ¹	99.6% (2003) ¹	
Sources: ¹ Ministry of Health, annual reports; ² WHO, various dates.						

Goal 6: Combat HIV/AIDS and other Diseases						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18 HIV prevalence among 15-24 yr old pregnant women	0%	< 0.01%	< 0.01%	< 0.01%	Adult rate less than 0.1% (2002)
	19 Condom use rate of the contraceptive prevalence rate	9.8% (1989) ¹	13.1% ¹	14.6% ¹	14.8% (2002) ¹	
	19a Condom use at last high-risk sex	n.a.	n.a.	n.a.	n.a.	No surveys have been conducted
	19b Percentage of the population 15-24 yrs with comprehensive correct knowledge of HIV/AIDS	n.a.	n.a.	n.a.	n.a.	No surveys have been conducted
	19c Contraceptive prevalence rate	31% ¹	38% ¹	44% ¹	35% ¹	The Ministry of Health 'family planning protection rate' counts only attendees at government-run family planning clinics.
	20 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 yrs	0	0	0	0	There is no count of all orphans, and very few children have yet been orphaned by AIDS
8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence & death rates associated with malaria	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Not relevant to Fiji	Fiji is malaria-free but there are other serious mosquito-borne diseases, especially dengue & filariasis
	23 Prevalence & death rates associated with tuberculosis	n.a.	Prevalence: 21.1/100,000 Death rate: 0.37/100,000 (1997)	Prevalence: 18/100,000 Death rate: 0.37/100,000	Prevalence: 22/100,000 Death rate: 0.73/100,000 (2001)	
	24 Proportion of TB cases detected and cured under DOTS	Program not yet introduced	40% ³	85.5% ³	80% ³	Fiji fully introduced DOTS in 1996.
Sources: ¹ Ministry of Health, annual reports; ² ADB, 2003; ³ WHO, 2004.						

Goal 7: Ensure Environmental Sustainability						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	25. Proportion of land area covered by forest	48.9 % ⁴	n.a.	44.6 % ³	n.a.	GDP (PPP) not available for Fiji in years other than 2000
	26. Ratio of land area protected to maintain biological diversity to surface area	9136.4 ha ⁷	9256.4 ha ⁷	9256.4 ha ⁷	9306.4 ha ⁷	
	27. Energy use (kg oil equivalent) per \$1 GDP (PPP)	n.a	n.a	9.3 ⁹	n.a.	
	28a. Carbon dioxide emissions per capita	1.52 ⁹	n.a.	1.02 ⁹	n.a.	
	28b Consumption of ozone-depleting CFCs (ODP tons)	38 ⁹	n.a.	9 (1999) ⁹	n.a.	
	29. Proportion of population using solid fuels	80% rural 30% urban ⁸	48% ⁵	n.a	n.a	
10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of the population with sustainable access to an improved water source, urban and rural	n.a	National:92.7% Urban: 97.5% Rural: 88.5% ⁵	n.a	96.1 (urban) (2002) ³	
	31. Proportion of the population with access to improved sanitation, urban and rural	93% (1993) ⁶	National: 98.8% ⁵ Urban: 99.8% Rural: 97.9%	n.a	n.a	
11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of people with access to secure tenure	n.a	National 83.5% Urban 86.7% Rural 80.7%	n.a	n.a	
Sources: ¹ UNDP, 1994; ² Urban HIES, 2002; ³ ADB, 2003; ⁴ Dept Forestry, 1989; ⁵ Census, 1996; ⁶ National Nutrition Survey, 1993; ⁷ D. Watling; ⁸ SOPAC, 2004; ⁹ SPC, 2004						

Goal 8: Develop a global partnership for development						
Target	Indicator	Status of Progress				Notes
		± 1990	± 1995	± 2000	Latest	
13. Address the special needs of developing countries	37. ODA received in small island developing countries as a proportion of their gross national incomes	3.75% ⁷	n.a.	1.78% ⁷	n.a.	
15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	44. Debt service as a percentage of exports of goods and services	12% ⁷	5.9% ⁷	2.1% ⁷	n.a.	
17. With cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	45. Unemployment rate of 15-24 yr olds, each sex and total	Male: 12.9% Female: 34.3% Total: 18.3% (1986) ⁶	Male: 11.3% Female: 16.7% Total: 13.1% (1996) ⁶	n.a.	14.1 adult rate ²	
18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	46. Proportion of population with access to affordable essential drugs on a sustainable basis	100%	100%	100%	100%	
	47 Telephone lines and cellular subscribers per 100 people			106 (2001) ³		Total number of telephone lines: 85,000
	48a Personal computers per 100 population	n.a.	n.a.	n.a.	n.a.	
	48b Internet users per 100 population	0	n.a.	n.a.	0.1(2004) ⁷	Estimate based on number of dial-ups in September 2004 through the single ISP
Sources: ¹ Fallon & King, 1995, from Reserve Bank data; ² Urban HIES, 2002; ³ ADB, 2003; ⁴ Ministry of Finance, various dates; ⁵ Reserve Bank, various dates; ⁶ Censuses; ⁷ SPC,2004						

Definitions of Indicators

#	Indicator	Definition
1	Proportion of population below \$1 per day (PPP values)	Percentage of population living on less than \$1 a day at 1985 international prices, adjusted for purchasing power parity.
1a	Poverty head-count ratio	Proportion of the population below the national poverty line.
2	Poverty gap ratio	The mean shortfall from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line. This measure reflects the depth of poverty as well as its incidence.
3	Share of poorest quintile in national consumption	The share that accrues to the lowest quintile of the population.
4	Prevalence of under-weight children (under 5 yrs of age)	Under-weight for age includes moderate and severe stunting, defined as more than two standard deviations between the median weight for age of the reference population.
5	Proportion of population under minimum level of dietary energy consumption	For Fiji, defined as population below food poverty line.
6	Net enrolment ratio in primary, secondary & tertiary education	The 'net enrolment ratio' is the number of children enrolled in primary or secondary school that are of the official school age group, expressed as a percentage of the whole population of the official age for that level of school, in a given year (UNESCO, 2000).
7	Proportion of pupils starting grade 1 who reach grade 5	The 'survival rate' is defined as the percentage of a cohort of pupils who enrolled together in the first grade, who eventually reach grade 5 (UNESCO, 2000). It is calculated from school enrolment data.
7a	Primary completion ratio	Ratio of the total number of students successfully completing the last year of primary school in a given year, divided by the total number of children of official graduation age in the population.
8	Literacy rate of 15-24 year olds	The percentage of people ages 15-24 who can, with understanding, read and write a short, simple statement on their everyday life – In Fiji defined as people with more than 3 years of formal education.
9	Ratio of girls to boys in primary, secondary & tertiary education	The percentage of girls to boys enrolled at primary, secondary & tertiary levels in public and private schools.
10	Ratio of literate females to males of 15-24 year olds	In the absence of any national literacy survey, the proxy used is the percentage of males and females who completed at least three years of primary education, as reported in the national population census.
11	Share of women in wage employment in the non-agricultural sector	The share of female workers in the non-agricultural sector (industry and services), expressed as a percentage of total. Industry includes mining and quarrying (including oil production), manufacturing, construction, electricity, gas, and water, corresponding to divisions 2-5 (ISIC revision 2) or tabulation categories C-F (ISIC revision 3). Services include wholesale and retail trade and restaurants and hotels; transport, storage, and communications; financing, insurance, real estate, and business services; and community, social, and personal services - corresponding to divisions 6-9 (ISIC revision 2) or tabulation categories G-P (ISIC revision 3).
12	Proportion of seats held by women in national parliament	This includes membership of both the House of Representatives and the Senate
13	Under-five mortality rate (per '000 live births)	The probability of dying between birth and exactly five years of age, expressed per 1,000 live births

14	Infant mortality rate	The probability of dying between birth and exactly one year of age, expressed per 1,000 live births
15	Proportion of 1 year old children immunized against measles	The percentage of children under one year of age who received measles vaccine. A child is considered adequately immunized against measles after receiving one dose of vaccine.
16	Maternal mortality	The annual number of deaths of women from pregnancy-related causes, per 100,000 live births.
17	Proportion of births attended by skilled health personnel	The percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labour, and the postpartum period, to conduct deliveries on their own, and to care for the newborns.
18	18 HIV prevalence among 15-24 yr old pregnant women	Known prevalence of HIV among women aged 15-24 who are pregnant.
19	Condom use rate of the contraceptive prevalence rate	Condom use as a proportion of total contraceptive prevalence, as measured by the Ministry of Health from attendance at their clinics.
19a	Condom use at last high-risk sex	High-risk sex is intercourse with a casual partner, including a sex worker.
19b	Percentage of the population 15-24 yrs with comprehensive correct knowledge of HIV/AIDS	Comprehensive correct knowledge of HIV/AIDS is defined as understanding the main known methods of HIV transmission.
19c	Contraceptive prevalence rate	The percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception, as measured by the Ministry of Health from attendance at their clinics.
20	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 yrs	Orphans are defined as children under the age of 15 who have lost both of their parents to death.
23	Prevalence & death rates associated with tuberculosis	The estimated number of tuberculosis cases (pulmonary, smear positive, extra-pulmonary) and deaths to TB per 100,000 population.
24	Proportion of TB cases detected and cured under DOTS	The percentage of estimated new infectious tuberculosis cases detected under the directly observed treatment, short-course (DOTS) case detection and treatment strategy.
25	Proportion of land area covered by forest	Land under natural or planted stands of trees of whether productive or not, as percentage of total land area.
26	Ratio of land area protected to maintain biological diversity to surface area	Totally or partially protected areas, as the percentage of total land area, of at least 1,000 hectares that are designated as national parks, natural monuments, nature reserves or wildlife sanctuaries, protected landscapes and seascapes, or scientific reserves with limited public access.
27	Energy use (kg oil equivalent) per \$1 GDP (PPP)	The PPP GDP per kilogram of oil equivalent of commercial energy use.
28	Carbon dioxide emissions per capita and consumption of ozone-depleting CFCs (ODP tons)	Carbon dioxide emissions stemming from the burning of fossil fuels and the manufacture of cement. They include contributions to the carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring.
29	Proportion of population using solid fuels	Solid fuels include fuel wood, charcoal, bagasse, and animal, vegetable and other wastes.
30	Proportion of the population with sustainable access to an improved water source, urban and rural	An improved water source for drinking water includes household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. Reasonable access means the availability of at least 20 liters per person per day from a source within one km of the user's dwelling
31	Proportion of the population with access to	Population with access to adequate excreta disposal facilities,

	improved sanitation, urban and rural	eg. connection to sewer or septic tank system, pour-flush latrine or other type of latrine.
32	Proportion of people with access to secure tenure	Number of households that own or are purchasing their homes, are renting privately, or are in social housing or sub-tenancy.
37	ODA received in small island developing countries as a proportion of their gross national incomes	Official development assistance received in a year as a proportion of gross national income.
44	Debt service as a percentage of exports of goods and services	Debt service as a percentage of exports of goods and services
45	Unemployment rate of 15-24 yr olds, each sex and total	The share of the labour force without work but available for and seeking employment among people ages 15-24.
46	Proportion of population with access to affordable essential drugs on a sustainable basis	Population for whom a minimum of 20 of the most essential drugs are continuously and affordably available at public or private health facilities or drug outlets within one hour's travel from home.
47	Telephone lines and cellular subscribers per 100 people	Telephone lines connecting a customer's equipment to the public switched telephone network and portable telephones subscribing to an automatic public mobile telephone service using cellular technology that provides access to the public switched telephone network, per 1,000 people.
48a	Personal computers per 100 population	The number of self-contained computers designed to be used by single individuals per 100 people.
48b	Internet users per 100 population	The number of people who regularly use the internet per 100 people in the population.

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Appendix 2: Population of the Four Divisions and 15 Provinces at the time of the Censuses since 1946. [nr and %]

Division/ Province	1946		1956		1966		1976		1986		1996	
	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%	Nr	%
Total Fiji	259,638	100.0	345,737	100.0	47,6727*	100.1⁺	588,068	100.0	715,375	100.1	775,077	100.0
Western Div	101,555	39.1	138,145	39.9	195,760	41.2	238,547	40.6	283,349	39.6	297,184	38.3
01: Ba	67,164	25.9	94,004	27.2	135,968	28.6	167,095	28.4	197,633	27.6	212,197	27.4
08: Nadroga	20,144	7.8	27,443	7.9	37,494	7.9	45,929	7.8	54,431	7.6	54,083	7.0
11: Ra	14,247	5.5	16,698	4.8	22,298	4.7	25,523	4.3	31,285	4.4	30,904	4.0
Central Div	81,450	31.4	111,507	32.3	154,429	32.5	206,875	35.2	260,110	36.4	297,607	38.4
09: Naitasiri	18,017	6.9	27,347	7.9	39,485	8.3	65,111	11.1	100,227	14.0	126,641	16.3
10: Namosi	2,402	0.9	2,361	0.7	2,721	0.6	3,292	0.6	4,836	0.7	5,742	0.7
12: Rewa	33,634	13.0	47,758	13.8	69,901	14.7	87,257	14.8	97,442	13.6	101,547	13.1
13: Serua	4,650	1.8	6,513	1.9	8,181	1.7	11,263	1.9	13,356	1.9	15,461	2.0
14: Tailevu	22,747	8.8	27,528	8.0	34,141	7.2	39,952	6.8	44,249	6.2	48,216	6.2
Northern Div	45,774	17.6	60,769	17.6	84,244	17.7	103,122	17.5	129,154	18.1	139,516	18.0
02: Bua	5,913	2.3	7,622	2.2	9,758	2.1	11,457	1.9	13,986	2.0	14,988	1.9
03: Cakaudrove	17,231	6.6	23,339	6.8	30,053	6.3	34,251	5.8	40,433	5.7	44,321	5.7
07: Macuata	22,630	8.7	29,808	8.6	44,433	9.3	57,414	9.8	74,735	10.4	80,207	10.3
Eastern Div	30,859	11.9	35,316	10.2	41,248	8.7	39,524	6.7	42,762	6.0	40,770	5.3
04: Kadavu	7,229	2.8	7,450	2.2	8,631	1.8	8,699	1.5	9,805	1.4	9,535	1.2
05: Lau	10,970	4.2	13,500	3.9	15,988	3.4	14,452	2.5	14,203	2.0	12,211	1.6
06: Lomaiviti	9,731	3.7	11,244	3.2	13,264	2.8	13,568	2.3	16,066	2.2	16,214	2.1
15: Rotuma	2,929	1.1	3,122	0.9	3,365	0.7	2,805	0.5	2,688	0.4	2,810	0.4

Notes: * During the 1966 census, 4046 persons were enumerated on ships.
This is 0.2 percent of the total population.

⁺ The persons enumerated on ships are excluded from the calculations

Appendix 3: Population Size of the Tikina Vou in 1996 and their 1986 - 1996 Intercensal Growth Rate

Province	Tikina	P ₁₉₉₆	r *	Tikina	P ₁₉₉₆	r *	Tikina	P ₁₉₉₆	r *	Tikina	P ₁₉₉₆	r *
	Name [§]	[nr]	[%]	Name [§]	[nr]	[%]	Name [§]	[nr]	[%]	Name [§]	[nr]	[%]
01: Ba	1. Ba	44,547	0.0	2. Magodro	6,300	0.3	3. Nadi	40,267	1.6	4. Naviti	2,882	0.7
	5. Nawaka	10,393	0.7	6. Tavua	27,915	0.9	7. Vuda	77,310	0.7	8. Yasawa	2,583	-0.2
02: Bua	1. Bua	6,621	0.0	2. Vuya	4,578	1.5	3. Wainunu	3,789	1.1	-	-	-
03: Cakaudrove	1. Cakaudrove	10,822	-0.2	2. Nasavusavu	10,025	1.8	3. Rabi Is.	3,074	0.7	4. Saqani	2,709	1.2
	5. Tunuloa	3,380	-0.5	6. Vaturova	5,105	2.0	7. Wailevu	4,972	1.8	8. Wainikeli	4,234	1.0
04: Kadavu	1. Nabukelevu	2,152	-1.1	2. Naceva	1,686	0.4	3. Nakasaleka	1,946	0.2	4. Tavuki	3,751	-0.3
	1. Cicia	954	-1.1	2. Kabara	1,012	-1.3	3. Lakeba	1,982	-2.1	4. Lomaloma	1,151	-1.4
05: Lau	5. Matuku	854	-0.5	6. Moala	1,596	-2.4	7. Moce	498	-0.8	8. Mualevu	1,207	-1.5
	9. Nayau	422	-0.2	10. Oneata	156	-2.2	11. Ono	784	-1.7	12. Totoya	895	-1.6
	13. Vulaga	467	0.3	14. Other Isls	233	-2.8	-	-	-	-	-	
06: Lomaiviti	1. Batiki	236	0.0	2. Gau	3,115	-0.4	3. Koro	3,169	-2.1	4. Nairai	673	-0.3
	5. Ovalau	8,647	1.1	6. Other Isls	374	2.8	-	-	-	-	-	
07: Macuata	1. Cikobia	200	-0.5	2. Dogotuki	2,166	-0.8	3. Labasa	58,513	0.7	4. Macuata	11,036	0.8
	5. Sasa	8,292	1.1	-	-	-	-	-	-	-	-	
08: Nadroga	1. Baravi	7,280	0.0	2. Cuvu	6,177	-0.1	3. Malolo	2,188	0.8	4. Malomalo	15,871	-0.7
	5. Nasigatoka	11,718	0.4	6. Navosa	5,319	0.7	7. Ruwailevu	4,616	-0.9	8. Vatulele	914	3.3
09: Naitasiri	1. Lomaivuna	4,772	-0.7	2. Matailobau	3,345	0.0	3. Naitasiri	111,809	2.7	4. Waimaro	3,313	-0.3
	5. Wainimala	3,402	1.7	-	-	-	-	-	-	-	-	
10: Namosi	1. Namosi	823	1.3	2. Veivatuloa	2,862	2.0	3. Wainikoroiluva	2,057	1.6	-	-	-
11: Ra	1. Nakorotubu	4,690	0.2	2. Nalawa	4,626	0.8	3. Rakiraki	14,635	-0.5	4. Saivou	6,953	-0.2
12: Rewa	1. Beqa	1,239	-0.2	1. Noco	2,472	3.2	3. Rewa	5,824	1.4	4. Suva	92,012	0.3
13: Serua	1. Nuku	3,265	1.6	2. Serua	12,196	1.4	-	-	-	-	-	
14: Tailevu	1. Bau	22,627	0.9	2. Nakelo	8,117	0.6	3. Sawakasa	5,363	0.4	4. Verata	8,746	1.2
	5. Wainibuka	3,363	1.1	-	-	-	-	-	-	-	-	
15: Rotuma ⁺	1. Itumuta	258	2.3	2. Itutiu	966	0.2	3. Juju	364	0.5	Malhaha	278	-1.7
	5. Noatau	359	0.6	6. Oinafa	325	0.1	7. Pepjei	260	2.7	-	-	-

Notes: * This is the average intercensal growth rate between 1986 and 1996. For the calculation: See Table I

⁺ In Rotuma, the geographic subdivisions are not called tikinas but districts.

[§] The numbers before the tikina names are the tikina codes.

Appendix 4: Population Size and Growth of the Urban Areas [for census purposes] between 1986 and 1996

Urban Area [UA]	Year in which city/town was incorporated	Census urban area since:	Census Pop.		Intercensal Pop. Change	
			P ₁₉₈₆ [nr]	P ₁₉₉₆ [nr]	Abs [nr]	r* [%]
Total urban sector	NA	NA	277,025	359,495	82,470	2.6
Total UAs with incorporated town	NA	NA	265,760	340,486	74,726	2.5
Greater Suva ⁺	NA	NA	157,980	186,903	28,923	1.7
Suva	1881	1966	141,273	167,975	26,702	1.7
Lami	1977	1986	16,707	18,928	2,221	1.3
Lautoka	1929	1966	39,057	43,274	4,217	1.0
Nadi	1946	1966	15,220	30,884	15,664	7.1
Labasa	1939	1966	16,537	24,095	7,558	3.8
Nausori	1931	1966	13,982	21,617	7,635	4.4
Ba	1939	1966	10,260	14,716	4,456	3.6
Sigatoka	1959	1966	4,730	7,862	3,132	5.1
Savusavu	1969	1966	2,872	4,970	2,098	5.5
Levuka	1878	1966	2,895	3,746	851	2.6
Tavua	1992	1966	2,227	2,419	192	0.8
Total unincorporated towns	NA	NA	11,265	19,009	7,744	5.2
Vatukoula	NA	1966	4,789	7,079	2,290	3.9
Rakiraki	NA	1966	3,361	4,836	1,475	3.6
Navua	NA	1966	2,775	4,183	1,408	4.1
Pacific Harbour	NA	1996	-	1,607	1,607	-
Nabouwalu	NA	1996	-	592	592	-
Seaqaqa	NA	1996	-	394	394 ^s	-
Korovou	NA	1966	340 ^s	318	-22 ^s	-0.7

Notes: * +: See Table I

⁺ Greater Suva has been defined as the urban areas Suva and Lami. It includes therefore the future Nasinu Town. Nausori which has been an incorporated town since 1931 and an urban area for census purposes since 1966 is not included in the Greater Suva area.

^s Korovou has so far never met the minimum population size criterion of 500 persons. It does, however, meet the other urban criteria. Since Korovou is the service centre for a large part of Tailevu, it was, in 1966 included as an urban area for census purposes. It remained an urban area during subsequent censuses. Seaqaqa was for the first time considered as an urban area for census purposes before the 1996 census. The 1996 census results show that its population is less than 500. It is, however, expected that Seaqaqa will continue to grow after the 1996 census.

NA = Not Applicable