

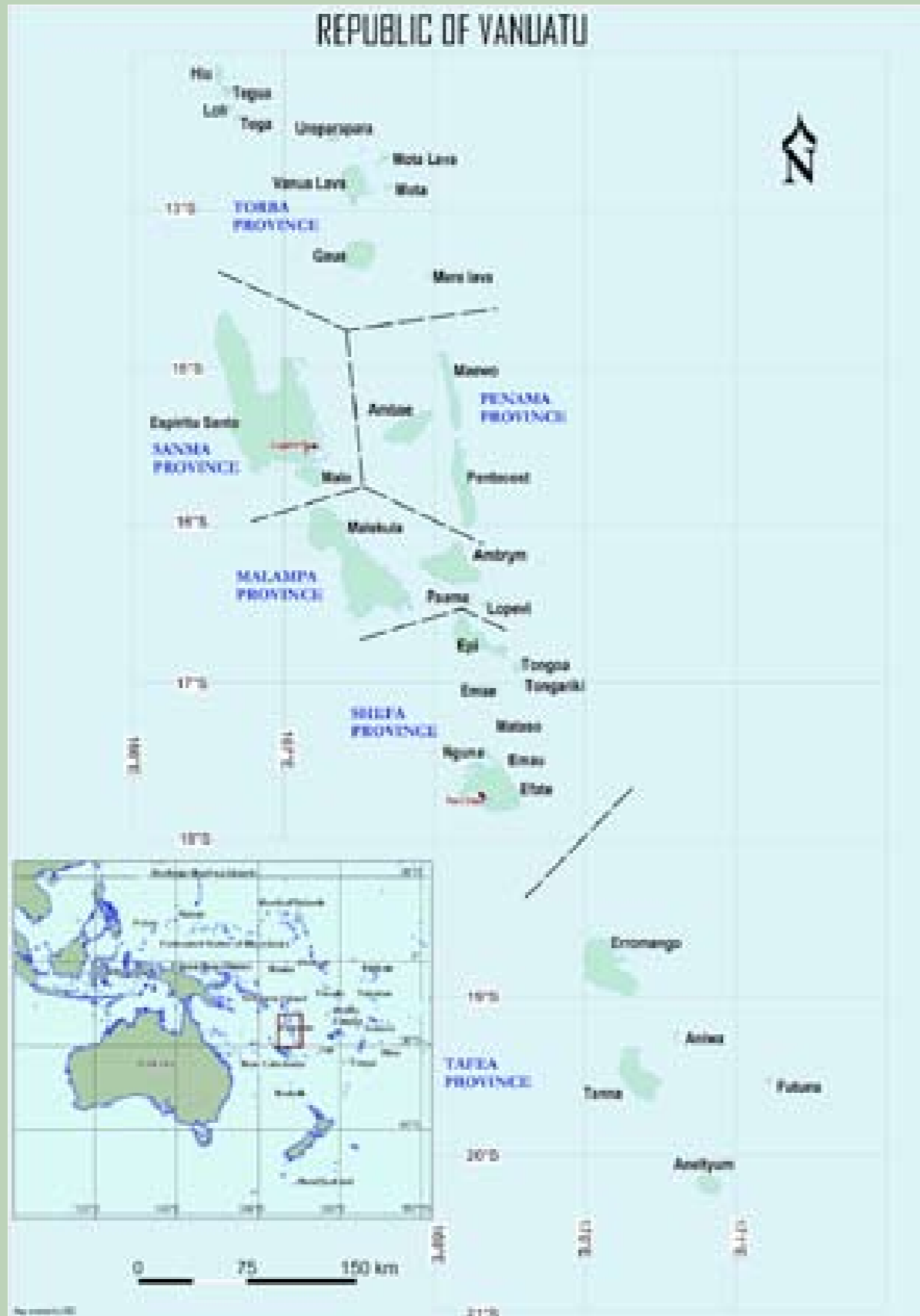


Millennium Development Goals
2010 Report for

Vanuatu



Prime Minister's Office - September 2010



Source: VNSO Vanuatu Population Atlas 1999



Message from the Prime Minister

As 2015 draws near it is timely for a close review of our progress made towards achieving the Millennium Development Goals in light of Government priorities for sustainable socio - economic development and the work of our strategic partners in the private sector, civil society organisations and international aid.

This is Vanuatu's second MDG report; the first in 2005 highlighted progress to date, challenges and priorities to address to enhance progress towards achieving the MDGs. It is now time to revisit the analysis and identify bottlenecks constraining progress and how these could be addressed in light of new challenges and unforeseen events like climate change and the global economic crisis. We need to identify key factors that resulted in accelerated progress on specific MDG targets and how these could be translated into other sectors to facilitate positive outcomes. We need to take more notice of sub - national differences and how different provinces are progressing towards achieving the MDGs.

We must be proud of our achievements in many areas including a continual and sustained economic growth in the face of a global financial melt - down, education, health, infrastructure and the support and continual commitment pledged by development partners. While we have reason to celebrate these achievements we must maintain our course consistent with our national priorities and objectives as we face the onslaught of many obstacles and challenges, some of which are not of our making.

Vanuatu has placed the MDG agenda at the highest level with a unit established under the Office of the Prime Minister which is responsible for setting strategic y directions for achieving national development objectives by providing over - sight in the Implementation of priority activities outlined in the Priorities Action Agenda and the Planning Long Acting Short Action Agenda and promoting the principles of good governance, including a rights based approach to social equity for all regardless of gender, language, physical and mental abilities and culture. The "Vanuatu MDG Initiative" has embarked on the process of fully integrating the MDGs into national development frameworks and in 2010 the first MDG costing analysis and data needs assessment was initiated. This will provide much needed information for policy makers and planners when realigning national priorities with the framework used for the data needs assessment and costing analysis. At the same time the Government has strengthened its capacity for monitoring and evaluation in terms of fiscal operations, analysis of progress towards development targets and reporting.

On 30 July 2010 Vanuatu celebrated 30 years of self rule with our annual independence celebrations having the theme "1980 - 2010 Maturity". The process of governance has been long and complex in Vanuatu with the priority during the 1980's being the integration of the separate administrative systems of the colonial powers under the Condominium; issues of which are still being dealt with today in the education and legal sectors in particular. The 1990s were marred by several changes of government, corruption in key institutions and a subsequent general lack of confidence in Government in the latter half of the decade which effectively nullified any development progress. It has only really been in the last 10 years that Government has been able to improve its service delivery in terms of geographic access and quality; particularly in the remote island communities.

It is in a spirit of optimism that the Government of Vanuatu presents this second MDG report to facilitate national dialogue on Vanuatu's development strategies. Achieving these goals and targets requires the commitment of all. It will require building partnerships, focusing on the areas of greatest need, while improving the effectiveness of actions. I am convinced that this report will make a significant contribution to our effort to mobilise resources and forge partnerships and collaboration with all stakeholders to achieve these goals.


Honourable Edward Nipake Natapel
Prime Minister
Government of the Republic of Vanuatu

Foreword

Since the signing of the Millennium Declaration in 2000, Vanuatu has made great achievements towards reaching the MDG targets, most of which were not new but represented goals that leaders and decision makers were already committed to. This is because the MDGs represent basic development benchmarks and a better life for the people of Vanuatu. This 2nd National MDG report highlights the improvements made in terms of economic growth, increasing employment, achieving universal basic education, reducing child and maternal mortality, combating malaria and tuberculosis and providing access to safe drinking water and basic sanitation.

While much progress has already been made, some challenges still remain. As highlighted in the report, social and cultural barriers that prevent women from participating in parliament and corporate level positions still exist. The restructuring of health care service delivery, human resource shortfalls and the refocus on community health is a large challenge to implement alongside other policies, programmes and projects to meet the health related MDGs and also the key objectives of the Ministry of Health. The ever threatening impacts of Vanuatu's vulnerability to natural disasters combined with the effects of climate change have increased the priority for climate proofing and disaster risk reduction in Vanuatu.

Among the proposed areas of interventions as a way forward towards achieving the MDGs included in this report, key suggestions include a rights based approach to ensuring that the disadvantaged and vulnerable benefit from development, maintenance of Vanuatu's 'fee free' primary education and its expansion to include Year 8, 'green growth' activities in the agriculture and tourism sectors, promotion of healthy nutrition with an emphasis on local foods, wider access to affordable renewable energy sources such as that provided by the NGO for women's microcredit (VANWODS) and continued expansion of access to ICT. The analysis of the transmission and prevention of key diseases highlights the need for increased education, awareness and access to goods and services for groups at risk to these diseases such as youth, pregnant women, students, migrant workers and so on. Ensuring access to basic social services, transport and communications across the many islands and remote inland communities of Vanuatu is an enormous challenge and one which the Government is slowly and steadily making ground towards. None of these efforts would have been possible without the support and initiative displayed by communities in Vanuatu, dynamic civil society organisations and development partner support. Finally the government needs to continue its initiatives for the provision of necessary foundations for good governance across all levels of decision making while continuing its programme of decentralisation of the functions of government to the provincial level.

The global challenges we face today transcend boundaries and affect us all. Through the interconnectedness of the financial system, through the environmental life cycle, and through a number of other linkages, we have all become global stakeholders. The achievements of the MDGs are very possible. With political will, adequate resources and concerted efforts the Millennium Development Goals will be met by 2015. UNDP Administrator, Miss Helen Clark, has proposed eight action points to accelerate and sustain the achievements of the MDGs over the next five years:

(i) Support country level development; (ii) Foster inclusive economic growth; (iii) Improve opportunities for women and girls; (iv) Continue to target investments in health and education, in clean water and sanitation, and in the professionals who run these services; (v) Scale up social protection and employment programmes; (vi) Expand access to energy and promote low carbon development; (vii) Improve domestic resource mobilization; (viii) Commitment by the international community to provide development assistance and improve the predictability of aid effectiveness.

On behalf of the UN system, I would like to congratulate the Government of Vanuatu in producing the 2nd National MDG report. I would like to acknowledge the valuable guidance provided by the National MDG Advisory Group and the contributions and hard work provided by the MDG thematic task forces and sector working groups for the compilation of this report.

The United Nations hopes that the Report's insights will promote and guide further discussions and work towards achieving the Millennium Development Goals. Thank you.



Knut Ostby,

UN Resident Coordinator and UNDP Resident Representative

Acknowledgements

A great many thanks are due to a great many people who provided help and support during the drafting of this report. Without technical support and financial assistance from UNDP this report would not have been possible.

This report reflects the dedication and professionalism of the leaders and members of the four Thematic Task Forces (TTFs) and the associated Sector Working Groups (SWGs); and contains their inputs from the initial stages of the drafting process through to its completion. This report is illustrative of their efforts in terms of policy and strategy information provided, the analysis of progress made since 2005 and the way forward towards achieving the MDGs. The four TTFs cover the broad areas of Macroeconomic; Education and Gender; Health and Environment with numerous SWGs based around the MDG targets. The Vanuatu National Statistics Office provided a wide range of statistics for this report.

My deepest thanks goes to the Vanuatu National Statistics Office for providing a wide range of statistics for this report and colleagues from the Office of the Prime Minister for guiding the final drafting of this report with attention and careful thought.

I also thank the numerous technical experts and development partners here in Vanuatu and throughout the Pacific region for their invaluable comments provided during the final stages of drafting. Without the constructive inputs of these individuals this report would not be as well rounded.

My deep sense of gratitude to the Advisory Group charged with the onerous responsibility of presenting the final report to the Government of Vanuatu for official endorsement.

This report is all the richer for the many and varied contributions participants made during the stakeholder consultation workshop and again I thank these people for giving their time and their expert advice.



Simeon Athy,
Director General, Office of the Prime Minister and
Chair of the Vanuatu MDG Report 2010 Advisory Group

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Abbreviations

ACTs	Artemisinin—based combination treatments
ADB	Asian Development Bank
ARI	Acute respiratory infection
AusAID	Australian Agency for International Development
BNPL	Basic Needs Poverty Line
CBR	Crude Birth Rate
CCA	Climate change adaptation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CoM	Council of Ministers
CPRD	Convention on the Rights of People Living with Disability
CRC	Convention on the Rights of the Child
CRP	Comprehensive Reform Programme
CSO	Civil Society Organisation
DCO	Development Committee of Officials
DOTS	Directly Observed Treatment Short—Course
DRR	Disaster risk reduction
DSPPAC	Department of Strategic Policy Planning and Aid Coordination (PMO)
DTIS	Diagnostic Trade Integration Study
DWA	Department of Women's Affairs
EEZ	Exclusive Economic Zone
EPI	Expanded Programme of Immunisation
FFA	Forum Fisheries Agency
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIR	Gross Intake Rate
GPI	Gender Parity Index
HIES	Household Income and Expenditure Survey
HIS	Health information system
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICT	Information and communication technology
ILO	International Labour Organisation
IMCI	Integrated management of childhood illness
IMR	Infant Mortality Rate
IUCN	World Conservation Union
LDC	Least Developed Country
MCA	Millennium Challenge Account (Vanuatu)
MCC	Millennium Challenge Corporation
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MSG	Melanesian Spearhead Group
MTEF	Medium Term Expenditure Framework
NAP	National Plan of Action
NAPA	National Adaptation Programme for Action against Climate Change
NCD	Non—communicable disease
NCHS	National Center for Health Statistics
NER	Net Enrolment Ratio
NGO	Non—Government Organisation
NIR	Net Intake Rate
NZAID	New Zealand Agency for International Development
ODA	Overseas development assistance

PAA	Priorities and Action Agenda 2006—2015
PCR	Primary Completion Rate
PLAS	Planning Long, Acting Short Action Agenda for 2009—2012
PMO	Office of the Prime Minister
PPP	Purchasing power parity
PSC	Public Service Commission
PWD	Public Works Department
RBV	Reserve Bank of Vanuatu
RSE	Recognised Seasonal Employer
RTC	Rural Training Centre
SIA	Social impact assessment
SPC	Secretariat of the Pacific Community
STI	Sexually transmitted infection
SWAp	Sector wide approach
TB	Tuberculosis
TBA	Traditional birth attendant
TFR	Total Fertility Rate
TTF	Thematic Task Force
TVET	Technical and Vocational Education and Training
TVL	Telecom Vanuatu Limited
U5MR	Under Five Mortality Rate
UNDP	United Nations Development Programme
UNELCO	Union Électrique du Vanuatu Limited
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URA	Utilities Regulatory Authority
USP	University of the South Pacific
VANGO	Vanuatu Association of Non Government Organisations
VANREPA	Vanuatu Renewable Energy and Power Association
VANWODS	Vanuatu Women Development Scheme
VCMB	Vanuatu Commodities Marketing Board
VEMIS	Vanuatu Education Management Information System
VERM	Vanuatu Education Road Map
VESAP	Vanuatu Education Support Action Plan
VESS	Vanuatu Education Sector Strategy
VIT	Vanuatu Institute of Technology
VITE	Vanuatu Institute for Teacher Education
VNNS	Vanuatu National Nutrition Survey
VNCW	Vanuatu National Council of Women
VNPF	Vanuatu National Provident Fund
VNSO	Vanuatu National Statistics Office
VRDTCA	Vanuatu Rural Development and Training Centres Association
Vt	Vatu currency (VUV international symbol)
WHO	World Health Organisation

Currency equivalents

Currency unit Vatu (Vt)

Vt 100 = \$ 1.053 (US)

\$1.00 = Vt 94.9800 (from www.xe.com, accessed 07 October 2010)

In this report "\$" refers to US dollars unless otherwise stated.

Introduction

The drafting of this national MDG report took place over three months by representatives from the Prime Ministers Office guided by the National MDG Report Advisory Group and with assistance from a consultant recruited by UNDP. The Advisory Group constituted the director generals and directors from key Government agencies tasked with both creating the enabling environment for achieving the MDGs and the sectors responsible for implementing the policies, as well as representatives from development partners and Civil Society Organisations (CSOs).

At the sector level the work was guided by the four Thematic Task Forces (TTFs) in the strategic sectors of:

1. Macroeconomic (including poverty and partnerships for development)
2. Education and Gender
3. Health
4. Environment (including energy, water supply and sanitation)

The TTFs, established in 2008, work within their sectors with specialised sub—groups to promote the achievement of the MDGs by 2015 through integrating MDG targets into policies and programmes. These TTFs and sector sub—groups were involved in the drafting process of the Vanuatu MDG Report 2010 and requested to provide key strategies for their sector for achieving the MDGs as well as other specialised information such as national targets and statistical indicators.

A stakeholder consultation workshop provided the basis for input from representatives from Government, CSOs and the general public. During the workshop different groups presented their views on the enabling environment for achieving the MDGs by 2015, as well as the state of the policy environment, achievements and challenges for the global development agenda.

These inputs were then included as appropriate in the draft MDG report which was then circulated to all stakeholders for their comments and suggestions. These were then presented as an attachment to the final report presented to the National MDG Report Advisory Group for endorsement.

Awareness about the drafting of the national MDG report and information about the stakeholder consultations was disseminated regularly through national radio, television and newspaper based information and communication materials. A national competition for drawings and photographs to be included in the final report was also conducted.

This is Vanuatu's second national MDG report; the first was based on progress reported in 2005. The drafting of the 2010 report engaged with a broader range of stakeholders and tried to voice their views of what is required to achieve the MDGs by 2015 for everyone in Vanuatu.

Vanuatu Development Context

Achievements

30 YEARS SINCE INDEPENDENCE—On July 30 2010 Vanuatu celebrated 30 years of self rule with Government still facing many challenges from the legacy of the separate but dual administration under the Condominium of England and France in integrating its legal and administrative systems and improving access to basic services.

GOVERNMENT REFORM—Reforms in the public service to make it more accountable and transparent are ongoing along with the process of legal sector reform, decentralisation and devolution of services and planning to the Provincial level administrations. Deregulation in the telecommunications and aviation sectors has increased competition and in telecommunications this has directly resulted in lower prices for cellular telephone access. The privatisation process is ongoing.

SUSTAINED ECONOMIC GROWTH—Macro—economic stabilisation and prudent fiscal policy underline Vanuatu's economic policies which have resulted in economic growth from direct foreign investment, construction, tourism, retail and wholesale trade and to a lesser extent agriculture.

INFORMED DECISION MAKING—Government agencies base their operations around the key policy directives of Government as outlined in the Priorities and Action Agenda 2006—2015 (PAA) and the Planning Long, Acting Short Action Agenda for 2009—2012 (PLAS) and submit annual reports with progress measured against key performance indicators. There is now a monitoring and evaluation framework in place for Government policies and programmes, however statistical information for monitoring and evaluation is limited.

'FEE FREE' PRIMARY EDUCATION IN 2010—Government and development partners implemented fee free education for Years 1 to 6, where primary schools directly manage their funds with oversight by the Ministry of Education.

INCREASE IN THE MINIMUM WAGE—In 2008 the legal minimum wage was set at Vt 26,000 per month; an increase of 30%.

'SCALING UP' HEALTH SERVICE DELIVERY—The Government manages and operates almost all health services in Vanuatu. Considerable progress has been made combating many diseases in Vanuatu but challenges remain to ensure that every community has access to suitable human resources, facilities, commodities and supplies.

Enabling environment for achieving the MDGs

TURNING THE MDG TARGETS INTO POLICY—The UNDP funded 'Vanuatu MDG Initiative' in the Office of the Prime Minister is responsible for the integration of the MDGs into planning and decision making and while the PAA includes the MDGs in its objectives a review of the PAA monitoring and evaluation framework in late 2010 and 2011 will incorporate the MDG targets and indicators.

VIBRANT CIVIL SOCIETY ORGANISATIONS—Civil society organisations make a substantial contribution to community development.

IMPROVING INFRASTRUCTURE A HIGH PRIORITY—Development partners have provided considerable assistance to improve the infrastructure for transport in Vanuatu (roads, wharfs and landings, airports) and transport services (inter island shipping).

IMPROVING SERVICE DELIVERY TO REMOTE COMMUNITIES—Government is committed to providing access to health services and primary education for every community along side its commitment to decentralisation of service delivery to provincial administrations.

INCREASING ELECTORATE ACUMEN—Voters are no longer voting for traditional leaders nor accepting promises from politicians as they have in the past. Dissatisfaction with elected representatives is evident in the incumbent's re—election or defeat.

'CUSTOM & CULTURE'—Custom and tradition supplement the activities of Government at the community level, particularly in remote communities and areas of importance to Ni—Vanuatu including resource management and family life.

Challenges towards achieving the MDGs

PUBLIC AWARENESS—At the community level considerable awareness raising is required to mobilise resources to achieve the MDGs by 2015.

RECURRENT GOVERNMENT EXPENDITURE—Most of Government recurrent expenditure, in the order of 80%, goes towards wages and salaries and very little remains for development initiatives.

HUMAN RESOURCE CONSTRAINTS—The human resource capacity of Government is limited, and although training and scholarship programmes target specific skills and qualifications, there are gaps in the local pool of human resources. The Government works with development partners and CSOs to meet capacity constraints as best it can.

HIGH COST OF SERVICE DELIVERY—Ensuring that the population has equitable access to health and education services and opportunities for economic growth is a major problem with remote island and inland communities with rugged terrain and, in the island communities, limited sites suitable for wharfs or landing strips.

INEFFICIENCY AND NEED FOR SWAPS IN KEY SECTORS—There are sectors which need to work more closely together in service delivery. For example, to achieve the target for safe drinking water closer collaboration is needed between the Geology, Mines and Rural Water Resources Department, the Ministry of Health, the Environment and Conservation Department, the Public Works Department and CSOs. Similar benefits could come from collaboration in the energy and non—formal education and TVET sectors.

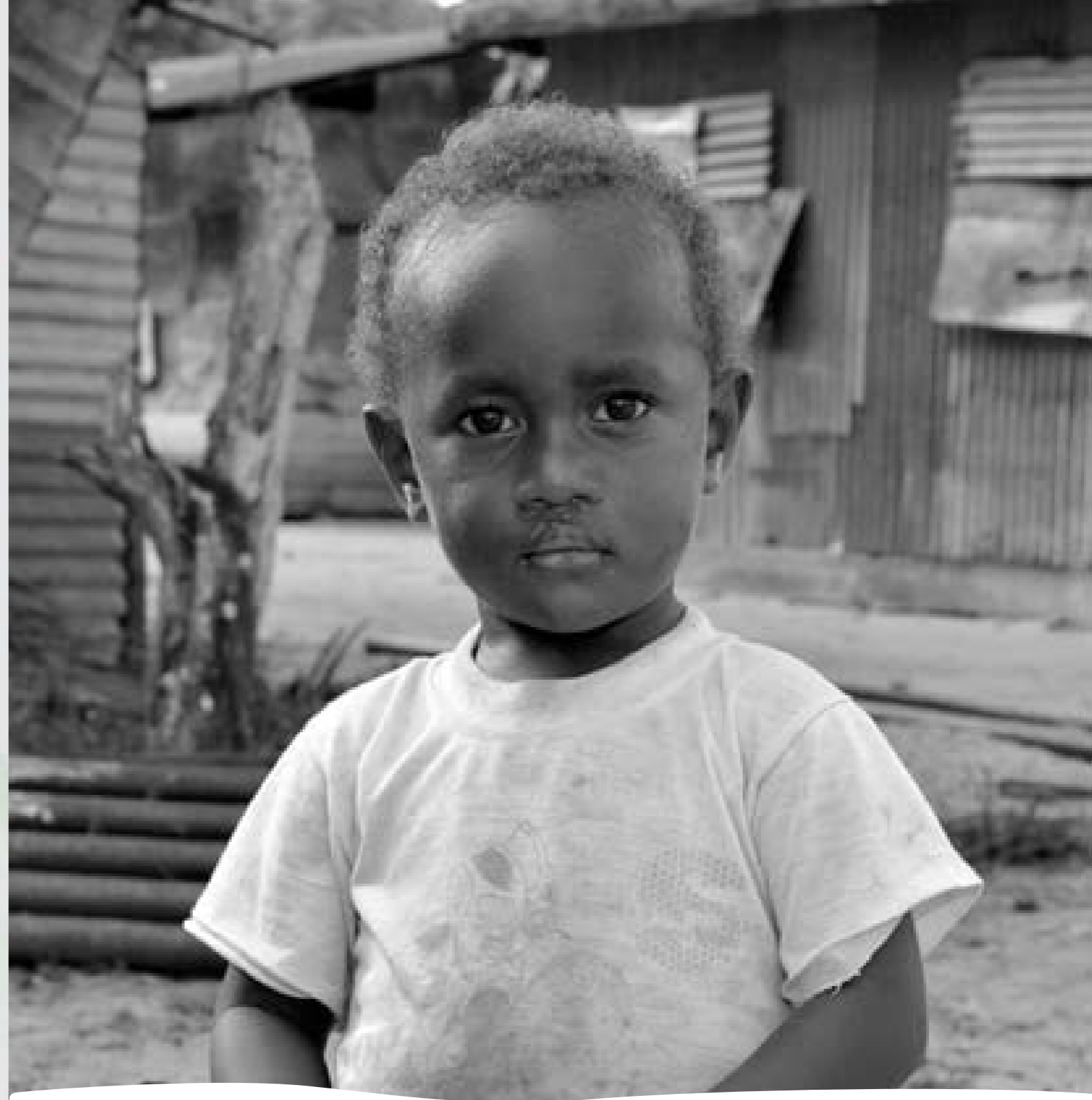
'KASTOM'—If development initiatives do not fit inside custom and tradition or are not endorsed by traditional leaders implementation can be difficult and protracted. Regardless considerable awareness raising and education prior to implementation to achieving anticipated outcomes is required.

HIGH RATES OF POPULATION GROWTH AND URBANISATION—Based on preliminary 2009 Census data the average annual population growth rate in rural areas is 1.9% and in urban areas 3.6%: the urban population is increasing by about 2,060 people a year and the rural population by about 3,360 a year. This is a major challenge for service delivery and urban infrastructure.

DISASTER RISK REDUCTION AND MANAGEMENT—Vanuatu is the world's most vulnerable country to natural disasters in the form of seismic and volcanic activity, cyclones, drought, flooding and other weather events. Climate change impacts are evident in the changing habits of migratory fish species and changing patterns of rainfall in particular. The National Disaster Management Office coordinates the national response to disasters and work is ongoing in developing response plans and community strategies. More needs to be done in the area of disaster risk reduction to complement response policies and activities.

SUSTAINABLE RESOURCE MANAGEMENT—Like many other Pacific island countries, there is a considerable pressure to generate income from direct foreign investment in the primary sector including the purchase of land, exploration for minerals and other deposits, inshore fisheries and so on. This has to be carefully managed to ensure that communities are not disenfranchised from their land, the environmental and social impacts of economic activity are minimised, and land is rehabilitated.

ECONOMIC GROWTH OUTSIDE THE MAIN URBAN AREAS—The overall package of economic reforms has not resulted in significant economic growth for the population in the outer islands and Government must be more proactive in facilitating investment of sustainable economic activities in the rural areas. Government is making progress with a programme for increasing autonomy at provincial government level to increase access to government services.



Millennium Development Goal 1: Eradicate Extreme Poverty and Hunger

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1.A Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicator	1990	2000	Latest (year)	2015 target
1.1 Proportion of population below \$1 (PPP) per day		26% (1998) ¹	4% (2006)	0%
1.1a Proportion of population below national poverty line		40% (1998) ¹	16% (2006)	2%
1.2 Poverty gap ratio			5.6 (2006)	No target
1.3 Share of poorest quintile in national consumption		3% (1998) ¹	7.4% (2006)	No target

¹ Included for indicative purposes only; data not considered to be reliable.
Source: VNSO

The Republic of Vanuatu comprises a chain of more than 80 islands in a 'Y' shaped chain, of which 65 are permanently inhabited. These islands extend 1,300 km along a north—south axis between latitudes 130 and 220 degrees south, with an exclusive economic zone (EEZ) of 700,000 km². The volcanic and coral platform islands are young, small and highly disturbed as a result of frequent cyclone, seismic and volcanic activity. There are nine active volcanoes, seven of which are terrestrial and two under sea. Because of the rugged and mountainous terrain most of the population live on the narrow coastal strip.

The country has a reasonable natural resource base for achieving sustainable development and 76% of the population live in rural areas, mainly living by subsistence although there is increasing 'formal' economic activity in all of the islands. An estimated 41% of the land is suitable for cultivation, but these amounts vary considerably from island to island. Over 90% of the land is held in customary land tenure for use by family members while the remaining 10% is freehold and public land.

The large sea area and many islands combined with rough island terrain often make travel and communication between and within islands very difficult and expensive. All of the main islands are linked by air but some remote ones can only be reached by boat.

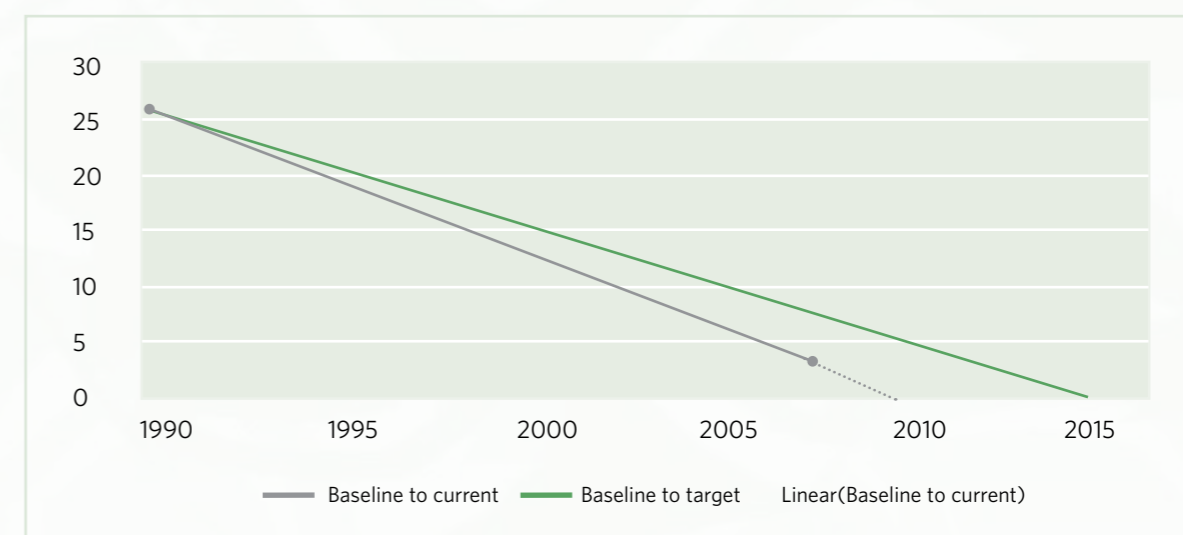
One of the seven strategic priorities of Government is to provide economic infrastructure, utilities and support services or more specifically to promote equitable and sustainable economic growth through the implementation of the PAA and PLAS policies to improve basic services, infrastructure and promote an environment conducive for private sector development. There is no poverty reduction strategy for Vanuatu; rather the Government has embarked on a set of strategic directions and associated policies to promote private sector growth, notably in tourism and increasing agricultural production in selected rural areas with associated improvements in access to transport and markets.

Proportion of the population below \$1 a day

The incidence of poverty using the \$1.00 or even the \$1.25 per day measure is very low but there are pockets of poverty where household members struggle on a daily, weekly or monthly basis to provide food or other basic needs (Figure 1).

A strong commitment by Government and development partners has created a policy environment supporting economic growth through policies to provide infrastructure (roads, telecommunications, shipping and air support facilities and services), promote tourism as a source of income in selected rural areas, increase agricultural production and promote 'cash cropping' and subsidise the producer price for copra.

FIGURE 1: VANUATU PROPORTION OF POPULATION BELOW \$1 (PPP) PER DAY



Research conducted by UNICEF on the 2006 poverty data examined the incidence of poverty for children aged 17 years and under. While the national incidence of poverty as measured by \$1.25 a day was 5% for all children there was considerable variation between provinces (see Table 1 below). The incidence of poverty ranged from 14% of children living in households that managed on less than \$1.25 a day in Torba to 2% in Malampa. In Luganville 1% of children lived in households with income of less than \$1.25 a day and 2% in Port Vila lived in poverty using this definition.

TABLE 1: CHILDREN LIVING ON LESS THAN \$1.25 PER DAY, 2006

Province / urban area	Total number of children	Number. below \$1.25 poverty line	% below \$1.25 poverty line
Torba	4,420	628	14.2
Sanma (rural)	11,673	123	1.1
Penama	15,059	244	1.6
Malampa	13,081	307	2.3
Shefa (rural)	12,067	1,294	10.7
Tafea	15,786	1,867	11.8
Luganville	4,408	46	1.0
Port Vila	11,492	232	2.0
Vanuatu	87,986	4,740	5.4

Source: UNICEF (2006 HIES data). Children defined as aged 17 years and under.

Rural and urban differences

From the 2006 HIES data the incidence of poverty using the \$1.25 (PPP) poverty line was 9% for the population and 8% for households (Table 2). It was highest in the rural areas, although there are concerns about the under-estimation of the value of subsistence production and consumption in rural areas which has resulted in a higher level of poverty than that which occurs.¹

TABLE 2: INCIDENCE OF POVERTY (IP) USING THE \$1.25 (PPP) POVERTY LINE, 2006

	Households	IP	Population	IP
Vanuatu	1,838	7.7%	10,857	9.2%
Rural	1,703	5.0%	10,179	6.4%
Urban	136	2.7%	678	2.8%
Port Vila	107	1.5%	553	1.7%
Luganville	28	1.2%	125	1.2%

Source: VNSO

National poverty lines

Most Ni—Vanuatu live in 'subsistence affluence', enjoying plentiful natural resources in an unspoilt environment providing that they are able to contribute labour and have access to land and marine resources. Yet the rural majority suffer from what is often called 'poverty of opportunity'—a lack of access to services (education, health, regular water supply, transport, communications, energy) and income—earning opportunities that would enable them to improve their living standards. Most major new developments still occur in, or near, the urban areas.

Lack of opportunity in rural areas is contributing to rapid urbanisation. If the "urban fringe" around Port Vila is included, the urban population is now around 30% of the total population in Vanuatu. Gradually Port Vila has acquired densely populated squatter settlements lacking basic services, creating a new urban poverty. Land disputes between groups of immigrants to Efate and the indigenous communities are a potential source of conflict. A range of social problems are emerging among the new urban generation, with high rates of unemployment contributing to substance abuse, property—related crime, transactional sex and teenage pregnancy.

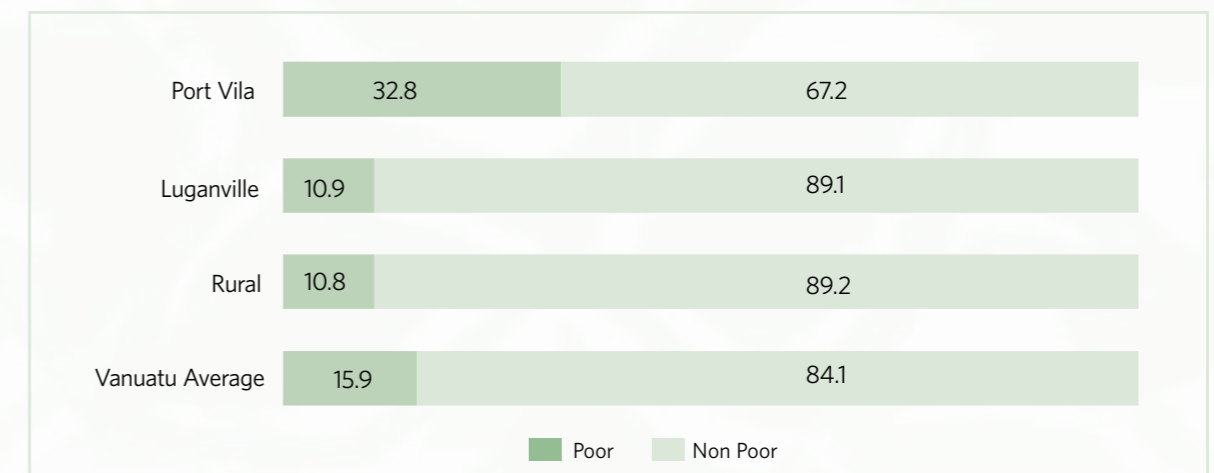
The Government considers the HIES of 2006 the source of the first nationally reliable estimates for poverty for Vanuatu.² National food and basic needs poverty lines were derived using the regional 'standard' method used by UNDP and the ADB in their regional assistance programmes. A limitation of this method is that poverty lines are derived from the HIES expenditure data for food, subsistence production and other non—food expenditure in the lowest 30% of households rather than the cost of a 'model' diet or the actual costs of other expenses essential for life. This has led to some criticism of this method.

The HIES data indicated that the average adult in Vanuatu needs Vt 3,064 a month (Vt 102 a day) for food and a further Vt 1,651 (Vt 55 per day) for non—food items such as shelter, clothing, household supplies etc. The Basic Needs Poverty Line (BNPL) in 2006 for Vanuatu was the total of the food and non—food monthly expenditure: Vt 4,715. Applying this BNPL to expenditure reported in the HIES resulted in 6% of households or 7% of the population experiencing food poverty or hardship and 13% of households or 16% of the population in basic needs poverty or hardship (Figure 2). The BNPL for Port Vila was Vt 11,075 and for Luganville it was Vt 6,110 while for rural areas it was much lower at Vt 3,366 per average adult per month. In Port Vila 33% of the population had per capita incomes (average adult) below the BNPL of Vt 11,075 and were defined as poor using this definition of poverty.

¹ For technical information about the 2006 poverty estimates see VNSO, 2008, Report on the Estimation of Basic Needs Poverty Lines, and the Incidence and Characteristics of Poverty, Port Vila, Vanuatu.

² The HIES of 1998 used by some regional and international agencies is not reliable because its sample design is not nationally representative and is biased for the urban areas.

FIGURE 2: BASIC NEEDS POVERTY USING SUB NATIONAL POVERTY LINES (% POPULATION), 2006



Source: VNSO

This suggests that many households, especially those in the nation's major urban centre and capital, Port Vila, manage their meagre resources with food security (purchasing or harvesting food) as a high priority; perhaps at the sacrifice of other non—food purchases such as housing improvements; or that they purchase low cost or quality foods which might be as nutritious as other more expensive foods; or meals might be skipped. The incidence of poverty indicates that policies directly targeted at poverty alleviation are required in Port Vila to assist those most in need and such policies should address the root causes of being poor in Port Vila such as being a migrant from a rural area. At the same time in rural areas policies improving employment and income generating opportunities and access to basic services are required to try to slow down the rate of urbanisation. Such policies require considerable research to identify the causes of poverty, reasons for migrating to urban areas and how best to provide assistance to those in need. In addition the dimensions of poverty and vulnerability need more research to complement quantitative measures like the BNPL, (based on household expenditure), to explore the social and economic determinants of poverty in terms of access to basic social services, housing and utilities.

Poverty gap ratio

The depth and severity of poverty are measured by the Poverty Gap Index (PGI) and the Squared Poverty Gap Index (SPGI) respectively, where the PGI is a measure of the depth of poverty being experienced by each household below the basic needs poverty line, while the SPGI measures the severity of poverty by giving more weight to the poorest households whose poverty gap is greatest. The squared poverty gap ratio gives the same distribution and relative results as the poverty gap index: poverty in Vanuatu is most prevalent in Port Vila followed by rural areas and the municipality of Luganville (see Table 3).

TABLE 3: POVERTY GAP INDEX (PGI), PGI SQUARED AND POVERTY INCIDENCE, 2006

Region	PGI	PGI Squared	Basic Needs IP ¹
Vanuatu	5.6	3.0	15.9%
Rural	3.8	2.0	10.8%
Port Vila	10.4	5.1	32.8%
Luganville	2.9	1.2	10.9%

Source : VNSO. ¹ % of population in region below Basic Needs Poverty Line (IP = Incidence of Poverty).

Share of poorest quintile in national consumption

This indicator provides information about the distribution of income of the poorest fifth of the population. Because the income of the poorest fifth is expressed as a percentage of total household or income, this indicator is a "relative inequality" measure. Therefore, while the absolute income of the poorest fifth may increase, its share of total income may remain the same (if the total goes up by the same proportion), decline (if the total goes up by a larger proportion) or increase (if the total goes up by a smaller proportion).

In Port Vila the lowest 20% of households (as ranked by per capita adult equivalent expenditure quintiles) accounted for only 5% of the total expenditure, whereas the highest 20% accounted for 52% of total expenditure. In the other urban area Luganville the lowest 20% of households had a higher proportion of total expenditure at 6% which was the same as that for rural areas.

TABLE 4: DISTRIBUTION OF HOUSEHOLD EXPENDITURE (%), 2006

Region	Lowest quintile share ¹	Highest quintile share ¹	Ratio
Vanuatu	5.7	47.5	8.3
Rural	5.9	46.2	7.9
Urban	6.0	48.4	8.1
Port Vila	4.8	51.7	10.7
Luganville	5.7	47.5	8.3

Source: VNSO. ¹ adult equivalent per capita household expenditure quintiles.

To conclude the discussion for this target it is important to note that these indicators focus on the monetary—income or expenditure—aspects of hardship. These measures do not take account of the hardship that arises through natural disasters, the lack of access to basic services, land, infrastructure, nor does the lack of economic opportunities to enter the cash economy get considered. Using these relatively simplistic aggregate monetary measures is insufficient to provide guidance for policy makers beyond the simple income/expenditure aspects and more thorough socio—economic analysis of household characteristics is required. Measures such as the UNDP's Multidimensional Poverty Index, MPI, assess a range of critical factors or "deprivations" at the household level: from education to health outcomes to assets and services. Taken together, these factors provide a fuller portrait of acute poverty than simple income measures such as those included here.

In 2009, the Government of Vanuatu with support from UNICEF conducted child poverty and disparity study, which used multiple measures of poverty in the analysis including a deprivation method analysis. The study used seven key deprivations and found that the more remote parts of the country like Torba and Tafea were the worst—deprived in terms of shelter, education and water, whereas Port Vila was the most deprived in terms of food and health.³ This kind

³Source: Draft Child Poverty and Disparity Study, 2010, available at http://www.unicef.org/pacificislands/9596_13613.html.

of research into the many dimensions of poverty is needed in Vanuatu to complement poverty lines developed from quantitative data, to encourage informed debate and ultimately develop poverty reduction strategy papers.

Target 1.B Achieve full and productive employment and decent work for all, including women and young people

Indicator	1990	2000	Latest (year)	2015 target
1.4 Growth rate of GDP per person employed ²	0.8% (1995-1999)	- 0.7% (2000-2004)	2.7% (2005-2008)	Target under consideration
1.5 Employment-to-population ratio	68.6% ¹ (1989)	76.8% ³ (1999)	71.1% (2006) ⁴	Sector productivity rates under consideration
1.6 Proportion of employed people living below \$1 (PPP) per day			3.98% (2006) ⁵	0%
1.6a Proportion of employed people living below national poverty lines			8.9% (2006)	0%
1.7 Proportion of own-account and contributing family workers in total employment		3.7% ¹ (1999)	3.2% ¹ (2006) ¹	Target under consideration

¹ Included for indicative purposes only: data not considered to be reliable

² The average labour productivity growth rate for the years stated. Rates for 2007 and 2008 based on projected total employment (based on 1989 and 1999 census total employed and 2006 HIES total employed). Note that employed includes subsistence workers.

³ Includes contributing family workers (unpaid workers component), subsistence workers and excludes other unpaid workers, resident population aged 15—64 years. 1999 Census of Population and Housing.

⁴ Includes volunteers (work without pay, includes contributing family members) and subsistence workers from the 2006 HIES data.

Source: VNSO, VNPF

A new global target was added under this MDG to achieve full and productive employment and decent work for all, including women and young people following the widely held conviction that poverty can only be reduced if people have a decent and productive job. The Government is working to implement its Decent Work Country Programme.

Vanuatu became a member of the International Labour Organisation (ILO) in 2003, and in 2006 the Parliament ratified eight International Labour Conventions, including a commitment, through law, to promote equal remuneration (C100), to eliminate discrimination in employment and occupation (C111), to promote freedom of association and the right to organise (C87 and C98), and to abolish forced labour (C29 and C105) and the worst forms of child labour (C182).

Recent achievements have been made in educational reform including the first ever national curriculum with an emphasis on life skills and providing trainees with skills to allow them find formal employment in the local labour market. CSOs have been active in urban centres in providing training, work placement programmes and other services to help unemployed people find employment. Additionally post—secondary education and technical and vocational education and training (TVET)—are priority areas for Government intervention. A number of training programmes target youth, particularly those who have left the formal education system at a relatively young age, to enable them acquire the skills needed to find formal employment or assist them establish small business entrepreneurial opportunities.

GDP growth per person employed

Vanuatu's GDP represents the total monetary value of all production activity in the country. When GDP growth is analysed in terms of employment it is intended to give an overall impression of the productivity of the economy. It should be kept in mind, though, that this measure depends on the structure of total employment such as hours worked and the differences in production ratios in different sectors.

The principles of labour productivity are difficult to apply to the employed in Vanuatu as approximately 70% of those employed in 2006 were working in the subsistence sector which generally has a low volume of production compared to other farming systems and also makes a comparatively small contribution to GDP in value added terms. In 2006 'crop production', which is mostly subsistence, accounted for only 15% of GDP (constant 2006 prices) yet approximately 70% of the employed are engaged in subsistence activities.

On the other hand, the absorptive capacity of the subsistence sector is extensive: rural people have to feed themselves so for the most part they have to engage in subsistence agriculture. Projects to implement more modern farming practices, crops with more potential for 'value added' processing and generally increase production have had mixed success and longevity. Changing farming methods from those based on custom and tradition to more modern methods is very difficult and resource intensive particularly during times when export commodity prices are volatile or low or where there is strong local demand for products such as kava.

Vanuatu is ranked the world's most vulnerable country to natural disasters. Volcanic activity, earthquakes, cyclones, flooding and drought all mean that the nation's reliance on agriculture is precarious.

Vanuatu is enjoying the benefits of migrant labour with Government agreements with New Zealand and Australia. The New Zealand Recognised Seasonal Employer (RSE) programme began in 2007 with a pilot and larger numbers followed in 2008. The Australian pilot was in 2009. The workers are mostly unskilled and are mainly involved in agricultural work. The RSE programme has had significant impacts on the families and communities involved with worker's returning with savings (and sending remittances) and investing in home improvements, education related expenses and income generating projects. Approximately two and half thousand Ni—Vanuatu take part in the RSE scheme each year and remittances from New Zealand were Vt 528 million in 2008, increasing to Vt 899 million in 2009.⁴ RSE is expected to become Vanuatu's second largest earner of foreign exchange (after tourism), which means that there could eventually be competing demands for labour between the local and New Zealand market.

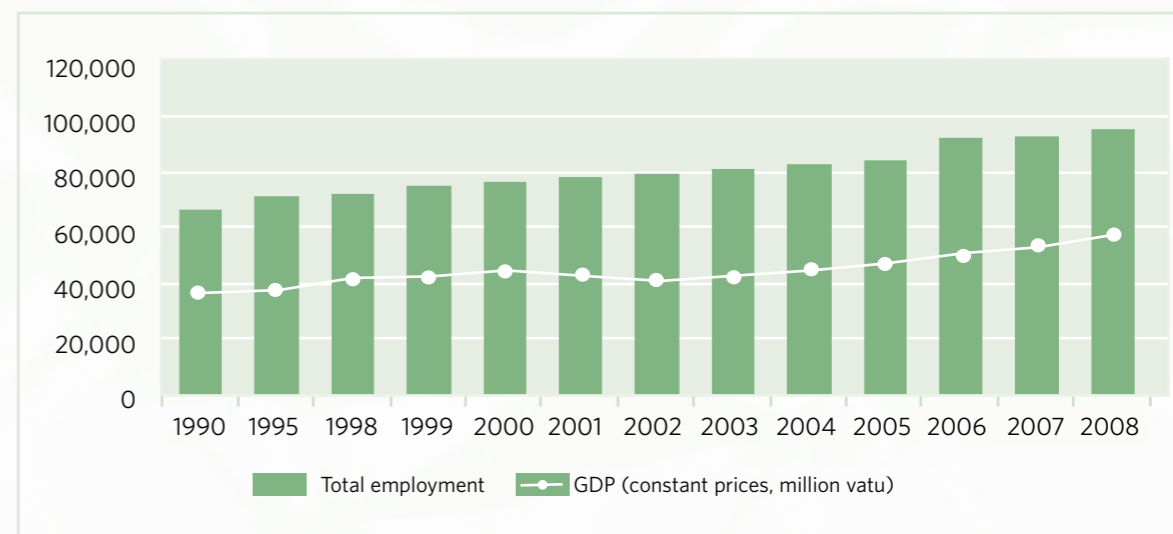
BOX 1: The Demise of the VCMB

The Vanuatu Commodities Marketing Board: "if Government wants to increase rural incomes, [the copra purchase price] should be treated as a welfare policy, not disguised as agriculture policy" (ADB, 2009).

Vanuatu's dependence on agriculture in its economy, and the fragility of this sector, was highlighted in 2002 with the collapse of the Vanuatu Commodities Marketing Board (VCMB) which directly led to a decrease in GDP. The VCMB was a statutory body that, at the beginning of 2002, had responsibility for the purchase, sale, and export of prescribed commodities: cocoa, kava, vanilla, and copra. As copra is a major source of cash income for the rural population, VCMB operations directly affect many people. VCMB was plagued with management and governance issues including improper use of funds, unsound investments, political interference, and general mismanagement; documented as far back as 1996, in one of the first reports by the Vanuatu Ombudsman.

In 2002 VCMB financial problems were compounded as the world price for copra fell and the Government of the day instructed the marketing board to pay higher prices to farmers than the VCMB could sell the copra for. This meant that the VCMB operated at a significant loss for much of 2002; eventually running out of funds in early 2003: producers and inter-island shipping companies were not paid. Eventually in 2003 legislation was passed to alter the board's role to one of industry regulation; but mismanagement, poor decision making and political interference continued and when the extent of debt emerged in 2009 the VCMB legislation was eventually repealed in 2010. Figure 3 shows the impact of the VCMB 'crash' in 2002 had on GDP.

FIGURE 3: TOTAL EMPLOYMENT AND GDP (CONSTANT 2006 PRICES, MILLION VATU), 1990, 1995, 1998—2008



Source: VNSO, Employment data is from the 1989 and 1999 Census of Population and Housing and the 2006 HIES with linear growth assumed in the non-survey years. 1989 Census includes working age population of all persons aged 10 years and over; from 1999 working age population is 15—64 years.

The recent strong performance of the Vanuatu economy and the growth of the key strategic sectors of tourism, retail and whole sale trade, manufacturing, utilities and construction have resulted in stronger growth in labour productivity growth rates compared with the last decade. The average GDP growth rate per person employed from 2005—2008 was 2.7% compared with —0.7% from 200—2004 and 0.8% from 1995—1999.

Employment to population ratio

The employed population is all persons aged between 15 and 64 years (inclusive) who did any kind of work for pay or profit (or pay in kind), including subsistence farmers. In 2008 the employed population was estimated to be 95,600. Since 1989 about 82% of the employed population have been in the rural areas; and since 1999 83% of the rural employed have been working in subsistence activities. In total subsistence employment makes up about 70% of total employment.

Since 1999 there has been a decline in the employment to population ratio because although total employment has increased the working age population has increased at a faster rate. It is possible that this indicator will continue to decrease if the labour market cannot absorb the relatively high annual number of new entrants as well as those who are unemployed and seeking work, along with an apparent movement away from subsistence agricultural work amongst the youth population.

⁴ Reserve Bank of Vanuatu.

Rural and urban differences

Employment ratios in rural areas are much higher than in urban areas simply because most able bodied people in the rural areas spend one hour or more doing some kind of work to produce food or goods for the household to consume.

Table 5 shows that in rural areas employment rates increased in 1999 and then decreased in 2006, particularly for males. In urban areas between 1989 and 1999 there was a decrease in participation rates, notably for females. Changes between 1999 and 2006 point to a slow down of the decreasing participation rates in urban areas compared to the rates for 1989 and 1999 with male participation rates increasing slightly in 2006 compared with 1999. It seems that the rate of urbanisation and natural increase in the urban centres is more than that which can be absorbed in the more 'formal' labour market.

TABLE 5: EMPLOYMENT TO POPULATION RATIO (15–64 YEARS), REGION, SEX, 1989, 1999 AND 2006

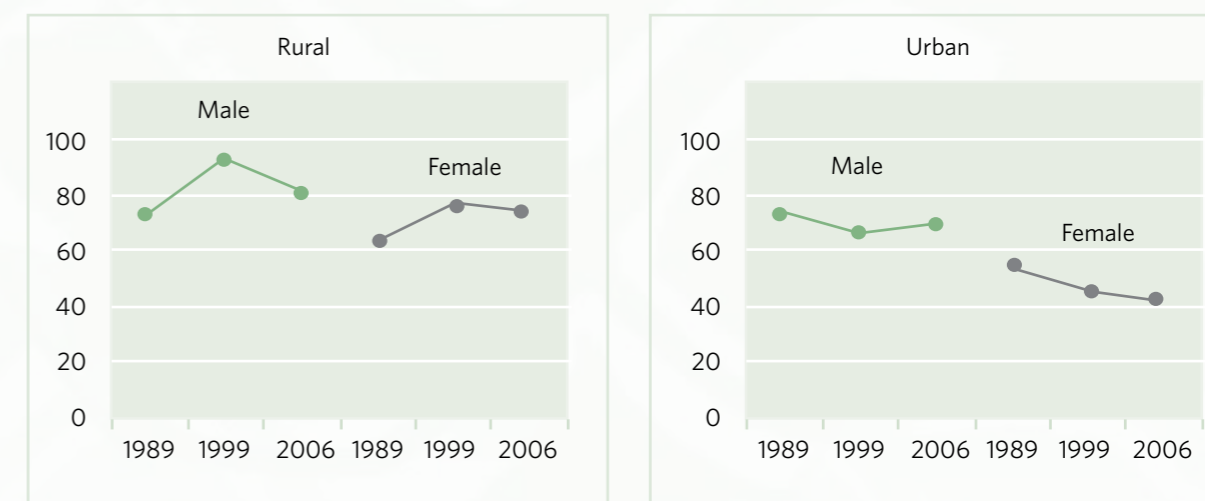
Region	Urban	Rural	Vanuatu
1989 ¹	64.1	69.7	68.6
Male	71.3	72.0	71.9
Female	56.0	67.3	65.2
1999	56.0	83.4	76.8
Male	65.4	89.5	83.5
Female	45.6	77.4	70.0
2006	54.7	76.5	71.1
Male	66.4	79.2	76.1
Female	43.1	73.6	66.0

Source: VNSO. 1989 and 1999 Census of Population and Housing; 2006 HIES. ¹ 1989 Census includes working age population of all persons aged 10 years and over.

Gender differences

Women's employment rates are lower than men's in both rural and urban areas; and notably in the urban areas where women's opportunities for employment are more limited than they are in the rural areas where subsistence activities can be combined with women's other 'caring and rearing' responsibilities. Table 10 on page 48 shows that in 2006, on average using gross wages (an imprecise measure but used in the absence of other information), women's wages were 85% of male wages. The data seem to indicate that in times of employment growth employment ratios for men will be higher than that of women; and in urban areas rates for women have been declining while those for men have increased slightly (Figure 4).

FIGURE 4: EMPLOYMENT TO POPULATION RATIO, REGION, SEX, 1989, 1999 AND 2006



Source: VNSO. 1989 and 1999 Census of Population and Housing; 2006 HIES. 1989 Census includes working age population of all persons aged 10 years and over. Note that the x axis does not have the correct scale for the continuous time (Year) data included and this graph is indicative only.

Employed people living below the poverty line

The hardship of the working poor is analysed using sub-national poverty lines (see page 20). 'Employed people living below the poverty line' is derived from the working poverty rate which is the number of employed persons living in a household with income below the poverty line as a proportion of total employment.

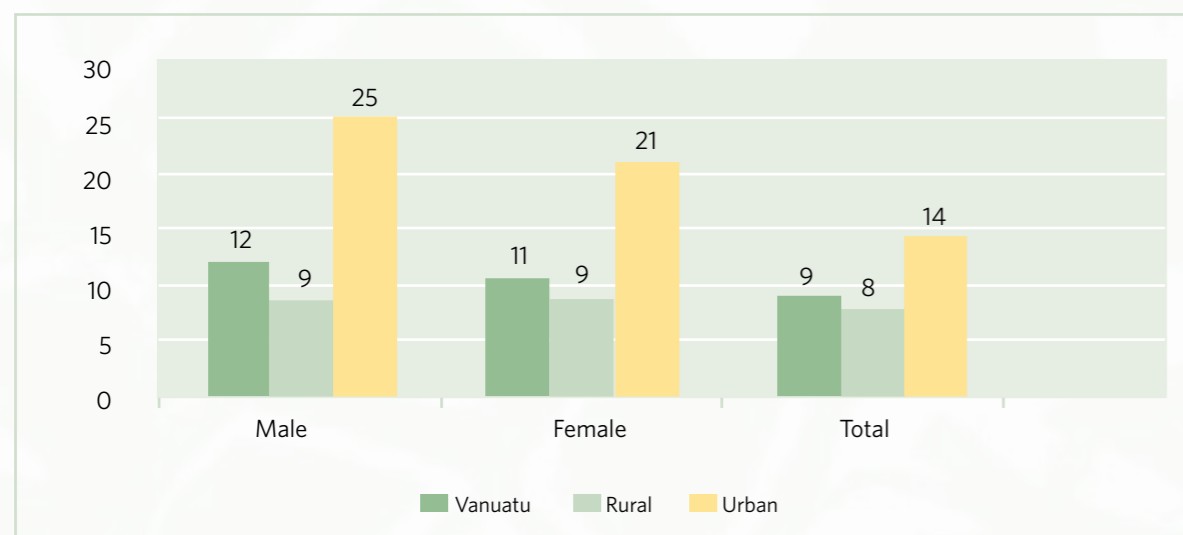
In the 2006 HIES survey 'employment' was defined to cover formal paid employment as defined by the ILO as well as unpaid workers, subsistence workers and the self-employed.

In 2006 in Vanuatu 9% of employed people lacked decent employment in that the income they earned from their employment, or the value of subsistence production and consumption, was not enough to provide per capita income (or consumption) above that of the BNPL.

Rural and urban differences

According to the 2006 HIES 8% of employed people aged 10 years and above in rural areas, lived in households with per capita income below the BNPL, while in the urban areas 14% of employed people lived in households with per capita income below the BNPL. This suggests that a large proportion of those employed in rural households, including subsistence gardeners, earned a reasonable income while in urban areas a higher proportion of employed people lived in households with per capita income below the basic needs poverty line. This result is very important to dispel the commonly held belief that urban centres are sources of greater opportunities for income and wealth compared to rural areas. Whilst some urban households have access to land used for subsistence activities to supplement formal sector income, many are not so fortunate.

FIGURE 5: % OF EMPLOYED PEOPLE LIVING BELOW SUB-NATIONAL POVERTY LINES, REGION, SEX, 2006



Source: VNSO.

Gender differences

Figure 5 also highlights the gender differentials in the employed population living below the poverty lines. For the country as a whole there was not much difference between the poverty incidence and female and male employment; and the differences are even less in rural areas. However in urban areas 25% of employed men and 21% of employed women lived in households below the urban poverty lines of Vt 6,110 in Luganville and Vt 11,075 in Port Vila.

Own account and unpaid family members in employment

The indicator is a measure of what are deemed to be the more vulnerable statuses of employment, namely own-account workers (self employed people with no employees) and unpaid people working in a family business (contributing family workers). The formal business sector in Vanuatu is relatively small and while all, or most, able bodied family members would typically be involved with family businesses to varying degrees, they might not consider this to be their main economic activity so the number of people involved in the non-formal sector is probably higher than estimates used here. There is also a very grey area regarding how people and families selling surplus garden crops on an irregular, infrequent (once a week) or informal (road side tables) basis define their main economic activity. As these people mainly work as subsistence gardeners this would be their economic activity; so the rate of 'vulnerable workers' would probably be higher than household survey results suggest. There is anecdotal evidence that the number of self-employed people is growing through, for example, the increasing number of tourism related businesses (accommodation, transport operators) and the increased number of local markets supported through provincial administrations for the sale of agricultural produce. The results of the 2009 Census should show whether these people consider such business activities as their primary economic activity or whether such businesses are secondary to other economic activities such as formal work. A detailed labour market or labour force survey is required to derive information about the diverse range of economic activities pursued by people in both urban and rural areas.

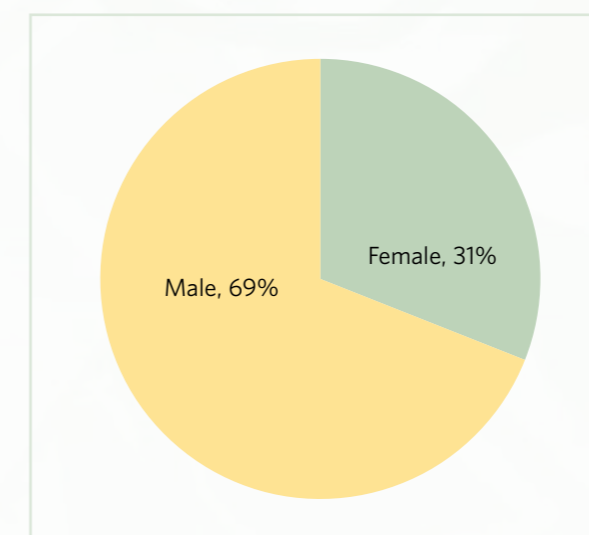
The statistical information available does not distinguish between business operators with or without employees so the true rate of own account workers in total employment is not known.

From the 1999 Census, 4% of the working population (aged 15–64 years) were own-account or unpaid family workers. Although not directly comparable, the 2006 HIES results indicated that this rate was still low, at 3% of all employed people.

Gender differences

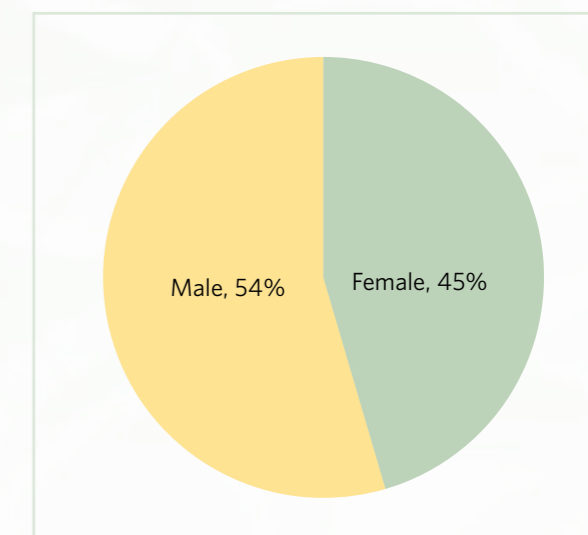
In the 1999 Census 69% of business operators and unpaid workers in family businesses were male and 31% were female with 999 male business operators compared with 375 female ones and 927 males helping in a family business for no pay compared with 483 females. In the 2006 HIES a larger share, 45%, of females reported that they were a business operator, selling products or working as a volunteer for no pay. The increase between 1999 and 2006 was because more women classified themselves as being business operators, (noting that the labour force definitions and questions were different between the 1999 Census and the 2006 HIES). This increase could reflect the success of the VANWODS programme (microfinance scheme) geared specifically for women and the many urban women whose household's have benefitted from income from small family businesses with financial assistance and training provided by the VANWODS microfinance scheme.

FIGURE 6: SEX OF VULNERABLE WORKERS, %, 1999



Source: VNSO

FIGURE 7: SEX OF VULNERABLE WORKERS, %, 2006



Source: VNSO

Target 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator	1990	2000	Latest (year)	2015 target
1.8 Prevalence of underweight children under-five years of age		12.1% (1996)	15.9% (2007) ²	6%
1.9 Proportion of population below minimum level of dietary energy consumption			7.4% (2006) ¹	0%

¹ Included for indicative purposes only: data not considered to be reliable

² Not directly comparable to 1996 due to different sampling methodology and equipment used in the MICS of 2007.

Source: VNSO, 2007 MICS, 1996 Ministry of Health

As part of the Multiple Cluster Indicator Survey (MICS) in 2007 the Vanuatu National Nutrition Survey (VNNS) was conducted which found that Vanuatu is experiencing the double burden of both under- and over-nutrition to the extent that a person might be overweight and yet be micronutrient deficient. The common causes of the double burden of malnutrition identified included poverty, inequity, inadequate nutrition during antenatal, foetal and infant

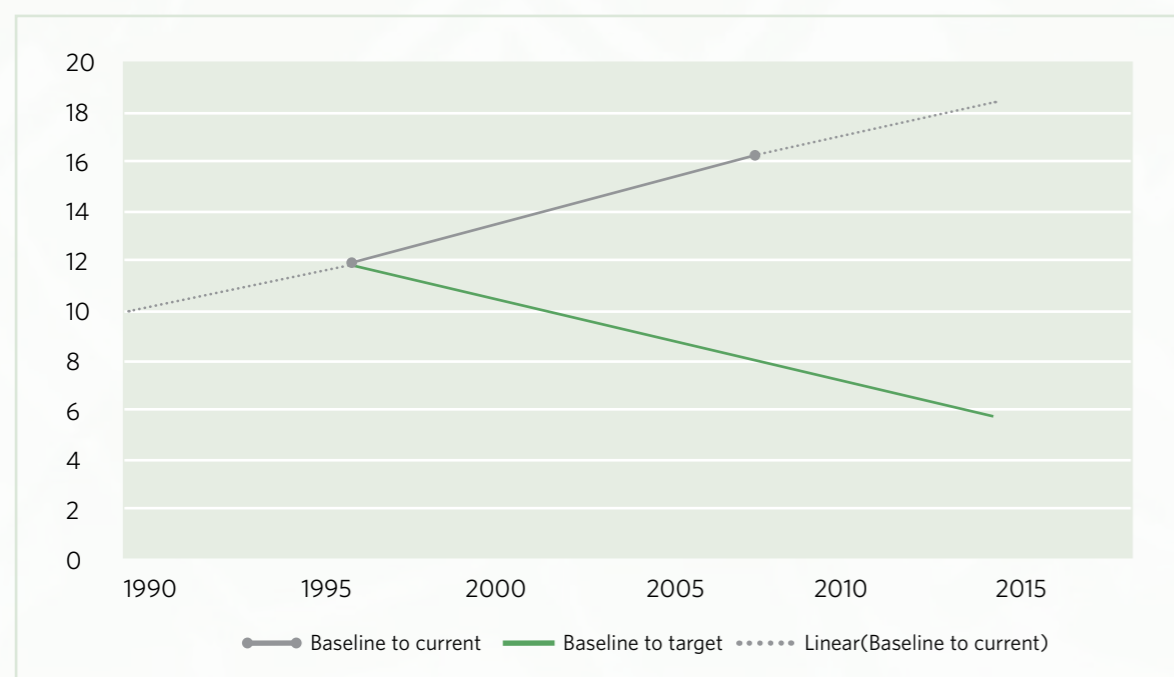
and young children ages. As children age these problems worsen through consumption of high-fat, energy-dense micronutrient-poor foods and lack of physical activity. The window of opportunity for the most effective action for both forms of malnutrition is from pre-pregnancy to around 24 months of age, by which time the malnutrition will have resulted in irreversible effects on the child's cognitive and physical development.⁵

Underweight children under 5 years of age

The 2007 VNNS results are clear: the most damaging effects of malnutrition occur during pregnancy and the first two years of life. Proper nutrition has positive consequences for child health, brain development and in 2007 children under 24 months were found to be at high risk of different forms of malnutrition, in particular stunting and anaemia.⁶

The Ministry of Health relates the lack of progress on child nutrition to rising food costs and inappropriate food choices contributing towards substandard feeding practises for young children. Other contributing factors include an increasing number of working mothers resulting in substandard feeding practises, lack of knowledge among young mothers about the importance of prolonged breastfeeding and proper weaning practises, repeated illnesses such as diarrhoeal diseases and malaria all having the potential impact of increasing the vulnerability of young children to poor weight gains and eventually malnutrition.

FIGURE 8: PREVALENCE OF UNDERWEIGHT CHILDREN UNDER-FIVE YEARS OF AGE



Source: 1996 Ministry of Health, 2007 UNICEF and Ministry of Health

Figure 8 illustrates just how 'off track' Vanuatu is for achieving the target for well nourished children under the age of five years, noting that caution must be exercised in interpreting the data as the measurement methods used in the 1996 and 2007 surveys were slightly different.

In 2007 16% of children under five years of age were moderately underweight. A further 2% were found to be severely underweight. In addition 20% of children were stunted, an additional 7% severely so: 27% of children under the age of five years are below the NCHS reference for their age and height. This data is reinforced by the number of children checked at health facilities because of under nourishment.

⁵ Vanuatu National Nutrition Survey 2007, p. 46

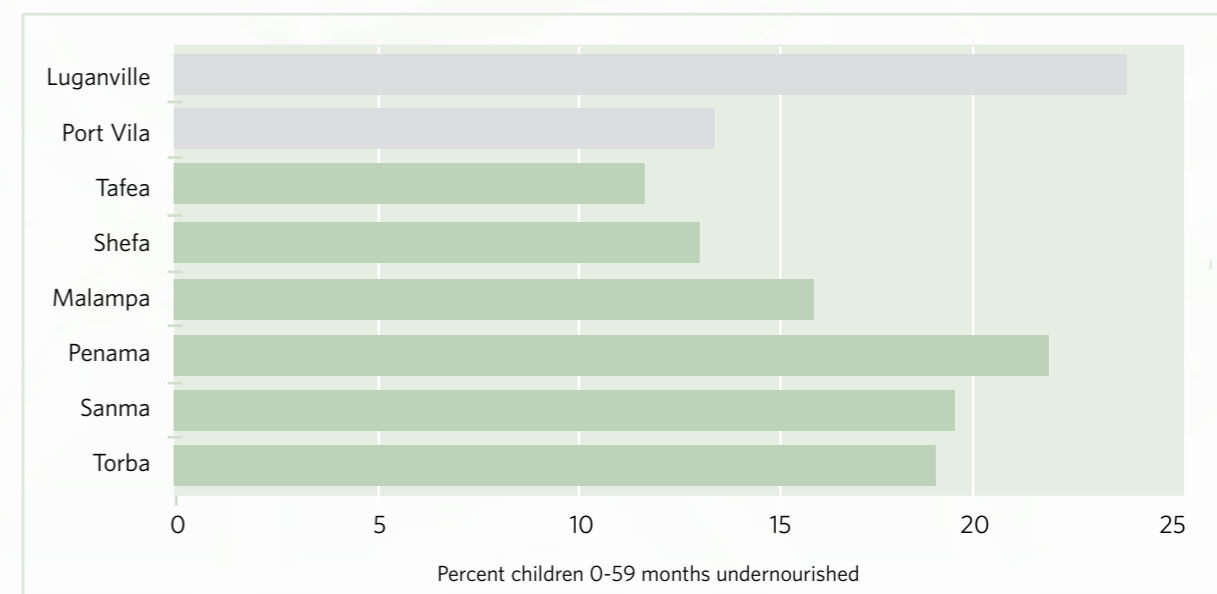
⁶ Vanuatu National Nutrition Survey 2007, p. 44

The prevalence of reported underweight children aged 6–11 months was 5% which increased sharply in the next age group to 16% for children aged 12–23 months and for stunting the rate was 8% for children aged 6–11 months increasing to 30% for children aged 12–23 months. In Vanuatu children are typically weaned from milk products (including breast milk and formula) at around 12 months of age and consume the same food as other household members. There is a need for increased emphasis on the importance of excluding breastfeeding for the first six months of life, introduction of correct type, amounts and quality of complementary feeds and continued breastfeeding for the first two years of life. Breastfeeding and correct infant and young child feeding will further reduce neonatal mortality and improve maternal health. Given the impact of iodine deficiency on child growth and development, there is a need to ensure that all households use iodised salt which was estimated to be at 23% of households in the 2007 MICS.

Rural and urban differences

The 2007 VNNS found that there were higher rates of malnutrition, as well as a higher proportion of overweight children in urban areas. Urban children were slightly more likely to be shorter in height and under weight for their height than rural children. In terms of being undernourished there were significant sub-national differences obscured at the urban and rural level.

FIGURE 9: % OF UNDERNOURISHED CHILDREN AGED 0–59 MONTHS, PROVINCE AND URBAN MUNICIPALITIES, 2007



Source: MICS 2007. Undernourished is measured as weight for age below 2 standard deviations of mean weight for age.

Gender differences

The VNNS study discovered that boys were more likely to be malnourished than girls: 18% of boys aged under five years were underweight compared with 13% of girls. Boys were also more likely to have stunting (low height for age) than girls. The survey report does not include the reasons for this sex difference and notes that more research is required to identify sex differentials for malnourishment.

Population below minimum level of dietary energy consumption

There is no information available about the prevalence of malnutrition in the general population. The 2007 MICS examined the nutritional status of non-pregnant women of reproductive age but not dietary energy consumption.

The 2006 HIES food poverty analysis was based on the cost of a minimally nutritious diet, based on the average adult daily food-energy intake of 2,100 kilo calories. If this is assumed to define the minimum level of dietary consumption then 7% of the population, or about 15,000 people, were below this.

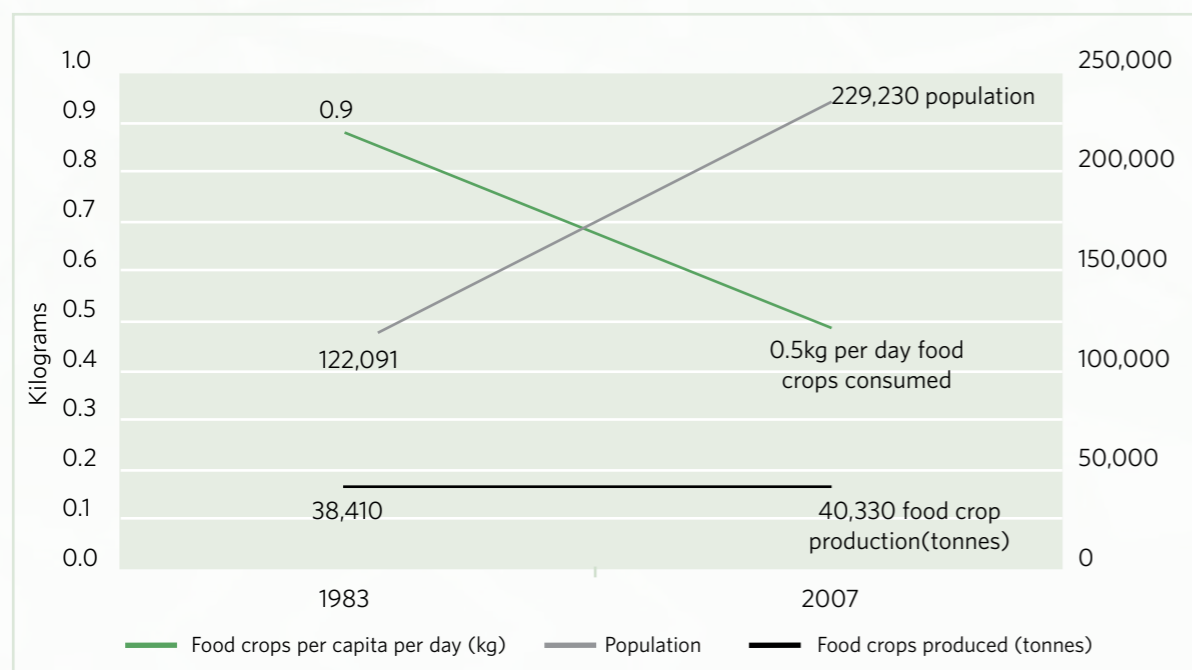
Target 1.D By 2020, to have achieved a significant improvement in food security

According to the FAO, food security exists when all people, at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy lifestyle. As far back as 2001 there has been research into food security in Vanuatu when it was found that food insecurity was more related to “what can be termed ‘hidden hunger’, or deficiencies of vital micronutrients in people’s diets. In rural areas, it is related to people eating unbalanced diets. In urban areas, it is related to changes in people’s eating habits, shifting away from nutritionally rich traditional staples to imported, less nutritious food items.”⁷ Little has changed.

In 2007 the Agriculture Census found that nationally 82% of all households engaged in some form of agriculture. Most practiced shifting cultivation (70%) and intercropping of temporary crops (63%) with only 13% of these households using what could be considered modern techniques such as applying fertiliser, pesticides or improved seeds.⁸ This indicates that there is considerable potential to increase food security through local food crop production which could then either be consumed by households or provide a source of cash income which could then be used to purchase imported foods such as rice and tinned fish. This however does not resolve the problem of the high cost of local food and traditional root crops such as taro, yam and manioc compared to imported foods and the ability of households without access to a ‘free’ source of these traditional food crops to purchase them at more expensive market prices when imported foods are much cheaper.

Since Independence in the early 1980’s food crop production has not significantly increased while the population has almost doubled. Figure 10 shows that in 1983 approximately 0.9 kg of food crops were produced and presumably consumed per capita per day compared to 0.5 kg in 2007. On the other hand the imports of rice doubled between the early 1990s and 2007. It is unlikely that there will be any significant improvements in food security based on domestic food crop production by 2015.

FIGURE 10: FOOD CROP PRODUCTION (TONNES), POPULATION AND PER CAPITA CONSUMPTION, 1983 AND 2007



Source: Department of Agriculture

⁷Welegtabit, SR, 2001, p xix.

⁸Vanuatu National Statistics Office, Census of Agriculture 2007, Vanuatu.

“Over the past 20 to 30 years, [food] consumption patterns in many parts of the world, including Pacific island countries, have shifted from fresh local foods to manufactured or processed foods that are generally easier to prepare but may also be less healthy.”⁹ Barriers to food security in Vanuatu include lack of enforcement of regulations, lack of investment in agriculture, lack of information and awareness among consumers, lack of multi—sectoral cooperation in Government and poor engagement with the food industry.

The 2009 National Food Summit found that in terms of local production food security was seen as compromised by the low perceived status of those who farm and fish in ‘modern’ Vanuatu and the subsequent need to encourage young people to get involved in agricultural production and marketing activities as well as the need for better support for farming and fishing industries by identifying better ways to process and market local foods. Local foods have to be processed and packaged so that can compete directly with imported foods in terms of convenience to prepare and consume.

In addition the agricultural sector needs political will and policy support from all stakeholders working together to define strategies and policies which integrate traditional production systems with ‘free market’ economic concepts in terms of production volume requirements, marketing and pricing elasticities. In this way the price of traditional foods could become competitive with imported foods such as rice. This can realistically only be a long term strategy and requires considerable political will and support to implement. If, for example, the current price subsidy for copra were transferred to traditional food crops such as taro, yam and manioc this would surely benefit local market prices and subsequent demand; and producers should benefit from a more stable local market.

These are extremely difficult issues to deal with because of the number of different agencies involved and the need to change the behaviour of people from imported foods towards consuming a more ‘traditional’ diet. The strategies and policies must be developed for a long term solution but the immediate priorities to address are to increase the production of traditional foods using hybrid drought and disease tolerant varieties and in some areas adapting farming systems to compensate for the lack of suitable land for traditional ‘slash and burn’ production.

MEETING THE MDG FOR POVERTY, HUNGER AND MALNUTRITION

The Government focus on creating an environment conducive to high, sustainable economic growth to support sustainable livelihoods seems to be paying off on the whole. Despite its remote location from the major world markets, vulnerable economy and rapidly increasing population, Vanuatu has achieved progress in economic and social development.

Adequate resources are required for the full implementation of a ‘decent work’ agenda in Vanuatu, including supervision functions for compliance with labour legislation such as the minimum wage, maternity leave, occupational health and safety and so on. Many people in employment are not aware of their rights. Workers in the informal sector, notably those providing services to households in the urban areas and market vendors, require assistance through programmes such as workers associations to lobby on their behalf for the minimum wage and to facilitate the provision of basic insurance and other social protection measures. Examples include women working as domestic servants (“house girls”), men working as security guards or gardeners and market vendors.

The statistics on agricultural production clearly show that more needs to be done in the agricultural sector to improve the livelihoods of people in rural areas. Farmers, fishermen and growers need adequate technical support, hybrid drought and disease tolerant varieties, access to affordable credit, post harvest storage and processing facilities, appropriate quality standards and, most importantly, training to take advantage of opportunities for local and international export markets for traditional root crops and cash crops. Current initiatives around reviving the co—operative organic branding and standards for meeting EU markets need to continue and be complemented by other programmes for local and regional markets with less stringent import requirements. Significant investment and political direction is required in the primary sector if Vanuatu wants to make any progress towards achieving food security.

Agricultural sector support should also include education programmes about the importance of child (and maternal) health and nutrition as well as how to have a balanced diet with enough vitamins, proteins and micronutrients based around subsistence and crop gardens in rural areas with the re—introduction of kitchen garden promotion activities in urban and per—urban areas; even introducing community gardens in some areas.

⁹National Food Summit 2009 Report, p. 2.

Reducing vulnerability as a result of natural and man-made shocks is now becoming an important aspect of socio-economic development of Vanuatu, because impacts of climate change, particularly of sea-level rise and higher atmospheric temperatures in the future, are forecast to affect island states more than any other type of developing country.

Despite advances not everyone is benefitting from the gains in prosperity; and the challenge for Government and stakeholders is to define what characterises “hardship” in Vanuatu and then identify the main characteristics of those in hardship so that policies and programmes can be developed to assist them. This is a challenge because currently there is no Government agency specifically mandated to address the needs of those in hardship. Other countries have had successful poverty reduction programmes based on adopting specific budget measures with ‘pro-poor’ outcomes and such measures should be considered in Vanuatu in important areas such as increasing access to health care. Regarding hardship there are serious problems to address including child nutrition, poverty in urban areas and the working poverty rate. These are difficult issues to address, and in many ways interrelated, so policies for sustainable livelihoods and proper nutrition with effective targeting of beneficiaries could have real benefits in the short term. It will not be possible for the Government to work in isolation in these areas and it must create the necessary policy environment for project implementation with the private sector and CSOs; for example the provision of ‘food banks’ and implementing regulations for fortified foods as well as ensuring compliance with existing food regulations.

BOX 2: MIGRANT LABOUR SCHEMES HELPING THE POOR

Margret is a single mother with two siblings who lives at Loukakai village. She struggled to make sure her daughter Rose gets a quality education, put food on the table and clothing for her two children. She used wood fire she collected to cook and only had one cooking pot. Her children didn’t have flip-flops to wear or any good clothes. Even though she had access to UNELCO for electricity, she didn’t have enough money for a meter let alone a kerosene lamp. Life was hard for her daughter Rose who had to make sure she did her homework before it got dark. In 2008 when the RSE scheme was introduced, Margret decided to join; she was accepted and went to work in NZ for the 2008–09 summer season. Now she has a local house of her own with electricity and her daughter Rose is now in a private junior secondary school. Her kitchen is now equipped with utensils and pots from NZ. Her children now sleep on mattresses and can watch videos. She’s thinking of going back to NZ again next year (2011). This time she wants to work and save for materials to build a permanent house (corrugated iron roofing and cement blocks); thanks to the RSE scheme.

Tanna is an island in the southern part of Vanuatu with a pop of 25 thousand who live in villages and grow their own subsistence garden crops. Margaret’s village is about 15 minutes by road from the Provincial centre of Lenakel. Source: UNICEF Most Significant Change Story series.



Millennium Development Goal 2: Achieve Universal Primary Education

Can Vanuatu meet the targets for eradicating extreme poverty and hunger?

Target No.	Target	Will the target be met?	State of policy environment
1.A	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	Potentially	Weak but improving
1.B	Achieve full and productive employment and decent work for all, including women and young people	Unlikely	Weak but improving
1.C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Unlikely	Weak
1.D	By 2020, to have achieved a significant improvement in food security	Unlikely	Weak

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2.A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator	1990	2000	Latest (year)	2015 target
2.1 Net enrolment ratio in primary education ¹	88% (1989) Male 88% Female 87% ²	75% (1999)	86% (2008)	100%
2.2a Proportion of pupils starting grade 1 who reach last grade of primary (Year 8) ³		36.2% ⁴	66% (2009)	95%
2.2b Proportion of pupils starting grade 1 who reach grade 5			90% (2009)	
2.3 Literacy rate of 15-24 year-olds, women and men	32% (1990)	86% (1999) Male: 86% Female: 85%	92% (2009) Male: 92% Female: 93%	95%

¹ NER revised to 2006 definition of primary education which extended up to Year 8 or age 6–13 years (previously Year 1 to Year 6 or 6–11 years).

² Estimate from 1989 Census data and is enrolment of the age group 6–13 years regardless of education level.

³ Measured by the proxy indicator of the Gross Intake Rate (GIR) for the last year of primary school (Year 8).

⁴ This rate is low because in 2000 primary students sat an exam at the end of Year 6 upon which promotion rates for Year 7 were determined (the exam was stopped in 2007).

Source: Ministry of Education, VNSO.

The Ministry of Education has made considerable progress towards achieving universal primary education. As a result of broad consultation processes and the SWAp used in developing the Vanuatu Education Sector Strategy 2007–2016, the Ministry of Education realigned its priorities towards universal primary education and literacy. Other constraints for universal primary education identified during this process were the costs of maintaining the dual education system with separate streams for ‘English’ and ‘French’ as the language of instruction and the need to achieve an integrated system of bi-lingual schools.

A concerted effort with development partners to provide ‘fee free’ primary level education up to Year 6 in Government and Government–assisted schools began in some areas in 2009 and achieved full coverage in 2010. Compulsory primary school contributions have been phased out and replaced by grants paid directly to the schools. This was in direct response to declining primary enrolment rates which were around 95% in 2005 but decreased to 80% in 2008; and subsequent research highlighted rising parental contributions (school fees) as one of the main reasons why enrolment rates were falling.

The education system consists of pre–school (aged 3 to 5 years), primary (aged 6–13 years or Year 1 to 8) and secondary school (Year 9 to 13 or Year 14 in some French schools). There are still some junior secondary schools offering Years 7 and 8 which will be phased out and absorbed into primary level education. There are a total of 435 primary schools and 81 secondary schools; of which the Government provides grants and teachers to 387 primary schools and 61 secondary schools.

The Ministry of Education receives the largest share of the recurrent budget from Government. The total budget appropriation for the Ministry of Education has increased in recent years, although as a proportion of total Government recurrent expenditure it decreased slightly in 2008 to 23% from 26% in 2007; it has not been below 20% since 1997. Development partners also make significant contributions towards education in Vanuatu: the 2010 work plan received Vt 723 million in development partner support.

Government recurrent funding within the Ministry of Education for education delivery at primary level decreased per pupil in 2009 because the increase in the number of primary students was larger than the increase in the Government recurrent budget for primary level education (Table 6).

TABLE 6: MINISTRY OF EDUCATION RECURRENT PRIMARY SECTOR EXPENDITURE, 2006–2009

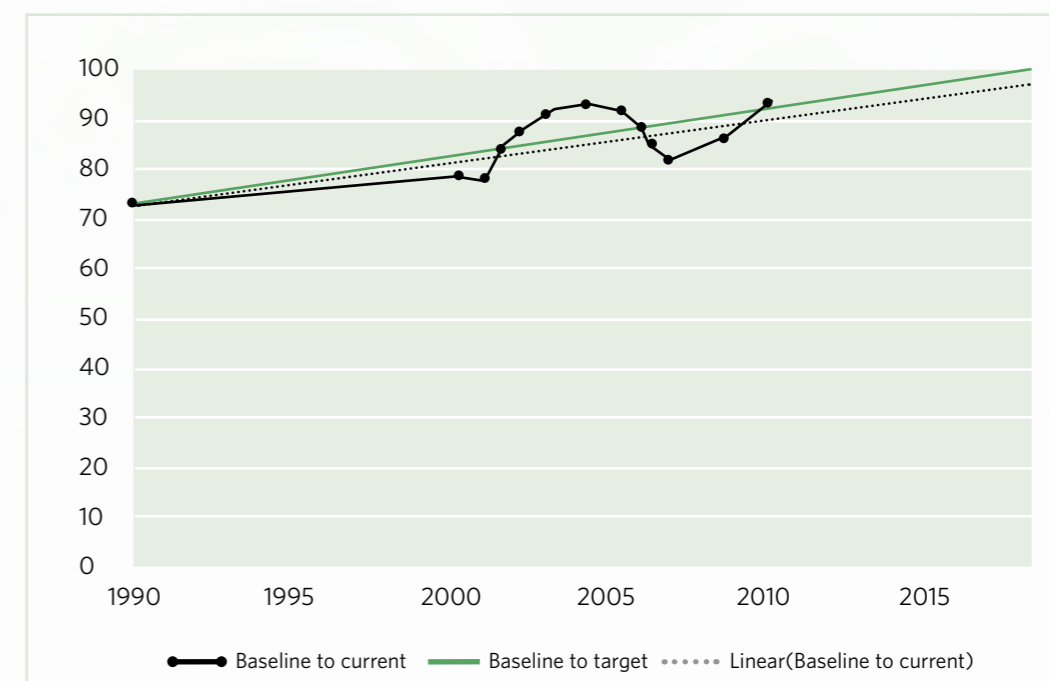
Year	Primary education appropriation (million Vatu)	Primary sector as % all sectors	Expenditure per pupil
2006	1,165	55%	30,161
2007	1,587	57%	41,904
2008	1,664	59%	41,021
2009	1,595	58%	37,704

Source: Ministry of Education; all sectors are pre–school, primary and secondary which includes Vanuatu Institute of Technology and the Vanuatu Institute of Teacher Education expenditure.

Primary enrolment

Net enrolment in primary education is measured as the ratio of the number of children of official school age (6–13 years) who are enrolled in primary school to the total population of children of official school age. It shows the proportion of children of primary school age who are enrolled in primary school.

FIGURE 11: NET ENROLMENT RATIO IN PRIMARY EDUCATION (6–13 YEARS)



Source: Ministry of Education

The Net Enrolment Ratio (NER) is not a very accurate measure of enrolment in Vanuatu primary schools because of the high proportion of primary students who are not in the right year for their age. For example in 2008, 30% of Year 1 primary students were at the right age of 6 years. Overall 23% of primary school enrolments in 2008 were in the right class for their age: 77% of primary school enrolments were not in the correct class for their age and most of these were older than they should be. This is caused both by children starting school aged over 6 years and also a high rate of repetition in primary schools.

The Ministry of Education uses the Net Intake Rate (NIR) as an important indicator for access to, and uptake of, education at the primary level. The NIR is the total number of new entrants into Year 1 who are aged 6 years as a proportion of all children aged 6 years. The low NIR shown for both males and females for Vanuatu in Table 7 shows that most children do not start primary school at age six years and that despite concerted efforts by the Ministry of Education promoting the importance of entering children in primary school at age six years the NIR has been decreasing since 2005.

TABLE 7: NET INTAKE RATES FOR PRIMARY SCHOOL, SEX, 2000—2002, 2004—2009

Year	Male	Female	Total	GPI ¹
2000	35%	34%	34%	1.0
2001	40%	40%	40%	1.0
2002	43%	43%	43%	1.0
2004	43%	39%	44%	0.9
2005	57%	59%	58%	1.0
2006	42%	45%	44%	1.1
2007	37%	36%	37%	1.0
2008	32%	35%	33%	1.1
2009	29%	31%	30%	1.1

Source: Ministry of Education. ¹ GPI is the Gender Parity Index for the NIR: a value of less than 1 indicates a difference in favour of boys; a value above 1 indicates a difference in favour of girls and a value close to 1 indicates gender parity.

Rural and urban differences

The average NER for urban primary schools in 2009 was 91%; that is 91% of children aged 6—13 years living in urban areas were enrolled in school. The difference between the NER and 100 provides a measure of the proportion of primary school—age children not enrolled at the primary level. This indicator gives a more precise measurement of participation in the urban and rural primary schools of children belonging to the official primary school age. The NER in the urban primary schools has been relatively high since 2005 and according to the NERs in Table 8 the introduction of 'fee free' primary education in rural areas did little to redress declining primary enrolment. The NER for rural primary aged children is consistently lower than that for urban areas, indicating that among other issues access to primary education in rural areas could be a problem. This information is also shown in Figure 12 and Figure 13.

TABLE 8: NET ENROLMENT RATIOS IN PRIMARY EDUCATION (YEAR 1—8), REGION, SEX, 2005—2009

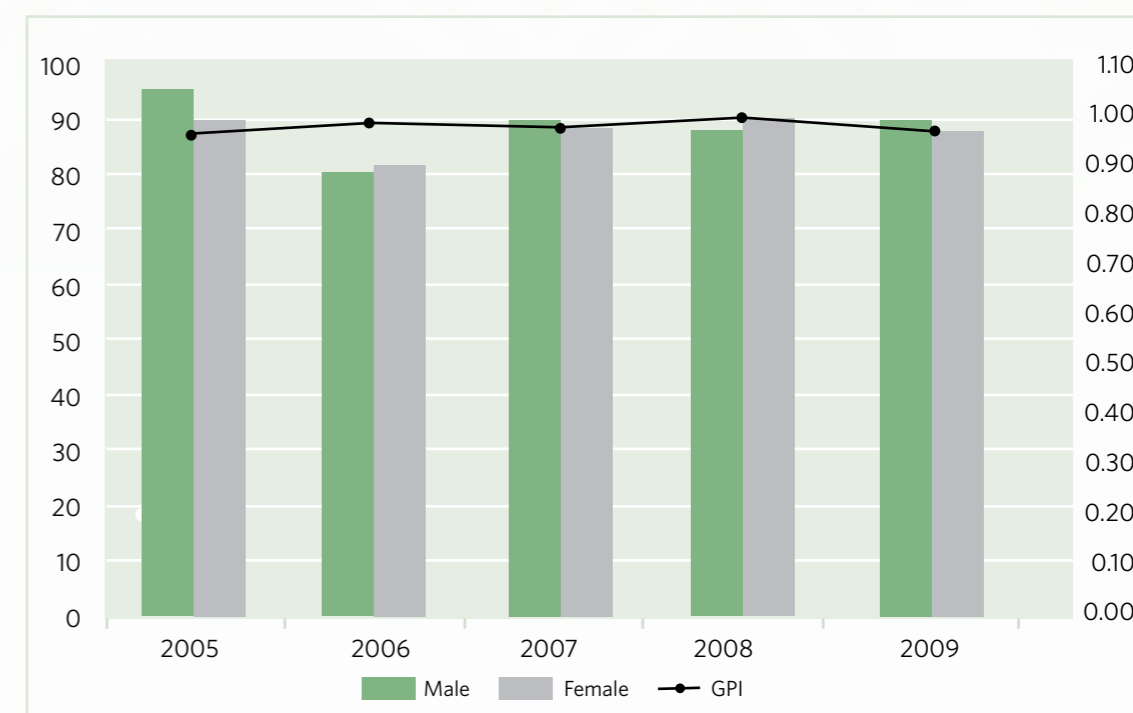
Year	Urban				Rural			
	Male	Female	Total	GPI	Male	Female	Total	GPI
2005	95	92	94	1.0	88	89	89	1.0
2006	81	82	81	1.0	86	86	86	1.0
2007	91	89	90	1.0	86	86	86	1.0
2008	90	94	92	1.0	85	84	85	1.0
2009	93	90	91	1.0	81	80	80	1.0

Source: Ministry of Education. Urban and rural population estimation is based on the age and sex structure from the 2009 Census of Population and Housing.

Gender differences

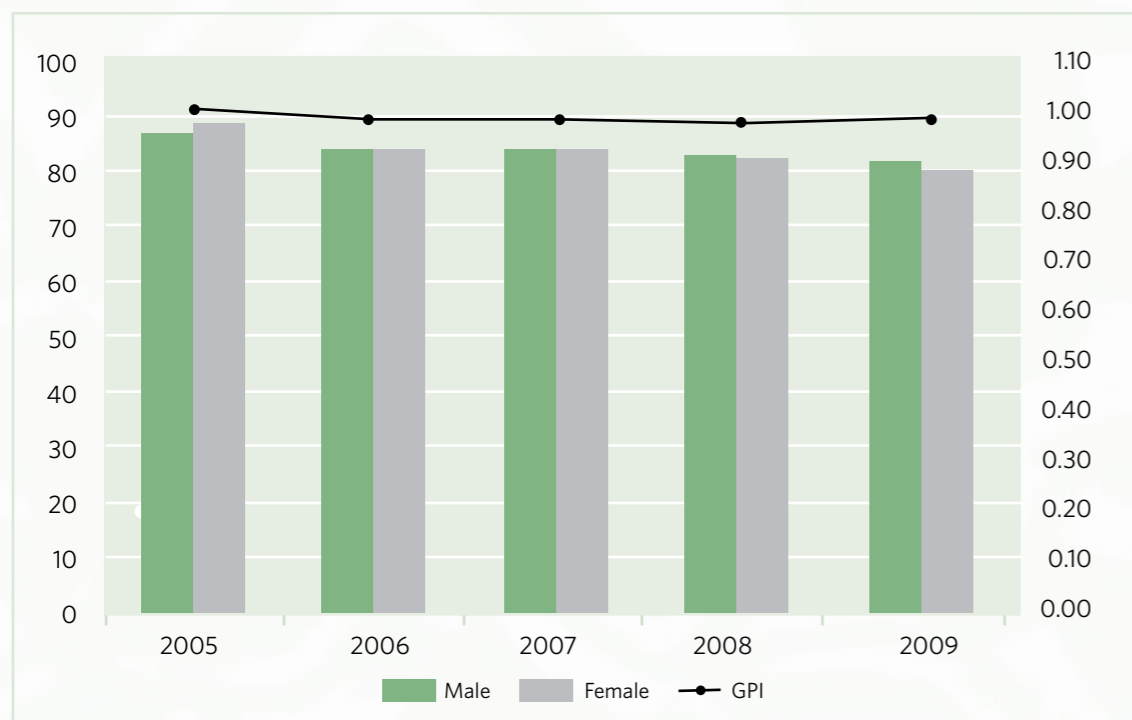
Since 1996 there have consistently been more boys enrolled at primary school level than girls, although this is largely a function of the sex structure of the population with more boys than girls in the primary school age group rather than a preference for educating boys over girls. This is evident from Table 7 where the Gender Parity Index (GPI) for the NIR has been very close to a value of 1.0 since 2000; and since 2008 there have been slightly more girls starting primary school than boys. From Table 8 there is considerable year on year variation in the NER to make any conclusions about gender. This information is also shown in Figure 12 and Figure 13.

FIGURE 12: URBAN NET ENROLMENT RATIOS IN PRIMARY EDUCATION (YEAR 1—8), SEX, 2005—2009



Source: Ministry of Education. Urban and rural population estimation is based on the age and sex structure from the 2009 Census of Population and Housing.

FIGURE 13: RURAL NET ENROLMENT RATIOS IN PRIMARY EDUCATION (YEAR 1–8), SEX, 2005–2009



Source: Ministry of Education. Urban and rural population estimation is based on the age and sex structure from the 2009 Census of Population and Housing.

Primary completion

The primary completion rate is the ratio of the total number of students successfully completing (or graduating from) the last year of primary school (Year 8) in a given year to the total number of children of official graduation age in the population. In Vanuatu this is measured using the international standard proxy which is the Gross Intake Rate (GIR) in the last year of primary school: Year 8.

Changes in the completion rate reflect education system coverage and student progression, and it is used as a measure of human capital formation and school system quality and efficiency. As an international comparison researchers also use the proportion of primary school students starting Year 1 which reach Year 5 which is defined as 'basic education'. Table 8 shows that more pupils stay in primary school until Year 5. However the primary completion rate to Year 8 has been affected by education policy when the examination for progression to Year 6 phased out in 2007 when the definition of primary level schooling was changed to include Year 8. This means that it is difficult to analyse trends.

TABLE 9: PROPORTION OF PUPILS STARTING GRADE 1 WHO REACH YEAR 5 AND PRIMARY COMPLETION RATE, 2007–2009

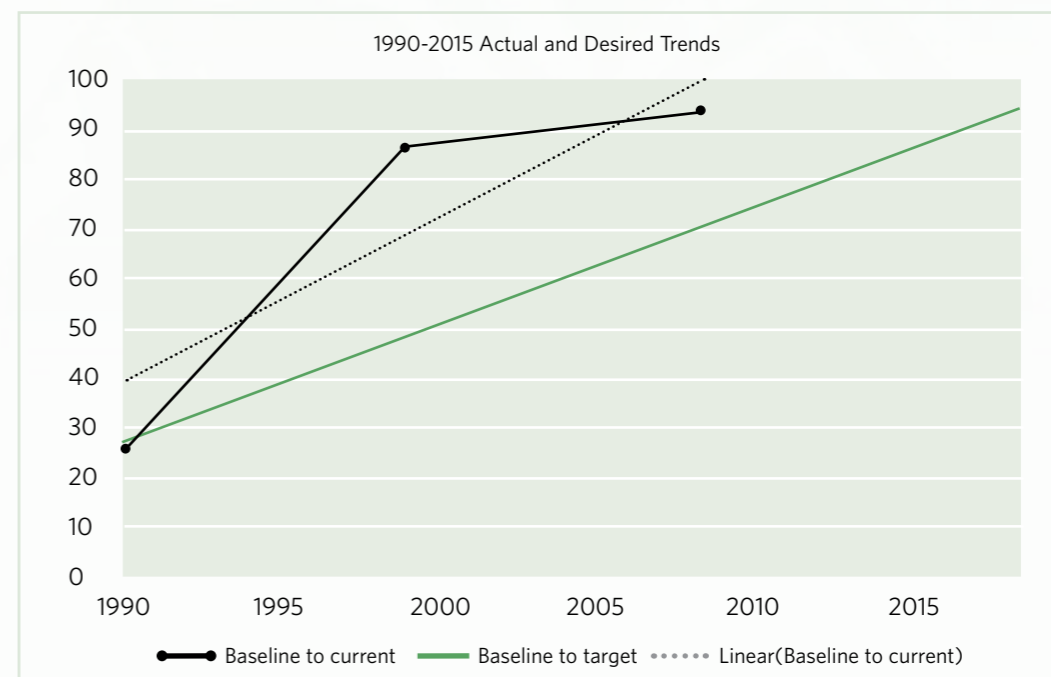
Year	Survival to Year 5	Primary Completion Rate
2007	78%	66%
2008	78%	62%
2009	90%	66%

Source: Ministry of Education.

Youth literacy

Improvements in access to quality of education since Independence in 1980 are clearly reflected in literacy rates of the population. National literacy rates in Vanuatu are obtained through the ten-yearly population census based on 'respondent reported' abilities to read and write a simple sentence (note that numeracy is not included). While this source is not an exact measure of literacy the trend in Figure 14 shows that literacy is increasing; and this is supported by increased access to basic education. Such respondent reported literacy is generally higher than actual 'functional' literacy rates. In 2007 the MICS measured literacy in two ways, a literate person had either attended secondary school for more than one year or they were able to read a simple and short statement. The MICS found that 77% of women aged 15–24 years were literate based on these two criteria. The MICS rate is significantly lower than the 'respondent reported' rate from the Census and is probably a more accurate measure of real literacy.

FIGURE 14: LITERACY RATE OF 15–24 YEAR-OLDS



Source: VNSO.

Gender differences

There are no significant gender differences in literacy rates of 15–24 year old women and men as reported by the census with a 1% difference in the literacy rates for males and females from the Census of 1999 and 2009.

MEETING THE MDG FOR UNIVERSAL PRIMARY EDUCATION

Considerable progress has been made towards achieving universal primary education through integration of the MDGs into education policy and the coordinated effort of development partners and the Ministry of Education.

There are numerous challenges to increasing primary completion rates which the Ministry and development partners are also working towards achieving including 'fee free' education up to Year 8, improving the GIR for Year 1 and subsequent levels of primary school, increasing access to primary schools and community support for construction and maintenance activities, increasing quality of primary school teaching through in-service teacher training, improving the effectiveness of management and supervision of the quality of primary education, developing the syllabus for the national curriculum, increasing public support for a full course of primary schooling for all, expanding information included in the education management information system and the implementation of an Inclusive Education Policy to improve access of children with special needs to primary education. Leaders have also directed the Ministry of Education to finalise the definition of 'basic education' in Vanuatu and then introduce regulations for the minimum school leaving age and other compulsory education regulations.

The plans are ambitious and the workload considerable. Without ongoing political will and support recent gains made in universal primary education will not be sustained.

Can Vanuatu meet the targets for achieving universal primary education?

Target No.	Target	Will the target be met?	State of policy environment
2.A	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Probably	Strong



Millennium Development Goal 3: Promote gender equality and empower women

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3.A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator	1990	2000	Latest (year)	2015 target
3.1 Ratios of girls to boys in primary, secondary and tertiary education	Primary: 89 (1989) ¹ Secondary: 94 (1989) ¹ Tertiary 40 (1995)	Primary: 93 (2000) Secondary: 95 (2000) Tertiary 60 (2003)	Primary: 91 (2009) Secondary: 102 (2009) Tertiary 85 (2008)	100%
Ratio of women to men receiving tertiary scholarships	53 (2000)	68 (2005)	106 (2009)	100
3.2 Share of women in wage employment in the non—agricultural sector	23% (1989)	40% (1999)		No target defined
3.3 Proportion of seats held by women in national parliament		2% (2002) 1 female 52 total	2% (2008) 1 female 52 total	33%

¹ Included for indicative purposes only: data not considered to be reliable or estimated. Tertiary level education statistics from University of the South Pacific data for full— and part—time Ni—Vanuatu students (headcounts not full—time equivalents) across all locations. Source: Ministry of Education, Vanuatu National Statistics Office, Department of Women's Affairs.

Gender equality means, simply, that there is no discrimination on grounds of a person's sex in the allocation of resources or benefits, or in the access to services. That is, all human beings are free to develop their personal abilities and make choices without the limitations set by strict gender roles; that the different behaviour, aspirations and needs of women and men are equally considered, valued and favoured. Implementing gender equality fully requires equal representation and participation of both men and women in the economy, decision—making, as well as in social, cultural and civil life. Only in this way will men and women reach their full potential in society. It implies a fair distribution of resources between men and women, the redistribution of power and caring responsibilities, and freedom from gender—based violence. Dimensions of gender equality include economic and social rights, human rights, prevention of violence, participation and decision making. This concept of gender involving both women and men is not widely understood in Vanuatu. Gender is often equated with women's rights, perhaps because policies and programmes for 'women in development' in the past were successful. It is difficult to fully understand the gender issues in society because if sex disaggregated statistical data is available it is generally not analysed from a gender perspective to highlight the differences, and similarities, between women and men. For example 2008 research in Port Vila found that males aged 15—24 years were just over two times as likely to have been involved in transactional sex as women of the same age.¹⁰

¹⁰ SPC, 2009, p. 28

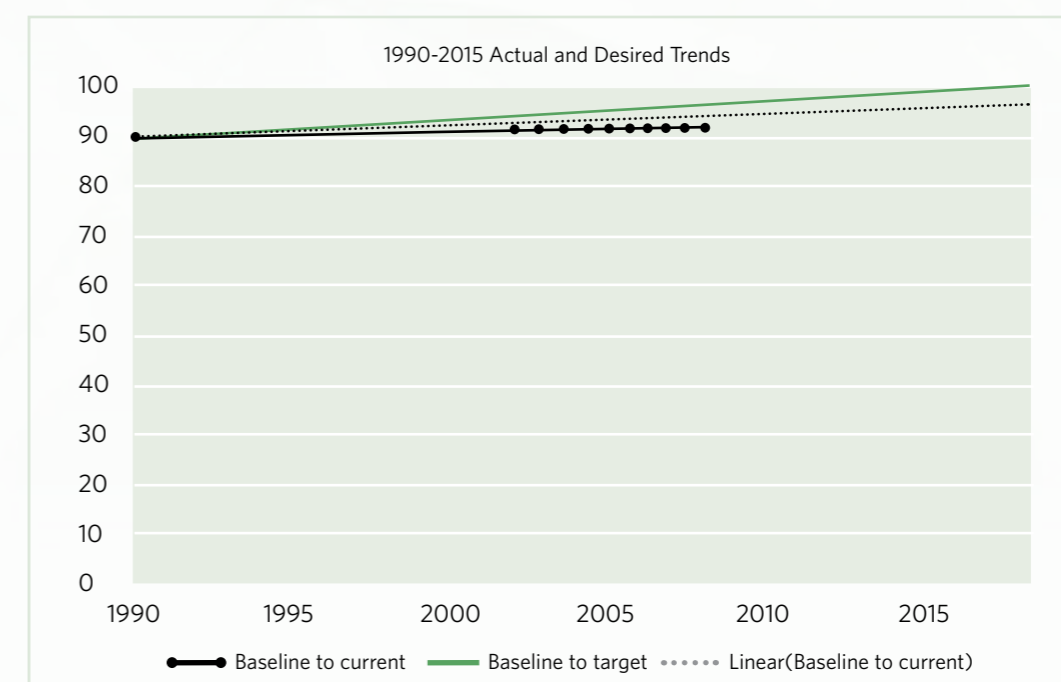
Women in Vanuatu are at a defining point in the history of the country: they live in a society where both traditional and so called 'modern' lifestyles seem to have found an equilibrium which places considerable burden on women compared with men. Women are maintaining their traditional role of mother and custodian of the home and hearth and are in increasing numbers combining this with income generating activities either in the form of informal business operations or more formal work. Men are under a different kind of stress as some of their traditional roles, particularly those based on the provision of food and shelter for the family, have been eroded somewhat due to increased urbanisation and the spread of the 'cash economy' throughout the country. There are many pressures associated with a shift to urban life including the need to purchase food and pay for housing.

Sex ratios in education

In the past three decades progress has been made towards gender equality in access to primary and secondary education, and Government has expanded its institutional capacity to support the disabled and the rights of the child: two areas where women are amongst the most vulnerable.

The ratios of girls to boys shown in Figure 15 are a little misleading because there are more boys than girls in the population aged 6—13 years, with other contributing factors such as a higher proportion of males enrolled as repeaters than females. The Ministry of Education closely monitors other indicators for gender equality in education including several enrolment ratios.

FIGURE 15: SEX RATIOS IN PRIMARY EDUCATION



Source: Ministry of Education

The Gross Enrolment Ratio (GER), which measures all enrolments as a proportion of the primary school age group, is high for both girls and boys—above 95% since 2002. Female enrolments in primary school increased up to 2007 with a slight decline in 2008 as shown by the GER (Figure 16), although they are consistently lower than that for males, caused mostly by the sex structure of the primary school age population (that is, there are more boys than girls in the primary school age range). It is often useful to look at the sex ratio adjusted GER to see if the sex structure in the primary school age population affected the enrolment ratios. The Gender Parity Index (GPI) of the GER has been between 98 and 100 since 2005, indicating that the GERs for girls and boys for primary school are very similar.

FIGURE 16: GROSS ENROLMENT RATIOS FOR PRIMARY EDUCATION AND THE GPI, SEX, 2005—2009

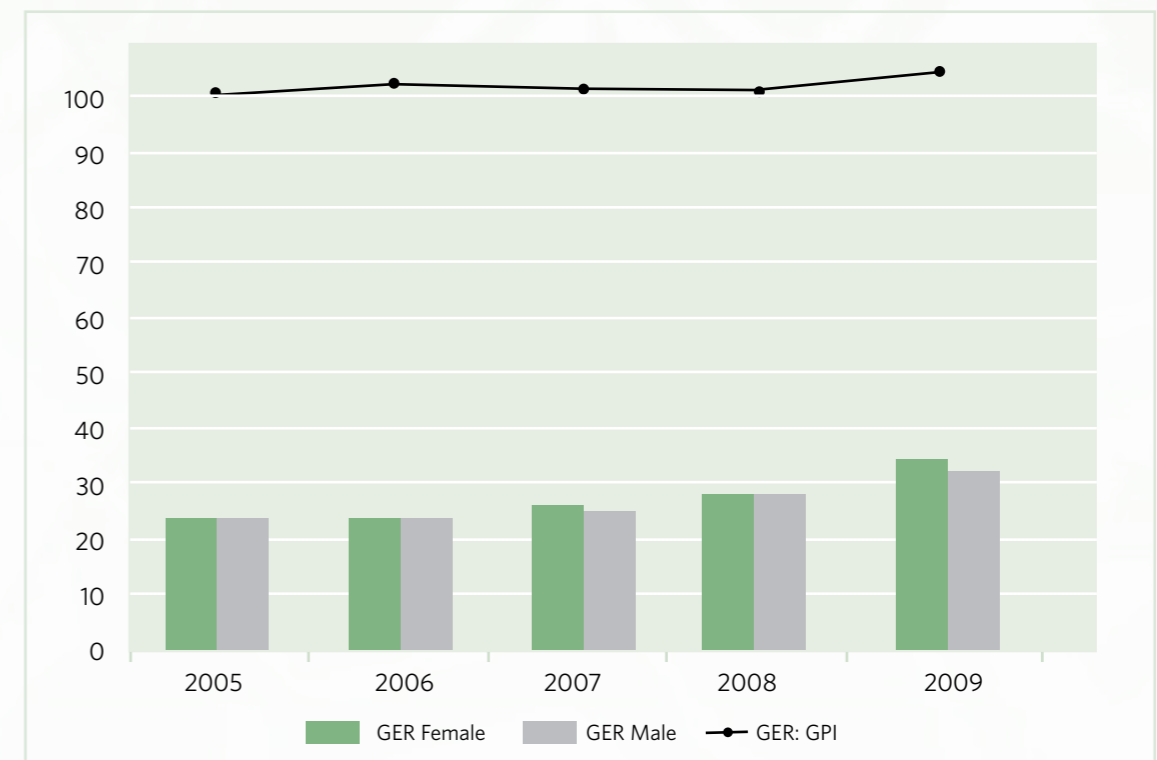


Source: Ministry of Education

However the number of girls, young women, boys and young men at higher levels of education is considerably lower, with only 57 secondary schools in 2009 compared with 437 primary schools. At secondary level Government's priority is not specifically to have equal numbers of boys and girls, but to expand educational opportunities for all—both in terms of formal academic and life skills oriented education.

At secondary level the number of girls has been steadily improving and this is evident in the sex ratios since 2001, which while showing some variability have generally been increasing (Table 9). The GER is another important monitoring and evaluation indicator of access to secondary level by young women and men. The GER for secondary education is a little problematic because it is very difficult to set the upper age limit as currently the 'French' system of schools have one extra year compared to the 'English' stream. There is also no minimum school leaving age which makes deriving the upper age limit of the GER difficult; here the secondary school age group has been defined as 14–19 years of age. In 2009 the ratio for secondary enrolment was 102 females per 100 males (and Table 9); while the GER for females was 33% and for males it was 31% (Figure 17).

FIGURE 17: GROSS ENROLMENT RATIOS FOR SECONDARY EDUCATION AND THE GPI, SEX, 2005—2009



Source: Ministry of Education

TABLE 10: NI-VANUATU SECONDARY SCHOOL STUDENTS ENROLMENT, 2001–2009

Year	Male	Female	Ratio of females to males	
2001	2,238	2,117	95	females per 100 males
2002	2,268	2,139	94	females per 100 males
2003	2,600	2,552	98	females per 100 males
2004	3,451	3,602	96	females per 100 males
2005	3,624	3,370	93	females per 100 males
2006	3,717	3,559	96	females per 100 males
2007	4,009	3,827	95	females per 100 males
2008	4,655	4,460	96	females per 100 males
2009	5,175	5,283	102	females per 100 males

Source: Ministry of Education VEMIS system

It is at the 'post secondary' level that young women compared with young men have far more limited access to education based a) on the opportunities which exist for education and training and b) gender roles. Tertiary level education located in Vanuatu is limited to the University of the South Pacific (USP) campus in Port Vila for a law degree or other 'entry level' courses in the faculty of arts, commerce and science. Revans University operates in Port Vila specialising in management and marketing graduate and post graduate degree programmes. Other post—secondary education available in Vanuatu includes a network of community managed rural training centres, an agricultural college, a fisheries training centre, teacher training, various denominations for theology training, a nursing school and the technology institute as well as other private sector training institutions for IT and business management training. Recently internet—based tertiary education has been promoted although uptake is limited by lack of internet access.

In 2009 there were 50 small, privately operated Rural Training Centres (RTCs) established and managed by communities, church groups and private interests; of which 24 had full membership, 15 were associate members and 11 were new or non—active members of the Vanuatu Rural Development Training Centre's Association (VRDTCA). The RTCs offer vocational and technical training programmes to young people, mostly men, who leave the school system after completing basic education, with the objective of imparting skills that will lead to employment in the rural environment. Again the training cements gender roles with men pursuing courses in more 'technical' fields such as basic carpentry mechanics training while courses for women are based around basic tailoring, handicrafts and food preparation. Small business training is also offered. In 2006 33% of RTC trainees were female; which has gradually declined to 23% in 2009.

There are ongoing reforms in the TVET sector in Vanuatu; with development partner funding instrumental in efforts to standardise, harmonise and improve access to the sector.

The Vanuatu Institute of Technology (VIT) is the largest TVET provider in Vanuatu. The VIT has a large main campus in Port Vila and two smaller provincial training centres in the other two municipalities in Sanma and Tafea provinces. Courses are offered, mainly at 'certificate' level, in accounting, art, automotive, building, computing, electrical, joinery, journalism, mechanical, office administration and tourism and hospitality as well as a range of short courses which are components of the other fields of study. Scholarships are available for VIT study, however these are for tuition only and do not support transport, accommodation or other 'food and basic needs' costs.

Other training opportunities are based around typical traditional professions or occupations so fundamental sex stereotyping is continued through training opportunities such as the Maritime College and College of Agriculture in Luganville, Espiritu Santo.

Gender differences

In general post secondary technical and professional vocational training available in Vanuatu follows traditional gender roles: females tend to pursue training through the nursing school or through the teachers college. The nursing school operates on an intake quota system to meet the needs the Ministry of Health so intakes are not 'open' but managed. The Vanuatu Institute of Teacher Education (VITE) has an annual intake of 100 students with programmes designed for the education system in Vanuatu so qualifications are not transferrable to other countries.

The prospect of travel for tertiary study, or the need to stay away from home for extended periods, seems to be a major factor inhibiting women from pursuing formal tertiary level studies. Vanuatu students have access to tertiary institutions in Fiji, Samoa, Papua New Guinea, New Zealand, Australia, and throughout the Asia-Pacific region as well as internationally. Information from the scholarships office shows that since 1991 females have received 40% of scholarships; despite the policies of major sponsors such as New Zealand and Australia having a 50% gender quota. Because of the low proportion of females applying for overseas study, scholarships are granted based on the proportions of each sex applying for a scholarship. If the Government is serious about promoting gender equality it should set a more ambitious quota than this.

Women wage workers

As noted in MDG 1 there are gender differences in work and employment in Vanuatu. Women's occupations show the typical patterns of occupational concentration and segregation and proportions have changed little since 1989: teaching, nursing, clerical work, shop attendants, gardeners (crops) and cleaners and housekeepers. These women work in hotels and restaurants, stores, schools, hospitals and other health facilities, in Government and in private companies and banks. Men are more likely to be working as legislators and senior officials (including chiefs), technicians, skilled agricultural and forestry workers, craftsmen and plant and machine operators working for business enterprises in the agriculture and forestry sector, manufacturing, utilities and transport sectors as well as private households (as gardeners, handymen and security guards).

A Government policy has been to improve women's access to savings and credit mechanisms. There are two main credit providers for women in Vanuatu: the VANWODS microfinance scheme and the National Bank of Vanuatu. Women's access to credit through the commercial banking system is virtually impossible through their generally low financial literacy; lack of identity documents and failure to meet other criteria such as formal employment to open an account much less access any credit. There is anecdotal evidence that women are active in lending money in the 'black market' however the size and extent of this is not known and the commercial banks believe that black market money lenders are not a significant provider of credit.

The only significant microfinance programme in Vanuatu is VANWODS, (Vanuatu Women Development Scheme) which has provided poor and disadvantaged women with reliable and affordable micro—loans to start income earning activities and the opportunity to be able to save regularly since 1996 when it was started with UNDP assistance. In 2001 it became a beneficiary—owned NGO registered under the Charitable Associations Act of Vanuatu. Based

¹¹ <http://www.dailypost.vu/ArticleArchives/tabid/56/articleType/ArticleView/articleId/6443/VANWODS—VANREPA—illuminate—Vanuatus—energy—disadvantaged.aspx>, accessed 04/08/2010.

around the Grameen Bank model members must first have savings before they can access loans. Loans are used for a wide variety of purposes. While members are required to use their first loan to invest in a business, subsequent loans can be used for any purpose. The scheme charges a flat interest rate of 20% per year. VANWODS is proving that women are enterprising, can save and can pay back loans charging full—cost interest rates.

As of December 2009, VANWODS reported a client base of 4,918 savers with a collective balance of Vt 96.2 million and 2,637 loans for outstanding loan portfolio of Vt 89.8 Million (average loan amount was Vt 28,799). VANWODS is developing new products to assist its members and extending its geographic coverage from Port Vila and Luganville into the provinces of Malampa, Tafea and Penama. It has recently delivered on a new loan product “to finance solar lighting in order to assist its members in reducing electricity bills, reduce fire hazard and enable children to have reading lights to promote education”¹¹ in conjunction with another CSO, VANREPA.

Very limited information is available on the wage gap between women and men; the information required to accurately measure it is not available. In 2006 the average gross monthly wage for males was Vt 42,700 compared with Vt 36,300 for women. This ‘gross wage gap’ between men and women was narrowest in the rural sector, although rural wages were significantly lower than urban ones (Table 10). This information is only indicative and an analysis of salary grades, starting wages, increments for length of service and other allowances by sex is not available.

TABLE 11: AVERAGE MONTHLY GROSS WAGES/SALARIES, REGION, SEX, 2006

Region	Male	Female	Total
Vanuatu	42,700	36,300	40,600
Rural	33,400	31,600	32,900
Urban	49,100	38,800	45,400

Source: VNSO.

Women in decision making

The reasons women in Vanuatu are so under-represented in national, provincial and municipal Governments are complex and include the reluctance, even direct opposition, of both men and women to recognise women’s rights to hold decision—making positions within the country. These attitudes are deeply embedded in traditional custom and Christianity. These attitudes are slowly changing, most noticeably at the municipal level where Luganville, for example, has a female mayor.

One of the major hurdles with increasing female representation in parliament is to increase the number of women candidates. In the 2004 snap election, there were seven women from a total of 223 candidates and in the 2008 General election there were 18 women from a total of 328 candidates. The other major problems include an electoral system which does not promote the participation of women as candidates and women’s understanding of their rights as voters and the power that they could potentially wield. In 2007 and 2008, the Department of Women’s Affairs (DWA) organised voters’ education for women in the eight biggest constituencies to boost women’s participation in the political arena.

For women to have an increased role in politics and decision making at all levels of Government proactive measures have to be used to open the door—temporary special measures such as reserved seats or quotas are now seen as essential in Melanesia by many political experts as the only way to increase the number of women in politics at all levels of Government. Progress has been made and two political parties now have clear statements to promote gender equality and include women in senior positions.

MEETING THE MDG FOR PROMOTING GENDER EQUALITY AND WOMEN’S EMPOWERMENT

Vanuatu gained independence in 1980, and individual and communal rights are enshrined in its Constitution. A major achievement for gender equality was the passing of domestic violence legislation in 2008. In 2009 a number of Government agencies and NGO partners continued work to implement the Family Protection Act (2008) which creates a specific domestic violence offence and confers obligations on the police to intervene if violence is suspected. The focus areas for implementation of the legislation are prevention, protection and punishment (legal response) and a national Task Force guides activities. Further, the Family Protection Act excludes the payment of bride price as grounds for defence in domestic violence cases. The Vanuatu Police Force does not currently have formal protocols in place to respond to violence against women and in 2009 a programme started to address this problem. The Government also provided assistance to the Vanuatu Women’s Centre in the first national research into gender based violence which will provide valuable baseline information to monitor the outcomes of the Family Protection Act.

The Vanuatu Parliament ratified the Convention on the Rights of the Child (CRC) in 1992 and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995 with the CEDAW optional protocol ratified in 2007. In its Constitution, its policy statements, and through its accession to CEDAW and CRC, the Government of Vanuatu has indicated its commitment to gender equity and the right to education for all its children. Of relevance to gender is the ratification of a number of other conventions, covenants and commitments such as Convention on the Rights of People Living with Disability (CPRD) in 2007. The International Covenant on Civil and Political Rights (ICCPR) has been signed but not ratified by Parliament. In sum, the Government has committed to a number of international treaties, the bulk of which it does not have the resources to meet some or all of the obligations enshrined therein and any progress, if measured using ‘bills of rights’ benchmarks, will be slow. This exert from the CEDAW committee ‘concluding remarks’ is illustrative:

“The Committee is concerned that, although the Convention was ratified in 1995, the Convention has not yet been fully incorporated into domestic legislation. The Committee is deeply concerned that the Constitution gives equal status to cultural and religious norms, some of which have an adverse impact on women’s enjoyment of their human rights, with legal norms.” (Committee on the Elimination of Discrimination, 38th Session, Concluding Comments: Vanuatu)

Stakeholders have highlighted the need for all wider public awareness about gender and better general understanding of the meaning of ‘gender’ through a wide variety of means including through the education curricula, statistical data to be sex disaggregated to enable gender analysis, more research and information on how men and women are progressing in all sectors of society; more gender mainstreaming in national policies and plans and reappointing gender focal points in Government ministries; more effective use of the media for advocating gender equality; a review of the legislative framework to allow for temporary special measures or more radical steps towards quotas to increase the representation of women in the national parliament.

In sum, although the Government of Vanuatu has committed itself to improving gender equality throughout all sectors of society, in effect, progress has been slow and the Government machinery that has been developed to drive those changes has been under resourced; currently DWA resources are stretched with implementing the Family Protection Act and few of the strategies in the National Plan of Action for Women have been implemented. CSOs mostly provide social safety nets for women. The Vanuatu National Council of Women (VNCW) was established in 1980 to provide a forum for women’s issues with an organisational structure built from the community level, although its activities at the national level have been limited since a leadership dispute became a legal matter in 2009 with Government currently working to assist to restructure it and provide budgetary support for policy implementation. In 1992 the Vanuatu Women’s Centre was established to assist victims of violence and it currently is operating two centres in Port Vila and Luganville assisting victims of domestic violence. Women’s church, community and provincial women’s councils and groups are active. These groups need to work more with men to increase awareness of what gender equality means.

Can Vanuatu meet the targets for promoting gender equality and empowering women?

Target No.	Target	Will the target be met?	State of policy environment
3.A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Unlikely	Good
3.B	Ensure gender equality in the non—agricultural sector	Potentially	Weak
3.C	Ensure 30% of seats in national parliament are held by women	Unlikely	Weak



**Millennium Development Goal 4:
Reduce child mortality**

GOAL 4: REDUCE CHILD MORTALITY

Target 4.A reduce by two—thirds, between 1990 and 2015, the under—five mortality rate

Indicator	1990	2000	Latest (year)	2015 target
4.1 Under - five mortality rate (per 1,000 live births)	58 (1989)	33 (1999)	30 (2007)	19 (25 with existing resources)
4.2 Infant mortality rate (per 1,000 live births)	45 (1989)	27 (1999)	25 (2007)	15 (20 with existing resources)
4.3 Proportion of 1 year—old children immunised against measles	66%	75% (2001)	Routine coverage 80% Catch up coverage 97% (2009)	95% (measles elimination by 2012)

Source: VNSO 1989 and 1999 Census, Ministry of Health, MICS 2007

Considerable improvements have been made in the last two decades in reducing under—five mortality. Improved perinatal and neonatal survival has been attributed to improved antenatal care, the increased proportion of deliveries attended by skilled birth attendants, the increased proportion of deliveries taking place in health facilities, and better referral systems to access emergency obstetric care.

Decreasing mortality beyond the neonatal period has been attributed to a number of effective public health interventions targeting infant and child health which include child immunisation; integrated management of childhood illnesses (IMCI) focusing on early treatment of respiratory infections and diarrhoeal diseases; strong promotion of exclusive breastfeeding, healthy weaning practices and child nutrition; child growth monitoring to detect early under—nutrition; improved malaria prevention and treatment; better access to improved water and sanitation; a longer time between births (child spacing); and better access to primary health care. In addition, the general socio—economic status and well—being of people has improved, particularly regarding education and access to information which has resulted in positive impacts on health—seeking behaviours.

Although current data are not able to generate accurate statistics of perinatal mortality and neonatal mortality, the overall infant deaths have declined dramatically (25 per 1,000 live births in 2007), and so has the U5MR (30 per 1,000 live births). With home delivery accounting for at least 20% of total births (these are usually not reported), it is quite likely that perinatal and neonatal deaths are under—reported. Research indicates that the majority aged under five years are 'at risk' of dying particularly infants aged less than one year. In 1999 the IMR was estimated at 82% of the U5MR while in 2007 it was estimated at 83% of the U5MR indicating that improved child health after age one will improve the U5MR but those most vulnerable are younger babies.

Although current data are not able to generate accurate statistics of perinatal mortality and neonatal mortality, the overall infant deaths have declined dramatically (25 per 1,000 live births in 2007), and so has the U5MR (30 per 1,000 live births). With home delivery accounting for at least 20% of total births (which are not included in official statistics), it is quite likely that perinatal and neonatal deaths are under—reported. Other research indicates that the largest group aged under five years 'at risk' to mortality is infants aged less than one year. In 1999 the IMR was estimated at 82% of the U5MR while in 2007 it was estimated at 83% of the U5MR indicating that although improved child health after age one will improve the U5MR slightly but the most vulnerable are younger babies.

The leading causes of perinatal and neonatal deaths include severe prematurity, poor pregnancy outcomes subsequent to complicated deliveries. Improvement in perinatal and neonatal mortality will improve both infant and under—five mortality. Common causes of deaths among older infants and children below five include respiratory infections, diarrhoeal diseases, meningitis, malaria and other febrile illnesses, and malnutrition.

While the 2007 Multiple Indicator Cluster Study (MICS) provides the latest estimates of MDG 4 indicators, the mortality rates need to be verified with the detailed data analysis from the 2009 Census of Population and Housing to provide a more accurate picture of the child mortality. This analysis will only become available at end 2010 and therefore will not be captured in this MDG report.

TABLE 12: SELECTED CHILD AND INFANT HEALTH INDICATORS, 1996 AND 2007

Variable	1996	2007
Children under five years		
Underweight	21.1%	11.0%
Stunted	20.1%	26.3%
Wasted	5.5%	5.8%
Prevalence of anaemia		33.6%
Children aged 2—5 years		
Prevalence of stool parasites		62.0%
Iodine deficient households ¹		77.1%
Breastfeeding practices		
Mothers introducing breastfeeding within one hour of delivery		71.9%
Exclusive breastfeeding for the first four months		46.8%
Exclusive breastfeeding for the first six months		39.7%

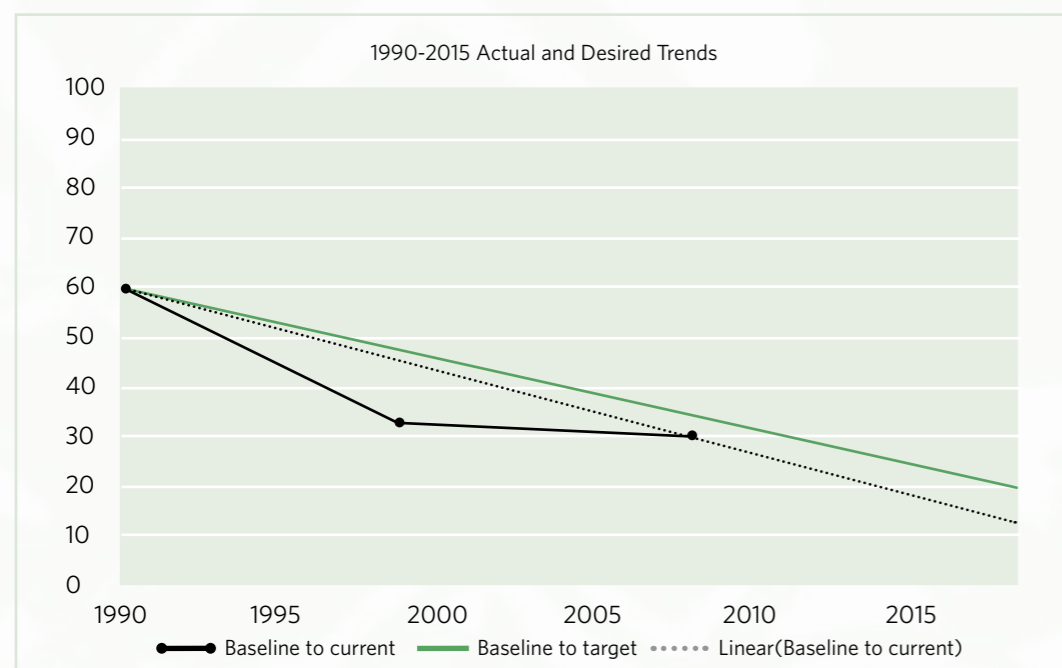
Notes: ¹ households not using salt with >15ppm iodine.
Source: 1996 Nutrition Survey results cited in Vanuatu Nutrition Survey 2007.
Note that underweight indicators differ from those used in Goal 1 because a different set of reference tables were used.

Table 12 highlights some major challenges in improving child health including reducing the prevalence of stool parasites which contribute towards the relatively high rate of iron deficiency anaemia as well as a general decline in disease resistance in children under five years. The table also highlights the relatively high rates of exclusive breastfeeding within one hour of delivery and the need for increased efforts to improve the proportion of babies exclusively breastfed for at least six months.

Under—five mortality

The under—five mortality rate measures the magnitude of deaths occurring in children before their fifth birthday. Vanuatu has made good progress in reducing child mortality and with a current rate of 30 per 1,000 live births; the country is on track to further reduce this rate to at least 25 per 1,000 by 2015. This is a realistic estimate grounded in an assessment of existing resources, gaps in human resources, and issues of access to health facilities in remote rural areas and outer islands; as well as plans to improve these over the next five years.

FIGURE 18: VANUATU UNDER FIVE MORTALITY RATE



Source: 1990 and 2000 VNSO; 2007 MICS

However, many child deaths can be avoided with improved primary and preventive care, early treatment and quick referral when necessary. Analysis of the causes of death of children under five years of age implies that parents and care givers are not adequately recognising the signs of common childhood illnesses and seeking treatment early enough. Delayed treatment could also be due to a weak referral system. Other contributing factors include issues of access to health services and the direct and indirect factors associated with general health status and use of health care services such as poor access to safe water and sanitation; lack of transport to health facilities; preference for custom medicine and lack of education to understand the value of early treatment with modern medicine versus traditional or “custom” medicines. In some cases, provider attitudes to service delivery affect the quality of services and influence the health-seeking behaviour of communities.

Rural and urban differences

Table 13 shows clear urban and rural differences in U5MR with lower rates in urban areas than in rural areas. This is explained by difficulties in providing equal access to health care services in rural areas, and perhaps that families seek health care more promptly in urban areas than they do in rural ones. Use of custom or traditional medicines is also believed to be more prevalent in rural than urban areas. The statistics suggest that U5MR has worsened in the urban areas although more data and research is required to determine causes (for example is this because of an increase in referral cases between rural and urban areas?) and whether or not this is a trend to be addressed through specific child health programmes in urban areas.

TABLE 13: UNDER—FIVE MORTALITY RATES, REGION, 1999 AND 2007

Year	Urban	Rural
1999	17	37
2007	27	32

Source: 1990 and 2000 VNSO; 2007 MICS

Gender differences

In Table 14 there are no significant gender differences in the rates for boys and girls. Data from the 2007 MICS show that U5MR in female was slightly higher than that of males, the opposite of the 1999 Census. Given the differences in data collection and methodologies between the two surveys, gender analysis isn't practical.

TABLE 14: UNDER—FIVE MORTALITY RATES, SEX, 1999 AND 2007

Sex	1999	2007
Male	33	29
Female	31	31

Source: 1990 and 2000 VNSO; 2007 MICS

Infant mortality

The infant mortality rate is typically defined as the number of infants dying before reaching the age of one year per 1,000 live births in a given year. The IMR has steadily declined since 1990. This is the result of a number of child survival intervention strategies stated earlier. The current IMR is 25 per 1,000 live births and the realistic target is to further reduce the IMR to at least 20 per 1,000 live births based on current and planned resources and activities. Data is not available to accurately calculate the proportion of the IMR caused by the perinatal mortality rate ¹² and neonatal mortality rate ¹³ both of which are sensitive indicators for safe motherhood measuring events that occur around late pregnancy and soon after delivery, and therefore valuable in measuring pregnancy outcomes and the quality of maternity care services.

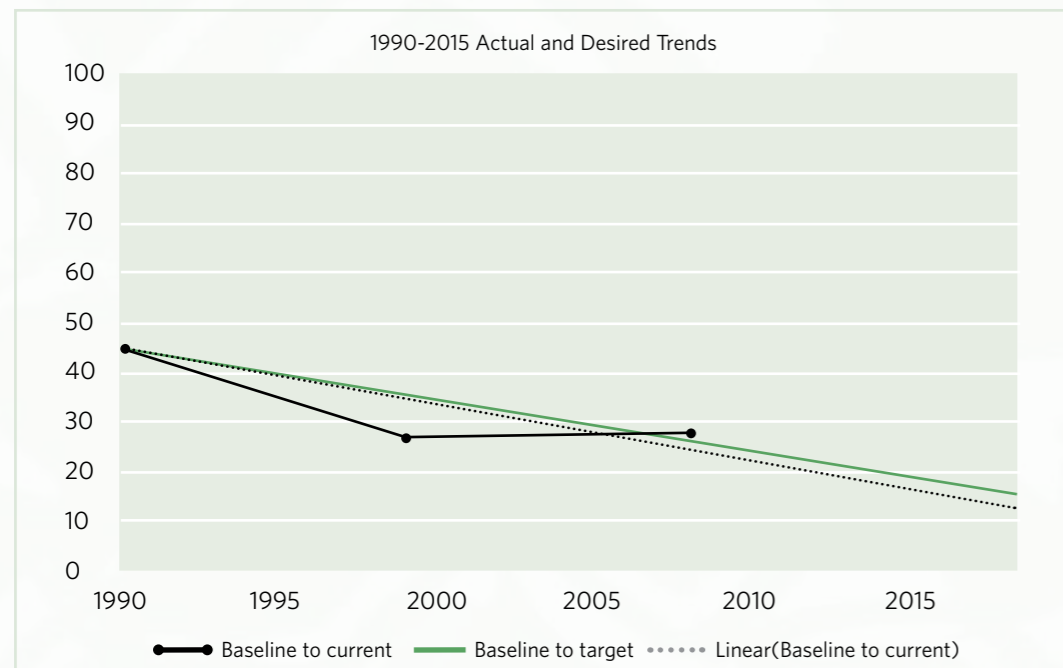
The policy goal of the Ministry of Health is to achieve a neonatal mortality rate of less than 10 neonatal deaths per 1,000 live births per year. Such a focused goal will impact positively on the overall IMR and U5MR. To achieve this goal the Ministry of Health will deliver an essential package of neonatal interventions including providing increased access to skilled birth attendants, better access to emergency obstetric care, immediate breastfeeding soon after delivery, special care for preterm births and low birth weight infants, and early diagnosis and treatment of newborn problems such as asphyxia and sepsis, with prompt referral of severe conditions.

Following the first month after delivery, the minimum child health intervention package should include the promotion of proper infant and young child feeding and exclusive breastfeeding; ensure routine immunisation is carried out, and the early diagnosis and treatment of common childhood illnesses. Vanuatu is planning to introduce the new Pentavalent vaccine in 2011 and this is anticipated to further reduce infant morbidity due to vaccine-preventable childhood infections.

¹² Number of stillbirths and deaths in the first week of life per 1,000 live births.

¹³ Number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period.

FIGURE 19: VANUATU INFANT MORTALITY RATE



Source: 1990 and 2000 VNSO; 2007 MICS

Rural and urban differences

Table 15 shows less disparity between urban and rural in the infant mortality rates in 2007 compared with 1999. Again this data has to be interpreted with caution due to the very different sources of data used. However the differences could possibly be explained by improved child survival interventions undertaken by the Ministry of Health in rural areas. On the other hand, the IMR in urban areas has increased from 17 per 1,000 in 1999 to 23 per 1,000 in 2007.

There is insufficient information available to confirm this trend, again noting the different sources of data involved.

TABLE 15: INFANT MORTALITY RATES, REGION, 1999 AND 2007

Year	Urban	Rural
1999	17	29
2007	23	26

Source: 1999 VNSO; 2007 MICS

Gender differences

There appear to be no significant gender differences in the rates for boys and girls; with the MICS of 2007 showing that the rate is the same for infant females and males (Table 16); again conclusions cannot be made because of the different data sources involved.

TABLE 16: INFANT MORTALITY RATES, SEX, 1999 AND 2007

Sex	1999	2007
Male	27	25
Female	26	25

Source: 1990 and 2000 VNSO; 2007 MICS

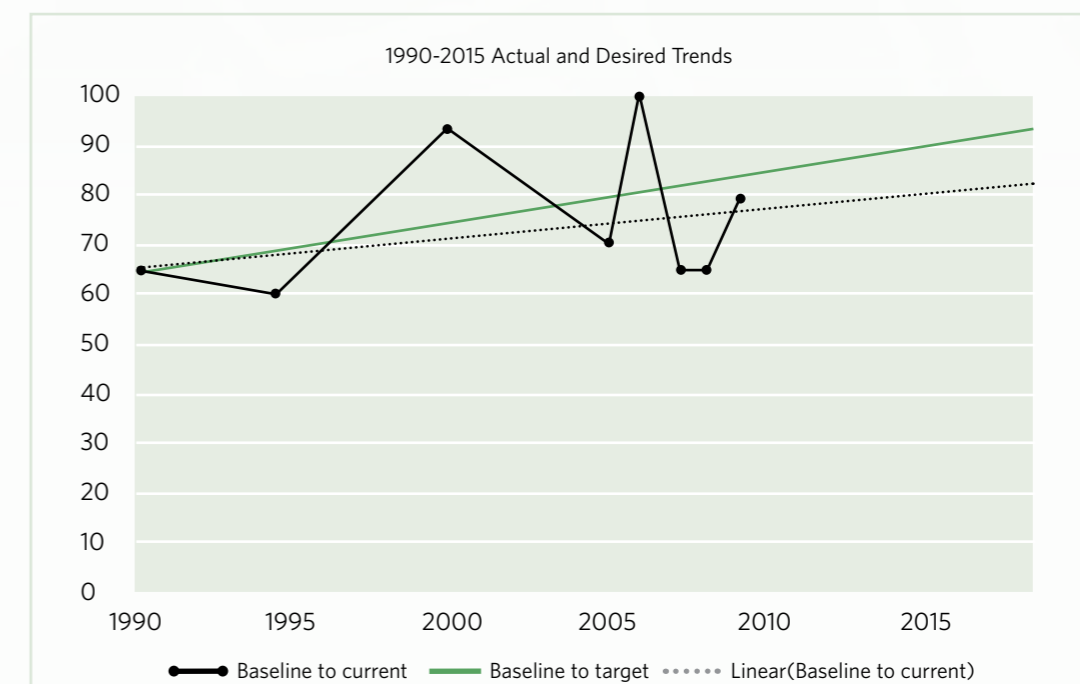
Measles immunisation

Vanuatu is participating in the WHO regional initiative to eliminate measles by 2012. However trends based on WHO/UNICEF statistics (Figure 20) indicate a routine coverage rate of between 60% and 80% between 1990 and 2009 except for the years with measles immunisation campaigns (2000, 2006 and 2009). For a number of reasons routine vaccination programmes do not achieve high measles coverage rates and supplementary immunisation activity (SIA) is carried out. This all leads to wide annual fluctuations in the routine immunisation statistics and also wide variations between provinces. A review of immunisation undertaken by UNICEF and the Ministry of Health in mid 2010 indicated a coverage rate of 80% for measles vaccination.

The Ministry of Health and development partners aim to ensure that all infants and young children complete a full course of immunisation in order to increase the efficacy of vaccines in protecting against vaccine preventable diseases (VPDs). The major challenge is ensuring that children do not 'fall out' or default and that all children complete the full course of immunisation. Possible factors contributing towards non completion of vaccination schedules include logistic difficulties for children living in remote rural areas and outer islands, population mobility and missing out on vaccination campaigns and vaccine schedules, parents not convinced of value of vaccines and traditional beliefs against vaccines.

There are genuine concerns that it is difficult for people in remote communities to access health services thereby compounding the difficulty of ensuring all infants and children are immunised against VPDs. Some of these communities would be very vulnerable to the emergence of epidemic transmission of measles and possible outbreaks of other VPDs.

FIGURE 20: PROPORTION OF ONE YEAR OLDS IMMUNISED AGAINST MEASLES



Source: WHO/UNICEF Joint Reporting Forms.

MEETING THE MDG FOR REDUCING CHILD MORTALITY

Generally, children are highly valued and treasured within immediate families, extended families and communities in Vanuatu. Culturally appropriate interventions that aim to improve the health of children are supported once people understand their importance and the reasons for such interventions. Child health is a central programme within the Ministry of Health, noting that a significant proportion of health care resources are provided to support neonatal health, child survival and integrated management of childhood illnesses.

The Ministry of Health notes that although significant reduction in U5MR has been achieved, further reduction will be slow. A target of 25 per 1,000 has been documented as a realistic target for under—five mortality by 2015, given the country's current development challenges. Achieving the target is thought possible given the existing policy environment, development partner support for new initiatives, the introduction of new Pentavalent vaccine, special attention to neonatal health, and integration across other sector—wide development programmes such as the national committee for the Convention on the Rights of the Child (CRC).

It is likely that further reductions in child mortality from purely a 'medical' perspective will not result in significant reductions in the under five mortality rates. A broader holistic approach to child care to address the 'social determinants' of health is required. This will entail the identification of socio—economic and socio—cultural risk factors associated with child illnesses such as water and sanitation, community education, health—seeking behaviour, traditional practices, child spacing through family planning, and general family welfare and household income. "The multiple dimensions of poverty, [both at the household and community level,] have been found to have a significant negative impact on child survival, including low income and social exclusion; limited educational attainment, particularly among women; inadequate living conditions; and under nutrition. Children residing in poor and vulnerable households thus suffer a disproportionate burden of morbidity."¹⁴

It is possible that community based schemes to help meet the costs associated with medical care such as community health insurance schemes could be of benefit but a lot more research is required to identify appropriate social protection mechanisms in terms of the management and roll out of such schemes.

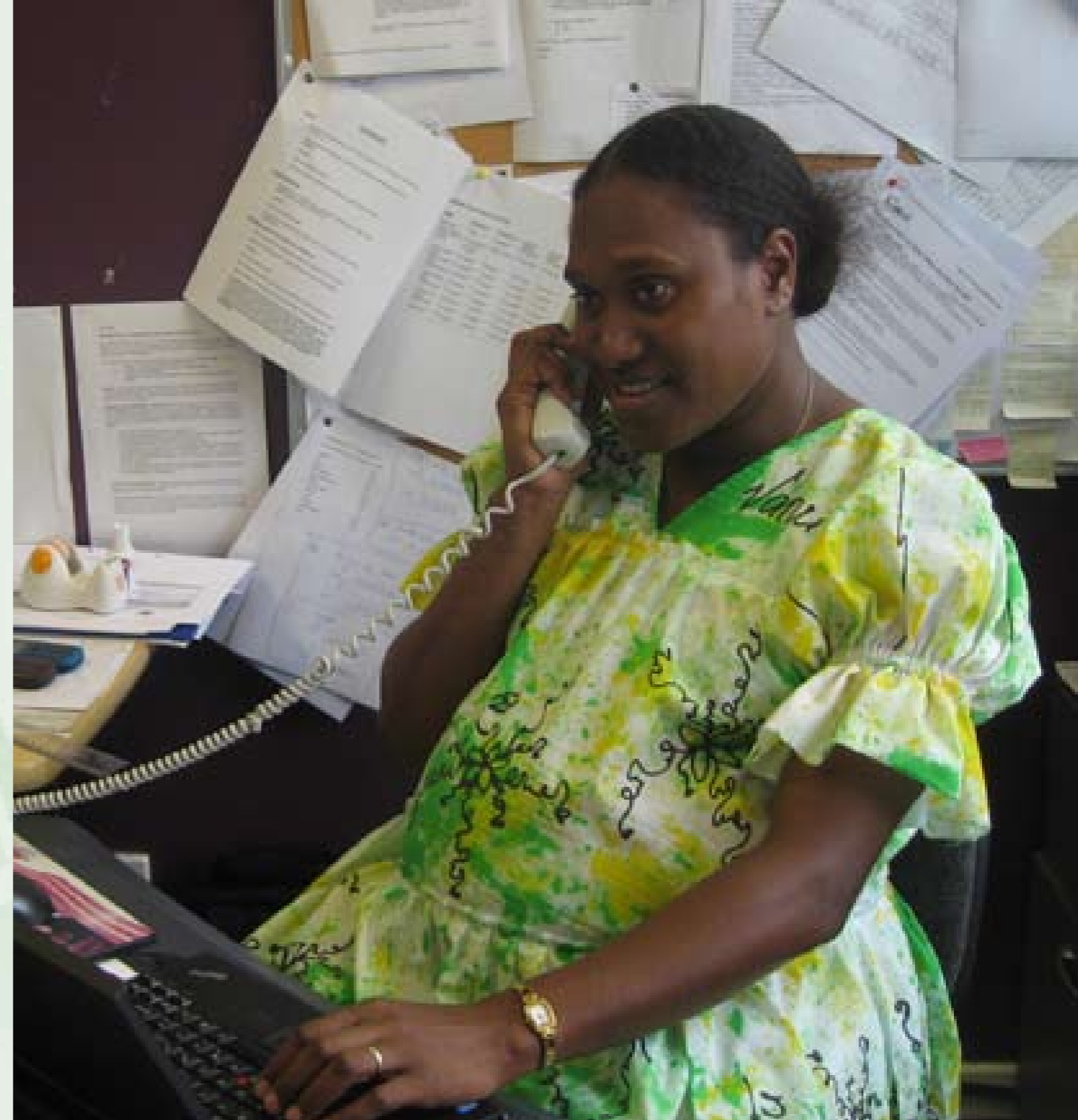
Simple and affordable high impact child health interventions and measures such as exclusive breastfeeding for the first six months, oral re—hydration solution for diarrhoea, antibiotics for pneumonia, immunisation, vitamin A supplementation and child spacing should be intensified, up—scaled and expanded. While most of these programmes are already well established in Vanuatu, scaling up is needed and these must be available through all provinces and accessible to populations in remote rural communities. The Ministry of Health's strategy for a decentralised health system using a primary health care approach is a promising way to achieving these objectives. In terms of environmental health it is imperative that the causes of diarrhoea are identified and addressed including safe drinking water, adequate sanitation and proper hygiene. Establishing a disease surveillance system can help monitor disease patterns in infants and children and alert disease specific interventions. Operational research is needed to provide the evidence for scaling up interventions as well as identify new interventions and to seek solutions to a number of questions. Age, sex and rural/urban data disaggregation within an effective health information system will be useful for better programme monitoring and evaluation and planning.

Achieving this MDG target needs additional human resources (nurses, doctors and administrators) to provide optimum care in all provinces. The shortage of adequately trained and qualified staff undermines any good intervention programme. At the same time people need to be educated about the need for community involvement and participation in health programmes for children as well as the need to take care of their own health. Parents and caregivers should understand the importance of seeking health care early for children and infants. This has to be palatable to everyone in every part of Vanuatu regardless of custom, tradition or belief in traditional medicines.

Can Vanuatu meet the targets for reducing child mortality?

Target No.	Target	Will the target be met?	State of policy environment
4.A	Reduce by two—thirds, between 1990 and 2015, the under—five mortality rate	Potentially	Strong

¹⁴ WHO, 2007, p.v



Millennium Development Goal 5: Improve maternal health

GOAL 5: IMPROVE MATERNAL HEALTH

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator	1990	2000	Latest (year)	2015 target
5.1 Maternal mortality ratio, per 100,000 live births		96 (1998)	86 (2007)	24 (MoH: less than 50)
5.1a Number of maternal deaths per year		2 (1998)	6 (2007)	No more than 3 per year
5.2 Proportion of births attended by skilled health personnel	79% (1990-95)	88% (1999)	80% (2008) ¹	85%

¹ Included for indicative purposes only: data not considered to be reliable
Source: Ministry of Health, MICS 2007

Improved pregnancy outcomes in Vanuatu are the result of improved antenatal care, the higher proportion of births attended to by skilled birth attendants, increased rates of deliveries taking place in health facilities, better referral mechanisms to access emergency obstetric care and better access to primary health care. The maternal mortality ratio (MMR) has been below 100 per 1000,000 live births for the last 10 years. Because of Vanuatu's relatively small population size, 234,023, the actual number of maternal deaths is also being used by local authorities to monitor maternal mortality as expressing maternal mortality as a rate per 100,000 distorts the true picture.

The demographic profile of Vanuatu illustrates high fertility with an expected increase in annual births in the next decade. Preliminary results from the 2009 Census indicate that the total fertility rate is still high between 3.9 and 4.0, a high crude birth rate of 31 per 1,000 live births, and a slight decrease in the birth rate of women aged 15–19 years of age from 92 per 1,000 women aged 15–19 years to 64 per 1,000. These demographic indicators suggest that projections will remain high for the number of pregnancies, labour and deliveries for years to come, requiring increased Government resources to support maternal and newborn care. Delivery levels are currently challenging the limited health facilities and resources especially maternity wards and skilled midwives, and this trend will not change in the short term.

Maternal and newborn care surrounding safe motherhood is one of the main activities of the health delivery system in Vanuatu, where close to 7,000 babies are delivered each year. While most deliveries are normal, complicated deliveries account for about 5%. The Reproductive Health Strategy (2008–2010) outlines key actions for improving maternal and newborn health and reproductive health in Vanuatu, including improving access to skilled midwives particularly in remote rural areas.

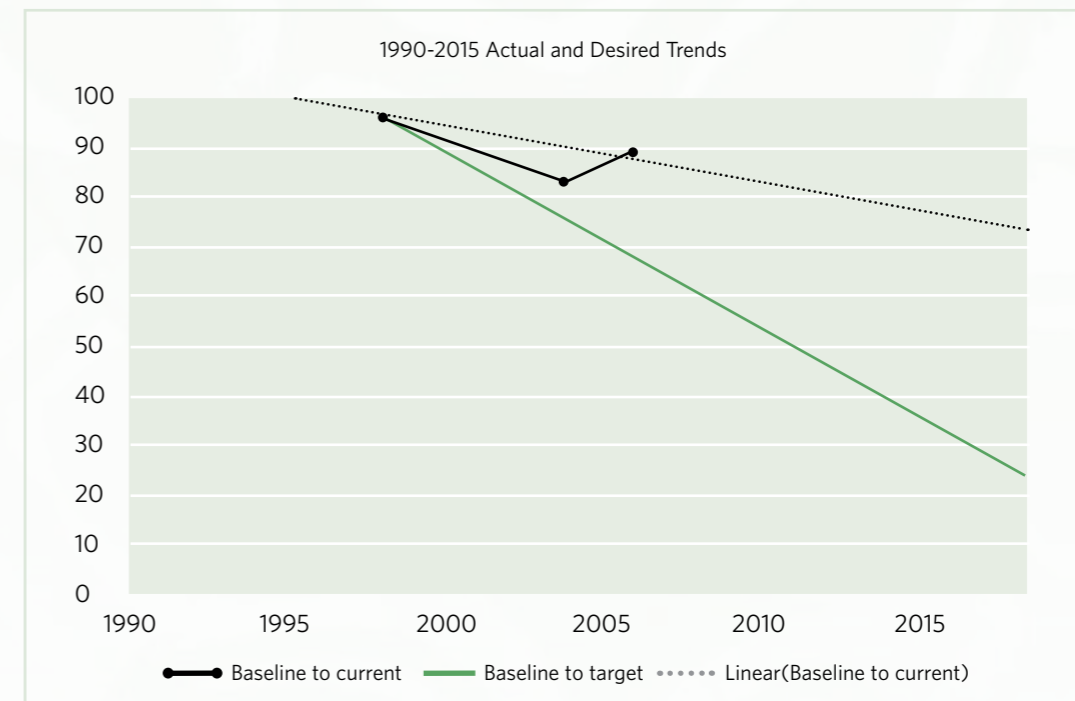
Maternal mortality

Timely and accurate data for maternal mortality are lacking, so it is not possible to obtain a precise estimate of maternal mortality in Vanuatu. UNICEF reports a maternal mortality ratio for 2000–2006 of 68 per 100,000 live births, while the ADB cites a ratio as high as 130 per 100,000 in 2000 and WHO indicates a rate of 70 per 100,000 in 2006.¹⁵ In 2005 Vanuatu had four reported maternal deaths although there were probably other maternal deaths but these were not recorded. From 2006–2009 actual maternal deaths were estimated at around six maternal deaths a year. In addition to maternal deaths, there are records of severe maternal morbidity related to postpartum haemorrhage, pregnancy induced hypertension and puerperal sepsis. The identified age groups most at risk are the very young mothers (aged less than 15 years) and older mothers (aged over 39 years) and women who have had more than four children.

¹⁵ WHO 2009 Country Health Information Profiles (CHIPS)

The MMR rates reported here are taken from Ministry of Health sources (Figure 21).

FIGURE 21: MATERNAL MORTALITY RATIO



Source: Ministry of Health

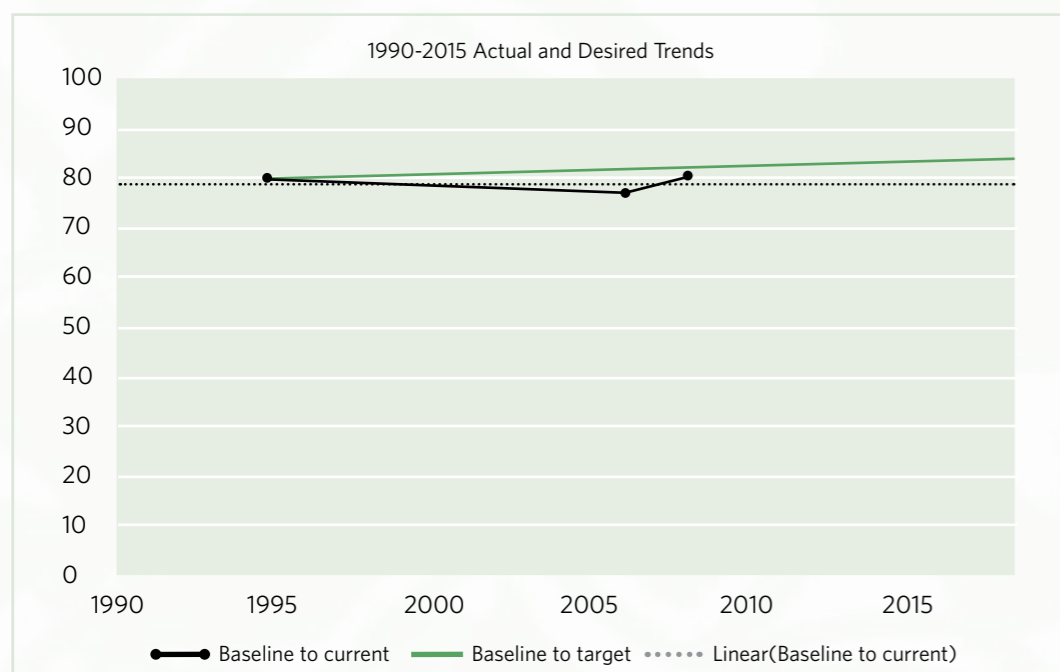
Births delivered by skilled personnel

The Ministry of Health estimates that annually 80% of births occur in a health facility, although there are concerns that the coverage of the statistics from the Health Information System (HIS) is insufficient to provide accurate and reliable statistics. In 2007 the MICS survey found that 74% of births were attended by skilled health personnel. One of the most important interventions for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth and that quick and efficient referrals to emergency obstetric care are arranged with reliable transport in times of emergency.

The Ministry of Health estimates that 80% of births occur in a health facility, although there are concerns that the coverage of the statistics from the Health Information System (HIS) is insufficient to provide accurate and reliable annual statistics. In 2007 the MICS survey found that 74% of births were attended by skilled health personnel. One of the most important interventions for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth and that quick and efficient referrals to emergency obstetric care are arranged with reliable transport in times of emergency.

About 20% of births take place outside health facilities (home delivery) where, in most cases, a traditional birth attendant (TBA) assists the delivery. Although there have been some linkages between poor maternal outcomes and TBA assisted delivery, considerable research is required before definitive conclusions can be made. The same research can also determine women's preferences for TBA delivery and based on this, interventions can be developed to further increase the proportion of births attended by skilled health personnel and increase deliveries occurring inside Ministry of Health facilities.

FIGURE 22: BIRTHS ATTENDED BY SKILLED PERSONNEL



Source: Ministry of Health, 2007 MICS

Rural and urban differences

The hospitals in the urban centres are fairly well equipped to deal with emergency obstetric situations so women giving birth in the urban areas have better access to skilled personnel and services for life-threatening complications compared to rural areas. If the health referral system is operating efficiently and appropriate antenatal care assessments have been made, continuity of care and management of referred cases from rural to urban centres can be organised well in time, thus reducing the likelihood of severe complications, near-miss and even deaths.

In 2007, 74% of rural women aged 15–49 years who had given birth in the preceding two years did so with the assistance of skilled personnel at birth. This rate was 87% in urban areas for the same age group. There were distinct regional differences in obstetric care: delivery by a skilled birth attendant ranged from around 32% of deliveries in Torba province where health facilities are very limited to 94% in Shefa province—again, a function of accessibility of health services.

TARGET 5.B: ACHIEVE, BY 2015, UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Indicator	1990	2000	Latest (year)	2015 target
5.3 Contraceptive prevalence rate	15% (1991)	28% (1999)	38% (2007) ¹	45%
5.4 Adolescent birth rate per 1,000 women aged 15–19 years		92 (1999)	64 (2009) ^P	10% of total births
5.5 Antenatal care coverage (at least one visit)			84% (2007)	100%
5.6 Unmet need for family planning		24% (1996)		15%

¹ Included for indicative purposes only; data not considered to be reliable.

^P Provisional results from the 2009 Census of Population and Housing.

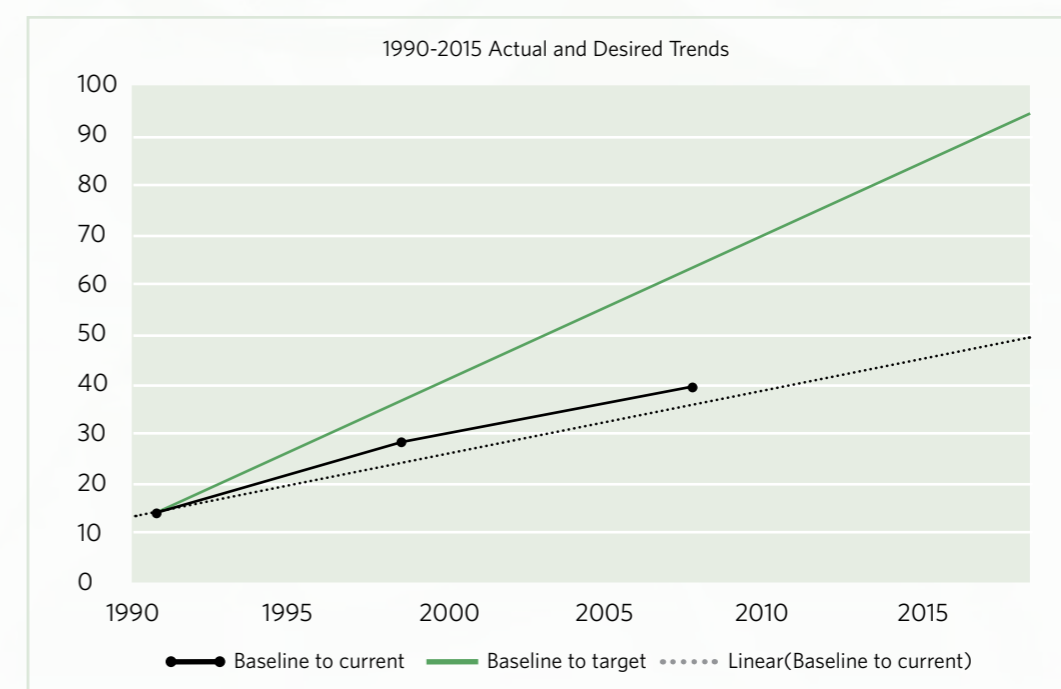
Source: VNSO 1999, Ministry of Health, MICS 2007

Contraceptive prevalence rate (CPR)

UNICEF reports a decline in the total fertility rate (simply the number of births the average woman will have in her reproductive life from age 15 to 49 years of age) from 4.9 per woman in 1990 to 4.3 in 2003 and 3.9 in 2006, with a crude birth rate of 29 births per 1,000 population in 2006 compared with 28 per 1,000 in 1999. Preliminary results from the 2009 Census indicate that the total fertility rate is still high, between 3.9 and 4.0, and the crude birth rate has increased slightly to 31 per 1,000 population.

The contraceptive prevalence rate has shown a steady increase from an estimated 28% in 1999, to 30% in 2005 and a more recent rate of 38%. The 2007 MICS estimated that 38% of married women of reproductive age or their partners used 'any' form of contraception; the most commonly used forms being oral and injectable contraceptives. This rate seems quite high given that the CBR has not declined significantly, the TFR is still relatively high, and that the annual population growth rate is still relatively high at 2.3%.

FIGURE 23: CONTRACEPTIVE PREVALENCE RATE



Source: Ministry of Health, MICS 2007.

Rural and urban differences

The 2007 MICS found that 41% of urban married women and 38% of rural married women of reproductive age used any form of contraception. This urban–rural disparity in contraceptive prevalence is to be expected based on factors already highlighted that relate to better access to services in urban areas.

Gender differences

The MICS also found that women's educational level and household wealth were strongly associated with use of contraceptives. The proportion of women using any method of contraception ranged from 21% among those with no education, to 39% among those with primary education, to 42% for women who had reached secondary level of education. Vasectomy for men was not included in the study.

“There is a marked gender division of roles and expectations in Vanuatu. The practice of bride price, in which the wife is bound economically, socially and religiously to her husband and his family, is still followed in most of the country. The use of contraception, or barrier methods such as condoms, continues to be largely predetermined by males. Males also determine when sexual activity occurs in and outside marriage, and are not culturally restricted from having casual partners, as women are. Condom availability is still erratic, particularly for unmarried women. A 1992 KABP survey reported that 96% believed premarital and extramarital sex was occurring. This is compounded by the fragmentation of village community life, rising teen pregnancy incidence (4.5% in 1991) and the high general fertility rate.”¹⁶

Based on the Second Generation Surveillance study¹⁷ on STI—HIV and risk behaviour in 2008, over one third (37%) of pregnant women surveyed admitted to have been forced into sex. The most commonly reported persons who forced sex were partners (52%) followed by strangers (14%), family friends (10%) and relatives (9%). Forced sex was also prevalent among youth participating in the study where 30% of males and 67% of females had experienced forced sex, largely from their own partners, and to a smaller scale from friends and strangers.

While there are no ‘sex on premises’ establishments (i.e. brothels) identified in Port Vila or other centres of Vanuatu, there is evidence of ongoing transactional sex occurring. Transactional sex is sex in exchange for money, alcohol, or other commodities or services. This is confirmed by sex workers using reproductive health services in Port Vila. Further research is planned with sex workers in Port Vila in 2011.

Adolescent birth rate

In 1999 the adolescent birth rate was quite high at 92 births per 1,000 women aged 15–19 years and provisional results from the 2009 Census indicate that the rate has decreased significantly to 64 births per 1,000 women aged 15–19 years of age. This suggests that adolescent women are making better informed choices about avoiding unplanned pregnancy and are better able to meet their contraceptive needs. Adolescent sexual and reproductive health is a priority area for the Ministry of Health as part of its overall national reproductive health programme. In 2008, 13% of total deliveries in the maternity unit in the Port Vila hospital were from young mothers below 19 years of age. The overall trend in the proportion of births to teenage women aged under 19 years has been static around the same levels from 2002–2008. The Second Generation Surveillance study in 2008 indicated that the age at first sex was 16 for males and 17 for females; illustrating the need to promote safe sex practices to protect against unplanned pregnancy and STIs—HIV among this age group.

Rural and urban differences

The 1999 Census estimated that the adolescent birth rate in rural areas was 97 births per 1,000 women aged 15–19 and 74 in urban areas. This discrepancy can be explained by better access to condoms and contraceptives among urban youth than rural youth. At the time of writing the urban and rural disaggregation was not available from the 2009 Census results.

The Vanuatu Young People’s Project research conducted in Port Vila in 2008 with 1,572 youth aged between 13–25 years found that 38% used some form of family planning, the majority using condoms, oral contraceptives and injectables. It was difficult to illicit responses about why youth didn’t use family planning, with reasons ranging from abstinence, to not knowing, to a variety of other reasons. The study concluded that “more information and wider access to family planning is necessary to ensure the reproductive health of young people” and that key issues to be addressed in order to increase condom use amongst sexually active youth included “fear of family planning, fear of asking for family planning, the belief that it makes you sick and that it is something for married people after their first baby.”¹⁸

Antenatal care coverage

Nationally, in 2007 84% of mothers reported receiving at least one episode of antenatal care from a skilled health professional—a doctor, midwife or nurse. This rate was higher in the urban areas at 87% and lower in the rural areas at 84%. The urban rate comprises 94% of pregnant women in Port Vila making at least one visit but only 73% of pregnant women in Luganville. The reasons for the relatively lower rate in Luganville firstly need to be verified and then clarified through further research. Accurate data is not available to show the proportion of mothers attending

¹⁶ WHO, 2000, p 4.

¹⁷ SPC, Government of Vanuatu, 2009

¹⁸ Vanuatu Cultural Centre, 2009, p. 119

at least four antenatal care clinics compared to those who only one visit and their location to allow for geographic disaggregation (rural and urban, province etc). UNICEF estimates that below 60% of pregnant mothers in Vanuatu receive at least four antenatal care visits during pregnancy. This suggests that there is little screening for anaemia, malaria and other diseases during pregnancy which, if untreated, could have serious health consequences for both the mother and the baby during pregnancy, birth and infancy.

With the revitalised decentralised primary health care programme, the Ministry of Health has established its targets to achieve antenatal care coverage of 100% and 90% for one and four visits, respectively, for urban areas; and 90% and 80% for one and four visits, respectively for rural areas.

Unmet need for family planning

The unmet need for family planning is defined as the number of women of child—bearing age who are married or in consensual union and who desire either to terminate childbearing or to postpone pregnancy for a specified length of time (usually two years or longer); and who are not using a contraceptive method. Included in this group are women who are pregnant and whose pregnancies were unplanned or mistimed. “Unwanted pregnancies can pose significant health risks to women and their families, particularly since unwanted pregnancies often are associated with high risk of maternal [ill health].”¹⁹

Vanuatu, like many other countries, does not have data on the unmet need for family planning as this information is difficult to collect (usually derived from demographic health surveys). However, a national family planning study conducted in 1996 reported that 24% of married women indicated that they were not using family planning even though they did not wish to have any more children at that time. Port Vila community—based research in 2008 found that a significant proportion of antenatal women surveyed, 61%, had not planned their pregnancy. Further, the Second Generation Surveillance study in 2008 showed that among pregnant women participating in the study, only 38% planned their pregnancy while most (62%) did not.

MEETING THE MDG FOR MATERNAL HEALTH

Vanuatu’s total fertility rate has decreased slowly, although it is still relatively high with the 2009 Census estimate at 3.9 compared with 4.8 in 1999. As noted, the average annual rate of population growth is still high, at 2.3% annually from 1999–2009. Despite substantial investment in promoting family planning by both Government and development partners the birth rate is still high. This demographic picture predicts a fairly fertile population for the next decade for whom the Government must provide essential services, especially maternal and child health and primary health services.

For further reductions to be achieved in the rates of maternal mortality and morbidity and ultimately improved pregnancy outcomes it is important that women’s general health, nutritional status, and their welfare continue to improve. Other health interventions such as access to trained and skilled birth attendants, access to emergency obstetric care, access to family planning and an effective referral system are also important for maternal health. While such interventions are currently in place, they need to be scaled up and expanded to reach all provinces, remote rural areas and outer islands. Similarly, community education and community participation and engagement needs to be more widespread, reinforced, ongoing and sustained. Gender issues in sexual behaviour, the reproductive rights of both women and men, and contraception are inadequately mainstreamed into reproductive health programmes. Current interventions are slowly taking a gender responsive and rights—based approach to reproductive health, for example by educating male partners and young men about the rights of both women and men in reproduction. The implementation of these programmes needs to be accelerated and activities scaled up so that reproductive health is addressed in a gender—responsive manner.

Maternal death reviews, including ‘near—miss’ situations, should be strengthened for lessons learned and to address the gaps in the number of women who continue to die each year from maternal causes, albeit a small number. If maternal deaths are to be further reduced, a review of the health system needs to be incorporated into the renewed interventions so that issues related to human resources, health services accessibility in rural communities, accountability, continuity of care, and effective referrals can be systematically addressed. The role of family planning to further reduce maternal mortality and morbidity cannot be over—emphasised. Addressing the broader social determinants of health

¹⁹ Centre for Global Development, 2006, p. 21

including gender issues, human rights, socio—cultural factors and social equity should be part of the equation for improved maternity care services, reproductive and sexual health. UNFPA's 2008 reproductive health commodity security assessment noted "Several socio—cultural, economic and political factors affect sexual and reproductive health of all ages. There is need for increased male involvement in reproductive health, particularly in reproductive health decision making and care."²⁰

With Vanuatu's youthful and growing population it is important that contributions from Government, development partners and CSOs are efficiently utilised to achieve universal access to appropriate reproductive health services. "A good reproductive health programme is one where people are able to have a satisfying and safe sex life. These people should also have the capability and the freedom to make informed choices about reproduction."²¹ The 2008 UNFPA status assessment report on reproductive health commodity security noted that while a broad range of contraceptives are available in Vanuatu, the Government should consider expanding the range of commodities to include implants. The report also noted that charging of services for reproductive health in the public sector can be a barrier to access essential reproductive health services.

Although the number of doctors and nurses being trained, recruited and deployed have increased, there are ongoing constraints in providing access to reproductive health services in under—staffed and under—equipped rural and remote communities and outer islands. There is also a shortage of community health workers and trainers who can educate people about the importance of maternal and reproductive health. In Sanma province, health staff and communities initiated a community fundraising project to build a community—based waiting house for mothers to encourage women from remote villages to come and stay close to the centre before the onset of labour. CSOs have evolved as strong partners in promoting sexual and reproductive health in Vanuatu and the Government has forged strong partnerships with these organisations. However, the role of the Ministry of Health in providing leadership in the nationwide implementation of adolescent health is crucial, engaging CSOs in joint efforts to reach both urban and rural communities to provide services to young people, including vulnerable and marginalised groups.²²

To make further progress in maternal health, up—scaling and expanding existing maternal health interventions are crucial. Access to maternal health services in all provinces and rural communities must be central to any intended intervention. An effective and functional referral system, well supported by facilities that provide emergency obstetric care, is essential. A regular 'maternal review' or a 'maternity audit' will ensure that logistic and management issues related to maternal deaths and "near misses" are addressed. Better monitoring and tracking of maternal deaths is required within the health information system of the Ministry of Health. Age, sex and rural and urban data disaggregation within an effective health information system is essential for better programme monitoring and planning.

Addressing the broader health systems including issues of human resources, facilities, commodities and supplies and coordination between clinical and public health services are necessary to make further changes in maternal care. Gender mainstreaming is also an essential approach to incorporate issues of gender disparity, equity and human rights in designing, implementing and evaluation of reproductive health services. Identification of the social determinants of health, including gender issues, should be a core factor in the formulation of new programmes. This should complement community education, mobilisation and empowerment which should be a central part of maternal health and reproductive health strategies.



**Millennium Development Goal 6:
Combat HIV and AIDS, malaria
and other diseases**

Can Vanuatu meet the targets for improving maternal health?

Target No.	Target	Will the target be met?	State of policy environment
5.A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Potentially	Strong
5.B	Achieve, by 2015, universal access to reproductive health	Unlikely	Strong

²⁰ UNFPA, 2008, p. 15

²¹ UNFPA, 2008, p. 14

²² UNFPA, 2008, p. 26

GOAL 6: COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

Target 6.A Have halted by 2015 and begun to reverse the spread of hiv and aids

Indicator	1990	2000	Latest (year)	2015 target
6.1 HIV prevalence among population aged 15-24 years	No data available			0
6.14a HIV incidence among population aged 15-24 years	0	0	0	0
6.2 Condom use at last high-risk sex	No data available			80%
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV AND AIDS	No data available			80%
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Not applicable			

Source: Vanuatu Ministry of Health

Like many countries, Vanuatu is experiencing what is called the 'double burden' of disease with both communicable and non-communicable diseases having significant health impacts on the nation. Communicable diseases of note include malaria, tuberculosis, STIs including HIV, acute respiratory tract infections, diarrhoea and viral hepatitis.

HIV and AIDS programmes in Vanuatu have been delivered mainly through hospitals particularly the provincial and the national referral hospitals. A number of CSOs have joined forces with the Ministry of Health to raise awareness and provide screening. The major challenge is the acute shortage of trained health personnel needed to properly carry out the intervention programmes of the HIV and AIDS. Effective outreach to remote areas is not only constrained by human resources but by factors such as communication and transportation and lack of adequate financial support through recurrent Government funds. The HIV and AIDS programme is largely development partner funded. The Vanuatu Government is mindful of the potentially damaging social and economic consequences of HIV and AIDS if preventive measures are not taken now. The Ministry of Health is moving towards a new organisational structure that will address human resources gaps and considerably expand outreach activities, but this will occur over an extended period of more than five years due to the training requirements involved.

HIV

The HIV prevalence rate in the 15–24 year age group is not known; 0% of confirmed HIV cases have been aged 15–24 years and no official estimates are available about the extent of unconfirmed HIV cases (or HIV prevalence). HIV screening rates are low and voluntary screening through antenatal and TB programmes has resulted in about 2% of the population screened a year: a very low proportion but general awareness is increasing through ongoing advocacy for screening and testing. In 2008 it was found that 13% of youth aged 15–24 years in the main urban centre of Port Vila reported that they had ever been tested for HIV, mainly because they had requested testing or been tested as part of a medical check. Approximately nine in ten of those tested reported they had received the result of the test.²³

Based on diagnosed cases, in 2009 there were three people with HIV and none were in the age group used for this target. Vanuatu officially reported its first HIV—positive case on 25 September 2002. There was considerable public interest in the case, giving impetus to health service improvements in the areas of counselling, blood safety and testing. There has been an increase in the number of people requesting HIV tests. Five confirmed HIV cases have been reported to date, with one AIDS—related death in 2006 and one in 2007.

Research suggests that condom use in high risk groups such as youth aged 15–24 years and pregnant women is low. In 2008 one third of males (33%) and nearly half of females (46%) reported that they had used a condom when they first had sex while over two thirds of males (71%) and females (66%) reported that they had ever used a

²³ SPC, 2009, p. 37.

condom. Male condoms were used almost exclusively, but consistent condom use was not reported by the majority of youth, with only one in eleven males (9%) and 15% of females reporting they always used a condom. Just over three quarters of males (77%) and almost two thirds of females (63%) had used condoms sometime during the last 12 months. Two thirds of males (66%) and 6 in 10 females (59%) reported that they had used a condom at last sex. The average number of partners in the last 12 months was four for males and two for females.²⁴

In 2008 knowledge of HIV prevention and transmission was generally high in Port Vila, but common misconceptions about HIV transmission were still apparent with 38% of youth believing that HIV can be acquired from mosquito bites and 29% believing HIV can be acquired through sharing a meal with a person who has HIV.²⁵

Sexually transmitted infections (STI) are an emerging concern in Vanuatu and data from health authorities indicate high prevalence and incidence rates. STIs increase the susceptibility of acquiring and transmitting HIV by two— to five—fold.

Gender differences

As noted in the analysis of contraceptive prevalence in Goal 5 (see page 63), there are concerns about gender differences in sexual and reproductive health attitudes and behaviours, which are addressed through ongoing advocacy and awareness raising activities. Other research has highlighted imbalances in other areas such as gender based violence which in itself can lead to problems related to forced sex and its consequences.

Rural and urban differences

There is little information available about urban and rural differences relating to this target. In general HIV knowledge is higher in urban areas than in rural areas. Rural and urban differences are mainly due to access to screening for STIs including HIV. HIV screening is available in five hospitals, six health centres, through four CSO outlets and one urban dispensary. Little research on STIs including HIV has been conducted outside the main urban centre of Port Vila. In rural areas condom use is much lower than it is in urban areas, due to lack of access and a range of other issues which require further research comprising the broad spectrum of issues in 'knowledge, attitudes and practices'.

Target 6.B Achieve, by 2010, universal access to treatment for hiv and aids for all those who need it

Indicator	1990	2000	Latest (year)	2015 target
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs			100% (2010)	100%

Source: Vanuatu Ministry of Health

There is universal access to antiretroviral drugs for people with HIV as a Ministry of Health policy with support from development partners.

²⁴ SPC, 2009, pp. 26–27.

²⁵ SPC, 2009, p. 41.

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator	1990	2000	Latest (year)	2015 target
6.6 Incidence and death rates associated with malaria (incidence per 1,000 population, death per 100,000 population)	Incidence: 198 Death: 22	Incidence: 33 Death: 1.6	Incidence: 16 100% (2010) Death: 0.9 (2009)	Incidence: 7 Death: 0
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets		13% (2002)	81% (2009)	95%
6.7a Proportion of households with insecticide-treated bed nets			76% (2009)	100% (excluding Port Vila)
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	This MDG indicator is not relevant to Vanuatu			
6.8a Proportion of children under 5 with a confirmed diagnosis of malaria who are treated with appropriate anti-malarial drugs				95%
6.9 Prevalence and death rates associated with tuberculosis (per 100,000 population)	Prevalence: 82 Death: 13	Prevalence: 79 Death: 11	Prevalence: 88 Death: 11 (2008)	Prevalence <60, Deaths <10
6.9a Incidence of tuberculosis (per 100,000 population)	140	98	74	<70
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course		Detection: 32% (1999) Treated: 88% (1999)	Detection: 90% (2009)	Cure rate 92%

Source: Ministry of Health, TB from WHO, 2007 MICS, VNSO 2009 Census

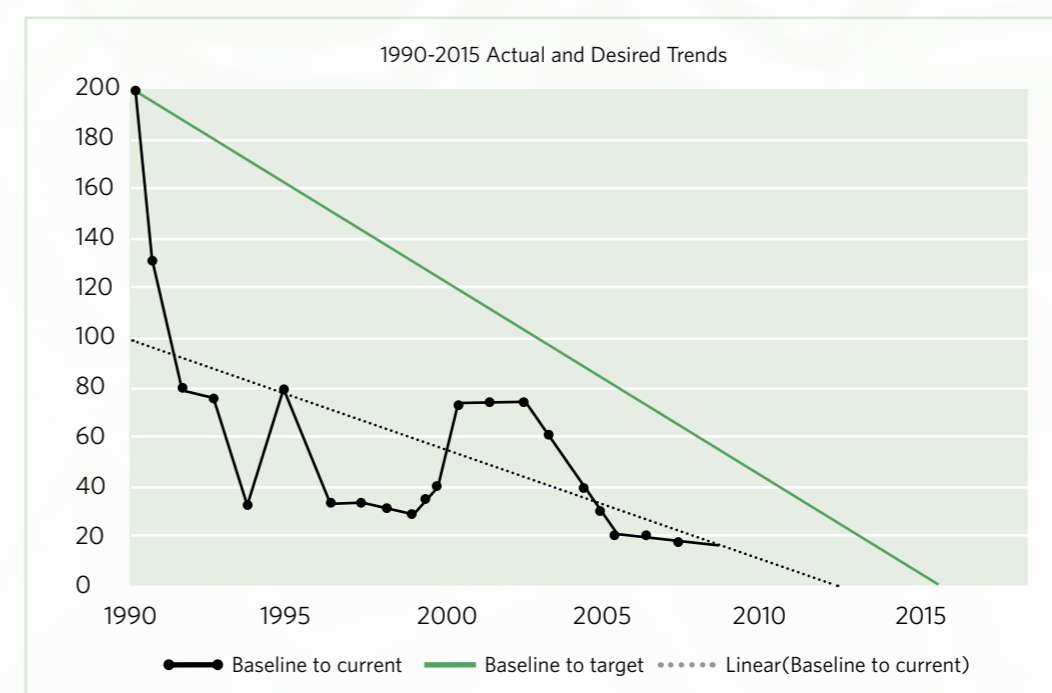
Most mortality and morbidity in Vanuatu are the result of diseases that are preventable or manageable by public health and primary health care services. The Government objective of having more health conditions treated locally, with fewer admissions to high-cost facilities is achievable, can be achieved; but it will require additional resources, including more trained staff in more health facilities in remote areas. The Ministry of Health works closely with community groups and CSOs in implementing many of its policies. Vanuatu is in the process of 'scaling up' key disease control programmes to expand supplies, commodities, services and coverage with the help of substantial grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), AusAID, WHO, NZAID and others including regional funding mechanisms which bi-lateral development partners also contribute towards.

Malaria

Malaria has for many years been a major health problem in Vanuatu, and almost the entire population of Vanuatu of 234,023 (2009 Census) is still at risk of malaria. However, through concerted control efforts by the Government and development partners, the burden of malaria has been significantly reduced over the past 20 years. Thus, the annual parasite incidence (API) has been progressively decreasing from 198 per 1,000 in 1990 to 16 per 1,000 in 2009 (Figure 24). Similarly, the rate of confirmed malaria deaths has declined markedly from 32 per 100,000 population in 1990 to <1 per 100,000 in 2009.

Malaria still however remains a significant health problem for adults and children in Vanuatu and therefore the Government is committed to reduce malaria further, building on current interventions including effective vector control (mainly bed nets), rapid diagnosis and effective treatment, active community participation, and accurate and timely case reporting and surveillance. Based on the past 20 years of significant achievements in malaria control, and inspired by the success in achieving and maintaining malaria elimination on Aneityum island in Tafea province since 1992, the Ministry of Health is working towards the ambitious goal of eliminating malaria from target areas over the next five years and to work towards a completely malaria-free country in the coming decades. This ambition is shared by technical and development partners of Vanuatu, including the WHO, the GF and AusAID, all of whom contribute with significant technical and funding support towards the malaria control and elimination efforts by the Ministry of Health in Vanuatu. Achieving the goal of malaria elimination is extremely ambitious, and will require many years of hard work and long-term support and commitment from development partners.

FIGURE 24: INCIDENCE OF MALARIA PER 1,000 POPULATION



Source: Malaria Information System, Ministry of Health

Long-lasting insecticidal bed nets

The Ministry of Health has introduced long-lasting, insecticide-treated nets, using funding from the GF, aiming to ensure full coverage in all provinces. From the preliminary 2009 Census results it was estimated that 76% of all households in Vanuatu own at least one insecticide treated net, with the proportion of net ownership over 90% in three provinces. Moreover, more than half (56%) of all children under five years were reported to be sleeping under these nets in 2007 (MICS, 2007). Bed net coverage and user rates are expected to increase further in the coming years as a result of ongoing and up-scaled net distribution activities.

Rural and urban differences

As noted above, bed net coverage and user rates are anticipated to continue to increase, and the rates reported from the 2007 MICS are shown in Table 17. The rates are lowest in the urban centres of Port Vila and Luganville, where perhaps households take other measures to prevent malaria such as window screens and pesticides spraying.

TABLE 17: PROPORTION OF CHILDREN AGED UNDER 5 YEARS SLEEPING UNDER LLN, PROVINCE, 2007

Province, region and sex	% Children sleeping under treated bednets
Total	56%
Torba	81%
Sanma	56%
Penama	78%
Malampa	76%
Shefa	50%
Tafea	42%
Port Vila	34%
Luganville	31%
Rural	61%
Urban	33%
Male	56%
Female	56%

Source: MICS 2007

BOX 3: "OFF TRACK" MDG INDICATORS WITH "ON TRACK" PROGRAMMES

The MDG framework relies on statistical indicators for monitoring and evaluation which can be subject to misinterpretation. For example estimates for the incidence of tuberculosis (TB) in rural areas of Vanuatu as shown in Figure 26 have increased since 2006. This has not been caused by a real increase in the prevalence of TB but because TB health workers are now far better resourced in terms of number, skill, testing capabilities and so on that they work with their communities and actively target suspected TB patients (called contact tracing) and bring them into the TB treatment programme.

Vanuatu is in fact 'on track' to meet its TB target if the present case management programme and detection activities continue even though a purely statistical analysis of prevalence would find that it was off track.

Proper malaria diagnosis and treatment

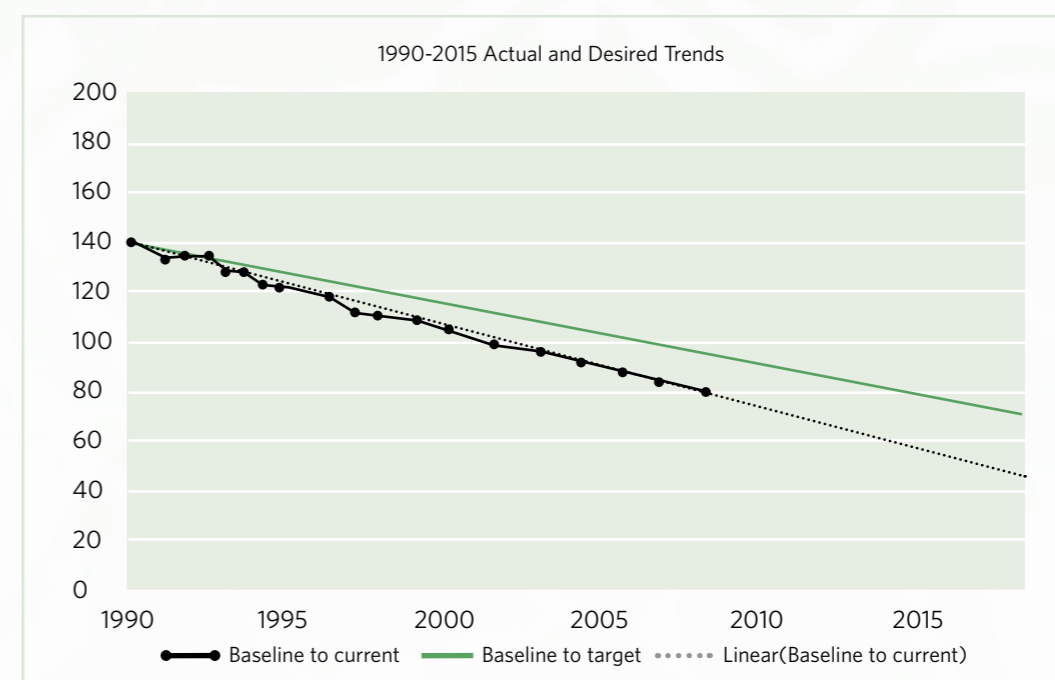
Improved tools to ensure widespread and proper malaria diagnosis and treatment have been introduced since 2008—2009 as another important means to effectively reduce malaria. This involves the use of malaria rapid diagnostic testing at all health facility levels (i.e. from hospital to community aid posts) which has markedly expanded the diagnostic coverage for malaria. Prior to this diagnosis was based on the use of malaria microscopy only, which was only available in around 10% of health facilities. Ensuring widespread access to rapid confirmatory diagnosis for malaria has allowed for a more targeted and appropriate use of anti—malarial drugs. This means that the use of anti—malarial drugs for the treatment of cases of fever due to something other than malaria infection is now avoided. Coincidentally, the rapid diagnosis of malaria has allowed for more appropriate management of causes of fever and illness other than malaria.

In addition to improved malaria diagnosis, new and more effective anti—malarial drugs were introduced in 2009, namely artemisinin—based combination treatments (ACTs), which ensure a higher cure rate than previously used anti—malarials. In addition, artesunate injections and artesunate suppositories have been introduced for the treatment of severe malaria cases. These new medicines are expected to help reduce malaria in Vanuatu further, and their introduction has been supported with large—scale training of health workers at all levels in all provinces, aiming to ensure improved management of malaria as well as other common causes of fever. In addition, health workers are being trained in reporting and recording of cases, to inform and improve forward planning of health services in the provinces.

Tuberculosis (TB)

Tuberculosis is one of the major communicable diseases in Vanuatu. The Ministry of Health with support from development partners have implemented a highly successful campaign to achieve targets for TB reduction and ironically it is these concerted efforts which have resulted in an increase in the statistical indicators for prevalence and death rates, see Box 3. While the Ministry of Health is continuing to implement TB programmes with development partners it is still challenging to provide statistical information about TB, particularly the Case Detection Rate. The Case Detection Rate is currently estimated to be less than 50%. However with development partner assistance a survey is planned for 2011 to provide reliable incidence data.

FIGURE 25: ESTIMATED INCIDENCE OF TB, ALL FORMS

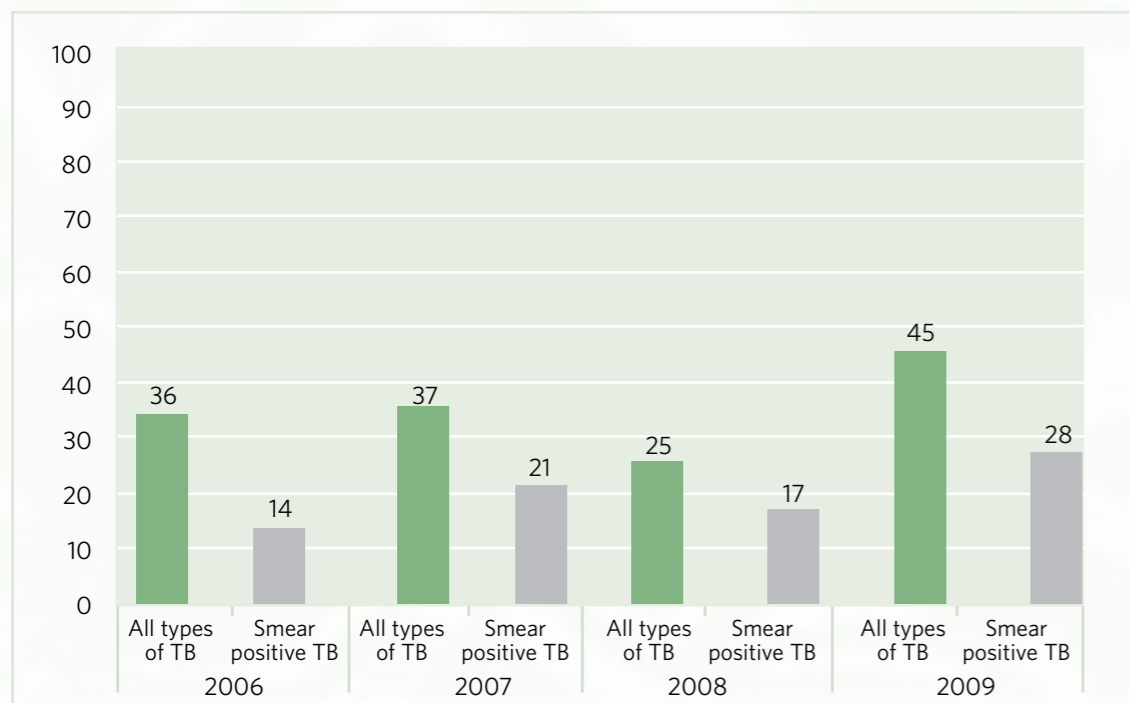


Source: WHO

Rural and urban differences

There is much annual variability in the annual statistics on TB with incidence of all types and sputum positive recently increasing in rural areas (Figure 26) as a result of the increased capacity of the TB programme highlighted in Box 3.

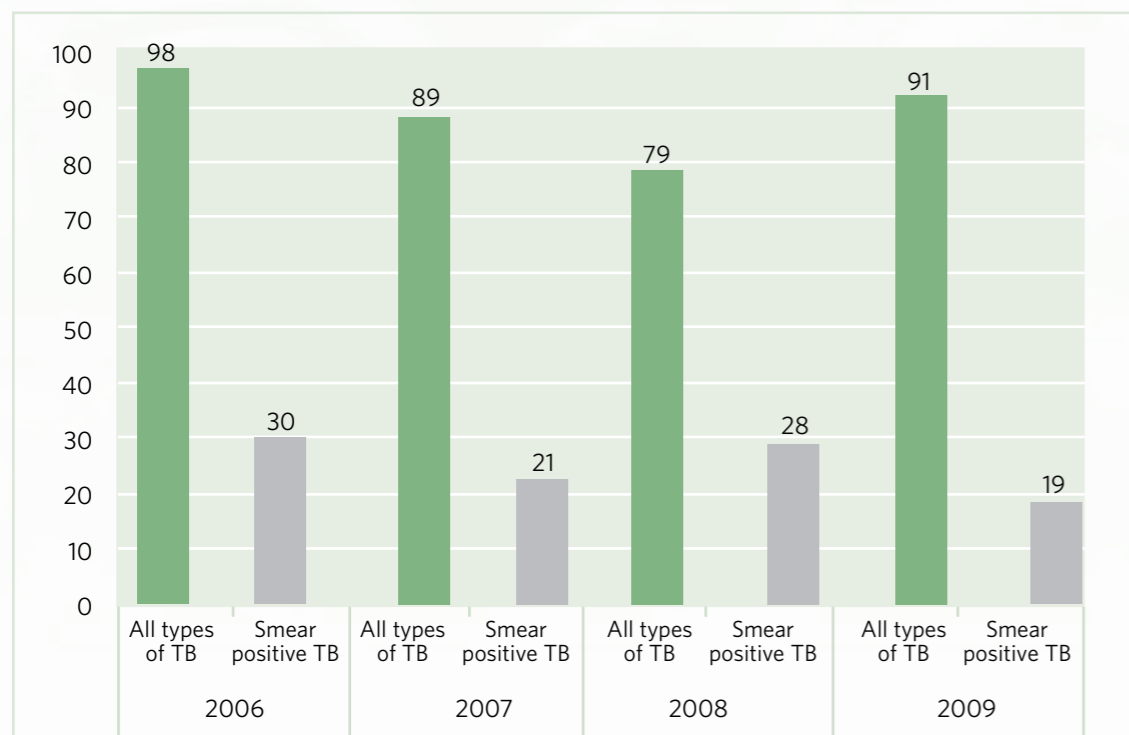
FIGURE 26: RURAL AREAS: ALL TYPES OF TB AND SMEAR POSITIVE TB, 2006—2009



Source: Ministry of Health

The burden of TB is much higher in urban areas than in rural areas based on incidence (Figure 27), although more information is required about the true prevalence rates in rural and urban areas.

FIGURE 27: URBAN AREAS: ALL TYPES OF TB AND SMEAR POSITIVE TB, 2006—2009



Source: Ministry of Health

Gender differences

Statistics from the TB Programme show that TB in Vanuatu is more of a male disease than a female one but again more detailed research is required to see if there are any gender differentials in TB incidence and prevalence in Vanuatu.

DOTS

In the early 1980's the National Tuberculosis Programme was started, however surveillance activities were not well documented. It was not until the introduction of DOTS in 1999 that clear guidelines and standard operational procedures improved surveillance activities and DOTS which eventually covered the whole of Vanuatu by 2003. DOTS implementation has significantly improved treatment outcomes which have maintained 90% treatment success over the past five years. The programme is now concentrating on quality, consistency and sustainability issues. The main challenge with DOTS in Vanuatu is with people who do not complete the minimum six month treatment period. These people are at high risk to becoming resistant to the TB medicine. All defaulters are hospitalised for three months and given the prescribed re-treatment and when discharged they manage their DOTS regime at home for five months.

Target 6.D: Achieve by 2015, universal access to treatment and prevention of ncds and control of major risk factors

Indicator	1990	2000	Latest (year)	2015 target
6.11 Prevalence rate of diabetes, per 1,000 adult population		2.8% (1998)	12% (2007)	10%
6.12 Prevalence rate of high blood pressure		13% (2002)	15% (2007)	13%
6.13 Death Rates from NCD—related causes		NA	NA	To establish a baseline
6.14 Proportion of adult populations with NCD risk factors, smoking, males		49% (1998)	62% (2007)	30%
6.14a Proportion of adult populations with NCD risk factors, smoking, females		5% (1998)	6% (2007)	3%
6.14c Proportion of adult populations with NCD risk factors, alcohol use, males		50% (1998)	60% (2007)	25%
6.14d Proportion of adult populations with NCD risk factors, alcohol use, females			11% (2007)	8%
6.14e Proportion of adult populations with NCD risk factors, obesity, males		12% (1998)	22% (2007)	20%
6.14f Proportion of adult populations with NCD risk factors, obesity, females		19% (1998)	29% (2007)	25%
6.14g Proportion of adult populations with NCD risk factors, physical inactivity in both men and women		22% (1998)	45% (2007)	25%

Source: Ministry of Health, 1998 NCD Survey; 2007 Mini—STEPS Survey. Smoking data is based on at least one cigarette or tobacco product a day and alcohol use is based on consumption of alcohol at least once in the last month

Based on global, regional and national concerns regarding the increasing burden of disease attributed to non-communicable diseases (NCDs) and the potentially debilitating complications of these diseases, Vanuatu has incorporated a target for NCDs in MDG 6.

In the 1990's statistics showed that NCDs and lifestyle-related diseases were not significant health problems in Vanuatu when compared with neighbouring Pacific island countries and territories. However, a number of nutrition and NCD studies²⁶ conducted since the late 1990's indicate increasing prevalence of NCD-related morbidity and mortality and increasing disease burden due to NCDs. The studies have also raised concerns about the alarming high levels of NCD risk factors. The main studies include the National Nutrition Survey (1996), the NCD survey (1998), the NCD Stepwise Survey (2005), and the Mini-Steps Survey (2007).

The most common NCDs include diabetes, heart disease, high blood pressure, chronic obstructive airway disease and liver disease. Cancer is also on the increase. Complications from these diseases increase the burden of disease resulting from heart failure, stroke, kidney failure, premature blindness and limb amputation from diabetes, and other types of complications that are beyond the capacity of national health services. Records show many patients with NCDs progress to premature deaths as a result of overwhelming complications. Inpatient records also show that NCD-related medical conditions account for the highest proportion of inpatient adult admissions in hospitals.

The major lifestyle risk factors for NCDs in Vanuatu include tobacco smoking, physical inactivity, alcohol misuse and unhealthy diet which manifests as obesity and overweight. While NCDs largely affect urban adult populations, both male and female, recent hospital data indicates that NCDs are also affecting younger adults below 40 years of age. Other contributing factors related to urbanisation and globalisation such as stress and mental depression also contribute to the development of NCDs.

The NCD mini-steps survey conducted in 2007 illustrated significant increases in NCD prevalence especially diabetes and high blood pressure, and that of major risk factors. A comparison of the results between the 1998 national NCD survey and the 2007 mini-steps survey is presented in Table 18.

TABLE 18: NCD AND RISK FACTORS BASED ON 1998 NUTRITION SURVEY AND 2007 MINI-STEPS SURVEY

Indicator	1998 Nutritional Survey	2007 Mini-Steps Survey
Diabetes	3%	12%
Hypertension	13%	15%
Overweight - both male and female	33%	38%
Obesity - both male and female	16%	29%
Tobacco - males	49%	62%
Alcohol - males	50%	60%
Regular moderate physical activity	78%	55%
Kava	NA	83%
High blood Cholesterol	NA	25%

Source: Ministry of Health, 1998 NCD Survey; 2007 Mini - STEPS Survey

While more women were found to be obese and overweight than males, NCD risk factors related to smoking and alcohol were five times more common in men. On the other hand, males had a slightly higher level of physical exercise than women.

²⁶ Vanuatu, Report of the Second National Nutrition Survey 1996. Department of Health, Port Vila, 1996; Vanuatu Ministry of Health and Secretariat of the Pacific Community, Non-Communicable Disease Survey Report, 1998; Vanuatu NCD Stepwise Survey Report, WHO, 2005; Vanuatu NCD Mini-Steps Survey Report, WHO and Ministry of Health, 2007.

In responding to the emerging NCD problem, the Government is being prompted to review its national NCD policy to draw attention to the growing seriousness of the burden of disease attributed to NCDs and to call for multi-sectoral action that addresses the root causes, contributing factors and social determinants of NCDs. A concerted effort led by Government in collaboration with key stakeholders is urgently needed to reduce the magnitude of the problem and reverse its course to minimise health, social and economic impact on individuals, families and the country as a whole.

The policy document calls for political commitment to support the national action agenda on control and prevention of NCDs. It calls on stakeholders including Government, CSOs, private sector and communities to collaboratively work towards reducing NCDs. The policy stipulates a set of guiding principles and key action areas for prevention of NCDs and to minimise the severity of complications. In addition, a nation-wide integrated health survey is planned for 2011 to measure health status in the country, and key NCD indicators will be included in the proposed study.

MEETING THE MDG FOR COMBATING DISEASE

Achieving high coverage with disease prevention and treatment tools requires very concerted efforts and funding support, but also increased human resources and general improvements of health services, including a reliable drug supply system and an accurate health information system. The Vanuatu Ministry of Health and its partners are actively working towards improving health supply and monitoring and evaluation systems, strengthening human resource capacity through technical, financial and management support across all levels of health care in Vanuatu. The Ministry of Health is implementing its Health Sector Strategy 2010-2016 but current resources, especially that from the Government recurrent budget, are insufficient to achieve objectives for an appropriately qualified and trained health work force with appropriate facilities and equipment, to service the needs of all communities in Vanuatu.

According to Government recurrent budget appropriations since 2005, the appropriation for health was below 10% of the overall amount until 2010. In 2010 the Ministry of Health received 11% of the Government recurrent budget which compares with 21% for the Ministry of Education. In 2009 the Health appropriation decreased by 2% compared to 2008. In the Public Health programme 80% of all activities are development partner assisted and the Ministry of Health will have to continue to rely heavily on development partner support in the implementation of its strategies, even if the recurrent budget amount remains at its 2010 high.

The Ministry of Health is moving towards closer integration of STI and HIV programmes, noting that the main means of transmission for HIV to date has been through unprotected sex. This means a broader sexual and reproductive health based approach will be taken in the major Ministry of Health policies but where required specific HIV and AIDS protocols will be followed. This will increase efficiencies in service delivery and prevention measures for all STIs including HIV.

The Vanuatu Government sees the following areas as important for moving issues of STIs including HIV and AIDS forward including increasing testing, screening and obtaining accurate HIV data, utilising the findings of 2008 Second Generation Surveillance research to develop appropriate interventions and expand activities to all provinces, incorporating gender and male participants in particular into prevention programmes, strengthening health systems especially testing, treatment and improving information system and development of a HIV and AIDS legal framework.

Research highlights a number of concerns about STIs including HIV prevention and transmission in Vanuatu. There is an apparent need for active condom promotion activities as it seems that a significant proportion of youth are sexually active and at high risk for acquiring STIs. As the proportion of youth tested for HIV is low, interventions to increase testing among youth and other high risk groups would be a sound investment towards achieving the MDGs. There are a number of common misconceptions about HIV prevention and transmission which should be taken into consideration when revising educational and awareness programmes targeting youth and other high risk groups.

Regarding STI including HIV prevalence, it is difficult to make recommendations other than for the Ministry of Health and other stakeholders to try and increase the current level of voluntary HIV screening through providing increased access to testing facilities, counselling in a manner conducive to increasing testing of those most at risk. The fear within the medical community is that the HIV rate is low because of low testing while other indicative measures, such as STI rates are high and research indicates that condom use is low and a number of other high risk behaviours exist

for youth aged 15–24 years. It is, however, important for the Ministry of Health to maintain its current programmes on HIV prevention and treatment and ensure that the basic human rights of those with STIs including HIV are respected and they are able to participate fully in society.

Efforts to eradicate malaria and tuberculosis are being scaled up with development partner support and are focusing on both prevention and treatment. The improvements in health service delivery for these two diseases have meant that incidence rates are increasing in some areas as health workers are better able to diagnose and treat the sick. There are still improvements needed in terms of meeting the health care needs of all communities in Vanuatu.

In terms of achieving the targets related to NCDs Government needs to scale up activities and mobilise resources to develop and implement specific programmes and activities aimed at both prevention and minimising the severity of complications. Statistical information is also needed for the 'baseline' to assess the impacts of NCD related initiatives.

Can Vanuatu meet the targets for combating disease?

Target No.	Target	Will the target be met?	State of policy environment
6.A	Have halted by 2015 and begun to reverse the spread of HIV AND AIDS	Potentially	Good
6.B	Achieve, by 2010, universal access to treatment for HIV AND AIDS for all those who need it	Likely	Strong
6.C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Likely for some diseases, possibly for others	Strong



Millennium Development Goal 7: Ensure environmental sustainability

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Sustainable resource management is intrinsic to the custom and tradition of Ni—Vanuatu and is an essential component for ensuring food security and cash income in the rural areas and more importantly in peri—urban areas.

In 2010 the importance of sustainable environmental development and green growth strategies, as well as climate change impacts was reflected within the Government organisational structure with the Environment Unit becoming the Environment and Conservation Department. The Department is tasked with enforcing key legislation for sustainable development which will soon be amended to incorporate climate change mitigation.

Vanuatu's physical environment is changing because of the impacts of a rapidly growing economy, a young population and rapid population growth, urban drift, land speculation, agricultural intensification, deforestation, inadequate fisheries and marine management, industry and trade, tourism, imported energy and transportation needs, and extractive industries. Key environmental issues that confront the country include: (i) climate change and sea—level rise; (ii) soil erosion and land degradation; (iii) coastal erosion; (iv) loss of forests; (v) loss of biological diversity; (vi) water pollution; (vii) waste disposal and recycling; (viii) reef destruction and over—exploitation of marine resources; and (ix) natural disasters (earthquakes, volcanoes, tsunamis etc.).²⁷

Extreme climate—related events are being experienced with increasing frequency, and the effects of climate change and sea—level rise in Vanuatu are expected to become increasingly serious in the coming decades. The National Action Programme for Adaptation (NAPA) was completed and approved by Cabinet in 2007. A prioritised list of projects includes (i) agriculture and food security; (ii) water management; (iii) sustainable tourism; (iv) community—based marine resource management; and (v) sustainable forestry management.

Vanuatu is the only Pacific island country to have completed both a National Plan of Action (NAP) for disaster risk reduction (DRR) and the NAPA for climate change adaptation (CCA). However it has virtually no resources to implement these programmes and plans and relies heavily on development partner support for this, including CSOs.

Vanuatu faces a full range of geologic and climatic hazards. The islands are located in a seismically and volcanically active region and have high exposure to geologic hazards, including volcanic eruptions, earthquakes, tsunamis, and landslides. Recent disasters include the November 1999 Penama earthquake and tsunami that affected about 23,000 people and the 2010 7.3 magnitude Port Vila earthquake that caused structural damage.

Vanuatu is also subject to climatic variability and extremes. Vanuatu's latitude places it in the path of tropical cyclones, making it subject to cycles of El Niño and La Niña, which increase the risks, respectively, of droughts and floods. Future climate change and sea—level rise threaten to exacerbate the risks posed from tropical cyclones, coastal and river flooding, coastal erosion, heavy rainfall events, and droughts.

Over 75% of the population is still located in rural areas and dependent on subsistence or commercial agriculture. Subsistence agriculture based on slash and burn rotation and cultivation techniques is becoming increasingly unsustainable as the rotation cycle is shortened due to population growth, establishment of large plantations, and leasing of prime land for residential and tourism development. The main agricultural products are beef, cocoa, coffee, copra, and kava. Niche markets exist for spices such as vanilla and pepper. Local production of yams, cassava, breadfruit, vegetables, fruit and nuts mainly supply domestic markets. Poultry and pig production is also primarily for the domestic market, with pigs being particularly important for feasts and reconciliation ceremonies.

²⁷ADB: Vanuatu Country Partnership Strategy 2010—2014, Environmental Assessment Supplementary Appendix.

Target 7.B Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicator	1990	2000	Latest (year)	2015 target
7.1 Proportion of land area covered by forest ²	36.1	36.1 ¹	36.1 (2005) ¹	No targets defined
7.2a CO ₂ emissions, total, thousand metric tons ³	70	81	88 (2005)	
7.2b CO ₂ emissions, per capita ³	0.4684	0.4269	0.4066 (2005)	
7.2c CO ₂ emissions per \$1 GDP (PPP) ³	0.1378	0.122	0.1267 (2005)	
7.3 Consumption of ozone—depleting substances, ODP metric tons ²	0	0	1 (2008)	
7.4 Proportion of fish stocks within safe biological limits	No data available			
7.5 Proportion of total water resources used	No data available			
7.6a Proportion of terrestrial areas protected, percent total surface area ²	3.7	4.2	4.3 (2008)	
7.6b Proportion of marine areas protected, percent territorial waters ²	0	0	0.1 (2008)	
7.7 Proportion of species threatened with extinction	No data available			

¹ Included for indicative purposes only: data not considered to be reliable or estimated.

Source: ² UN MDG Database.

³ UN MDG Database (CDIAC data).

In Vanuatu the Environment and Conservation Department is tasked with promoting and managing conservation areas including land and marine areas. NGO partners are actively involved in promoting conservation awareness and there has been a significant increase in the number of 'protected areas' through traditional land use and governance structures. Research suggests that small—scale, community—based reserves are effective resource management tools and that opening a reserve temporarily for harvest to meet occasional community needs may be compatible with conservation goals.

There is considerable variation in the distribution of species within and between islands, and Vanuatu's biodiversity is of particular interest for its on—going processes of immigration, range extension and contraction, and sub—speciation.

In general information is very limited about Vanuatu's biodiversity, with detailed studies of only a few genera and few studies of the biota of smaller or less accessible islands.

Forest cover

Almost 75% of Vanuatu's land area is covered by natural vegetation, with around one—third (447,000 ha) covered by forest. Most land is under customary land tenure.

Government policy relating to forestry is concerned with plantations for logging, including local supply plantations. It aims to create a secure environment for forest utilisation, harvesting and re—establishment with the intention of attracting landowner and private investment. Forest harvest licensing is limited to sustainable levels of 68,000 m³

per year and allocates 70% of the available timber resources to large processing plants and 30% to mobile sawmills. However the extent of illegal logging (without licences) is unknown. Commercial logging activities exact a heavy toll on forest ecosystems.

For reasons of inaccessibility, low stocking, low commercial quality or for cultural reasons only about 20% of the total forest area is available for commercial purposes. The National Forest Inventory estimates the total standing volume of the forest resource at about 13 million cubic metres.

From Independence in 1980 to 1998, Vanuatu's forests were subject to extensive commercial exploitation, with minimal controls. From 1991 to 1993, timber export volumes increased by 300%. The 1998 ban on export of whole round logs and the lack of easily accessible forest resources by that time reduced the rate of deforestation. The 1997 National Forest Policy estimated total sustainable yield at 68,000 cubic meters per year (m³/yr), ranging from 1,000 m³/yr on Ambrym and Epi, to 30,000 m³/yr on Santo and Malo islands.

Reforestation is an important issue to address. Pressures for land impede both natural regeneration and plantation redevelopment. These pressures are the result of increased needs for grazing and planting of cash crops and, in a few areas, the result of population growth. Subsistence agriculture also results in the destruction of primary and secondary forest through 'slash and burn' practises which are prevalent. On the island of Pentecost substantial areas of forest have been cleared for cash crops such as kava which require 5–7 years before harvesting. This is probably occurring on other islands. One of the impacts of forest clearing is the drying up of water supplies during drier weather.

Another consequence is the lack of firewood, and people now have to walk substantial distances to gather firewood. A 2010 study in the Port Olry community on the island of Espiritu Santo found that over 60% of the households reported that access to the main cooking fuel which was wood was a problem and the report noted that "contradictory to common perceptions, this finding indicates that there possibly are other rural areas in Vanuatu where access locally to fuelwood is a problem."²⁸

The amount of forest cover, and type of forest, in Vanuatu is now of great interest due to the possibility of carbon credits and carbon trading. This has very much revived the forestry sector.

Carbon dioxide emissions

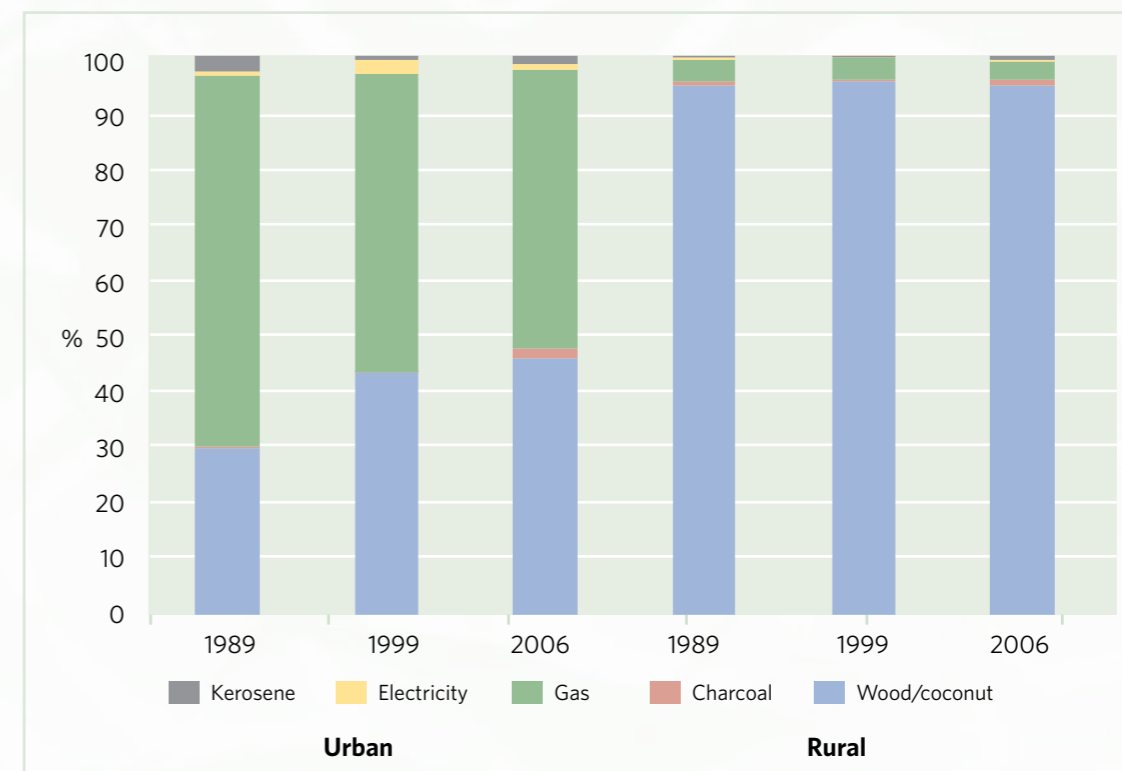
The main source of Carbon Dioxide (CO₂) emissions in Vanuatu are from fossil and liquid fuels. Carbon dioxide emissions are largely a by-product of energy production and use. This accounts for the largest share of greenhouse gases associated with global warming. In Vanuatu the main source of emissions are transport and cooking fires and by global standards CO₂ emissions are low.

Wood, coconut shell or charcoal, but mostly wood, is the main cooking fuel in Vanuatu. This reflects traditional cooking methods where food is cooked over rocks placed on top of embers. It also reflects the relatively high cost of, and limited access to, other 'modern' cooking fuels compared to firewood collection or purchase. In 1989 82% of all households used wood, coconut shell or charcoal as their main cooking fuel but in 2006 this had increased to 85%. The 2009 Census results indicate that this has not changed significantly and that 85% of households used wood, coconut shell or charcoal as their main cooking fuel. During the period 1989–2006 the proportion of urban households using gas as a cooking fuel declined; 65% of urban households reported using gas as their main means of cooking in 1989 compared with 50% in 2006 (Figure 28).

This preference for wood as cooking fuel, and cooking over open fires, has considerable implications for 'clean' energy options particularly given the lack of plantation forests for renewable firewood sources. The Port Olry 2010 research found that problems associated with fuel wood collection included the site being some distance from the household and the indirect monetary costs of collecting wood which included hire of equipment (chainsaw etc) and labour and transport.

²⁸ UNDP 2010, p. 9.

FIGURE 28: MAIN SOURCE OF HOUSEHOLD'S COOKING FUEL, 1989, 1999 AND 2006



Source: VNSO 1989 and 1999 Census of Population and Housing, 2006 HIES.

Ozone consumption

Ozone consumption in Vanuatu is minimal. The Montreal Protocol on Substances That Deplete the Ozone Layer defines the substances which deplete ozone. Vanuatu acceded to the Montreal Protocol in 1994 but has yet to fully ratify it and has yet to submit its compliance action plan to implement the Montreal Protocol on Substances that Deplete the Ozone Layer.

Fishery

Fisheries are said to be not properly exploited. Reef fisheries are over-fished in some areas, notably around the island of Efate, but are generally under-exploited near the outer islands. The deep water snapper resource has the potential for some further exploitation but there appear to be definite limits. Improvements in catching, handling and marketing systems and commercialisation of the domestic fishing industry are needed; however, overall Vanuatu's fisheries are probably not sufficient to supply a larger proportion of the protein needs of a rapidly growing population.

Historically, in Pacific Islands like Vanuatu, the main source of economic gains from pelagic species like tuna was to licence foreign fishing nations to fish in their waters. In 2008, \$1.36 million (USD) was earned in Government revenue from fishing vessel licences with 67 vessels licensed to fish within the Vanuatu EEZ and a tuna catch of 38,477 tonnes through bilateral access agreements and Vanuatu flagged vessels. Economic returns to Vanuatu from foreign fishing licences have historically been low—for example Government revenue from fishing licences was just 0.3% of the total value of the catch. A recent study by the Pacific Islands Forum Fisheries Agency (FFA) found if 25% of Vanuatu's catch was brought ashore for processing and shipping then the country could create local business of \$2.5 million (USD) a year, 1,500 new jobs and contribute around \$1.5 million (USD) to Government revenue.

Gender differences

A large number of women are engaged in the fisheries sector. Their activities mainly include gathering fish and shellfish for home consumption, which is barely identified as 'fishing' by the male community. Since 'fishing' as an

activity is usually identified where selling is involved, and women selling fish is not the norm in Vanuatu, women's activities in the sector remain largely invisible.

Women are engaged in the three recognised forms (end—products) of fishing: subsistence, artisanal (or small—scale) and commercial. The preservation, marketing and distribution of fish catches also remain the responsibility of women. Throughout the country, women engage in many kinds of fishing, including 'men's fishing': Atchin, north Pentecost and north Efate women go in canoes to dropline or troll; Litslits women are good divers; and Mere Lava women fish almost every day from their canoes.²⁹

Water resource utilisation

In Vanuatu, both ground and surface water are used for domestic purposes. Where water extraction is monitored because it is provided as a reticulated supply, then there is some knowledge and observation of the aquifer. In the urban centres of Port Vila and Luganville aquifers are under increasing pressure from housing, agriculture and other developments. Outside of the demands of the reticulated supply, no formal assessment has been made of demand or impacts of competing use.

Protected areas

Vanuatu has established a large number of protected areas (five of which are marine protected areas) and has designated part of its EEZ as a whale sanctuary.

Vanuatu's Constitution decrees that land and associated resources are the property of the traditional landowners. This means local landowners are integral to measures to protect or conserve biodiversity. Communities and landholders are actively encouraged to practice resource conservation using local knowledge of resources and traditional practices.

Most commonly this is through systems such as tabus. Tabus are restrictions on the use of land, marine areas or specific resources. They are imposed by chiefs and/or landholders or reserved due to local custom and beliefs.

There are also several conservation initiatives established by and through Government and the Environment and Conservation Department. Existing community based protected areas include Lonu protected area, Vathhe Conservation Area, Ringhi te Suh (Maskelynes), Hideaway Island (Efate), Narong marine reserve (Uri Island), Mystery Island Reef (Aneityum), Nguna—Pele marine protected area, Epi, Central Pentecost, Lelepa marine protected area, Mangaliliu marine protected area, Spuaki conservation area (Nguna), and Wiawi (Malekula).

Vanuatu has an estimated area of coral reefs of 4,110 km². The greatest threats to reefs are cyclones and human activity. The pristine marine environment outside the urban and peri—urban areas is an important source of tourism earnings. For example the President Coolidge marine reserve off the island of Santo encompasses the wreck of the US Ship the President Coolidge, a WWII underwater war grave. This is an internationally recognised dive site.

The community ownership of protected and 'managed' areas in Vanuatu shows that both permanent and periodic closures generally result in a higher biomass inside than outside the reserve, particularly for fish in marine reserves. This suggests that small—scale, village—based reserves are effective resource management tools and that opening a reserve temporarily for harvest to meet occasional community needs may be compatible with conservation goals.

Threatened species

Vanuatu is one of the most species—rich countries in the Pacific region in terms of amphibians, birds and mammals. The World Conservation Union (IUCN, 2006) reported that a total of 34 species in Vanuatu are listed in its Red Data Book of threatened species, broken down as follows: 5 for mammals; 8 for birds; 2 for reptiles; 7 for fishes; 2 for molluscs; and 10 for plant species.

The "Red List of Threatened Species" provides the most up—to date information for endangered species in Vanuatu; but the species included are very limited in terms of accuracy and scope, timeliness, or poor quality of documentation. However the analysis gives an indication of biodiversity loss in Vanuatu. Of the 622 species assessed 24 or 4% were endemic to Vanuatu, the majority of which were birds and palms. One bird was listed as extinct, the Tanna Ground Dove (*Gallicolumba ferruginea*). The largest number of species assessed was in the invertebrates group where 20% of

²⁹ http://www.genderandtrade.org/gtinformation/164419/169607/169608/women_fishing_pacific/

the 392 species assessed were vulnerable, endangered or critically endangered. In comparison just over 40% of the 24 plant species assessed were classed as being vulnerable or worse and three of the four reptile species assessed were vulnerable or worse.

Target 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator	1990	2000	Latest (year)	2015 target
7.8 Proportion of households using an improved drinking water source	68% (1989)	73% (1999)	81% (2009)	84%
7.9 Proportion of households using an improved sanitation facility ²	28% (1989)	50% (1999)	64% (2009)	64%

¹ Included for indicative purposes only: data not considered to be reliable.

² This definition differs from that published previously based on advice provided by the Ministry of Health.

Source: VNSO, Census data from 1989, 1999 and 2009.

This MDG target seems less ambitious than other areas of the framework, particularly those associated with health, which have considerably larger proportions of improvements required by the target. As it stands, Vanuatu is on track to achieve this MDG target (as shown in Figure 29 and Figure 31).

In urban areas the main water source is shallow aquifers whereas in rural areas various sources are used such as bores, wells, springs, rivers and rainwater catchments.

In Vanuatu both ground and surface water resources are used for domestic purposes. Urban water supplies are provided by UNELCO (a private company) in Port Vila and Public Works in Luganville, Isangel and Lakatoro. All rural supplies are development partner funded and designed and delivered by either the drilling section or rural water supply (within the Department of Geology, Mines and Water Resources). Rural water supplies are operated and managed by the local community and are generally obtained from surface water, rain water and groundwater, and in the hot and dry seasons it is common to have insufficient amounts of safe drinking water in some rural areas.

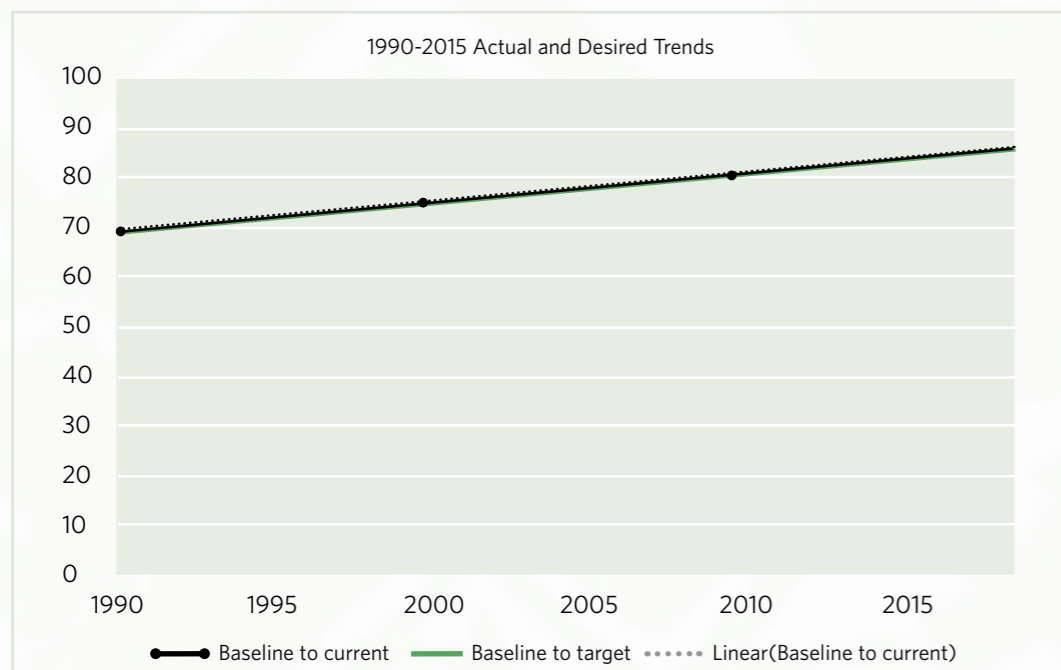
Sanitation ranges from pits to flush toilets with septic tanks. There is no sanitary sewerage system in the urban areas; but the main hospital in Port Vila has a sewage treatment plant. Domestic waste water is collected in septic tanks with no control mechanisms in place to ensure that tanks are appropriately built and maintained.

Improved drinking water

Improved drinking water has been defined as piped, village standpipe, protected well, and household water tanks. Sources of drinking water defined as not improved included bottled water, rivers, lakes, springs and other sources of drinking water. Prior to the 2009 Census no information was collected on whether wells were protected or not and the Ministry of Health considers these to be not improved sources of drinking water. There are concerns about responses to household survey regarding the interpretation of the different kinds of household water supply. For example there is confusion about the definition of a well as opposed to a water tank with some rainwater collection systems which store the water below ground referred to as wells. In addition some rain water catchments would not be considered improved as these are improvised out of recycled drums and other containers.

In the urban areas water quality monitoring and surveillance activities are regularly conducted for piped water; but for the other kinds of drinking water testing is limited. In rural areas water sources are tested by the Ministry of Health if there has been a disease outbreak.

FIGURE 29: % HOUSEHOLDS WITH IMPROVED DRINKING WATER

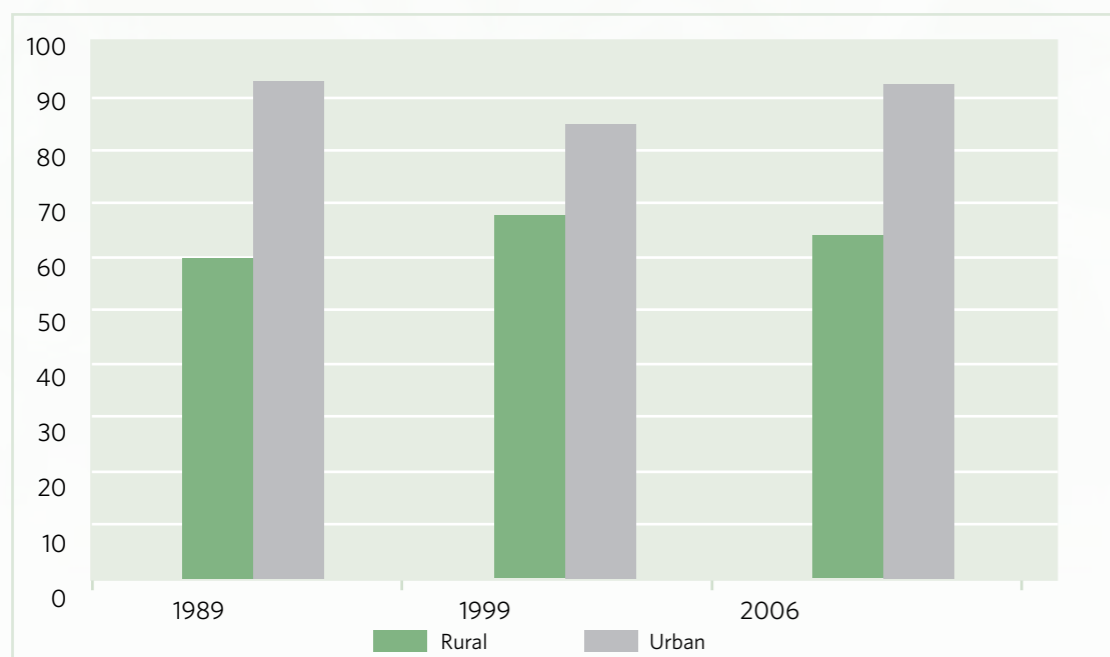


Source: VNSO 1989, 1999 and 2009 Census of Population and Housing.

Rural and urban differences

According to the survey data and the definitions used, there hasn't been a recent significant improvement in access to improved drinking water in households in rural areas. In rural areas access to improved drinking water decreased slightly between 1999 and 2006 from 69% to 65% while there was an improvement in urban areas (Figure 30). The 2009 Census data was not available at the rural and urban level of disaggregation at the time of drafting.

FIGURE 30: % HOUSEHOLDS WITH IMPROVED WATER, REGION, 1989, 1999 AND 2009



Source: VNSO 1989, 1999 and 2009 Census of Population and Housing.

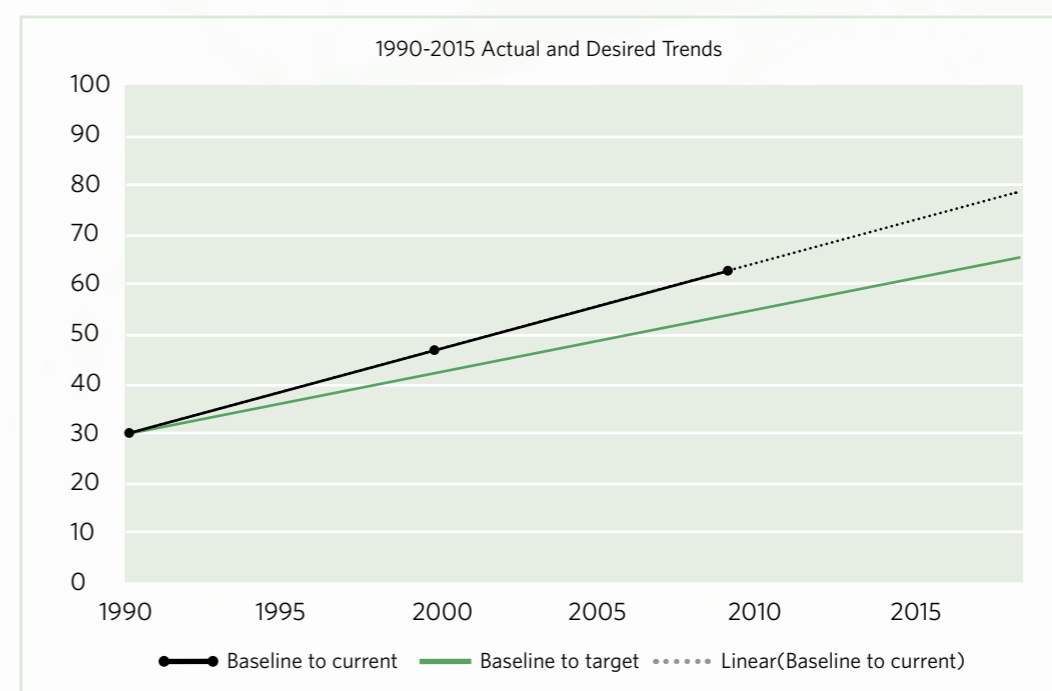
Gender differences

Research conducted in 2006 did highlight some gender differences in water collection activities. Of the 10,770 rural households not using an improved water source females were more likely to be usually collecting water if in close proximity to the house (less than 10 minutes time to collect water) and males were more likely to be collecting water if the source was more than 10 minutes from the house. The most significant gender differences occur when children were involved in water collection activities; where female children were more likely to be involved than male children.

Improved sanitation

According to the Ministry of Health not improved sanitation are pit latrines, any 'other' form of toilet and of course not having a toilet. Research has highlighted concerns about the large number of households which share toilet facilities, concerns about the storage of the excreta in septic tanks that are an acceptable standard as well as the potential for human and animal waste contamination of ground and surface water.

FIGURE 31: % HOUSEHOLDS WITH IMPROVED SANITATION

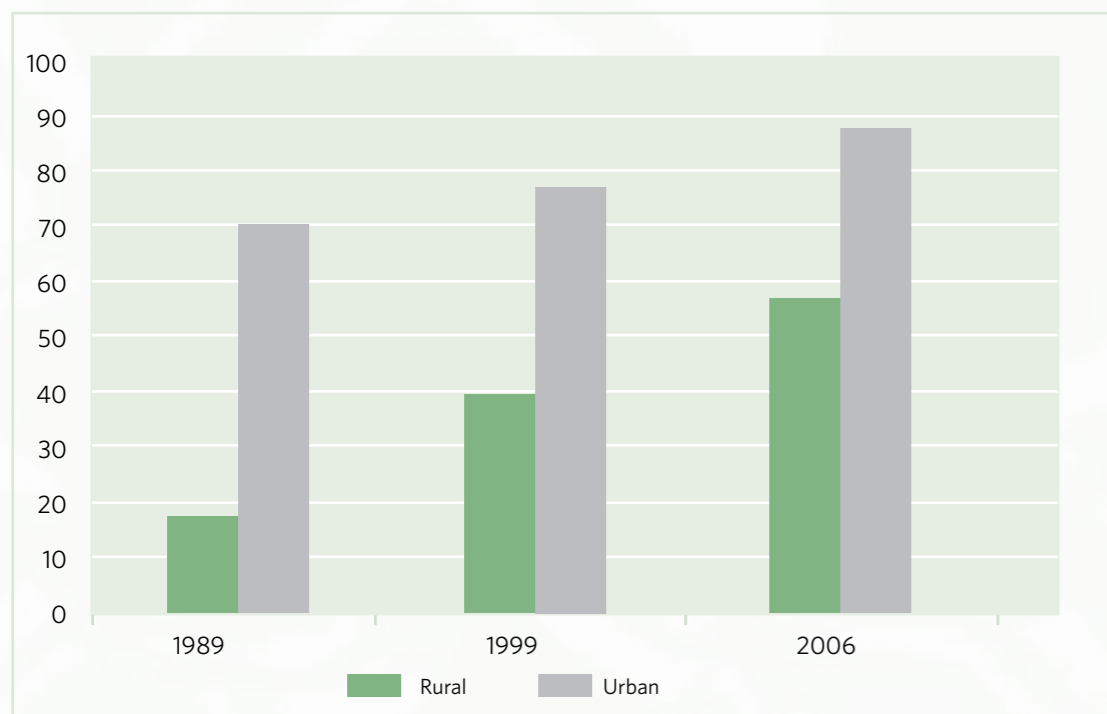


Source: VNSO 1989, 1999 and 2009 Census of Population and Housing.

Rural and urban differences

According to the survey data and the definitions used, the most significant increase in access to improved sanitation has occurred in rural areas. For example between 1999 and 2006 there was a 34% increase in the proportion of rural households with improved sanitation compared with 16% in urban areas (Figure 32). The 2009 Census data was not available at the rural and urban level of disaggregation at the time of drafting.

FIGURE 32: % HOUSEHOLDS WITH IMPROVED SANITATION, REGION, 1989, 1999 AND 2006



Source: VNSO 1989 and 1999 Census of Population and Housing and 2006 HIES.

Target 7.D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicator	1990	2000	Latest (year)	2015 target
7.10 Proportion of urban population living in slums ^b			30% (2006)	No target defined

^b The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Source: VNSO, HIES 2006, dwellings made of non-durable material measured by dwellings of makeshift construction.

From the 2006 HIES it was estimated that 30% of the population in the urban centres of Port Vila and Luganville were living in a slum as defined by the MDG framework. The actual rate is probably higher as the definition of 'urban' follows the official definition and doesn't include many informal settlements just outside the urban boundaries. Analysis should be possible from the 2010 HIES to link the housing conditions used here to define a 'slum' to the incidence of poverty to better understand the relationships between poverty and housing standards.

Within the four criteria used to define a slum overcrowding was the largest factor, with 15% of the urban population living in households with three or more people per room. The next most significant criterion was 10% of the urban population which lived in dwellings of makeshift construction; 9% of the urban population lived in dwellings with lack of access to improved sanitation; and 7% lived in dwellings without access to improved water. When these different criterion were combined 30% of the urban population lived in a household with at least one of them.

The issues surrounding the increasing informal and squatter settlements are addressed in the Draft Urban Policy (2009) which aims "to sustainably manage and develop urban areas in Vanuatu that support economic development, health, environment and welfare of all the people of Vanuatu." The policy has a component that focuses on improved living conditions.

MEETING THE MDG FOR ENSURING ENVIRONMENTAL SUSTAINABILITY

Reducing vulnerability as a result of natural and man-made shocks is now becoming an important aspect of socio-economic development of Vanuatu, because impacts of climate change, particularly of sea-level rise and higher atmospheric temperatures in the future, are forecast to affect island states more than any other types of developing countries. There is increasing recognition of the problems associated with unregulated urban growth and the standard of housing in informal settlements.

There are major issues to address, including adequate resourcing of agencies such as the Environment and Conservation Department to deliver appropriate levels of services, as well as the need for better coordination and delineation of roles and responsibilities at the national, provincial, and community levels of governance; and an absence of departmental follow-through to commit sector plans for DRR and CCA inclusion in national planning documents, budget appropriations, and development partner support.

Financial resources for sustainable resource management need to be increased, and as most initiatives are linked to regional and international programmes, CSOs or bi-lateral assistance more resources are required to coordinate these and improve efficiency by eliminating duplication. The European Union (EU) is an active development partner in the area of conservation and sustainable management. Most conservation projects are implemented by development partners, mainly CSOs, the role of the EU being limited to authorising the NGOs to develop projects with limited contact or control. The National Action Plan (NAP) for disaster risk reduction needs to be fully implemented; which now has to be done in conjunction with the NAPA as priority projects and programmes from it are to be implemented with resources from the Least Developed Country Fund and European Commission.

"Of particular concern is the lack of strategic thinking or analysis about the environmental implications of current developments in Vanuatu. Either relying on a flawed EIA process or waiting until the damage is done to implement remedial measures is not a sustainable development process. There is an urgent need to ensure that emerging strategies for land, energy, water, agriculture, forestry etc. are closely examined through the lens of environment. Strategic environmental assessments would be a useful tool to employ, but good tools without an adequate number of environmental officials to use them is not a useful advance."³⁰

The common argument that the private sector is more efficient than Government does not always apply in the Pacific region. Certain environmental services like water supply and sanitation in small, scattered, or poor communities are often not well served by private sector monopolies. The needs of rural communities have to be ensured by the Government through its supervision and compliance role with investors in land and natural resources, particularly those of an exploitative nature.

Climate change and sea level rise will be of high importance to Vanuatu for the foreseeable future, as will associated regional and international funds and programmes to minimise impacts: Vanuatu needs to be strategic in how it positions itself to maximise the benefits to communities from the 'climate change windfall'.

The Government has received development partner assistance to assess the viability of an integrated climate change mitigation and sustainable development project to protect the forests of Vanuatu from logging. Finance for the project would come from carbon credits sold by Vanuatu on international carbon markets, with the number of credits being equivalent to the emissions avoided if the forest is protected and not deforested. The project aims to generate forest protection projects and to use these experiences to contribute to international policy development under the UN Framework Convention on Climate Change.

Carbon credits and carbon trading are very far removed from daily life in Espiegle Bay in Malekula where the Government has approved a foreign investment licence for plantation forestry using the Kiri tree intended to provide environmental benefits for the entire country and the world through the sequestration of over seven million tons of carbon dioxide from the atmosphere in every seven year harvest cycle. Government has to ensure that it has the necessary technical expertise and capacity to engage in the international carbon credit market to maintain development and sustainable livelihoods of the people and communities affected by carbon credits and trading.

³⁰ ADB 2007 Vanuatu Environment Assessment

In Vanuatu, international NGO development partners with local offices such as Peace Corps, Red Cross, CARE, World Vision, Live and Learn as well as local NGOs such as Nalimaluien Kape Ramar Mene in Tafea are working with communities in promoting sustainable land use management practices, developing coastal (and other natural) resources management plans, establishing conservation areas, enhancing natural disaster preparedness, and promoting nature tourism and conservation enterprises. In addition the Vanuatu Renewable Energy and Power Association (VANREPA) is an NGO with the primary objective of promoting and delivering appropriate renewable energy solutions to meet community development needs. The media has also been very active in raising awareness about the importance of sustainable development, the preservation of key sites and the importance of Vanuatu's unique biodiversity. These initiatives must continue and coordination and cooperation between all organisations involved, including Government, needs to be strengthened considerably to avoid duplication and make the maximum use of financial inputs through bulk transport for example and maximise the use of scarce resources: technical capacity.

Can Vanuatu meet the targets for ensuring environmental sustainability?

Target No.	Target	Will the target be met?	State of policy environment
7.A	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Unlikely	Weak but improving
7.B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Unlikely	Weak
7.C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Probably	Weak but improving
7.D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Unlikely	Weak but improving



Millennium Development Goal 8: Develop a global partnership for development

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8.A: Develop further an open, rule—based, predictable, non—discriminatory trading and financial system

The achievement of a global partnership for development implies that globalisation is a positive force for development. Such global partnerships represent a mutual responsibility of developed and developing countries. This requires developing countries, including Vanuatu, to commit and make progress with respect to good governance, development, and poverty reduction; and for developed countries to respond with increased aid and trade support.

Vanuatu manages its development partnerships and overall development strategy through the national priority areas identified in the PAA and the PLAS as well as through donor coordination and harmonisation agreements and activities. These are consistent with the Pacific Plan, the Cairns Compact and the Pacific Principles of Aid Effectiveness.

Vanuatu is in the process of developing indicators and management information systems to track the quality of its global partnerships. The Reserve Bank of Vanuatu, the Ministry of Finance and Economic Management and the Office of the Prime Minister monitor quantitative economic and financial data relevant to this MDG. The Ministry of Foreign Affairs and Trade also monitor the quality of global partnerships within their mandate.

Commitment to good governance

Domestically considerable progress has been made in reforming the public sector to focus on the core function of Government through privatisation of publically owned companies, closer supervision and control of statutory bodies, deregulation, legal sector reform, restructuring and definitions of core business. At the same time measures have been implemented to increase Government accountability and transparency, many in close association with development partners. However there is no Freedom of Information Act in Vanuatu and public access to information on public financial management is limited.

This work is constrained by politicians and senior leaders who do not fully understand the principles of good governance and look to serve the interests of their electorates or themselves, before the national good or adhere to regulations and legislation. However, the current coalition Government, despite the Prime Minister holding a very slim majority, has not tolerated politicians blatantly profiting from their positions, as has been the case in the past. For example as a measure to curb corruption through the sale of Government land the Council of Ministers has decreed that the sale of any Government land has to be approved by the council of ministers and not the Minister of Lands as in the past.

“Vanuatu has been independent for only 30 years. Like many developing countries, Vanuatu is a very traditional society. Therefore, it may be unrealistic to expect such a patriarchal, chiefly society where so many things are ‘tabu’ and cannot be talked about openly, and where superstition is widespread, to embrace the essentials of a modern democracy overnight. Also, Vanuatu is an ‘oral’ or ‘story telling’ society, with very little written history, which is quite understandable when we have had such a low rate of literacy, which persists today.”³¹

Monitoring service delivery

The Government has a clear budget calendar which is broadly followed. The Executive (through the Ministerial Budget Committee) is actively involved in the process and the legislature has generally approved the budget in a timely manner. In the past the multi year perspective for financial planning and budgeting was weak, similarly links between national and sector policies and the budget were under developed. The Government has addressed this need through the Medium Term Economic Framework (MTEF) which describes how policies are developed and subsequently implemented through the annual budget and development partner funded programmes. The MTEF also proposes how policy implementation can be monitored and the impact that policy implementation is having on development outcomes. However the application of the MTEF is only just beginning and it presents a very large challenge for the limited monitoring and evaluation capacity the Government has in terms of both financial and policy outcome monitoring and evaluation. The Government will soon begin the very large undertaking of aligning policy activity, process and outcome indicators firstly through the sectoral plans into the PAA and then in the ‘key performance indicators’ in the budget. It will take some time before any real monitoring and evaluation can begin; much less changes to policies, programmes or projects based on the feedback of the said monitoring and evaluation.

³¹ <http://www.wfpd2010.org/presenters/presentations/138—marie—noelle—ferrieux—patterson—vanuatu>

The Government's capacity for external scrutiny and audit remains weak. While the structure is in place the capacity of the National Audit Office to meet its legal reporting obligations is very limited. Recently the Audit Reports for 2000—2004 were tabled in Parliament and this resulted in the Public Accounts Committee holding hearings with a number of Government departments about the unlawful, improper and irregular use of public funds. The current priorities of the Auditor General's Office are to strengthen the human resource capacity, restructure the office to be more efficient and deliver on time so that the outstanding public accounts of Vanuatu since 2005 can be delivered.

Monitoring service delivery will become increasingly important as Provincial Governments take over responsibility for the provision of services such as infrastructure maintenance, and key planning functions such as access to basic social services through the decentralisation programme.

Target 8.B: Address the special needs of the least developed countries

Indicator	1990	2000	Latest (year)	2015 target
8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to ministries delivering key social services (education, health care, nutrition, safe water and sanitation)			27% (2010) ¹	No target defined
8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied	no data available			

¹ This is the total aid (grants, in—kind) for the Ministry of Health, Ministry of Education and the Ministry of Lands, Geology and Mines as it is not possible to disaggregate the ODA data to the detail required for the MDGI.

Source: Parliamentary Appropriations 2010

Vanuatu is classified one of the 49 LDC's in the world and even though the per capita income is above the LDC threshold mark (one of eight others) it has retained its LDC status based on its vulnerability to economic and environmental shocks. There are differing opinions about LDC status; with the recent ‘Pacific Civil Society Declaration of LDCs and MDGs’, of which Vanuatu was a part of, noting that “LDCs status and foreign aid has had more negative impact on state machineries, discouraging our Governments’ freedom to speak out and undermining our national sovereignty. [...] We call on our individual Governments, to take leadership in initiating, collaborating and partnering with civil society organizations and citizens, in the planning, implementation and achievements of national priorities and the BPoA, to accelerate the removal of the LDC label.”³² Based on a special request “due to the high vulnerability of the economy to the current global economic crises and the unreliability of statistical information”³³ Vanuatu was excluded from the 2009 triennial review of its LDC status.

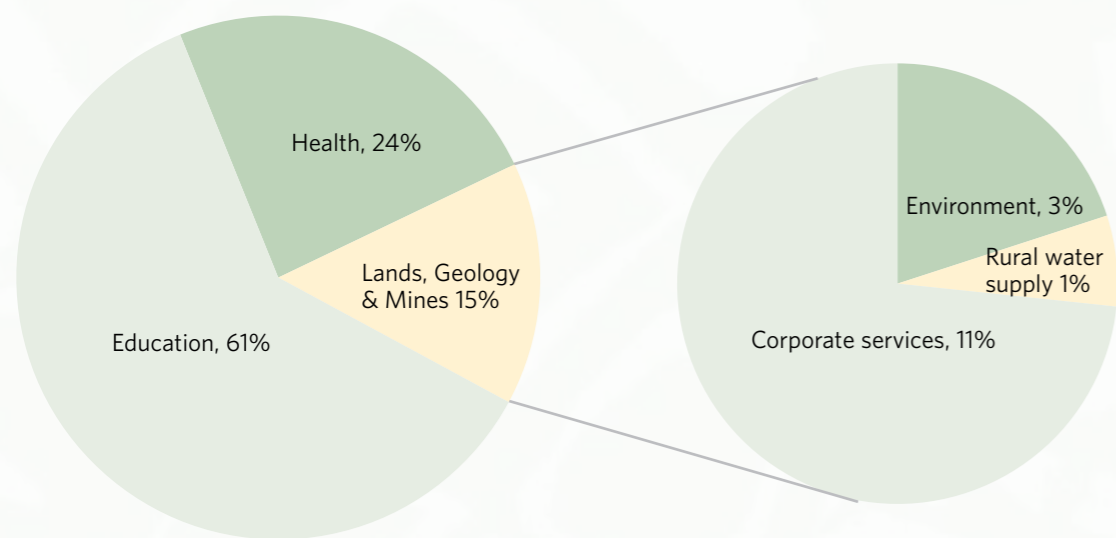
In 2009 the Ministry of Finance and Economic Management published its first “Forecast Funding from Donors” financial report as part of the national budget process. This was a major achievement. Cash grants totalled Vt 4,774 million and aid in kind was Vt 4,007 million giving a total amount of Vt 8,781 million; with the Parliamentary Appropriation (Government recurrent expenditure) at Vt 15,501 million.

Of the 27% of ODA provided to ministries providing basic social services (education, health and safe water and sanitation) the largest proportion was for education, followed by health and then safe water. Within the ODA provided to the Ministry of Lands, Geology and Mines only 1% is allocated directly for improving rural water supply; and none at all for sanitation; although the ‘corporate services’ allocation could also be contributing technical assistance towards safe water and sanitation.

³² Pacific Civil Society Declaration of LDCs and MDGs, 5 August 2010 from www.unohrls.org (Accessed 26/08/10).

³³ Republic of Vanuatu, A Special Submission to the UN Committee for Development Policy on Vanuatu's LDC Status, 2009 from http://www.un.org/esa/policy/devplan/profile/plen4d_cdp2009.pdf (Accessed 26/08/10).

FIGURE 33: PROPORTION OF "SOCIAL SERVICES ODA" TO EACH MINISTRY, 2010



Source: Parliamentary Appropriations 2010

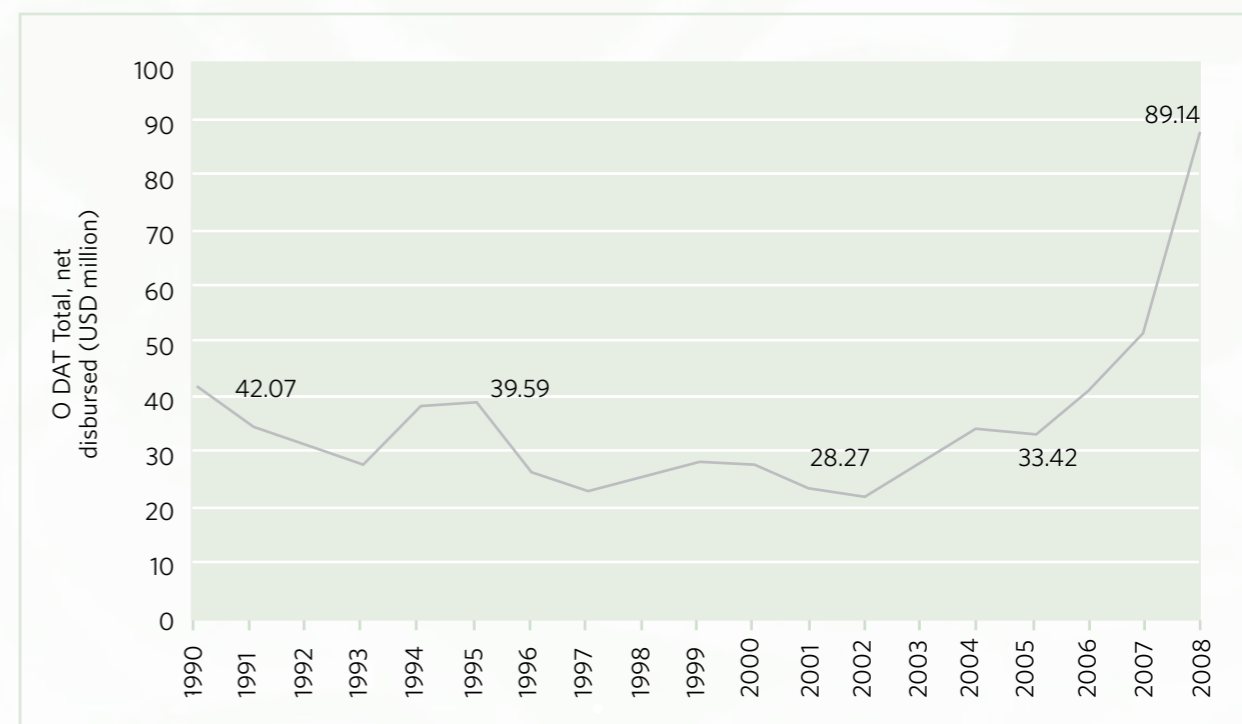
Target 8.C: Address the special needs of small island developing states (through the programme of action for the sustainable development of small island developing states and the outcome of the twenty—second special session of the general assembly)

Indicator	1990	2000	Latest (year)	2015 target
8.5 ODA received in small island developing States as a proportion of their gross national incomes	30%	20%	16% (2008)	No target set
8.9 Proportion of ODA provided to help build trade capacity			1% (2010)	

¹ Included for indicative purposes only: data not considered to be reliable
Source: 8.5 UN MDG Database, 8.9 Parliamentary Appropriations 2010.

Vanuatu is heavily reliant on ODA to supplement the Government budget, subsidies in the agricultural sector, infrastructure development and capacity building for the provision of basic social services, establishing and improving infrastructure and capacity building through the provision of technical assistance and expert advisors. This should be self—evident as throughout this report development partner assistance has been highlighted as it relates to each MDG.

FIGURE 34: VANUATU TOTAL ODA RECEIVED FROM DAC COUNTRIES (USD MILLION), 1990—2008



Source: OECD DAC database

Vanuatu's largest bilateral aid partner is Australia which contributed approximately Vt 5,872 million (\$66.4 AUD million) for the financial year 2010—11 of which Vt 4,359 million (\$49.3 AUD million) was allocated through the Vanuatu country programme and Vt 1,512 million (\$17.1 AUD million) through various regional programmes including volunteers and scholarships. The majority of this development assistance, 60%, is dedicated to the partnership priority outcomes of improved education, health, infrastructure and economic governance.³⁴

In April 2006 Vanuatu gazetted the ratification of the Millennium Challenge Compact with the United States of America (through the Millennium Challenge Corporation) which was agreed in late 2005 with the overall objective of poverty reduction through increasing incomes in rural areas by stimulating economic activity in the tourism and agricultural sectors through the improvement of transport infrastructure, which is key to economic growth and poverty reduction in Vanuatu (the "Compact Goal"). The total value of the Compact is \$65.69 (USD) million. In 2010 Vt 2,089 million was disbursed through the Compact to finance the Public Works Department new heavy—duty equipment and technical assistance. This funding is also contributing towards more timely and reliable information for poverty monitoring through contributions towards the Household Income and Expenditure Survey of 2006 and 2010.

Trade development and facilitation in 2010 accounted for Vt 112 million in ODA which represented 1.3% of all ODA included in the parliamentary appropriation which totalled Vt 8,780,954,196. The EU has provided assistance to promote trade through the Diagnostic Trade Integration Study (DTIS) which is currently being implemented to mainstream trade into the national economic development process, using on a pro—poor strategy based around growth to employment creation and human development. This has involved some realignment within Government with a clearer delineation of responsibilities between the Department of Agriculture, Livestock and Quarantine and the Ministry of Trade. The ADB is also providing assistance through a trade finance facilitation programme.

³⁴ From <http://www.usaid.gov.au/country/country.cfm?CountryId=17>, accessed 26/08/10

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Indicator	1990	2000	Latest (year)	2015 target
8.12 Debt service as a percentage of exports of goods and services ¹	7.3	7.5	9.8 (2009)	No target set
8.12a Total public debt as a % of GDP		27%	22% (2007)	Not more than 40%

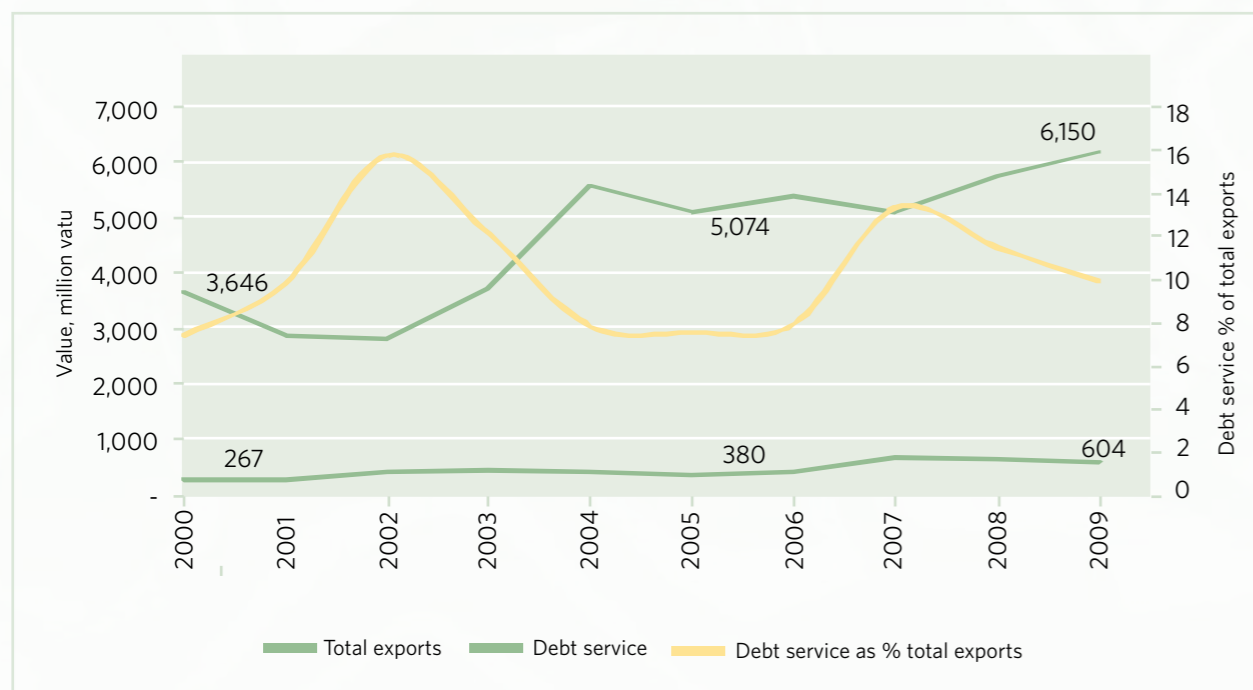
¹ "C deposits" and interest payments on loans only; excludes interest payments to offshore banks by residents.

Source: Reserve Bank of Vanuatu, Quarterly Economic Review

Four commodities—copra, beef, cocoa and kava—make up the majority of exports, with little value added processing, product or market diversification: merchandise trade export earnings are low. Vanuatu's exports are largely commodity based and therefore subject to international market prices which have been relatively low and fluctuating for the key export of copra, stable for others (kava) and buoyant for others (cocoa, providing it meets quality standards).

Since 2000 the average debt service as a proportion of total exports has been 10%, with the highest level in 2002 at 16% because of the drop in domestic exports of copra through the collapse of the VCMB.

FIGURE 35: TOTAL EXPORTS AND DEBT SERVICE, MILLION VATU, 2000—2009



Source: Total exports Vanuatu National Statistics Office and Debt Service Reserve Bank of Vanuatu

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator	1990	2000	Latest (year)	2015 target
8.13 Proportion of population with access to affordable essential drugs on a sustainable basis		No data available		98%

Source: Ministry of Health

In general essential drugs are accessible to the majority of the population. Currently the Ministry of Health is unable to derive this indicator because its supply systems do not allow for this kind of monitoring and evaluation. This system is being redeveloped in 2011 and it is planned in the future to monitor this indicator. In recent years the Ministry of Health has improved the logistic arrangements to remote health facilities for essential drugs and other medical supplies and improved communication are resulting in better inventory management.

The draft National Medicines Policy 2010—2015 defines national essential medicines based on a number of criteria including pattern of disease prevalence, number and type of treatment facilities, financial resources, therapeutic advantage, likelihood of patient adherence, and ease and safety in administration and dispensing. This list will be revised every two years. The policy notes the need to promote the essential medicines in the private sector as well.

Target 8.F In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicator	1990	2000	Latest (year)	2015 target
8.14 Telephone lines per 100 population	1.74 ¹	0.4 (2002)	4.45 (2008) ¹	No target set
8.15 Cellular subscribers per 100 population	0	2 (2002)	15.39 (2008) ¹	No target set
8.16 Internet users per 100 population	0	2.11	7.27 (2008)	

¹ Included for indicative purposes only; data not considered to be reliable

Source: UN MDG Database for all data except 2002 derived by the Vanuatu National Statistics Office.

Access to information and technologies has expanded rapidly with the deregulation of the telecommunications sector combined with access quotas introduced to key licensing agreements. This has resulted in the cellular (mobile telephone) coverage covering 95% of the population including some very remote areas. In addition a number of licences have been issued for internet providers and it is likely that once the infrastructure is in place internet access will increase as well. In addition the E—Government project, developed under a concessional loan agreement with China, is nearing completion which will result in all Government departments having access to a range of ICT options including a high speed optical network creating a dynamic platform for faster information exchange for effective decision making throughout all Government establishments regardless of geographical location.

MEETING THE MDG FOR GLOBAL PARTNERSHIPS

Current strategies and policies will continue while ongoing improvements are made to the transparency and accountability of Government through the key offices of the auditor general and the ombudsmen through adequate resourcing to deliver their required outputs. The review of the legislative framework should result in a strengthened legal basis for a number of key areas such as gender equality in terms of CEDAW requirements, and penal code legislation covering the majority of prosecutions handled by the police and justice service. A key challenge is for Government to make sure that all of the people of Vanuatu know their rights and exercise them wisely.

There is an increased focus on partnership agreements, coordination and harmonisation between Government and development partners to avoid unnecessary project management duplication with limited local resources. There is room for increased efficiency in this area and the use of a similar system with CSOs as development partners. There is also scope for broader engagement of stakeholders in the key sectors of water, sanitation and renewable energy for all of the agencies involved to develop strategies for access including education, health, lands, provincial and municipal Governments, the private sector, CSOs and development partners and so on to delineate roles and responsibilities, policies, projects, objectives, targets and monitoring and evaluation plans. Currently for these three important areas for the MDGs there is no effective national oversight or vision, much less a coordinated system of data collection and monitoring and evaluation of progress, noting that strategies, plans and policies must address the needs of households, communities, the private sector and providers of basic social services.

It has also been noted that there could be improved efficiency and effectiveness with the government systems and processes for monitoring of international agreements and general engagement with development partners. An area highlighted is to have one central liaison point for official representation to the different UN official committees, commissions and so on.

In general terms there has been a slowing down in the number of international conventions Vanuatu has ratified and acceded to. This is in part because of the considerable burden the country is experiencing implementing those that it has agreed to; and the burden of reporting even when no progress has been made. Development partner assistance is invariably necessary for such reporting due to the highly technical analysis required (such as legislative compliance and CEDAW requirements), the statistical data, analysis and interpretation required and the breadth of analysis required across a number of different 'critical areas' (CEDAW again is a good example here).

The challenges are enormous if Vanuatu is to achieve the MDGs by 2015, not only in terms of the financial resources required from development partners but the volume of capacity building and technical assistance which would also be required. For example, initial preliminary estimates about the cost of achieving the MDGs show that for rural water supply on average at least Vt 270 million a year is required from 2010–2015 and for rural sanitation on average Vt 20 million is required each year from 2010 to 2015.

Can Vanuatu meet the targets for developing a global partnership for development?

Target No.	Target	Will the target be met?	State of policy environment
8.A	Develop further an open, rule—based, predictable, non—discriminatory trading and financial system	No data/target	Strong
8.B	Address the special needs of the least developed countries	“	Fair
8.C	Address the special needs of Small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty—second special session of the General Assembly)	“	Fair
8.D	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	“	Fair
8.E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	“	Fair
8.F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	“	Fair

Annex 1: Statistics at a glance

Indicators and data sources	Agency responsible & latest year	Periodicity	Coverage	Data disaggregation	Use of data in policy making	Quality of data
Poverty						
HIES	VNSO 2006, (2010)	Every five years or sooner if resources available	10% sample survey (households)	Province, urban and rural, sex, age (some smaller geographic units available for specific users)	Fair: still a relatively new area for policy analysts	O6: Fair
Work & Employment						
GDP estimates	VNSO 2009	GDP: annual	Sample of enterprise units for ratios, administrative data	None	Strong	
Population Census		Census every 10 years	All households	Full range of Census variables	Strong	
Hunger						
Child health questions in MICS	MoH 2007	Every five years or sooner if resources available	Approximately 10% (3,000 households)	Province, urban and rural, sex, age, wealth index quintile	Strong: MICS is the only data collected since 1996	O7: Fair
Agriculture Census	VNSO 2007	Every 10 years	All agricultural households; sampling for activities	Province, agricultural activities, employment, inputs, sales, planting, area	Weak: no effective agricultural policy exists	O7: Fair
Education						
Education questions in Census	VNSO Census 2009	Every 10 years	All households	Full range of Census variables		O9: fair
Ministry of Education, administrative records	MoE Annual Schools Survey (VEMIS database) 2010	MoE annual	All primary and secondary schools	VEMIS full range of UNESCO statistics	Strong: MoE strategies and policies closely monitored using VEMIS	VEMIS: strong
Gender equality						
Education enrolment Ministry of Education	MoE Annual Schools Survey (VEMIS database) 2010	MoE annual	All primary and secondary schools	VEMIS full range of UNESCO statistics	Fair: Gender policy in education currently being finalised	VEMIS: strong
Economic activity by sex Population Census	VNSO 2009	Every 10 years	All households	Full range of Census variables	Weak: no policy for economic activity and gender	O9: strong

Indicators and data sources	Agency responsible & latest year	Periodicity	Coverage	Data disaggregation	Use of data in policy making	Quality of data
Child mortality						
Child mortality in MICS	MoH 2007	Every five years or sooner if resources available	Approximately 10% (3,000 households)	Province, urban and rural, sex, age, wealth index quintile	Strong: MoH strategies and policies being monitored by MICS	O7: Fair
'Fertility' questions in Census	VNSO 2009	Every 10 years	All households	Full range of Census variables		O9: Fair
Maternal Health						
MoH administrative records	MoH 2008	Annual	All health facilities	Province, age, cause	Fair: limited by data quality	O8: Poor (coverage)
Reproductive Health						
MICS CPR, birth rates, antenatal care	MoH 2007	Every five years or sooner if resources available	Approximately 10% (3,000 households)	Province, urban and rural, sex, age, wealth index quintile	Strong: MoH strategies and policies being monitored by MICS	O7: Fair
MoH administrative records	MoH 2008	Annual	All health facilities	Province, age, cause	Fair: limited by data quality	O8: Poor (coverage)
HIV and AIDS, diseases						
Surveillance reports	MoH SGS 2008	Undetermined	Port Vila urban area	Age group, risk factors, KAP	Strong	O8: Fair
Malaria and other major diseases						
Health administrative records: separate databases kept for different diseases	MoH 2009	Annual	All health facilities	Province, age, sex, treatment	Strong	O9: Strong
Questions on prevention and treatment measures in MICS	MoH 2007	Every five years or sooner if resources available	Approximately 10% (3,000 households)	Province, urban and rural, sex, age, wealth index quintile	Strong	O7: Fair
Environmental resources						
None						
Drinking water and sanitation						
Population Census	VNSO 2009	Every 10 years	All households	Full range of Census variables	Weak: need for SWAp	O9: Strong
Questions in MICS	MoH 2007	Every five years or sooner if resources available	Approximately 10% (3,000 households)	Province, urban and rural, sex, age, wealth index quintile		O7: Fair
Partnership for Development						
Development assistance, debt,	OECD DAC RBV 2010	Quarterly	Government, private sector		Strong	10: Strong
trade statistics	VNSO 2010	Monthly	Customs and Excise records		Strong	10: Strong

HIES Household Income and Expenditure Survey, VNSO Vanuatu National Statistics Office; MICS Multiple Indicator Cluster Survey, MoH Ministry of Health; VEMIS Vanuatu Education Management Information System, MoE Ministry of Education; SGS Second Generation Surveillance; RBV Reserve Bank of Vanuatu

TABLE 19: OVERVIEW OF MAJOR ECONOMIC INDICATORS, 2005-2008

Economic Indicators	Unit	2005	2006	2007	2008
Population, GDP and labour					
Total population	'000	217	223	229	232
GDP (at current prices)	Million vatu	44,400	49,894	55,784	62,753
GDP (at constant 2006 prices)	Million vatu	46,547	49,894	53,255	56,772
GDP per capita (current)	1,000 vatu	205	224	244	271
Labour force - formal sector	number	16,574	18,897	16,487	17,549
Value added by economic activity					
Agriculture, fishing and forestry	% of total	21	20	19	19
Industry	% of total	8	8	8	9
Services	% of total	64	65	64	63
Government					
Expenditure	% of GDP	17	19	23	27
Surplus (+) or deficit (-)	% of GDP	3	1	-1	2
External					
Exports of goods and services	% of GDP	11	11	10	10
Imports of goods and services	% of GDP	38	48	44	55
Current account balance	% of GDP	-8	-5	-7	-7
Monetary and financial					
Broad money supply (M2)	Million vatu	42,562	45,555	55,442	59,873
Commercial banks loans and advances	Million vatu	19,515	21,357	23,854	34,074
Net official reserves	Million vatu	7,351	10,964	11,623	12,814

Source: National Statistics Office

TABLE 20: MAIN ORIGINS OF GDP BY INDUSTRY AT CONSTANT (2006) PRICES, MILLION VATU, 2005-2008

Sector	2005	2006	2007	2008
Agriculture	9,856	9,956	10,155	10,538
Manufacturing	1,743	1,805	1,794	2,045
Electricity and water	893	917	978	1,116
Construction	930	1,207	1,345	1,715
Wholesale and retail trade	6,341	7,927	8,290	9,077
Accommodation and food services	1,905	1,985	2,240	2,419
Transport	3,040	3,120	3,573	3,483
Information and Communication	1,718	1,859	2,119	2,389
Finance and insurance	3,939	4,219	4,127	3,975
Real estate and business services	6,150	6,186	6,477	6,824
Public administration	5,781	5,776	6,054	6,347
Others	917	1,308	1,277	1,163
Gross domestic product +	46,547	49,894	53,255	56,772

+ less imputed bank service charges
Source: National Statistics Office

TABLE 21: INTERNATIONAL TRADE, MILLION VATU, 2006-2009

Summary	2006	2007	2008	2009
Exports	5,383	5,091	5,721	6,150
Imports	24,010	23,412	31,667	31,086
Trade deficit	-18,627	-18,321	-25,946	-24,936
Balance ratio	0.2	0.2	0.2	0.2

Source: National Statistics Office

FIGURE 36: POPULATION PYRAMID, 1989 AND 2009

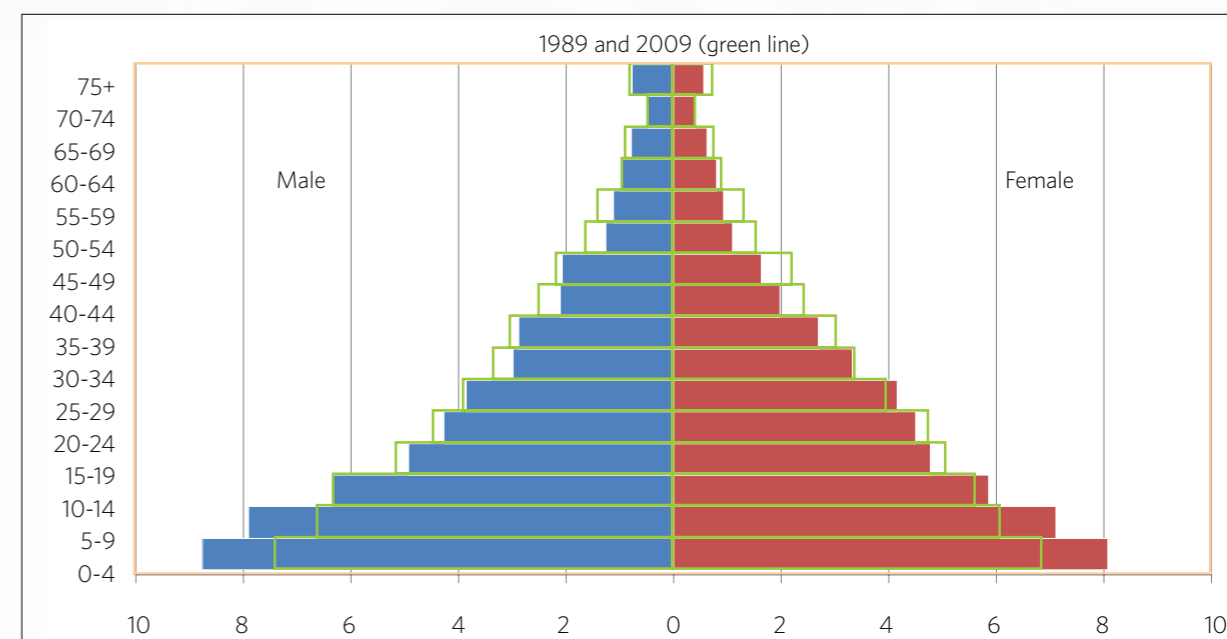


TABLE 22: POPULATION, 1979, 1989, 1999, 2009

	Land area*	1979	1989	1999	2009
Vanuatu	12,281	111,251	142,419	186,678	234,023
Urban Areas		15,784	25,870	40,094	40,094
Port Vila		10,601	18,905	29,356	29,356
Luganville		5,183	6,965	10,738	10,738
Rural areas		95,467	116,549	146,584	193,929
Province					
Torba	867	4,958	5,985	7,757	9,359
Sanma (includes Luganville)	4,262	19,423	25,542	36,084	45,860
Penama	1,204	18,937	22,281	26,646	30,819
Malampa	2,808	23,567	28,174	32,705	36,724
Shefa (includes Port Vila)	1,507	26,860	38,023	54,439	78,721
Tafea	1,632	17,506	22,414	29,047	32,540
Population by Sex					
Male		59,074	73,384	95,682	119,090
Female		52,177	69,035	90,996	114,933
Number of households		22,621	28,252	36,415	47,373

* km², at national and Province level only
Source: National Statistics Office

TABLE 23: VISITOR ARRIVALS BY COUNTRY OF ORIGIN, 2006-2009

Country of citizenship	2006	2007	2008	2009
Australia	40,385	47,474	53,249	64,909
New Zealand	9,821	13,618	13,916	12,607
New Caledonia	7,480	8,477	9,531	9,155
Other Pacific countries	2,681	2,900	3,757	3,708
North America	1,896	2,578	4,869	2,549
Europe	4,021	3,785	2,579	4,890
Japan	656	745	591	642
Other countries	1,239	1,767	2,028	2,216
Total	68,179	81,345	90,516	100,675
Cruiseship visitors	85,922	85,737	106,138	124,818

Source: National Statistics Office

TABLE 24: GOVERNMENT REVENUE AND EXPENDITURE, MILLION VATU, 2006-2009

	2006	2007	2008	2009
Total revenue	10,009	11,764	16,610	16,835
Total expenditure	9,567	12,485	15,341	16,215
Overall surplus/deficit	442	-721	1,269	620
Revenue and grants				
Tax revenue	8,126	9,818	11,444	10,855
Recurrent revenue	9,152	11,008	12,635	12,300
Recurrent expenditure	8,541	11,480	11,965	12,395
Development	1,026	1,005	3,377	3,820

Source: Department of Finance

TABLE 25: PRINCIPAL DOMESTIC EXPORTS, (FOB), MILLION VATU, 2006-2009

Commodity	2006	2007	2008	2009
Coconut Oil	193	511	828	272
Copra	324	840	1,194	569
Cocoa	292	232	251	343
Kava	809	679	616	616
Beef	336	352	475	399

Source: National Statistics Office

TABLE 26: TRANSPORT, 2006-2009

New motor vehicles on register	2006	2007	2008	2009
Cars & Pick-up trucks	505	672	1,133	776
Trucks	72	152	214	105
Mini-Buses	85	138	259	151
Motorcycles	104	46	102	86
Total	766	1,008	1,708	1,118

Source: Department of Customs and Inland Revenue

TABLE 27: TELECOMMUNICATIONS, 2006-2009

Telephone line and cellular subscribers	2006	2007	2008	2009
Fixed Phones	916	8,000	8,000	7,219
Mobile Phones	8,996	20,795	210,600	246,739

Source: Telecommunications Providers

TABLE 28: CONSUMER PRICE INDEX, 2006-2009

	2006	2007	2008	2009
Annual % change	2.0	3.9	4.8	4.5
Expenditure group				
Food	3.5	3.8	8.0	3.8
Alcohol drinks & tobacco	1.4	7.9	2.8	2.7
Clothing & footwear	-0.1	-0.1	1.0	1.9
Housing & utilities	2.4	4.4	1.9	-1.2
Household supplies	0.1	-0.4	1.5	0.8
Transport & communication	1.7	2.9	6.9	1.1
Recreation, education, health, misc	0.1	4.7	-1.3	5.5
All groups	2.1	4.0	4.7	2.3

Source: National Statistics Office

TABLE 29: EXCHANGE RATES FOR VATU PER ONE UNIT OF FOREIGN CURRENCY, 2006-2009

	2006	2007	2008	2009
Australian dollar	88	90	90	82
Pound Sterling	204	207	210	172
US dollar	114	116	108	116
New Zealand dollar	81	76	79	65
Euro	141	143	144	154
Central Pacific Franc	118	120	121	129
Fijian dollar	68	67	67	61

Source: Customs Inland and Revenue Department

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