



United Nations Population Fund
Pacific Sub-Regional Office



Pacific Regional ICPD Review

Review of the Implementation of the
International Conference on Population and Development
Programme of Action
Beyond 2014



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The analyses presented in this report are drawn from documented Pacific ICPD Survey Questionnaires for Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu.

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Pacific Regional ICPD Review

**REVIEW OF THE IMPLEMENTATION OF THE INTERNATIONAL
CONFERENCE ON POPULATION AND DEVELOPMENT
PROGRAMME OF ACTION IN THE PACIFIC
BEYOND 2014**

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ACRONYMS



ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ASRH	Adolescent Sexual Reproductive Health
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CD	Communicable Disease
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSCs	Citizen Service Centres
CSO	Civil Society Organisation
DHS	Demographic Health Survey
DPOs	Disabled Persons Organisation
EmOC	Emergency Obstetric Care
ESCAP	Economic and Social Commission for Asia and the Pacific
FBOs	Faith Based Organisations
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development (held in Cairo Egypt in 1994)
ICPD+5	5th Anniversary of the ICPD (which was marked in 1999)
ICPD+10	10th Anniversary of the ICPD (which was marked in 2004)
ICPD+15	15th Anniversary of the ICPD (which was marked in 2009)
IDP	Internally Displaced Person
INGO	International Non-Governmental Organisation
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MSM	Men having Sex with Men
NCD	Non-Communicable Disease
NDS	National Development Strategy
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
OiC	Officer-in-Charge
PETS	Public Expenditure Tracking Survey
PIFS	Pacific Islands Forum Secretariat
PoA	Programme of Action
PLHIV	People Living with HIV
PMTCT	Preventing Mother-to-Child Transmission (PMTCT) to HIV
PRSP	Poverty Reduction Strategy Paper
QSDS	Quantitative Service Delivery Surveys
RHCS	Reproductive Health Commodity Security
SPC	Secretariat of the Pacific Community
SPREP	Secretariat of the Pacific Regional Environment Programme
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TA	Technical Assistance
TVET	Technical and vocational education and training
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAW	Violence against women
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation





PREFACE



Nearly two decades after its inception, the message of the International Conference on Population and Development (ICPD) remains as powerful and relevant as when it was conceived. Against a background of global warming and a world that needs to feed more than seven billion people concerns about population growth and distribution have once again become foci of international attention. Half of the world's population now live in urban areas. While this offers great development potential, it also signifies increasing inequalities and vulnerabilities.

Vulnerability is the keyword that describes the Pacific region. Despite its distance from the global centers of economic power, the region is easily affected by global economic forces, such as the global financial crisis and soaring prices of fuel. The small Pacific economies are vulnerable, and if it were not for the safety nets of family support and subsistence living for many Pacific islanders, abject poverty would be rampant. The Pacific region's vulnerability to the effects of climate change is evident. The atolls in this region already suffer from those effects, through increasing droughts, floods, and loss of precious land.

Unique development challenges and the population dynamics, particularly the youth bulge, are expected to influence the ability of Pacific island countries to achieve the ICPD goals, including those related to Millennium Development Goals 5a Improve Maternal Health and 5b Universal Access to Reproductive Health.

Such was the visionary power of ICPD that it serves as a blueprint for countries seeking to address many of the challenges they face, including challenges that were not obvious two decades ago.

This report presents the results of responses to the ICPD questionnaire by Pacific countries, as these were discussed and collected over several months in 2012 and 2013. The questionnaire covers the core topics of ICPD, aggregated under eight chapter headings. The range of topics included required different sections of the questionnaire to be filled out by different actors, a task that was coordinated by national focal points. Their efforts towards achieving a hundred percent response rate are acknowledged with thanks. The facilitation and technical support by international consultant Ms. Jana Simonova contributed to a better understanding of the questions and undoubtedly has helped improve the quality of responses. Technical and programme staff of UNFPA's Pacific Sub-Regional Office reviewed responses and captured inconsistencies and omissions for reconsideration by respondents. The final, and arguably most daunting, task of presenting the rich questionnaire responses into one comprehensive report was carried out by consultants Dr. Alastair Wilkinson and Dr. Fiona Walls. Their dedicated and diligent efforts have been critical in realizing this report within the available time frame.

We hope that this report provides the reader with insight into the diverse approaches Pacific countries have taken towards achieving goals that were agreed upon in the ICPD Programme of Action and subsequently in the Millennium Development Goals. Similarly, we hope the reader will appreciate the challenges that remain, and opportunities that exist for further improvement.

Dr. Annette Sachs Robertson
Director and Representative a.i.
UNFPA Pacific Sub-Regional Office



EXECUTIVE SUMMARY



When assessing the progress of Pacific Island countries and considering priorities beyond 2014, it is important to recognise that this region includes countries with some of the world's smallest and least developed national economies, the most densely populated urban settlements, the most limited of essential resources such as arable land and potable water, and the most vulnerable of populations to the effects of natural disasters and climate change.

It is equally important to bear in mind that Pacific peoples are guardians of one of the world's most significant marine environments, the health of which has a major bearing on the wellbeing of the planet as a whole. Their eventual success in meeting global development targets is therefore imperative.

The findings of the ICPD Global Survey Beyond 2014 highlight both the successes and formidable challenges Pacific nations have faced in meeting the ICPD's goals. While their need to achieve the ICPD goals has been considerable, their means to do so has been severely circumscribed.

The population growth rates of some countries are still too high to ensure viable, sustainable futures and the slow rate of economic development has not kept pace with population growth. The realization of rights and social protection for vulnerable groups such as women and children, the elderly, youth and people with disabilities is still inadequate. Management of burgeoning urbanization and development of planning for migration, both internal and international, remain limited. Integrated and comprehensive approaches to achieving reproductive rights and sexual and reproductive health (SRH) across the region are yet to be fully established, and the integration of population issues into education systems is still under development. Enabling women to enjoy full participation in political and economic life remains elusive for most Pacific island countries and gender based violence is reported as prevalent in many countries.

Despite these continuing challenges, there have been notable signs of progress. The number of countries with national population policies is steadily increasing. SRH programmes have received considerable attention and the integration of SRH into primary health programmes has also improved. However, there is a need to improve the legal and policy framework with respect to the protection of rights, ensuring that vulnerable groups, especially persons with disabilities, have access to SRH services. The level of SRH integration into primary health care could also be strengthened to give those who live on outer islands and remote rural communities greater access to information and services. Teenage pregnancy and STIs, family planning services, addressing unmet need and policy were also a priority for most countries. Given the high rates of STIs in the Pacific this remains a key area to maintain national and regional support.

Certain traditional practices, the low social status of women and low rates of literacy, particularly amongst women, were reported as significant barriers to achieving ICPD priorities. The most significant barrier to achieving the goals of the ICPD for most Pacific Islands countries was the high costs of transport because of the remoteness of many communities and the vast distances between islands.

On the other hand, effective stakeholder engagement and partnerships arrangements were the most commonly reported facilitating factors by governments for addressing ICPD priorities. Where countries have received substantive support by way of funding and technical assistance, and where policies, programmes and strategies have been developed through inclusive and collaborative processes involving stakeholders, including CSOs and CBOs, government and partner organisations, promising advances have been made. The limited resource base (both human and financial) of governments makes the development of such partnership arrangements essential.



There is a need for greater investment in research and situation analyses to inform policy and programmes. Research partnerships between governments and universities or research institutes as well as regional and international agencies need to be developed.

The region is rich in cultural heritage and diversity, including traditional knowledge surrounding food production, in traditional arts and economic exchange. The survey points to a need for countries to recognize and build on this social cohesion.

Recommendations

Sexual and reproductive health and rights

Recognising the high maternal and infant mortality and high rate of unintended teenage pregnancies, violence against women and STIs confronting the peoples of the Pacific, the following actions should be taken to strengthen SRHR:

1. Develop and implement policies that address the SRHR needs of vulnerable groups.
2. Integrate quality into all primary health care facilities in all countries.
3. Ensure that maternal health services are available at the community level and that skilled health personnel are trained on maternal health issues, including basic and comprehensive emergency obstetric care services.
4. Broaden range of quality contraceptive services to all vulnerable groups and young people.
5. Ensure that the SRH needs of young people and persons with disabilities are discussed with them, budgeted for and then supplied and met to the highest possible standard.
6. Continue to devote attention and resources to building community awareness of the risks and lifetime impacts of maternal deaths, unintended adolescent pregnancies, STIs and HIV, as well as to addressing the need for behaviour change.
7. Facilitate access to an essential package of reproductive health services and commodities at all health facilities, including in humanitarian situations.
8. Devote resources to researching and understanding behaviours of Pacific peoples so that programmes on maternal health, family planning and STIs are based on best evidence.

Health, morbidity and mortality

Taking the survey findings into account, and recognising the heightened social, geographical, cultural and economic risks factors for NCDs confronting the peoples of the Pacific, the following actions should be taken to strengthen prevention and control of these diseases which have significant impact on Pacific populations:

1. Implement and maintain national efforts to address lifestyle, and dietary factors implicated in NCDs; and
2. Devote resources to researching and understanding behaviours of Pacific peoples so that programmes on NCDs are based on best evidence.

Family wellbeing and society

The recommendations recognise that Pacific Island countries are comprised of diverse social groups with distinctive cultural practices surrounding family and society, and that the role families have traditionally played in caring for the vulnerable are changing. Particular account needs to be taken of changing dependency ratios created by population growth and migration and understanding the difficulties Pacific Island countries have in achieving economies of scale given the considerable geographical barriers and limited natural resources. The following actions should be emphasized in future population planning initiatives to enhance family, wellbeing and society:

1. Develop good baseline data and/or conduct a situation analysis, using both quantitative and qualitative methods.
2. Develop regional social policy frameworks and programmes to support countries in addressing family and social protection and cash transfer issues.
3. Encourage governments to form partnerships with civil society and CBOs, and ensure that this becomes an integral element of social policies and legislation, and
4. Emphasise family planning and SRH as key factors in addressing the issues of family, wellbeing and society.

Gender and empowering women

While it is clear from the survey that some progress is being made in addressing many of the ICPD gender issues in the Pacific, Pacific Island women continue to experience exclusion from political decision-making, violence and abuse, lack of access to SRH services, discrimination in the workplace, and economic disempowerment. The girl child remains at risk in many countries, her chances of higher education likely to be reduced, her SRH needs including protection from STIs and support during teen pregnancy likely to be insufficient, and her chances of experiencing sexual abuse or gender based violence heightened.

Based on the findings of the survey, the following actions should be emphasised to enhance gender equity and empowerment:

1. Create greater opportunities for women to participate in decision-making roles at all levels, including women's leadership programmes.
2. Develop coordinated approaches to ending GBV, including ending physical and sexual violence, child and forced marriage and women's commodification in marriage, such as bride price and commercial sexual exploitation, including through strengthening the coordination of critical services, behaviour change programmes for men and boys, the formulation of appropriately targeted legislation, and culturally suitable enforcement mechanisms.
3. Develop multi-sectoral response programmes, particularly health, justice, police and psychosocial care, and ensure timely, safe and respectful services.
4. Create greater opportunities for women to participate in sustainable economic development at all levels, including women's entrepreneurship.
5. Increase support and protection for the girl child and young women, including enhancing access to education and comprehensive mechanisms for ensuring her access to SRH, including access to contraception such as female condoms, protection from the consequences of teen pregnancy and pregnancy outside of marriage, including protection from stigmatisation, and protection from child labour.
6. Assist governments to establish gender-related research, monitoring and data handling capacity, including situation analysis, quantitative and qualitative, and longitudinal studies.

Population and Sustainable development

Few countries had developed national population policies and accorded population as a priority in national sustainable development strategies. There is a need to develop an integrated approach to policy development requiring population to be reflected in national strategies as well as in sectoral policies and programmes .

Based on the findings of the survey, the following actions should be emphasised in future population planning initiatives to strengthen sustainable development outcomes. The recommendations should take account of the cross-cutting nature of population issues, vulnerability to climate change, globalisation and environmental degradation. Education plays a crucial role in effecting appropriate social responses, therefore, governments should:



1. Encourage national debates on the essential elements of population and development viz migration (especially rural to urban or outer island to capital island), changes to the structure of population especially considering job creation for school leavers and those with tertiary training; ageing; fertility; national morbidity and mortality concerns.
2. Undertake regular review of national population policies and ensure resources are deployed for effective implementation.
3. Invest in research on population issues to inform policy development and implementation on special population groups, particularly the young, urban groups, unemployed urban youth.
4. Form partnerships with universities and CSOs and train policy makers on making effective use of data to inform the policy development process.

Population change and social development challenges

While significant progress has been made in the Pacific sub-region to address youth and to a lesser extent persons with disabilities, greater attention will need to be given to support for the elderly. Changing family structures, particularly in urban areas, are creating new pressures making some groups particularly vulnerable because of the lack of economic and social support. Indigenous issues received little attention by most countries and efforts need to be made to ensure that cultures and languages are protected.

Based on the findings of the survey, and recognizing the relative vulnerability and disadvantage of youth, elderly, people with disabilities, and indigenous people in the Pacific and recognizing the importance of locally-generated and stakeholder driven solutions to issues, the following actions should be taken to strengthen sustainable development outcomes:

Youth

1. Establish data collection mechanisms to inform youth policies and programmes and monitor change over time.
2. Build the capacity of youth divisions within governments and agencies addressing youth issues.
3. Establish accessible SRH and mental health services for youth in schools and other educational institutions, youth organizations, faith based organizations and communities.
4. Develop programmes addressing youth crime especially substance abuse and violence, with a particular focus on urban areas and informal settlements.

Elderly

5. Hold national consultations on ageing and the elderly to assess the social and economic priorities of the elderly.
6. Develop policies to guide strategies and programmes addressing the needs of the elderly with a particular focus on families caring for the elderly, housing, health and support services.
7. Adopt the Madrid International Plan of Action on Ageing (2002) as a tool to assess policy and programme priorities and ensure that ageing priorities are integrated with other policy and programme areas.

Disability

8. Review disability policies and programmes and address resource implications of policy commitments.
9. Strengthen partnerships between Disabled Persons Organisations (DPOs), NGOs and government agencies.
10. Develop national action plans to improve infrastructure and public transport in key urban

- areas to ensure persons with disabilities can access services and retail areas.
11. Build awareness in rural areas and outer islands on how accessibility can be improved for persons with disabilities.
 12. Develop greater awareness within the education sector in particular and the community generally of the importance of ensuring children with disabilities are included in schools from the early years.

Indigenous people

13. Undertake a regional situation analysis of indigenous people of the Pacific, focussing on awareness of indigenous people's needs and rights and current measures to address these.
14. Increase awareness in Pacific Island countries of the needs and rights of indigenous people, even where they are a majority in self-governing and independent countries.
15. Encourage all Pacific Island countries to sign the Convention on the Rights of Indigenous People.
16. Encourage all Pacific Island countries to develop policy for indigenous people.
17. Support a regional database on traditional knowledge and practices.
18. Take steps to record and preserve indigenous languages.
19. Hold national debates on national heritage, culture and language and the impacts of migration, urbanization, changing age structure, globalisation and protection of cultural practices and language particularly as they are found in remote locations and islands.

Urbanization and internal migration

Few countries are addressing the impacts of high urbanization and taking advantage of the opportunities that urban development presents for economic development and the efficient delivery of services.

Based on the findings of the survey, and recognizing the fragility of Pacific Island environments facing increasing impacts of urban growth, and the importance of locally-generated and stakeholder driven solutions to issues of urbanization, the following actions should be taken to strengthen responses to urban development challenges:

1. Develop national policy on urbanization and rural-urban linkages.
2. Engage landowners, the private sector and other stakeholders in national debates on urban development.
3. Improve housing and services in underserved settlements.
4. Strengthen provincial or outer island development programmes.
5. Develop partnerships and upgrade services for underserved and informal settlements and develop programmes where local communities take responsibility.
6. Strengthen regional initiatives being led by UN-Habitat in partnership with regional agencies to support the highly urbanized and rapidly urbanizing countries undertake urban population assessments, develop policies and programmes to address urban management, water and solid waste management, housing and the provision of essential social services.

International migration and development

Based on the findings of the survey, the following actions should be taken to strengthen population development outcomes through proactive migration policies and programmes, recognising the critical role that migration plays in effecting sustainable development:

1. Strengthen country capacity for collection and analysis of sex/age disaggregated data collection.



2. Strengthen laws on immigration, including registering foreign workers, and on trafficking.
3. Address the root causes of migration and develop viable alternatives where appropriate.
4. Facilitate inflows of remittances by sound economic policies and adequate banking facilities.
5. Strengthen short-term migration for temporary employment and facilitate the reintegration of migrants.
6. Facilitate exchange of information on migration policies.

Population development and education

Education plays a critical role in effecting appropriate social responses to the whole range of ICPD priorities and population issues generally. The cross-cutting nature of 'population' requires a cross-curricular approach in education. Therefore, based on the findings of the survey, the following actions should be taken in future population planning initiatives to strengthen population development outcomes through education:

1. Mainstream gender-sensitive curriculum and develop gender policies and/or strategies.
2. Improve girls' access to education with particular focus on priority countries.
3. Incorporate SRH and prevention of GBV into education strategies in the formal, non-formal and TVET curricula in all countries.
4. Develop and promote population including comprehensive sexuality education at all levels.

Regional Recommendations

1. Regional partnerships to support countries to achieve universal sexual and reproductive health services and commodities should be promoted.
2. International and regional organisations should continue to advocate for population to be a priority and integral element of national sustainable development strategies for governments in order to achieve a high level of policy integration across sectors.
3. Policy development should be based on effective consultation with all stakeholders, with explicit outcomes of policy development that includes partnership arrangements across all key social sectors and involving civil society (NGOs and faith based organisations), the private sector and development partners.
4. Greater support across the region is required to develop research partnerships between regional and international agencies, universities, national research institutes, government agencies and national CSOs.





INTRODUCTION



Background

In 1994, the International Conference on Population and Development (ICPD), in Cairo, initiated a major paradigm shift from a demographic focused perspective of population and development to a new vision that focused on human rights, particularly the rights of individuals, couples and families, at the centre of relationships between population, development and human well-being. The comprehensive 20 year Programme of Action (PoA) that was adopted by 179 countries, including Pacific Island Countries, placed the right to sexual and reproductive health as well as gender equality and women's empowerment at the core of its recommended population development strategies.

Among the guiding principles of the ICPD PoA are:

- A rights-based approach recognizing the interplay between key factors in population dynamics and sustainable development, and the importance of social inclusion and empowerment.
- Population development within sustainable economies, recognizing the importance of the relationship between peoples and their environments.
- An integrated approach to policy development, implementation and evaluation, recognizing the cross cutting nature of population issues and their linkages.
- The development of partnerships, recognizing the effectiveness of national and international cooperation between governments, civil society and the private sector.

The PoA encourages governments to take an integrated approach to:

- Sexual and reproductive health and rights including a focus on unmet need.
- Delivering gender equality, empowering women and providing equal access to education for girls.
- Linkages between population dynamics and sustainable development.
- Enhancing social integration in the context of demographic change.

The initial five year monitoring of the PoA, in 1999, resulted in Key Actions for further implementation of the PoA of the ICPD, which included significant youth considerations. In the Pacific, ICPD reviews were undertaken 10 years later, 15 years later and this publication represents the final review done almost 20 years later.

The Pacific Context

The Pacific Ocean covers 34 per cent of the earth's surface (half of the earth's sea surface), with only two per cent comprising land on which over 10 million people live on about 200 'high' islands and 2,500 'low' islands or atolls. Populations of the Pacific region are historically dynamic, responding to such factors as limited land area for human settlement, finite natural resources, and the difficulties of navigating between far-flung islands. Pacific Island peoples have developed technologies, knowledge and cultural practices to sustain viable communities over many centuries.

Despite this resilience the Pacific region now faces formidable challenges in the realisation of the ICPD population and sustainable development goals, due to its geographical characteristics, history, and traditional practices.

Characterized by small economies, small populations and fragile ecosystems, Pacific island

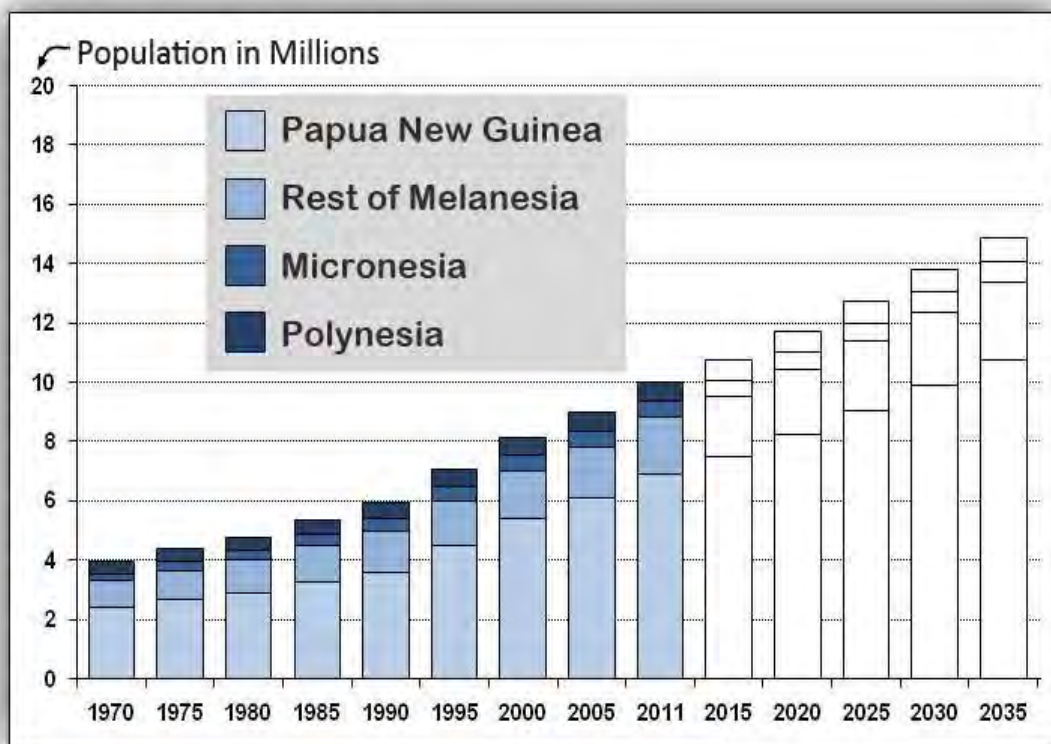


countries not only face the internal challenges of urbanization, migration, and sustainable food production but remain particularly vulnerable to the impacts of unpredictable external forces such as climate change, global economic fluctuations and natural disasters such as tropical cyclones and tsunamis.

Most settlement in Pacific Island countries is confined to the coast, where arable land and areas suitable for settlement are limited and land and marine environments vulnerable to pollution. The tiny atoll countries of Kiribati, Tuvalu, Northern Cook Islands, and Marshall Islands are most at risk with extreme limitations on the availability of land for settlement, and options for waste management. Pacific Island countries with close associations with former colonial administrators e.g. northern Pacific countries with the USA and Cook Islands, Niue and Samoa with New Zealand, have experienced a significant outflow of migrants seeking work, education and access to medical facilities whereas the Melanesian countries have youthful populations and are continuing to grow at quite rapid rates.

Figure 1 below shows Pacific sub-regional population trends (all countries and territories) since 1970, with projections to 2035. If the predictions are correct, the population of the Pacific will have almost doubled between 2000 and 2035.

Figure 1: Pacific Population Trends¹



¹ www.spc.int/sdp

Indicators show that the countries facing the greatest challenges are Marshall Islands, Nauru, Papua New Guinea, Solomon Islands and Vanuatu with high total fertility and adolescent fertility rates combined with youthful populations, high dependency ratios and high rates of urbanization. The atoll countries of Kiribati and Marshall Islands already have urban areas with very high population densities and youthful populations.

Selected population indicators are outlined in Table 1.

Table 1: Selected Population Indicators

Pacific Island Countries	Population at last census	Land area (Sq Kms)	Urban population at last census (%)	Annual population growth rate -urban (%)	Annual population growth rate -rural (%)	Contraceptive prevalence rate (modern methods)*(%)	Total fertility rate (TFR)	Adolescent fertility rate (‰)	Age dependency ratio (2011)**
Cook Islands	14,998	237	74	2.6	-1.4	33	2.5	24	65
Fed States of Micronesia	102,843	701	22	-2.2	1.0	49	3.5	44	69
Fiji	851,744	18,273	51	1.5	-0.1	26	2.6	36	58
Kiribati	103,058	811	54	1.9	1.8	18	3.9	49	68
Marshall Islands	53,158	181	74	1.6	1.3	42	3.4	85	85
Nauru	10,084	21	100	-2.1	-	25	4.3	81	69
Niue	1,460	259	36	-1.1	-2.3	19	2.6	20	69
Palau	20,643	444	77	0.0	3.9	18	1.7	27	42
Papua New Guinea	7,059,653	462,840	13	2.8	2.7	18	4.4	65	73
Samoa	187,820	2,935	20	-0.6	0.7	27	4.7	39	83
Solomon Islands	553,254	30,407	20	4.7	1.8	27	4.6	70	80
Tonga	103,036	650	23	0.5	0.4	26	3.8	20	85
Tuvalu	11,206	26	47	1.4	-0.2	22	3.2	42	67
Vanuatu	251,784	12,281	24	3.5	1.9	32	4.4	66	76

* Values for non-DHS countries are estimated from reported CPR for all methods (Cook Islands, Fiji, FSM, Niue, Palau, Tonga, Vanuatu)

** those aged 15-59 years as a percentage of those less than 15 years and greater than 59 years

Source: SPC: <http://www.spc.int/prism/data/social> and <http://www.spc.int/nmdi/>



Findings of the Previous Study

The ICPD at 15 Survey was undertaken in 2009. The survey report for the Pacific Islands sub-regional review² noted that:

“... Pacific Island countries have made progress toward achieving the goals and objectives of the ICPD POA over the past 15 years, but the pace and extent of progress has varied greatly between countries. The countries that have reached or are on track to achieve the ICPD goals and MDGs relating to population are generally the smaller countries that retain a historical relationship with a former or current metropolitan power and/or have found opportunities to participate in overseas labour markets ... these are the smaller countries of Polynesia and Micronesia, as well as Fiji....Papua New Guinea, Vanuatu and Solomon Islands, contain more than three-quarters of the region’s population and have made much less progress. In these countries, the obstacles to broad-based development are so much greater than elsewhere in the region. ”

The report highlighted obstacles and challenges facing the Pacific region as a whole. Its suggested priority actions included updating and raising the profile of national population policies in selected countries to reflect ICPD priorities and MDG, integrating population issues into planning across other sectors, and developing robust and pro-poor policies, programmes and strategies for adolescents, ageing, HIV/STI prevention, family wellbeing and maternal health. PNG was identified in the report as one of the Pacific Island countries experiencing the most difficulty in achieving the ICPD goals.

Review Process and Methodology

This report is based on the most recent survey which was conducted between September and November 2012. Fourteen independent Pacific Island countries were surveyed, including Melanesia (Fiji, PNG, Solomon Islands, Vanuatu), Micronesia (FSM, Kiribati, Nauru, Palau, RMI,) and Polynesia (Cook Islands, Niue, Samoa, Tonga, Tuvalu).

The purpose of the survey was to gain information about the status of the achievement of ICPD goals in participating countries, including the development of national policies, programmes and strategies, the establishment of institutions and entities, and areas of achievement. The factors which had facilitated or created barriers, and the shape and direction of the ICPD programme beyond 2014 were a prominent feature of national reporting.

The survey instrument was the Global Survey Questionnaire. Countries received assistance from UNFPA consultants where possible.

The survey questionnaire was divided into 8 ICPD priority areas:

1. Population, sustained economic growth and sustainable development
2. Population, growth and structure
3. Urbanization and internal migration
4. International migration and development
5. Family, wellbeing of individuals and societies
6. Reproductive rights and reproductive health, health, morbidity and mortality
7. Gender equality, equity and empowerment of women
8. Population, development and education

The separate sections of the survey were completed in most cases by government departments with access to the required information.

² Hayes, G. (2009). ICPD at 15: Achievements, challenges and priorities in the Pacific Islands Pacific Sub-Regional Review of ICPD POA Implementation. Suva, UNFPA.

Some countries experienced difficulty in completing the survey. Kiribati omitted the disability questions in Section 2, and FSM, Niue, Palau, PNG, Samoa, Tonga, and Vanuatu did not answer any of the questions in Section 2 relating to Indigenous peoples, stating that this was “not an issue” in their respective countries. Some of the questions relating to child abuse, women’s leadership and GBV were also omitted for similar reasons and some sections were either omitted or contained inaccurate information because of the lack of capacity to consult widely on certain issues (e.g. Palau failed to record that it had recently passed a national policy on disability and Kiribati did not acknowledge the partnership arrangements and prominent roles Disabled Persons Organisations played in the development and implementation of policy).

It is necessary to read the survey responses with some reservations. Countries with well organised institutions and research, monitoring and evaluation capacity were more able to identify deficiencies and gaps with respect to their ICPD POA implementation and progress than others. Questions with ‘yes/no’ options or lists of answers from which to choose, offered countries little opportunity to provide additional explanatory information.







SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Introduction

Sexual and reproductive health (SRH) has received increasing attention from governments and development partners over the past three decades. However, outcome results for SRH-related ICPD goals and the MDGs 5a and 5b targets remain uneven in many Pacific countries, especially among vulnerable groups and young people. Some partners, with a mandate in this area, have maintained SRH at the forefront of their programming and activities. Substantial resources, both human and financial, have been devoted to building capacity, extending and delivering services to more communities. Countries have contributed in different ways to making improved delivery of SRH services possible, but to date no Pacific country has allocated a specific separate budget line for SRH in its annual health budget. In addition, very few countries have opted out of development partner support and made the decision to purchase their own contraceptives. Whereas achievements have been made, significant challenges remain, mainly because of the geography of the Pacific, the small, scattered populations making economies of scale difficult to achieve and the sensitive nature of the mandate in conservative societies. As observed at the 'ICPD-15-process' there is the need for quality SRH health services, which are available, accessible and culturally acceptable to all, especially youth and vulnerable populations, including disabled persons.

Sexual and Reproductive Health including Family Planning

In terms of maternal deaths, most Polynesian countries will achieve MDG 5a by 2015 but most Melanesian countries (where most of the deaths do occur), including PNG, will not. Of particular concern is the slow progress in Solomon Islands and Vanuatu and the regression noted in PNG. For Micronesia the picture is mixed with respect to meeting MDG 5a target. It is noteworthy that for most Pacific countries actual numbers of women who die from childbirth each year are in single digits but each death is one death too many. In smaller countries with total populations of less than 25,000 there are often series of years when there is no maternal death (Cook Islands, Niue, Palau, Tuvalu). The inappropriateness of using maternal mortality ratios in these small countries where events are extremely infrequent has dictated the use of single maternal death numbers as the measure of maternal mortality. No Pacific country has instituted routine prospective monitoring of maternal morbidity to determine short and long term outcomes but the training of more midwifery and obstetric specialists may see some positive developments in this area.

On the other hand, compared to the 1990s, reported skilled birth attendant rates increased in all countries, except three (FSM, PNG, Vanuatu). Nine countries reported most recent rates over 90 percent; of these Cook Islands, Nauru, Niue and Palau reported 100 percent skilled birth attendant rates. According to the 2012 MDG Tracking Report, Kiribati, Solomon Islands and Vanuatu reported rates below 90 percent and PNG reported a rate less than 50 percent; the latter three clearly regressing.

Assessing progress in antenatal care over time for all countries was difficult because of the lack of baseline data or uniform indicator values in many countries. However, eight countries had reported most recent rates of 90 percent or more, with Cook Islands and Niue reporting 100 percent. Four countries reported most recent rates between 80 and 90 percent. A lack of progress was noted for Papua New Guinea.



Table 2. Progress for Maternal Health for Pacific Island Countries

Country	Maternal Mortality	Skilled birth attendance	Antenatal care (≥ 1 visit)
Cook Islands	Early achiever 1994 39.4 per 100,000 live births No death since 1995	Early achiever 1998 98 percent 2010 100 percent	Early achiever 1998 100 percent 2012 100 percent
Fiji	On track 1990 MMR 60 per 100,000 live births 2010 MMR 23 per 100,000 live births	Early achiever 1990 98 percent 2010 100 percent	On track 1990 2010 95 percent
FSM	On track 1994 224 per 100,000 live births No death since 2008	Regressing 1993 93 percent 2010 90 percent	Slow (Kotelchuk Index) 1999 44 percent 2010 60 percent
Kiribati	On track 1990 3 maternal deaths 2011 1 maternal death	On track 1990 60 percent 2011 80 percent	On track 1990 2009 88 percent
Marshall Islands	On track 1991 0 deaths 2011 2 deaths – no death since 2011	On track 1990 90 percent 2012 99 percent	On track 1990 2010 81 percent
Nauru	On track 1990 2010 1 death	On track 1990 2011 97 percent	On track 1990 2011 95 percent
Niue	Early achiever No maternal death since 1980s	Early achiever 100 percent	Early achiever 100 percent
Palau	Early achiever 1993 1 maternal death No maternal death since 1993	Early achiever 1990 100 percent 2011 100 percent	Early achiever 1990 2010 90 percent
PNG	Regressing 1990 739 per 100,000 live births 2010 711 per 100,000 live births	Regressing 1990 50 percent 2010 40 percent	Regressing 1995 78 percent 2010 62 percent
Samoa	On track 1990 74 per 100,000 live births 2002-6 46 per 100,000 live births	On track 1990 76 percent 2010 81 percent	On track 1991 55 percent 2009 93 percent
Solomon Is.	Slow 1990 130 per 100,000 live births 2008 100 per 100,000 live births	Regressing 1995 85 percent 2010 85 percent	Slow 1990 2007 80 percent
Tonga	On track 1995 205 per 100,000 live births 2010 37 per 100,000 live births	On track 1999 96 percent 2010 99 percent	On track 2002 98 percent 2010 99 percent
Tuvalu	On track 1990 1 maternal death (MMR 413) No death since 2008	On track 1990 95 percent 2011 98 percent	On track 1990 2007 97 percent
Vanuatu	Slow 1998 96 per 100,000 live births 2007 86 per 100,000 live births	Regressing 1990 79 percent 2010 74 percent	Slow 1990 2007 84 percent

Source: www.spc.int/nmdi.

PIFS. 2012 Pacific Regional MDGs Tracking Report. 2012

An analysis of Pacific figures and trends on contraceptive use and unmet need shows variations by countries but also some regional patterns. For all countries, the contraceptive prevalence rates (CPR) remain below 50 percent and in some countries rates have been static for several decades, while only the Cook Islands, FSM, Fiji and the Marshall Islands have recorded CPRs into the high 40's on occasions. In three countries (Nauru, Niue, Tonga) the CPR is reported to be lower now than in the 1990s and in five countries (Kiribati, Niue, Palau, Samoa, Tonga), the most recently reported CPR is less than 30 percent.

In most countries contraceptives prescribed by private doctors and dispensed by private pharmacists have not been included in the calculation of the CPR.

Table 3: Reproductive health and fertility indicators for Pacific countries (most recent year available)

Country	TFR	CPR (any method)	Unmet Need
Cook Islands	2.5	2001 47 2008 48	-
Fiji	2.7	1990 31 2010 32	50
FSM	3.5	1990 45 2010 47	-
Kiribati	3.9	1990 19 2011 19	28
Marshall Islands	4.1	1990 31 2007 45	8.1
Nauru	4.3	1990 2007 36	24
Niue	2.6	1991 36 2001 23	-
Palau	1.8	2007 21 2010 22	-
PNG	4.4	1996 20 2008 32	30
Samoa	4.7	1991 18 2009 29	45.6
Solomon Is.	4.6	2001 7 2011 35	11.1
Tonga	3.8	1990 33 2008 27	-
Tuvalu	3.2	1990 39 2007 31	24.2
Vanuatu	4.4	1991 15 2007 38	24

Source: www.spc.int/nmdi.

PIFS. 2012 Pacific Regional MDGs Tracking Report. 2012

Meeting unmet need for family planning (modern contraception) reduces the Maternal Mortality Ratio between 25% to 40% (women who use effective modern contraceptives will not get pregnant), yet in the Pacific there is wide variation in unmet need from a very low 1% in several smaller countries to between 36% and 46% for Fiji and Samoa. Clearly then, for a variety of reasons (as shown in the DHS reports), women are not always able to access the types of contraceptive services they need.

Patterns of unmet need by age vary widely between countries. For several countries (Nauru, Samoa and Tuvalu) there are insufficient married women aged 15-19 in the sample to provide a valid measure of unmet need. In Kiribati, Marshall Islands and Solomon Islands, this age group has the highest rate of unmet need. In Papua New Guinea and Samoa, the highest levels of unmet need are in the 45-49 age group.

A surprising finding in Table 4 is that unmet need is similar in urban and rural areas within most countries. Although unmet need is slightly higher in rural areas in four countries (Marshall Islands, Papua New Guinea, Samoa and Solomon Islands) the differences are small. In Kiribati and Tuvalu unmet need is higher in urban than rural areas. The relationship between education and unmet need is also quite different in each country. The highest levels of unmet need are among women with only



primary education in Samoa (54.8%) and women with no education in Papua New Guinea (51.4%). In Solomon Islands, the highest level of unmet need is also among women with no education or only primary education.

Table 4: Percentage of currently married women (15-49 years of age) with an unmet need for family planning in selected Pacific island countries, by socio-economic characteristics*

Variable	Kiribati 2008	Marshall Islands 2007	Nauru 2007	Papua New Guinea 2006†	Samoa 2009	Solomon Islands 2007	Tuvalu 2007
Age group							
15-19	36.5	33.2	--	29.5	--	15.0	--
20-24	30.5	12.5	36.6	29.8	41.5	14.8	23.8
25-29	26.3	9.3	31.1	37.7	41.9	15.3	22.2
30-34	32.2	7.6	23.7	42.2	41.5	15.1	30.9
35-39	26.6	2.8	17.5	48.0	46.4	8.5	23.7
40-44	29.7	1.4	--	61.4	46.2	2.3	24.3
45-49	19.5	0.0	--	76.8	53.8	0.7	20.2
15-49	28.2	8.1	23.5	44.1	45.6	7.7	24.2
Residence							
Urban	31.3	7.3	na	42.1	45.4	8.2	25.5
Rural	25.3	9.6	na	44.3	45.6	11.6	23.1
Education							
No education	0.0	na	na	51.4	na	12.1	na
Primary or less	25.5	9.0	na	43.5	54.8	11.6	20.5
Secondary	30.3	7.6	23.5	30.0	45.4	10.1	27.6
Secondary+	26.2	8.9	--	na	43.2	3.0	22.9
Wealth							
Quintile 1 (highest)	31.0	6.2	27.6	na	41.4	6.0	22.6
Quintile 2	31.5	4.6	19.3	na	43.6	9.8	25.8
Quintile 3	26.6	9.1	31.1	na	48.1	15.4	26.2
Quintile 4	26.9	11.1	20.8	na	47.7	10.4	22.7
Quintile 5 (lowest)	24.4	14.1	17.2	na	46.8	14.5	23.3

Source: UNFPA. *Family Planning in the Pacific: Current Status and Prospects for Repositioning Family Planning on the Development Agenda*. 2012. Data from DHS reports for specified countries.

*Note that the method of estimating unmet need in Papua New Guinea is not identical to the method used in the other countries. In Papua New Guinea the figures refer to the unmet need for stopping and not spacing. Also, some other categories of unmet need are excluded. The Papua New Guinea figures are therefore underestimates when compared with the other countries. In all other countries, the figures given are the sum of the unmet need for spacing and the unmet need for stopping.

†Women who are undecided as to whether they want another child or responded "don't know" are considered to have an unmet need for contraception in Papua New Guinea. If these women are excluded, the proportion of women with an unmet need is much lower (29.8%)

There is no clear relationship between unmet need and household wealth. Only in Marshall Islands is unmet need highest in the poorest fifth of the population. Elsewhere unmet need is highest in the middle wealth quintile, except for Kiribati where the second highest quintile has the highest unmet need.

Evidence on maternal, neonatal and child health progress in 6 Pacific Island Countries (Fiji, FSM, Kiribati, PNG, Solomon Islands, Vanuatu) has shown that meeting unmet need in modern contraception and allowing individuals and couples to control their own fertility has been identified

in all countries as crucial for reducing maternal and child deaths. While adolescent fertility rates (births to women 15-19 years/1000 women 15-19 years) have declined in eleven countries between 1990 and 2010-11, rates continue to be over 50 for five countries (Marshall Islands, Nauru, Papua New Guinea, Solomon Islands and Vanuatu). Persistently high adolescent fertility rates in some countries highlight the need for stronger focus on adolescent sexual reproductive health services and information. While CPR most often measures the contraceptive usage of married women, the CPR for young women (aged 15-24 years) in most countries are extremely low, reflecting their high unmet need for spacing for contraception and desire among adolescent young women for delaying onset of child bearing. Of particular concern in the Pacific are the high proportions of population 0-14 years in the countries with the highest adolescent fertility rates. Advanced planning for comprehensive sexuality education and adolescent sexual and reproductive health services for the young cohort is necessary to address the unintended adolescent pregnancies in these countries. Furthermore, ensuring girls remain in school to complete high school and tertiary training will contribute significantly to their future wellbeing.

Table 5: Comparative proportions of young people and adolescent fertility rates (births per 1,000 women 15-19 years)

Country	Adolescent fertility rate (Circa 1990)	Adolescent fertility rate (Circa 2011)	% population 0-14 years (Circa 2011)	% population 15-19 years (Circa 2011)
Cook Islands	33	24	26.0	8.4
Fiji	59	36	28.9	9.5
FSM	90	44	36.3	11.7
Kiribati	61	49	35.2	11.0
Marshall Is.	162	85	41.8	11.2
Nauru	108	81	38.1	10.0
Palau	45	27	20.3	7.1
PNG	98	65	38.9	10.2
Samoa	26	39	37.5	10.9
Solomon Is.	95	70	39.6	10.4
Tonga	23	20	37.0	11.5
Tuvalu	39	42	32.1	10.8
Vanuatu	92	66	38.1	10.4

Source: www.spc.int/nmdi.

PIFS. 2012 Pacific Regional MDGs Tracking Report. 2012

STI and HIV

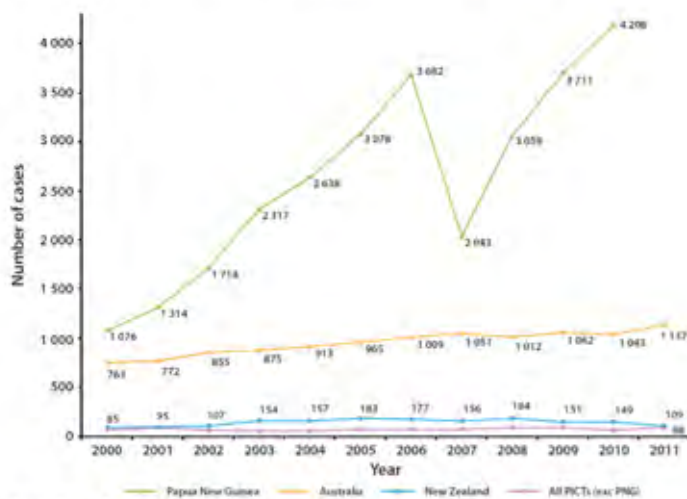
There is a very high incidence of sexually transmitted infections among sexually active young persons. Second generation surveillance studies carried out on asymptomatic young antenatal women in the region revealed rates as high as 10 percent in one of the countries. HIV is also on the increase in some areas of the region. The number of new HIV diagnoses in the region rose from just over 3000 in 2005, to over 4,200 in 2010. Papua New Guinea is the worst affected country in the region with a prevalence rate nearing 1%. The HIV infections rate of increase has slowed but the infection is becoming more and more feminized as the percentage of women with the infection continues to increase in some countries.

Apart from PNG, there is a very low prevalence of HIV across the region, the estimated prevalence among adults aged between 15 and 49 years ranging from 0.002% to 0.078%. However, numerous risk factors exist to increase the potential for the rapid spread of HIV across the Pacific, including:

- High levels of gender-based violence.
- Homophobia and gender inequality.
- Very high rates of other STIs (including chlamydia).

- A high proportion of young people reporting unsafe sex practices.
- Stigmatisation and discrimination against people living with HIV.
- Cultural taboos and religious beliefs that prevent open discussion of sexual matters.
- Uneven access to health services, both prevention and treatment.
- Weak economies and limited economic opportunities⁴.

Figure 2: Incident HIV Cases in the Pacific



SPC, 2013¹⁵

HIV in the Pacific is mostly sexually transmitted. Half of all infections are heterosexual and just over a quarter of cases are men who have sex with men. There is some perinatal transmission and a small number of infections in injecting drug users. There is clearly a need to ensure that an integrated approach to HIV and SRH is taken (see Box 1).

Box 1: Integrating HIV and Sexual and Reproductive Health: A Pacific specific mapping

A range of entry points for advancing linkages and integration include:

- Growing regional awareness and support for integration
- The regional refocus on primary health care
- The existence of avenues for strengthening national policy
- The existence of a base for growing further civil society and political support
- Preliminary Pacific research findings that show positive outcomes of integration
- The continued availability of funding opportunities
- Ongoing efforts to improve institutional and systems capacity
- An existing base of linked and integrated service providers

Source: Family Planning International and Population Action International, 2010

However, the number of HIV cases in the region is currently lower than had been predicted 20 years ago if we consider the aforementioned risk factors. While part of the explanation may be incomplete or non-testing of affected individuals, leading to underreporting, there may be other sociocultural factors at play.

A Second Pacific Regional Strategy on HIV and STIs has been implemented across the North and South Pacific regions between 2009 and 2013, funded by AusAID and actioned through the auspices of the Secretariat of the Pacific Community (SPC) and its partners, including UNFPA. Its aim has

been to reduce the spread and impact of HIV and other STIs while providing support for people living with and affected by HIV in Pacific communities. In the majority of Pacific countries persons living with HIV have accessed antiretrovirals (ARVs) and other treatments.

PNG has developed its own National Health Plan (2011-2015) and National HIV/AIDS Plan (2011-2015) and has been taking steps to enhance its HIV surveillance system, with improvement in data quality as well as increased testing. In many countries around the Pacific sub-region, national laboratories are now able to do their own testing more rapidly, reliably and efficiently and patients are receiving improved treatment as a result. Pacific countries have also gone to great lengths to ensure the anonymity of pregnant women and their babies who are HIV positive, within the constraints of small countries and their small close knit communities.

Findings of the Survey

Policies and Progress

In response to questions in Section 6 of the survey all countries reported implementing policies to improve SRH and having institutional arrangements to implement programmes and policies. While this was reported in the survey the reality is that in most countries SRH policies do exist but do so in draft form. Samoa has integrated SRH into its latest health policy while Fiji, Tonga and Vanuatu have developed and are implementing a separate but comprehensive policy and strategy. Draft SRH strategies and or policies exist for the Solomon Islands, Tuvalu, the Marshall Islands and the Cook Islands. A Family Planning Policy has been developed in the Federated States of Micronesia.

Regional programmes had played a crucial role in developing and/or strengthening these SRH programmes. In most cases other national CSOs and private sector partners had played crucial roles with awareness creation and/or the delivery of services. Ten countries reported conducting a situation analysis on SRH and Rights at the national or sub national level. Most of these analyses relied on Demographic Health Surveys; although Fiji said that it undertook assessments/surveys on Emergency Obstetric and Neonatal Care (EmONC) using methodology developed by the Averting Maternal Death and Disabilities (AMDD) consortium. In the last seven years, ten other countries have also completed a survey using the AMDD methodology and the findings have informed development assistance to these countries for upgrading of facilities and capacity development. Having completed the first round of assessments one Pacific country has embarked on its second assessment following substantial infrastructure, training, commodity and equipment inputs into SRH services.

Most countries indicated that they had been addressing the ICPD issues on SRH and Rights and that overall access had been improved for women and adolescents in particular. For example, PNG reported that it had improved access of SRH for women and adolescents. However, there remain challenges with respect to providing outer islanders and people living in remote rural areas access to SRH services. The problem of difficulty in accessing services is especially acute for young persons and members of marginalized groups, even for those who live in urban settings. Five countries highlighted various challenges regarding making SRH services accessible to outer island and remote rural communities as well as ensuring that they are 'youth friendly', and accessible to both men and women. Within several Pacific countries excellent services have been set up that epitomize "youth friendly", appropriate and responsive, reflected by the increasing numbers of satisfied clients that attend. These need to be rolled out to rural areas and across other Pacific countries while at the same time reflecting the unique needs of their young and marginalized persons.

All countries also indicated that SRH was an integral part of primary health care, that it was a costed element, that referral mechanisms and guidelines existed, that age and sex data was disaggregated (with the exception of Nauru and Niue) and that health personnel received training on the elimination of stigma, SRH, Rights and HIV (with the exception of Niue). While the countries have reported SRH as being a costed element development agencies and other partners have not been able to access this information easily, if at all. In addition the EmONC assessments conducted



to date reveal that while countries did indeed stock clinical and emergency guidelines in a few of them these had not been used, either because of the expertise of staff there or lack of knowledge of the existence of the guidelines.

The most common strategies employed by governments to reduce financial barriers to accessing SRH services were that services were free at the point of care and for eight countries it was universally free.

Most countries had community based services with the exception of Nauru and Niue. No country relied on insurance schemes and only one country (PNG) said that it had a national health insurance scheme. There were a number of notable gaps with respect to SRH, particularly the provision of nutrition for pregnant women (RMI, Niue, Palau), perceived lack of provision of emergency obstetric care (FSM, Samoa: both these countries were assessed to have met the criteria for provision of Comprehensive EmONC), social protection and medical support for pregnant adolescents, access to SRH services and equal rights for persons with disabilities (Fiji, Niue and Solomon Islands). The issue of difficult or non-existent access for persons with disabilities is more common than reported by countries and needs to be addressed.

Maternal and obstetric care and abortion

All countries indicated that information was available on maternal care including the provision of skilled birth attendants, post natal care and nine countries provided infertility services. EmONC assessments provide the template to determine the adequacy or otherwise of these services to deal with emergencies for pregnant, labouring and postnatal women as well as new born babies at the facility level.

Similarly, although all countries indicated that they addressed the ICPD PoA priority of providing emergency obstetric care, most also indicated that the geographic distribution of such care was not adequate. This applied to all countries that had distant outer island groups usually of small populations where the provision of services was difficult. Pacific countries have responded to this challenge in different ways. Some of the larger countries e.g the Solomon Islands have a disseminated health care delivery system with appropriately trained and equipped staff to ensure that dispersed populations can still access quality emergency obstetric services. On the other hand, a smaller country, such as Tuvalu, has made the decision that all pregnant women who live on the seven outer islands should travel to the capital, Funafuti, in the third trimester of pregnancy to deliver their babies. Only five countries indicated that they included the prevention, treatment and management of obstetric fistula in the training curriculum for health workers. In reality reports of obstetric fistulae in the Pacific are very rare as most women with prolonged or obstructed labour are delivered by caesarean section before the tissues in the pelvis become non-viable. When a fistula does occur it tends to be traumatic in origin.

Abortion is legal in some Pacific Island countries but only under specific indications, such on the grounds of saving a woman's life or health⁵, but nine countries indicated that they could not provide access to safe abortion, six countries could not prevent unsafe abortion and none had laws protecting or safeguarding the right to a safe abortion. Even in those countries in the region where abortions are performed in ministry of health facilities there may be a requirement for more than one independent assessment of the indication for performing the procedure before it takes place. In general the Pacific environment for legal abortions is still conservative, reflecting societal norms.

With respect to the mechanisms for the monitoring of maternal morbidity and mortality: all countries, except one, had direct obstetric case fatality rate monitoring and mandatory notification of maternal deaths, although only 8 countries indicated that they required routine maternal death reports at the national level; most countries also had routine data collection on post-partum care; few had public independent inquiries (by National Human Rights Institutions, Parliamentary Commissions, Commissions on Women, etc.), and few had policy and budget monitoring surveys. While development agencies have, in the past, conducted training and attachments on maternal

mortality recording and reporting only a few countries publish reports on maternal deaths, even if these reports are confidential. An added complication in terms of the quality of reporting is the low number of countries that perform post mortem examinations on maternal deaths to determine the spectrum of causes of death.

Contraception availability and unmet need

As noted above all countries reported that they had addressed the ICPD priority regarding 'increasing women's accessibility to information and counselling on sexual and reproductive health' as well as increasing access regardless of marital status or age. A number of countries indicated this as a specific achievement. All countries also indicated that at least three types of contraception was available as well as emergency contraception, male and female condoms, with only one exception (Samoa indicated that emergency contraception and female condoms were not available). Throughout most of the Pacific the use of female condoms is not as common as had been hoped, with women in Papua New Guinea more likely to use it.

Seven countries reported that they had made assessments of unmet need for family planning at the national or subnational level. Most had collected this data through Demographic and Health surveys (DHS) or Reproductive Health surveys. To date, Fiji, Federated States of Micronesia, Kiribati, Solomon Islands and PNG have conducted a specific review or assessment of family planning. Six countries had not made an assessment of unmet need for family planning. However the United Nations has recently published estimates of unmet needs in all countries around the world, including the Pacific, based on complex modeling.

Screening programmes

Many countries indicated that they were testing for breast, cervical and prostate cancers, however there appeared to be a lack of capacity and resources to implement nationwide screening programmes for at risk groups. Only the New Zealand affiliated countries – Cook Islands, Niue and Tokelau – conduct national screening programmes for breast, cervical and breast cancers, backed by technical and funding assistance from New Zealand. In most other countries opportunistic screening for these cancers does take place but there is no established national screening programme. Urban dwellers in some countries can have screening procedures conducted by private practitioners and in such locations tend to be overscreened at the expense of a large portion of the population at risk who are not screened at all. In the larger Pacific countries the technology used for opportunistic screening is often inappropriate and MOHs need to consider other options.

Eight countries, predominantly the USA-affiliated states and the NZ affiliated countries reported providing HPV vaccination through the primary health care system to young girls in late primary school or early secondary school. Fiji has also started vaccinating school girls, with funding assistance from AusAID for its second cohort of girls. The cost of the two available vaccines is still too prohibitively high for most Pacific countries.

Globally GAVI has been extending the opportunity to some countries to trial HPV vaccination, provided there is high level political will in-country. In this region only Papua New Guinea and the Solomon Islands qualify for this assistance but they are, as yet, to respond.

STI, HIV and treatment

Whereas all countries indicated that they had increased access to STI and HIV prevention programmes and treatment. PNG noted that it had achieved increased access to STI and HIV prevention, treatment and care for vulnerable population groups and populations at risk as well as voluntary and confidential HIV counseling and testing. While increased condom uptake has been promoted as a means to minimize and prevent STI and HIV infection there are few reports



of sustained long terms condom use in most Pacific countries. Amongst young persons the use of condoms is still perceived as reducing sexual pleasure so uptake has been limited. In addition the sustained high levels of STIs in asymptomatic antenatal women, despite prevention and treatment programmes, questions their effectiveness.

Regarding HIV in national programming, all countries addressed these issues and gave them priority. The areas which were accorded higher priority tended to be those areas addressing the protection of human rights (with the exception of prisoners, migrants, refugees and IDPs). Voluntary and confidential testing, access to contraception, prevention, services, outreach to population groups, support for community organisations and the prevention of stigma were all supported and given priority by most countries.

Ten countries indicated that they addressed the ICPD POA issue of 'eliminating mother-to-child transmission of HIV and treatment for improving the life expectancy of HIV-positive mothers' and that the prevention of mother to child transmission was available through the primary health care system. Only three countries (Nauru, Niue and Samoa) indicated that they had not addressed this issue. In Samoa the service is available but has never been used.

All countries with people living with HIV make ART available to those who need it, including children. All countries also indicated that health personnel received HIV training. CSO partnerships have been a crucial element in progressing awareness of STIs and HIV as well as delivering counseling and other services. All countries, with the exception of Nauru and Niue, reported that they had CSO partnerships on HIV.

Many good examples were given of successful collaboration between government, civil society and the private sector, including telephone companies supporting SRH through raising awareness by using text messaging services to mobile telephones, port companies supporting SRH and HIV awareness amongst foreign fishing vessels, and a bank providing financial support for training laboratory technicians testing for cervical cancer. In Papua New Guinea a business coalition had been formed to raise awareness of HIV. Women's councils and coalitions on women and children as well as churches have also contributed to raising awareness and delivering SRH programmes. In many ways these complementary networks are far more effective at reaching persons on the ground than mainstream health processes and advocates.

Most countries reported lacking accountability mechanisms to address peoples' claims on sexual and reproductive health and reproductive rights. Six countries reported that accountability was achieved through the judiciary but the number of successfully tried cases that tested this is low. Where there was success there is a need for wider dispersal of this information so others in a similar predicament might benefit. Only three countries indicated that there were Human Rights institutions which could address SRH concerns and four countries reported no accountability mechanisms.

Gender Based Violence

Given the prevalence rates of sexual and physical violence, it is essential that the health systems integrate prevention and responses in health services. Cook Islands, Nauru and Solomon Islands highlighted this issue as a priority in the responses to the ICPD questionnaire section on SRH. In addition Cooks, Fiji, Kiribati, Marshall Islands, FSM, Nauru, Niue, Tonga and Vanuatu highlighted GBV training for health personal, and most PICs noted GBV was a national health policy priority. Finally, all PICs noted that the Adolescent health programme integrated GBV, sexual violence and intimate partner violence prevention and outreach strategies.

UNFPA has supported health systems strengthening in partnership with AUSAID and the Auckland University of Technology by providing resources, technical assistance and capacity building for Ministries of Health and key non-government organizations providing health care for survivors. This includes support in development of medical protocols as well as development of standard operating procedures that facilitate links for survivors between health and other services, including protection

and legal aid.

Facilitators and Barriers

Key facilitators mentioned by respondents were effective partnerships with stakeholders (2 countries), local ownership, approval by more senior family members, civil society advocacy and support, the private sector and donors together with government funding and support. The barriers to achieving progress were common to most countries, particularly access to remote rural areas of communities and traditional or cultural attitudes, especially to sex and contraception. Lack of budget and family approval was also a common barrier, often reported by younger women and those who were single. The Pacific DHS reports (www.spc.int) have given very detailed information on these barriers for each of the countries studied.

Vanuatu noted the following barriers and needs which clearly highlights the special needs of remote island communities:

“Geographic distribution of Vanuatu islands places challenges on logistics and supplies of commodities. Within islands poor infrastructure (bridges, roads, wharfs etcetera) prevent quick access. Peripheral service delivery posts manned by service providers with limited ... scope of practice. Assets needed for proper referrals such as ambulance vehicle/equipped (land cruiser & not twin cabs). Ambulance boats one for each province are needed. Early referrals for birthing of high risk patients (policy & budget) including accommodation or arrangement for accompanying relatives.”

With respect to ART coverage, given the small number of cases in the region outside of PNG, some agencies (SPC) advocate that it may be possible to achieve universal coverage. More targeted surveillance and testing of potential high risk groups are required, as well as expansion of voluntary counselling and testing sites.

Priorities

As outlined in Table 6, priorities for the next five to ten year period for addressing ICPD POA SRH issues were improving accessibility in remote communities, or for target groups such as young persons, those with disabilities or the elderly. Providing quality family planning (or contraceptive) services and information to address unmet need and increase awareness supported by relevant policy and legislation remain a priority for some countries. Teenage pregnancy and STIs were also a priority concern for a number of countries as well as the provision of social protection services for pregnant adolescents. It is well recognized that teenage pregnancy is associated with a higher risk of adverse obstetric outcomes and maternal death. In addition pregnant teenagers are less likely to seek antenatal care, partly because of the fear of stigmatization, and when they do it tends to be later in that pregnancy than desirable.

In several countries teenage pregnancy was not perceived to be an issue of concern as society had deemed them quite acceptable. However, teenage pregnancies need to be seen in terms of the lost opportunity for young women to realise their right to as high a level of education as possible and ultimately in terms of their lost potential to the totality of social, cultural and economic contribution to themselves, their families, their communities and their countries. Most countries in the Pacific have youthful populations and as more survive through from infancy to adolescence and finally to adulthood most persons will chose to start a family with their partner. As seen in other developing countries that have been transformed socio-economically as more women have been educated and then entered the workforce delaying first child bearing allows more women to complete secondary school and enter tertiary education or technical training institutions.

Even for the Pacific countries that have pro-natalist leanings allowing teenagers to delay having their first baby until they are older has positive socio-economic consequences and also reflects recognition of their right to personal fulfilment.



Table 6: Addressing Reproductive Rights, Morbidity and Mortality in Pacific Island Countries

	Achievements	Most relevant issues for next 5 – 10 years
Cooks	<ul style="list-style-type: none"> New hospital and medical centres on isolated islands 	<ul style="list-style-type: none"> Increasing STIs Teenage pregnancy Sexual abuse and violence Prostate and cervical cancer
Fiji	<ul style="list-style-type: none"> Youth friendly service Stigma Index study (SPC) 	<ul style="list-style-type: none"> Family planning Teenage pregnancy SRH & RR for disabled and elderly
FSM	<ul style="list-style-type: none"> Men's access to RH services Increased accessibility of contraceptives 	<ul style="list-style-type: none"> Improve quality and range of FP Promote healthy SRH behaviour Legislative framework for contraceptive services
Kiribati	<ul style="list-style-type: none"> Family planning clients increase 	<ul style="list-style-type: none"> Family planning policy
Nauru	<ul style="list-style-type: none"> MDG progress report 	<ul style="list-style-type: none"> ARH, women RH and gender issues
Niue	<ul style="list-style-type: none"> National Youth Council report on increasing access to STI/HIV prevention, treatment and care 	<ul style="list-style-type: none"> No issues identified
Palau	<ul style="list-style-type: none"> No achievements reported 	<ul style="list-style-type: none"> Adolescent Health Male health Comprehensive services RH commodities
PNG	<ul style="list-style-type: none"> Increased women's access to SRH information and counselling Adolescent access to SRH Increased access to voluntary HIV counselling STI/HIV access for vulnerable groups 	<ul style="list-style-type: none"> Maternal and child mortality Service delivery and capacity Infrastructure Monitoring and evaluation
RMI	<ul style="list-style-type: none"> Increased access to SRH Services Draft RH policy 	<ul style="list-style-type: none"> Complete and implement RH policy
Samoa	<ul style="list-style-type: none"> Access to antenatal care 	<ul style="list-style-type: none"> Unmet family planning need Breast and cervical cancer screening High rate of STIs SRH services
Solomon Islands	<ul style="list-style-type: none"> Capacity development EmOC Increase in Non-Scalpel Vasectomy clients Youth-friendly centres established Establishment of Antenatal Care in all hospitals 	<ul style="list-style-type: none"> Family planning Adolescent health Gender-Based Violence Humanitarian RH services in crisis Maternal health
Tonga	<ul style="list-style-type: none"> Demographic health survey Increase in STI HIV receiving pre and post counselling 	<ul style="list-style-type: none"> No issues identified
Tuvalu	<ul style="list-style-type: none"> RH policy and programme 	<ul style="list-style-type: none"> HIV legislation National strategic plan on HIV/STI and legislation Unmet need for family planning Local contraceptive prevalence rate Increase teenage pregnancy Gender inequality in the labour force Political inequality
Vanuatu	<ul style="list-style-type: none"> Accessible services 	<ul style="list-style-type: none"> SRH costed with budget Consistent data collection Unmet family planning needs

The level of SRH integration into primary health care could also be strengthened to give those who live on outer islands and remote rural communities' greater access to information and services. Given that most countries had weak or no accountability mechanisms to address peoples' claims on

sexual and reproductive health and reproductive rights, there is a need to address this area.

There have been improvements in access to STI and HIV services including education, detection and treatment and counselling. There is a need to strengthen the legal and policy framework with respect to the protection of rights, ensuring that vulnerable groups, especially young persons and persons with disabilities, have access to SRH services.

Conclusions and Recommendations

Sexual and reproductive health had received a great deal of attention across all the surveyed countries. SRH is an area in which advances were reported, but notable gaps still existed such as the provision of nutrition for pregnant women (RMI, Niue, Palau), lack of provision of emergency obstetric care (FSM), social protection and medical support for pregnant adolescents, and access to SRH services and equal rights for persons with disabilities (Fiji, Niue and Solomon Islands). In addition, women lacked access to safe abortion in most countries, pregnant women lacked programmes to ensure adequate nutrition, obstetric care particularly in emergencies was difficult to deliver in the remote parts of many countries, and there was a need for countries to undertake assessment for unmet need in family planning programmes.

Issues surrounding access to SRH confidential and appropriate services for young people and persons with disabilities is another gap that needs to be addressed. While there are some examples of "youth friendly" services and facilities in the Pacific these examples need to be rolled out to rural areas and other countries but keeping their socio-cultural needs to the fore in addition to meeting SRH needs. Access (time and space) for both persons with disabilities and young people need to be discussed with them to obtain their buy-in before facilities and services are established.

The threat of transmission of HIV was of particular concern in the region, and most countries had attempted to implement strategies to arrest the spread of HIV. While the presence of STIs was recognized as an HIV risk factor receiving attention in many countries, countries reported less success in addressing additional risk factors such as sexual behaviour, cultural attitudes, the availability of information, and access to prevention and treatment. It is critical that momentum is maintained to address the risk factors for HIV in the Pacific.

Recognising the high maternal and infant mortality and high rate of unintended teenage pregnancies, violence against women and STIs confronting the peoples of the Pacific, the following actions should be taken to strengthen SRHR:

1. Develop and implement policies that address the SRHR needs of vulnerable groups.
2. Integrate quality into all primary health care facilities in all countries.
3. Ensure that maternal health services are available at the community level and that skilled health personnel are trained on maternal health issues, including basic and comprehensive emergency obstetric care services.
4. Broaden range of quality contraceptive services to all vulnerable groups and young people.
5. Ensure that the SRH needs of young people and persons with disabilities are discussed with them, budgeted for and then supplied and met to the highest possible standard.
6. Continue to devote attention and resources to building community awareness of the risks and lifetime impacts of maternal deaths, unintended adolescent pregnancies, STIs and HIV, as well as to addressing the need for behaviour change.
7. Facilitate access to an essential package of reproductive health services and commodities at all health facilities, including in humanitarian situations.
8. Devote resources to researching and understanding behaviours of Pacific peoples so that programmes on maternal health, family planning and STIs are based on best evidence.







HEALTH, MORBIDITY AND MORTALITY



Introduction

Primary health care and the health care sector were part of the ICPD from the outset. The 1994 objectives apply today as they did then.

To increase the accessibility, availability, acceptability and affordability of health care services and facilities to all people in accordance with national commitments to provide access to basic health care for all.

To increase the healthy life-span and improve the quality of life of all people and to reduce disparities in life expectancy between and within countries.

Rural-urban migration has not only led to high urban growth rates across the Pacific, but it has also affected how people live and what they eat. The problem is especially acute in atoll nations such as Kiribati and the Marshall Islands where space is at a premium and at the same time the carrying capacity of land has been stretched too far. Changing lifestyles have changed health for the worse and nowhere is this more prominent than in the risk factors for non-communicable diseases. Pacific countries have some of the world's highest prevalence of obesity, poor quality diet (high in fats), lack of exercise, smoking and high blood pressure. The poor quality of much of the urban environment in all Pacific Island countries and the density of communities has also had serious health effects (see box 2).

High population densities and poor sanitation not only exposes people to the risks of infectious diseases such as cholera and diarrhoea, but also the effects of environmental degradation affecting water and air quality which increases the risks of respiratory and other diseases⁶.

An estimated 75 percent of all adult deaths in the Pacific were due to NCDs, with the majority of the deaths occurring percentage in adults in the economically-active age bracket.

The 2011 Pacific Islands Forum Leaders meeting recognised the seriousness of the threat non-communicable diseases (NCDs) pose and declared the 'Pacific is in an NCD Crisis'. They expressed their deep concern that NCDs had reached epidemic proportions and had become a 'human, social and economic crisis' requiring an urgent and comprehensive response.

Targeted NCD programmes are now being implemented in some Pacific countries to address this epidemic, such as Tonga's national NCD plan (see Box 2).

⁶ See Wilkinson, A., "Pacific urban centres: policy and perceptions", in Pacific Perspectives 2009 Crises and Opportunities, United Nations, 2009 page 46.

Box 2: NCDs: Tonga case example

Tonga has an NCD plan in operation and is the recipient of a large country grant This grant helped fund the establishment of the Health Promotion Foundation which introduced the Advocate for a Healthy Public policy. Every new road being built in Tonga must now include a footpath for safe walking. Legislation to reduce tobacco use has been passed and there are now bans on smoking in public places and the selling of single cigarettes to minors. In 2009, Tonga strengthened its partnerships with key stakeholders to ensure health promotion activities are implemented. Adapting SPC's regional food guidelines, Tonga developed a school food policy. A Health Promoting Church programme was piloted in one village with six churches. Since then the programme has been rolled out to other villages. The ... programme funded a Tongan NCD officer's attendance at a diet, nutrition and lifestyle workshop. The WHO-led Healthy Workplace initiative—beginning at the Ministry of Health with a mini-STEPS survey—was also supported. Part of this initiative was to promote regular sporting activity among staff of government ministries and agencies. The Health Promoting Schools programme ... continued and some assistance was directed to the rheumatic heart disease (RHD) programme. Tonga received technical assistance and guidance on taxation from cigarettes and alcohol. An SPC monitoring and evaluation officer helped the Health Promotion Foundation develop a monitoring and evaluation framework and assisted the Ministry of Health on extracting information for monitoring Tonga's NCD plan.

http://www.spc.int/hpl/index.php?option=com_content&task=blogcategory&id=19&Itemid=48

Findings of the Survey

All countries accorded priority to the following areas in their national health policy framework or strategy:

- Child mortality
- Immunisation
- Tuberculosis
- Communicable diseases
- Non communicable diseases
- Obesity
- Mental health

Those countries not affected by malaria did not include it as a priority in their national strategy (i.e. Cook Islands, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, and Samoa). Four countries did not address neglected tropical diseases.

Conclusion and Recommendations

Health issues such as child mortality rates, immunisation, communicable diseases including TB, non-communicable diseases including diabetes and obesity, and mental health were commonly reported as other health priorities.

Taking the survey findings into account, and recognising the heightened social, geographical, cultural and economic risks factors for NCDs confronting the peoples of the Pacific, the following actions should be taken to strengthen prevention and control of these diseases which have significant impact on Pacific populations:

1. Implement and maintain national efforts to address lifestyle, and dietary factors implicated in NCDs; and
2. Devote resources to researching and understanding behaviours of Pacific peoples so that programmes on NCDs are based on best evidence.





Introduction

The family and its extended network which stretches well beyond rural or outer island villages, to include family members in national capital cities and islands and communities residing in Australia, New Zealand or the United States, has long been considered the locus of social control, welfare and support for Pacific peoples. However, this arrangement has seen significant change over the last few decades. Urbanization, migration and the penetration of the cash economy has changed the way families work. The stresses of social and economic change have placed pressures on informal social protection and support mechanisms. Urbanization has clearly weakened the informal protection system and placed pressure on urban families as rural-urban migration continues. Average urban household sizes of the underserved and informal settlements in South Tarawa in Kiribati, Majuro in Marshall Islands, Funafuti in Tuvalu and Port Vila in Vanuatu (see Box 8) usually exceeds 9 people per household and in some instances over 20 people are residing in one household. As a social protection scoping report of Pacific countries observes:

“It is rare to find informal social protection – including remittances – operating even-handedly across the whole community, providing universal coverage, or having an equalising effect on livelihood outcomes for different families. Households with better-off relatives do better from traditional coping than those in not such fortunate positions. And, of course, many people do not receive any remittances at all. Informal social protection is also weak in the face of persistent adverse trends⁷.”

The Pacific responses to the Global Survey ICPD Beyond 2014 indicated that governments are paying greater attention to family support and social protection.

Findings of the Survey

Policies and Progress

Nine countries had developed social policies addressing family and individual wellbeing and 12 countries had Ministries or departments to administer and deliver programmes.

Of the ICPD issues which addressed the needs of the family and wellbeing of individuals most countries indicated that they were:

- Increasing efforts to ensure health, education and welfare services functioned collaboratively and effectively.
- Providing effective assistance to families and the individuals within them who are affected by specific problems.
- Preventing children’s abuse and neglect and providing assistance to child victims of abuse, neglect or abandonment, including orphans.

Other areas which received wide support (8 countries) included ‘supporting and assisting vulnerable families (very poor, victims of humanitarian crisis, drought, etc.)’, and ‘supporting educational programmes concerning parental roles, parental skills and child development.’

⁷ Kidd, S., Freeland, N., Ellis, F., Samson, N. Social Protection in the Pacific Scoping Report, AusAID, November 2009, page 2.

A small number of countries had cash transfer systems or 'special assistance grants' (Cook Islands) for 'destitute' (Fiji) and other vulnerable people including the elderly (Cook Islands, Fiji, Kiribati), people with disabilities and families who are unable to meet school fee payments (Kiribati school fee scheme).

The ICPD objectives which have received the least attention across the region include:

- The provision of financial and social protection schemes to single parent families.
- Facilitating compatibility between labour force participation and parental responsibilities.
- Developing the capacity to monitor the impact of policies on the wellbeing of families.
- Assisting families caring for family members with disabilities, and family members living with HIV.
- Ensuring good quality early childhood care and education for working families, including extended day programs.

Achievements

Table 7 lists the countries achievements in addressing the ICPD priorities. Four countries had addressed child protection issues including interagency coordination and referral policy, prevention of child abuse, improving early childhood education and developing policy or strategies targeting vulnerable children (PNG). Kiribati noted that it had introduced a special programme to support school attendance of children with parents who had a disability or who had deceased parents, and found that more children from these families were attending school.

Three countries had strengthened social protection through either cash transfers (Cook Islands), community welfare programmes (Solomon Islands) or expanded food voucher programmes (Fiji).

Vanuatu noted that it had established a women's crisis centre which provided counselling and awareness raising. The regional network of women's crisis centres (Cook Islands, Fiji, Kiribati, Federated States of Micronesia, Marshall Islands, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga) provided support to centres across the Pacific strengthening the delivery of services and programmes to vulnerable women and children.

Those countries that had made the most significant advances with the development and implementation of policies and programmes were those that had had strong engagement with civil society (particularly NGOs and faith based organisations) and community based organisations at the local level. For example, in Samoa the NGO Samoa Victims Support Group provides shelter for vulnerable families and individuals and various NGO and DPOs in Vanuatu and Palau support people with disabilities and families caring for children with disabilities.

Also mentioned were pilot programmes, and support from women's groups (Solomon Islands), and donor support (PNG). Although the survey did not explicitly ask respondents to comment on the role of faith-based organisations as facilitators, it is widely recognised that in the Pacific, such organizations play a prominent part in the support of families and delivery of welfare and related services. Most support provided by NGOs was 'in kind' rather than financial.

The barriers to implementation reported by countries, on the other hand, were the lack of an adequate budget, lack of international support, low political commitment, and traditional local customs, social practices and attitudes. Low literacy, low women's status, existing economic and political environment, and bureaucracy, were also mentioned. Solomon Islands commented that lack of human resource capacity and the difficulty of communicating with remote areas were also barriers.



Table 7: Addressing Family, Wellbeing of Individuals and Societies in the Pacific

	Achievements	Most relevant issues for next 5 - 10 years
Cooks	<ul style="list-style-type: none"> • Interagency referral process on child neglect and abuse • Juvenile stakeholders' committee • Family law bill drafted • Preventing child abuse through family group • Conferencing • Advocacy awareness • Child abuse referral system • Destitute benefit 	<ul style="list-style-type: none"> • Depopulation and breakdown of traditional family system • Family violence • Increased cost of living • Ageing
Fiji	<ul style="list-style-type: none"> • Expanded food voucher programme • Family and employment • Programmes for concessions and financial assistance • Education and ECE • Policies for ageing and disability 	<ul style="list-style-type: none"> • Targeted social protection for poor • Assessment for social protection refined
FSM	<ul style="list-style-type: none"> • Family size reduced, through acceptance of contraceptives • Increased male involvement in family planning 	<ul style="list-style-type: none"> • Information and education • Contraceptive choice
Kiribati	<ul style="list-style-type: none"> • Children, Young People and Family Welfare policy • Increased school attendance from students with deceased or disabled parents 	<ul style="list-style-type: none"> • High unemployment of young people • Capacity building of welfare officers • Installing e-data base in Social Welfare • Implementation of children, young people and family welfare policy
Nauru	No progress reported	No issues identified
Niue	<ul style="list-style-type: none"> • Annual DCA report 	<ul style="list-style-type: none"> • Economic assessment
Palau	No progress reported	<ul style="list-style-type: none"> • National framework for ECE • Family protection legislation • Poverty reduction • Workforce development
PNG	<ul style="list-style-type: none"> • Effective assistance to families and conducting baselines services study • Most vulnerable children strategy to be reviewed 	No issues identified
RMI	No progress reported	
Samoa	<ul style="list-style-type: none"> • Health, education and welfare services and community collaboration programme • Early child education policy 	<ul style="list-style-type: none"> • Vulnerable groups • Primary health care to vulnerable groups
Solomons	<ul style="list-style-type: none"> • Community welfare programmes 	<ul style="list-style-type: none"> • Child and family welfare Bill • Family protection bill • Social welfare bill
Tonga	No progress reported	<ul style="list-style-type: none"> • Family protection bill
Tuvalu	<ul style="list-style-type: none"> • Elderly pension 	<ul style="list-style-type: none"> • Temporary shelter for domestic violence victims • Financial and social security for persons with disability • Assistance for poor families • Single parent support • Parenting education programmes
Vanuatu	<ul style="list-style-type: none"> • Policies on disability, education and family protection • Women's crisis centre programmes • Education Act ensuring equal access 	<ul style="list-style-type: none"> • Capacity building • Low budgets

Priorities

Table 7 above shows that the most frequently identified issue for the next five to ten years was the development of policy and legislation addressing child and family welfare and/or family protection (6 countries).

Three countries identified targeted social protection for poor and poverty reduction programmes. Other areas identified were wide-ranging as shown in Table 8 above.

FSM was the only country to have listed reduction in family size as an achievement, demonstrating a clear perception of the connections between family planning wellbeing and society.

Five countries reported having completed a situation analysis; PNG had undertaken a family welfare services analysis in 2009-2010, Niue indicated that it had made use of census data, and Solomon Islands had conducted a health and safety study in 2009, as well as a baseline research study on violence, abuse and exploitation study of girls and boys. Fiji and Vanuatu did not describe how their data had been gathered.

Conclusions and Recommendations

Across the countries surveyed, policy, legislation and programmes had been put in place to support the family and welfare of individuals. In many countries vulnerable groups had been targeted and special programmes implemented to address their needs, children and persons with disabilities a case in point.

Country needs differed and the stage of institutional, policy and legislative development and implementation varied. Only one country identified the need to develop good baseline data or undertake a situation analysis. Other countries (particularly Nauru, Niue, Marshall Islands and Tonga) have significantly less capacity, lacking policy and institutional capacity to address the complex array of family and wellbeing issues. These countries were also less likely to have available CSOs with the capacity to partner with government or donors for the development and delivery of programmes. Cook Islands and Fiji, on the other hand, had developed a range of social protection programmes and strongly supportive CSOs and NGOs and therefore listed a wide range of achievements and showed a clear sense of priorities for the next five to ten years.

The recommendations recognise that Pacific Island countries are comprised of diverse social groups with distinctive cultural practices surrounding family and society, and that the role families have traditionally played in caring for the vulnerable are changing. Particular account needs to be taken of changing dependency ratios created by population growth and migration and understanding the difficulties Pacific Island countries have in achieving economies of scale given the considerable geographical barriers and limited natural resources. The following actions should be emphasized in future population planning initiatives to enhance family, wellbeing and society:

1. Develop good baseline data and/or conduct a situation analysis, using both quantitative and qualitative methods.
2. Develop regional social policy frameworks and programmes to support countries in addressing family and social protection and cash transfer issues.
3. Encourage governments to form partnerships with civil society and CBOs, and ensure that this becomes an integral element of social policies and legislation.
4. Emphasise family planning and SRH as key factors in addressing the issues of family, wellbeing and society.







GENDER AND EMPOWERING WOMEN



Introduction

The ICPD-at-15 process clearly made the links between gender equality and women's health, particularly women's sexual and reproductive health and reproductive rights. Harmful social and cultural norms and practices are seen as obstacles to gender equality and to women's empowerment⁸. Gender analysis and considerations are mainstreamed throughout this ICPD review, including related to young women, young men and the elderly in Pacific societies. However the focus of this section was largely on measures to address women's empowerment, ending violence against women and engaging men and boys as partners in sustainable development. Gender equality and women's empowerment is enshrined in the Pacific through regional mechanisms including the Pacific Plan, the 2012 Pacific Leaders Gender Equality Declaration and the Pacific Platform of Action for the Advancement of Women and Equality.

Since the inception of the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1979, the area of women's rights has received a great deal of attention in the Pacific through national initiatives and support provided by UN and regional agencies and other bilateral development partners. All thirteen countries, except Tonga, have signed the convention. The most recent signatory of CEDAW is Palau (2011). Fourteen countries and territories have ratified or acceded to the Convention on the Rights of the Child.

Despite regional normative frameworks and national commitments, challenges to realizing women's rights are formidable. Most countries had not prioritized gender equality and women's empowerment in National Strategic Development Strategies. While a few countries have gone some way to mainstreaming gender there is still a lack of a coherent and integrated approach to addressing gender, including reproductive health rights, access to education and ending gender-based violence.

Findings of the Survey

Policies and Progress

The survey showed that most countries had formulated a gender policy, although Palau's was still in draft form. Niue does not have a national policy, programme and/or strategy addressing gender equality and empowerment of women. Although Samoa had a National Policy on Women, the gender equality programme was being drafted. All countries had established an institution or entity to specifically address women's issues, including Palau and Niue.

Only six countries reported having conducted situational analyses and most lacked monitoring systems for measuring the effectiveness of women's rights programmes and the enforcement of legislation. This points to a need for ongoing data collection, monitoring of programmes and evaluation of interventions.

The areas which a majority of countries identified as priorities for improving conditions for women were:

- Increasing women's participation in informal and formal economy.
- Ending Gender Based Violence (GBV).
- Women's representation in political processes.
- Collection and analysis of data on social and economic status of women.

⁸ Looking Back Moving Forward Results and Recommendations from the ICPD-at-15 process, UNFPA 2010, Page 32.



Box 3: Women's representation in the Solomon Islands

The Solomon Islands despite having no current female members of parliament, is determined to change all that in the upcoming 2014 national elections and preparations are underway to address and affect that.

At the forefront of these processes is the inspirational Permanent Secretary of Women, Youth, Children and Family Affairs Ms Ethel Sigimanu, who says, "For the Solomon Islands, our key pressure has been the absence of women in parliament. For the last 30 years, we only had one female Member of Parliament and thus we are working hard to get Government to recognize and be committed to ensuring that in the next general elections in 2014, we have some women representation in parliament," she said.

Solomon Islands ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2002. In 2008, the Temporary Special Measures (TSM) concept was introduced and established by the Solomon Islands government.

TSM is derived under Article 4 of CEDAW which specifically recognized that in countries where the participation of women is low, ... The term TSM is used to describe affirmative action for policies, strategies and laws that Governments and Parliaments take to help women become political leaders to meet government's commitments to CEDAW on equal political participation and representation of women and men. ...

... they formed a Committee called the Women in Leadership Working Group, and this later saw the formation of the TSM working Group, who then together, took it upon themselves to refocus and begin an awareness campaign on TSM and why it is important for Solomon Islands.

"When 2010 came, we were quite optimistic that we would successfully get some women in parliament however it was not to be. That was quite challenging to accept after all the hard work and the lobbying, so we chose to approach the Prime Minister's office to take leadership of the TSM process. Along with the support of the PM's office which we acquired, we again set about to get Governments support and commitment to TSM, especially to get a legislation which will see the increasing of the current 56 seats in parliament, with a special quota for women leaders," she said.

"To get government to approve a budget for the implementation of the TSM's agenda was an achievement. However, we are racing against time and want to ensure this funding bears fruit by 2014 where we will see women being elected and represented in parliament, therefore we are prioritizing our work beginning with the various Provinces through the Women Resource Centres to advocate on our behalf," Ms Sigimanu said. ...

"Whilst we have yet to get women into parliament, from the Ministry of Women perspective, we are still confident that this calculated process we are on, will soon reap rewards. We have assessed and realize that we need to step up on our role in partnership with the TSM committee. The end maybe not too long to come, and the message we're giving ourselves is that the end must be reached. Therefore, no stones must be left unturned in the process to get us there," she said.

<http://www.unwomenpacific.org/pages.cfm/news-resources-centre/stories/solomon-islands-says-end-must-be-reachedwomen-must-get-elected-into-parliament.html>

About half of the countries were concerned about the situation of rural women and a third of the countries indicated improving the welfare of the girl child, and improving male participation in care work as priorities. Although only two countries selected creating sex and age disaggregated data, ending child and forced marriage and preventing trafficking as priority issues, there is compelling evidence to suggest that these are also areas requiring attention in other Pacific countries.

Ending FGM/cutting was reported as a non-issue for all countries. Male circumcision, a common practice in many Pacific Islands, and sometimes performed in unsafe conditions by boys themselves as a form of male initiation⁹, may be a more relevant issue when considering gender-based sexual wellbeing, and addressing risk factors for HIV and STI transmission, as is the prevalence of long laen (gang) rape in some countries such as PNG¹⁰.

Achievements and Relevant Issues

As Table 8 shows, responding countries reported a range of achievements including FSM's establishment of a gender office, improvement in women's participation in the informal and formal economy (Solomon Islands, Vanuatu, Tonga and Samoa), the creation of centres for women and children, and women and children in crisis (Tonga), the generation of sex disaggregated data, and the appointment of a GBV officer (Solomon Islands). Few countries reported achievements in increasing women's representation and participation in political decision-making. A strategy that has been tried in the Solomon Islands is shown in Box 3.

All fourteen countries reported having provisions criminalizing rape and other forms of physical and sexual violence. In most cases the provisions were identified as within the penal code or criminal code, ordinance, decree or act. Only three (Fiji, Vanuatu and RMI), cited specific legislation in this area, the Vanuatu Family Protection Act 2009, Marshall Islands Domestic Violence Prevention and Protection Act (Bill 93) and the Fiji Criminal Decree (2010). Cook Islands, Tonga and Samoa noted Crimes Bills or Acts covered domestic violence. In FSM states of Kosrae and Pohnpei domestic violence legislation was enacted in 2012.

Samoa indicated that marital rape or intimate partner violence would be part of the Family Violence Bill when it is finalized. Drafting instructions have been issued in Solomon Islands for development of related legislation. Kiribati reported that it was drafting legislation addressing violence against women ("Family Peace Bill") and Papua New Guinea reported that it had developed a strategy as part of its National Women and Gender Equality Policy, to end gender based violence.

Provisions against sexual harassment were available in most countries, however, of the ten countries reporting that the provisions exist, only seven indicated that they were enforced and only four could point to a specific Bill, Act, Decree or regulation.

All countries except Vanuatu and Marshall Islands reported provisions to criminalize sexual exploitation of young people, particularly girls. Similarly, all countries except Vanuatu, Marshall Islands, Samoa and Federated States of Micronesia reported provisions preventing use of children in pornography.

Most countries reported having instituted laws requiring fathers to provide financial support for their children. Some countries had developed laws on discrimination at work, improving quality of life of girl child and eliminating polygamy. Laws were most likely to be lacking on land rights, inheritance, succession, enforced child marriage, and provision for breast feeding mothers at work.

⁹ Buchanan-Aruwafu, H. et al (2010). Behavioural surveillance research in rural enclaves in Papua New Guinea: A study with the WR carpenters workforce. National Research Institute of PNG.

¹⁰ ADB, 2007. Cultures and contexts matter: Understanding and Preventing HIV in the Pacific.



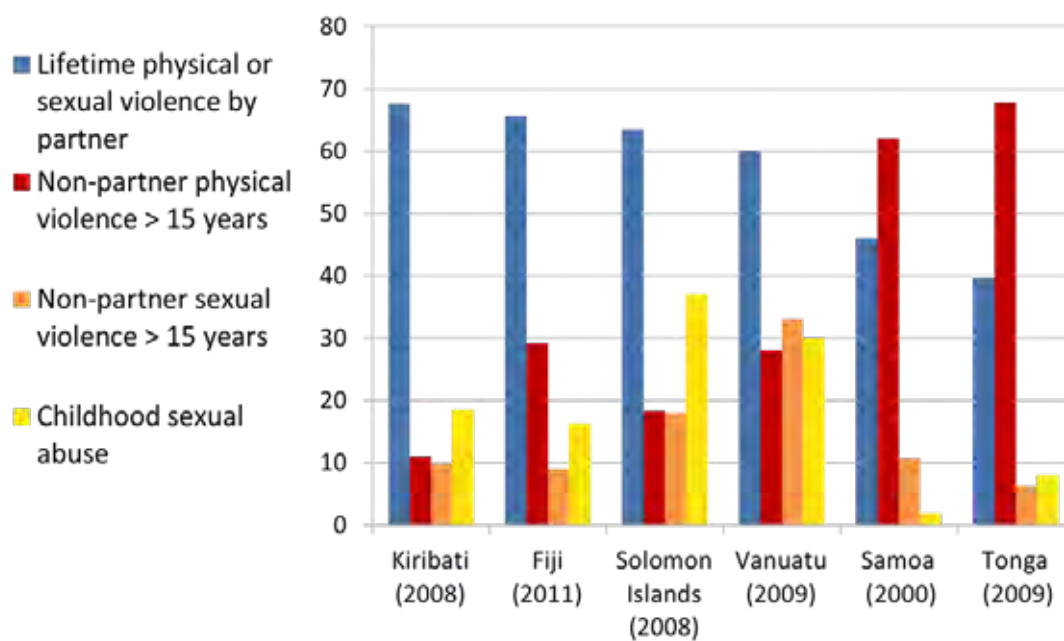
Table 8: Addressing Gender Equality, Equity and Empowerment of Women in the Pacific

	Achievements	Most relevant issues for next 5 - 10 years
Cook Islands	<ul style="list-style-type: none"> Increasing women in business and economy Increasing women's participation in politics - CEDAW workshops 	<ul style="list-style-type: none"> Gender-responsive government programmes/policies Political representation Increased participation in economic development Addressing pay disparity maternity leave Climate change and gender Domestic violence
Fiji	<ul style="list-style-type: none"> Domestic Violence Decree 	<ul style="list-style-type: none"> Economic empowerment of women Increasing involvement of women in decision making SRH access Gender statistics Mainstream women's issues
FSM	<ul style="list-style-type: none"> Gender office established Ratify CEDAW 	<ul style="list-style-type: none"> Situational analysis Update gender matrix Strengthen capacity Training on gender budgeting
Kiribati	<ul style="list-style-type: none"> increased awareness of GBV Kiribati Family Health Study report Legislation on GBV SAFENET on Tarawa and outer islands 	<ul style="list-style-type: none"> Finalise implementation of gender policy implement and report on CEDAW Women's economic empowerment Women's RH, breast and cervical cancers GBV Collect sex and age disaggregated data
Nauru	No progress reported	<ul style="list-style-type: none"> Strengthen women umbrella organisation Implement CEDAW Rights of women Mainstream women's issues
Niue	No progress reported	No issues identified
Palau	<ul style="list-style-type: none"> Human trafficking laws High representation of women in judiciary 	<ul style="list-style-type: none"> Increase role of women in economy Political representation for women Reducing violence against women
PNG	<ul style="list-style-type: none"> GBV - improved access to justice for women 	<ul style="list-style-type: none"> GBV Political representation
RMI	<ul style="list-style-type: none"> Economic empowerment 	<ul style="list-style-type: none"> Harmonize institutions on women Gender policy Women in economy and political arena Women in business
Samoa	<ul style="list-style-type: none"> Women's participation in formal sector 	<ul style="list-style-type: none"> Economic empowerment of women GBV Political representation
Solomon Islands	<ul style="list-style-type: none"> improving women's participation in the formal and informal economy TMEP seats in Parliament Youth parliament group Officer appointed for GBV 	<ul style="list-style-type: none"> Equitable health and education services Women's empowerment and leadership eliminating GBV Mainstreaming gender issues in government
Tonga	<ul style="list-style-type: none"> Strategy on women in business Police Domestic Violence Unit Tonga National Centre for Women & Children Centre for Women and Children in Crisis 	<ul style="list-style-type: none"> Improve participation of women in informal sector Access to land, Political involvement
Tuvalu	<ul style="list-style-type: none"> Mainstreaming gender in national policy 	<ul style="list-style-type: none"> GBV Economic empowerment of women Land rights Women in politics anti-discrimination legislation
Vanuatu	<ul style="list-style-type: none"> Participation in informal and formal economy Representation in politics Disaggregated data Addressing cultural barriers 	<ul style="list-style-type: none"> Antidiscrimination Sexual harassment, Family law Equal pay Seats in provincial government

The prevalence of partner and non-partner violence is high in Pacific Island countries. UNFPA with its partners has supported national violence against women (VAW) prevalence research in Kiribati, Samoa and Solomon Islands. Additional research has been carried out by women's non-governmental organisations (NGOs) in Fiji, Tonga and Vanuatu using the methodology originally developed by the World Health Organization (WHO). Lifetime prevalence rates for physical and sexual violence by partner and non-partner among Pacific Island women falls between 60 to 80%. However, as shown in Figure 3 below, the patterns of VAW differ by types of violence and perpetrators between countries and sub-regions. In Solomon Islands, Fiji, Vanuatu and Kiribati women report higher prevalence of partner violence than non-partner violence. In Tonga and Samoa, the reverse occurs. In addition in Tonga, Samoa and Fiji, non-partner violence is mainly physical violence while in Kiribati, Solomon Islands and Vanuatu sexual violence by non-partners is equally common as physical violence. Finally child sexual abuse is common in Solomon Islands and Vanuatu but relatively less so in Tonga and Samoa.

In addition to the above prevalence studies, some Demographic and Household Studies (DHS) provide insights on GBV. Although this data is not strictly comparable to the research which uses the WHO methodology, it is the only data available in some countries. For example in Tuvalu the DHS rate is 36.8% for lifetime physical or sexual partner violence and 46.6% for physical and sexual violence by partner and non-partner combined.

Figure 3: Prevalence (%) and patterns of violence against women (15-49) in Pacific Island countries



Source: Henriette Jansen, UNFPA, 2013, based on:

Kiribati: http://www.spc.int/hdp/index2.php?option=com_docman&task=doc_view&gid=211&Itemid=44

Fiji: Fiji Women Crisis Centre (personal communication; report forthcoming)

Samoa: http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=41&Itemid=44 and http://www.who.int/gender/violence/who_multicountry_study/en/

Solomon Islands: http://www.spc.int/hdp/index2.php?option=com_docman&task=doc_view&gid=49&Itemid=44

Tonga: <http://mffitonga.files.wordpress.com/2012/12/tonga-vaw-report-final-2012.pdf>

Vanuatu: <http://www.usaid.gov/countries/pacific/vanuatu/Documents/womens-centre-survey-womens-lives.pdf>



The ICPD POA recognises the need for specific legislation to address gender based violence including domestic violence. Domestic violence differs from other kinds of violence because it typically occurs in the privacy of familial or intimate relationships between offenders and victims, and presents not only as physical violence, but also as sexual abuse, property damage, emotional and psychological abuse, intimidation, harassment, economic deprivation, or threats of any of the above, and is often perpetrated not as a one-off offence as do many cases of non-gender-based physical violence, but as a pattern of habitual abusive actions. Some countries were participants in a regional police mentoring programme to address domestic violence (Box 4 below).

Box 4: Pacific Prevention of Domestic Violent programme (PPDV)

... Cook Islands, Samoa, Tonga, Kiribati and Vanuatu ... have a specific in country programme supported by NZ Police mentors. A smaller group of countries have links with the programme and receive various levels of support which is specifically tailored to their requirements through the PPDVP – they are Solomon Islands, Nauru, Niue, and Tuvalu. All of the 20 PICP member countries participate in the programme.

... The long-term outcome for 2016 is: "The Community has confidence and trust in Pacific Police Services to prevent and respond to domestic violence. To achieve this, the Pacific Police Services will need to be effective at preventing and responding to domestic violence."

The three key work areas of the PPDVP for Phase 2 which commenced on 1 July 2012 are:

1. Country specific Knowledge, Attitudes and Practice (KAP) data established and action plans developed, including standard reporting protocols and tools developed and established.
2. Domestic violence mentoring and training delivered.
3. Pacific Police Service and partners' information exchanged, protocols agreed, and engagement activities with partners and community developed.

From: <http://www.ppdvp.org.nz/about/>

Facilitators and Barriers

Facilitating factors countries identified in their achievement of the ICPD goals were the presence of a strong NGO, private sector and proactive banking sector (Cook Islands), the involvement of regional organisations, CSO partnerships, and the private sector (Kiribati), and broad stakeholder involvement, and a family, health and safety study which had created widespread awareness of women's issues (Solomon Islands).

Low literacy of women (Kiribati, PNG and Solomon Islands), women's low status (Kiribati and Solomon Islands), lack of political commitment (Cook Islands and Solomon Islands), local customs (Kiribati and Solomon Islands), isolated communities and out of date banking laws (Cook Islands), bureaucracy (Kiribati), and lack of resources for monitoring (Palau) were cited as barriers to the achievement of the ICPD POA priorities. It is highly likely that many of these barriers also existed for other surveyed countries but were not stated.

With the exception of Nauru, all countries noted the support of CSOs in addressing women's issues, such as national councils for women, youth councils, community women's groups and faith based organisations.

Private sector partnerships, though less-commonly reported, included banks providing loans for women's businesses, chambers of commerce and local businesses providing opportunities for women's employment and the media supporting awareness campaigns.

Throughout the ICPD questionnaire it was clear that particular prioritization and attention was being paid to adolescents and youth (10-24 years), including:

- Keeping more girls and adolescents in secondary schools;
- Addressing the violence, exploitation and abuse of children, adolescents and youth, including sexual exploitation and commercial sexual exploitation;
- Ensuring the access of adolescents and youth to sexual and reproductive health information and services that warrant and respect privacy, confidentiality and informed consent, including HIV prevention services;
- Creating employment opportunities for youth;
- Addressing the adverse effects of poverty on adolescents and youth;
- Instituting concrete procedures and mechanisms for adolescents and youth to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives;
- Collecting age and sex disaggregated data on the socio-economic status of adolescents and youth;
- Providing social protection and medical support for adolescent pregnant women.

All countries had received funding and technical assistance through international partnerships with the governments of developed countries, and regional and global organisations.

Priorities

The most commonly identified areas for further development over the next 5 to 10 years were women's increased participation in economic development, women's economic empowerment, improving women's economic status and land rights and the inclusion of women in politics and decision-making (11 countries), the reduction/elimination of domestic and GBV (7 countries), improving women's access to SRH (5 countries). Other concerns identified were the need for mainstreaming of women's rights, building the capacity of women's groups, the improvement of data collection systems, addressing pay disparity and maternity leave, gender budgeting, responding to climate change and education and training opportunities.



Conclusions and Recommendations

While it is clear from the survey that some progress is being made in addressing many of the ICPD gender issues in the Pacific, Pacific Island women continue to experience exclusion from political decision-making, violence and abuse, lack of access to SRH services, discrimination in the workplace, and economic disempowerment. The girl child remains at risk in many countries, her chances of higher education likely to be reduced, her SRH needs including protection from STIs and support during teen pregnancy likely to be insufficient, and her chances of experiencing sexual abuse or gender based violence heightened.

Based on the findings of the survey, the following actions should be emphasised to enhance gender equity and empowerment.

1. Create greater opportunities for women to participate in decision-making roles at all levels, including women's leadership programmes;
2. Develop coordinated approaches to ending GBV, including ending physical and sexual violence, child and forced marriage and women's commodification in marriage, such as bride price and commercial sexual exploitation, including through strengthening the coordination of critical services, behaviour change programmes for men and boys, the formulation of appropriately targeted legislation, and culturally suitable enforcement mechanisms;
3. Develop multi-sectoral GBV response programmes, including health, justice, police and psychosocial care, and ensure timely, safe and respectful services;
4. Create greater opportunities for women to participate in sustainable economic development at all levels, including women's entrepreneurship;
5. Increase support and protection for the girl child and young women, including enhancing access to education and comprehensive mechanisms for ensuring her access to SRH, including access to contraception such as female condoms, protection from the consequences of teen pregnancy and pregnancy outside of marriage, including protection from stigmatisation, and protection from child labour.
6. Prioritise policies and programmes for particular population groups including, for example, the elderly and persons with disabilities as well as particularly vulnerable marginalised groups for example those living in disaster-prone areas.
7. Assist governments to establish gender-related research, monitoring and data handling capacity, including situation analysis, quantitative and qualitative, and longitudinal studies.







Introduction

As the introductory chapter emphasizes, the population of the Pacific is spread across thousands of small islands scattered across a vast area of ocean. Its 10 million people inhabit around 200 'high' islands and 2,500 'low' islands or atolls. The largest country is Papua New Guinea with a land area of 463,000 square kilometres (see Table 1) and a current population estimated at over 7 million people who speak over 800 languages living on 151 islands. The smallest country, Nauru, with a total land area of 21 square kilometres (one island) has a population of over 9,000 people making Nauru the most densely populated country at around 440 people per square kilometre. One of the smallest atoll islands is Ebeye in the Marshall Islands with a land area of only 0.23 square kilometres, and a resident population of 9,300 people (see Box 8).

Urbanization features prominently in the Pacific as most countries have high urban population growth rates which impacts not only on household size, the quality of housing, the urban environment and waste management, but also presents particular challenges to government for the delivery of essential social services (especially schools and health clinics). At the same time urban development offers opportunities to achieve economies of scale, foster investment and employment.

Pacific Island countries face unique and formidable challenges in the protection and sustainable use of their land and marine environments as their populations grow, decrease and/or are redistributed. Globalization has brought about rapid change in the way peoples of the Pacific live and sustain themselves, with significant social and environmental consequences.

Many Pacific Island governments have struggled to keep pace with these impacts. The 2011 annual report of the Secretariat of the Pacific Regional Environment Programme (SPREP), for example, stated that:

"Many of the governments in the region still do not classify waste management as a key development priority, as shown by the lack of prominence in national development strategies"¹¹.

Perceptions of poverty in the Pacific have changed over recent years. Whereas, in the past Pacific governments reluctantly recognised poverty and found it difficult to measure, they instead focused on "poverty of opportunity" (lack of access to all levels of education or health services and to jobs in the formal economy). The onset of the global economic crisis and rapid urbanization over recent decades has changed these perceptions. The urbanization of poverty has been a visible development in most countries with the expansion of informal settlements particularly in the Melanesian countries but including some of the smallest Polynesian and Micronesian countries including Samoa, Tonga, Tuvalu, the Federated States of Micronesia and the Republic of the Marshall Islands.

"Climate change is the key sustainable development challenge for Pacific island countries. Climate change risks in the region are wide-ranging and can be substantial, especially for low-income and disadvantaged groups. A coordinated approach is required to effectively and efficiently manage these risks"¹².

¹¹ SPREP Annual Report, 2011, page 26.

¹² Ibid page 20

The Pacific Adaptation to Climate Change project, administered through SPREP covers 14 participating countries and helps develop three key areas that build resilience to climate change in Pacific communities: Fiji, Palau, Papua New Guinea and the Solomon Islands focus on food production and food security; Cook Islands, Federated States of Micronesia, Samoa, Tokelau and Vanuatu are developing coastal management capacity; and Nauru, Niue, Republic of Marshall Islands, Tonga and Tuvalu are looking to strengthen their water resource management.

Addressing the scope of sustainable development issues in the context of small island states presents major challenges for governments. Most states and populations are small, with limited land areas, small economies and limited revenue bases. Papua New Guinea is the exception with its larger land area and population as well as natural resources wealth.

The development of national population strategies is critical for planning purposes, particularly for those countries experiencing high population growth rates and changes to the demographic structure e.g. growth amongst youth and/or elderly populations. This is of greater priority in countries with the highest birth-rates (PNG, Vanuatu and Solomon Islands).

Findings of the Survey

Policies and Progress

PNG, Tuvalu and Vanuatu were the only countries to have formulated national population policies (Table 9) with the Solomon Islands and Samoa reporting draft population policies. Both Tuvalu and Vanuatu developed their national population policies in 2011. Most population issues were addressed through national planning agencies and countries had included population in their national strategic development strategies.

The extent to which population was addressed in these national plans varied considerably with the majority of countries paying only cursory attention to population dynamics in their national strategic development strategies. Those countries with national population policies had usually established some form of national population council to advise on or oversee population policy. In other countries the MDG taskforce (or equivalent) performed the function of a national population council.

Committing resources for research on population and ensuring that the research informed policy development and resource allocation received a mixed response from countries. A few countries had undertaken research on population dynamics for planning purposes but most relied on the results from Household Income and Expenditure Surveys (HIES) and census results. Whereas some countries indicated that they used the results from surveys to inform policy and resource allocation, the majority of countries indicated that results of surveys informed resource allocation and policy strategy to a low to medium degree only.

All surveyed countries reported addressing the eradication of poverty with special attention to income generation and employment strategies and most reported this area where they had made progress over the last five years. Countries reported that national provident funds played an important part for retirees from the formal sector. Micro finance programmes (where they were supported by development partners), particularly in rural areas, and informal sector development, especially for women, were prominent strategies being used to address poverty. Seasonal worker schemes, for some countries, gave working age people an opportunity to work in Australia, New Zealand or the United States, usually in the agriculture sector.

With respect to the ICPD issues relating to population and sustainable development, most countries reported that they addressed:

- Eradication of poverty with special attention to income generation and employment



strategies.

- Strengthening food security.
- Promoting Environmental resources management.
- Improving solid Waste management.
- Foster sustainable resource use and preventing environmental degradation.

Kiribati noted that although it had indicated that it was addressing 'promoting environmental resources management' and 'fostering sustainable resource use and preventing environmental degradation' through a national integrated environmental programme, implementation had not commenced because of the lack of funds. A few other countries reported similar constraints on the implementation of policies or programmes.

The Government of Palau in addressing the food security issue reported that the President had instigated a 'green revolution' programme not only to encourage people to grow their own food but to help fight the growing obesity and diabetes epidemic.

The majority of countries reported that they also addressed ICPD issues on:

- Reducing territorial inequalities.
- Achieving fair trade relations.
- Population trends/dynamics in ecologically vulnerable areas.
- The implications of population trends in large urban agglomerations.

Achievements

Table 9 outlines those areas where countries reported achievements. The most common areas were:

- Climate change policy and adaptation programmes, disaster preparedness measures.
- Food security, including national agriculture research.
- Addressing poverty through improving access to credit, especially in rural areas, informal sector development, especially for women and the seasonal worker scheme for a few countries gives working age people an opportunity to work in New Zealand usually in the agriculture sector.
- Environmental and natural resource management as well as waste management.
- Urban and housing policy development.

Environmental management and the prevention of environmental degradation including in fragile urban areas concerned all countries of the Pacific over the last five years and had assumed a high priority in national sustainable development plans as the impacts of climate change become more obvious with increasing frequency of cyclones and high tides affecting coastal communities.

There were many stakeholders willing to partner with governments to raise community awareness, develop and deliver programmes on environmental management issues, waste management and/or climate change. Such programmes tended to be funded because they most often relied on external sources from either regional agencies or bilateral partners. Similarly, government agencies had a range of community and special interest stakeholders (including women, youth, community and faith based organisations) with which to partner on poverty alleviation and livelihood programmes. Where governments had such partners, advances had been made and programmes and policies developed and implemented. In those areas where there were few partners and regional agencies lacked programmes, governments had to rely on their own resources and progress in these areas tended to be slow.

Table 9: Overview of Pacific Island Countries' Population and Sustainable Development Achievements and Priorities

PICs	Population policy	Population change	Poverty and livelihoods	Vulnerable groups	Family wellbeing	Waste management	Urbanization	Food production and security	Environment and climate change
Cook Islands		Depopulation of outer islands					Rarotonga land management		National Biosafety framework Cyclone safety outer islands
Fiji	Leadership training		Entrepreneurship Establishing rural industry	Care of elderly	TA housing		Housing policy		Implementing climate change policy
FSM		Emigration	Employment					Strengthened	Environmental protection
Kiribati			Access to credit Small businesses Poverty reduction Employment trade	Urban youth		Solid waste		Strengthened	
Nauru								Arable land Water production	Marine resources sustainability
Niue		Emigration				Solid and water waste		Food security Food security programmes	Resource management
Palau			Employment	Unemployed youth	Access to services		Urban Policy		
PNG	Law and order	High growth rate	Informal sector and SME policy Employment						Climate change policy
RMI	Policy capacity building								
Samoa					Essential services		Urban governance	No food poverty	Reforestation, Natural resources Energy
Solomon Islands			Poverty reduction			Solid Waste management policy	Managing urbanization	Implement food security Policy Strengthen food security	Climate change policy Protect fragile ecosystems
Tonga				Social protection Care of elderly					Education for sustainable development
Tuvalu	Population policy		unemployment		Health Education	Solid waste agency	urbanization		Climate change policy Environment degradation
Vanuatu	Population policy Data collection	Growth and distribution Secondary growth centres		Unemployed youth and elderly			Managing rural-urban migration		Environmental conservation



Priorities

Climate change and disaster preparedness were identified as priority areas (Table 5 page 55). A number of countries had re-settled communities from low lying areas either as a result of the impacts of recent cyclones, tsunamis or 'king tides'¹³ (e.g. PNG, Samoa, Tonga). This was particularly important for atoll countries with communities regularly inundated by high or 'king tides' (Kiribati, Marshall Islands, Tuvalu).

As outlined in Table 9 areas of progress identified by countries included:

- Developing policy on climate change.
- Environment, environmental management including waste management featured prominently with many countries.
- Strengthening food security.
- Addressing poverty through improving access to credit, especially in rural areas, informal sector development, especially for women and the seasonal worker scheme for a few countries gives working age people an opportunity to work in New Zealand usually in the agriculture sector.
- Two countries had made significant advances in addressing urban development nationally (Fiji and Papua New Guinea) with one country (Vanuatu) having a draft national urban policy. Other countries noted related issues including rural depopulation and land management concerns.

Food security remained a public policy priority for five countries for the next five to ten years, especially for the atoll countries and Nauru. Other priority areas most frequently identified included the environment, and environmental management including solid waste management. Much of the concern for the environment was associated with urbanization and the impact of poor settlement areas on fragile coastal environments and their exposure to coastal erosion.

Conclusions and Recommendations

The survey shows that while many countries are moving towards an integrated approach in addressing the interwoven issues of population, economic development, environment, climate change, and urban development, through the formulation of national plans and policies, there is much work to be done to ensure that all countries across the region develop comprehensive population policies to provide cohering frameworks for national planning and programme development, and that countries have sufficient support by way of funding and technical assistance to implement these policies and programmes. Based on the findings of the survey, the following actions should be emphasized in future population planning initiatives to strengthen sustainable development outcomes. The recommendations take should take account of the cross-cutting nature of population issues, vulnerability to climate change, globalization and environmental degradation. Education plays a crucial role in effecting appropriate social responses, therefore, governments should:

- Encourage national debates on the essential elements of population and development viz migration (especially rural to urban or outer island to capital island), changes to the structure of population especially; considering job creation for school leavers and those with tertiary training; ageing; fertility; national morbidity and mortality concerns.
- Undertake regular review of national population policies and ensure resources are deployed for effective implementation.
- Invest in research on population issues to inform policy development and implementation.
- Provide resources for research on special population groups, particularly the young, urban groups, unemployed urban youth.
- Form partnerships with universities and CSOs and develop joint research programmes on population policy and social priorities.
- Train policy makers on making effective use of research results to inform the policy development process.

¹³ King tides are especially high tides that occur only a few times every year and usually associated with the alignment of the moon and the sun which occurs two times in a year. The tidal impacts can be amplified by weather events, especially during winter months.





POPULATION CHANGE AND SOCIAL DEVELOPMENT CHALLENGES



Introduction

Changing age structures, poverty, migration, urbanization and morbidity are key factors that have contributed to major changes to the social structures of Pacific island countries in recent decades. The development of social infrastructure in the form of policies and institutions to administer and implement social policy has been one of the most significant developments in enhancing social integration in a planned and coordinated way. Social arrangements are changing rapidly in the Pacific. The extended family has been the principle welfare, education and employment agency, but the social and demographic transformation is such that, although the family is still the central welfare agency, governments must take on increasing responsibilities in these policy areas. The remoteness of many communities and social structure of Pacific communities requires governments to develop and implement social policy in partnership with community based organisations if they are to be effective.

Government social policy development clearly has become an essential tool for mobilizing resources and around which partnerships between government agencies, CSOs and the private sector can be made. Those countries that reported active CSOs with particular interest in the area were most likely to have had active programmes and resources allocated. A number of excellent examples were given of partnership arrangements with private sector organisations in some countries. Partnerships, such as those cited in Fiji involving bus and taxi companies providing discounts for persons with disabilities and the elderly, supermarkets providing food or garment factories providing employment opportunities for persons with disabilities can make a difference to improving peoples' lives.

Regional and international programmes have also had a significant impact in recent years with the Secretariat of the Pacific Community (SPC) assisting countries in the development of national youth policies, and the Economic and Social Commission for Asia and the Pacific (ESCAP) in partnership with the Pacific Islands Forum and the Pacific Disability Forum assisting many countries to develop rights based national disability policies and promoting signing of the Convention on the Rights of Persons with Disabilities. UNFPA has assisted some countries to address national population policies and policies on ageing and the elderly. For example, Fiji (2011) and the Cook Islands (2012), with assistance from UNFPA and ESCAP and in partnership with the government and local CSOs, have been the most recent Pacific countries to adopt national policies for the elderly.

Youth

The lack of employment opportunities for youth is a major concern, particularly for the Melanesian and Micronesian countries that have the most youthful populations and high rates of rural to urban migration.

UNICEF noted in their 2011 report on "Investing in Youth Policy" that employment data is often not age-disaggregated, or may not take into account the informal sector where young people's work is often located. Data does not count young people whose only option is subsistence living in mainly rural areas because there is no paid work. Using evidence-based estimations, it is possible to make approximate calculations. The 2005 State of Pacific Youth Report highlights a trend in the region that youth unemployment rates are double that of the entire workforce. For Fiji, based on the figure of 11.8% for the entire workforce of people aged 15-64 years, this would set an estimated unemployment rate for 15-24 year olds in Fiji of around 23%. However, a 2009 estimation of the ratio of youth-to-adult unemployment rates in the Pacific Islands of 3.9% would set the youth unemployment rate at 46%¹⁴.

¹⁴ UNICEF, Investing in Youth Policy, sharing good practices to advance policy development for young people in the Asia-Pacific region, 2011, Asia-Pacific Interagency Group on Youth.

Analysis of census results from Nauru and Marshall Islands show values that reach as high as 60%.

Following the global economic crisis the Solomon Islands government sought assistance from the World Bank to implement a Rapid Employment Programme focusing on Honiara youth (around 50%), especially youth from the peri-urban squatter communities, and women. The project started in late 2010 and will run to mid-2015. Vanuatu has become a lead country in the Youth Employment Network (YEN) which is a group of Asia-Pacific countries that have voluntarily committed themselves to prioritising youth employment on their national policy agenda.

Disability

Chronic health conditions and population ageing are the two major causes of rising disability prevalence in the Pacific. Heart disease, stroke, cancer, diabetes, chronic respiratory conditions and other NCDs are on the rise. NCDs result from unhealthy changes in lifestyle and food habits characterized by: a more sedentary routine, a lack of exercise, smoking and excessive alcohol consumption, and 'modern' diets rich in saturated fat, salt and sugar, but low in fibre and a balance of micronutrients¹⁵.

Road traffic injuries are an emerging cause of disability in the Pacific, but the data linking road traffic accidents with long-term disabilities are scarce¹⁶. The Cook Islands has only recently introduced law requiring motorcyclists (the most common form of transport) to wear crash helmets noting increasing numbers of injuries and disabilities arising from accidents, especially on the main island of Rarotonga where 73.6% of the population live.

Given the Pacific's vulnerability to natural disasters, more information is required addressing the linkage between disaster and disability. The numbers of those who perished and those who survived major natural disasters are largely undocumented.

Addressing disability has changed significantly over the last ten years through significant support provided by a range of regional organisations including the Pacific Disability Forum, which, in partnership with the Pacific Islands Forum and UNESCAP assisted most countries in the Pacific to develop policy and raise awareness of the rights and concerns of persons with disabilities. This ensured that, at the national level, there was a high degree of engagement with stakeholders, particularly disabled persons organisation (DPOs) and a positive response to signing the CRPD.

The elderly

International efforts to respond to the challenges posed by population ageing culminated in the adoption of "The Madrid International Plan of Action on Ageing" (MIPAA) at the Second World Assembly on Ageing in 2002 which has since become the basis for action on population ageing. This has not been recognised as a priority in the Pacific and consequently has not received the same level of support as other regional initiatives.

The Madrid plan of action outlines a 'guiding framework and toolkit' and sets out principles for addressing ageing in society. The starting point for the plan of action states that:

"Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights... It is essential to recognize the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole¹⁷".

¹⁵Disability at a glance 2012, Strengthening the evidence base in Asia and the Pacific, United Nations ESCAP, page 19.

¹⁶ Ibid page 21

¹⁷ The Madrid International Plan of Action on Ageing Guiding Framework and Toolkit for Practitioners & Policy Makers, Department of Economic and Social Affairs, United Nations, New York

The countries with the highest proportion of people over 60 years are Niue and the Cook Islands. The proportion of those who are 60 years and over has been increasing steadily over the last 20 years, particularly in the Polynesian and Micronesian countries as well as Fiji.

“Between 2000 and 2050, the elderly population of the Pacific Islands is projected to grow from 376,000 to 2.25 million, and the “oldest old” (80 years and over) is projected to grow from 18,900 to 266,400 over the same period (UNFPA Pacific Sub-regional Office, 2009). By the year 2050, the populations of some Pacific Island countries will have a median age of 40+ years. The double impact of the demographic transition and emigration is particularly evident on outer islands and remote areas where the population of labour force age is shrinking while the elderly population is growing and becoming more feminine. In Western Melanesia, the mortality and fertility transitions started later and have proceeded more slowly—hence these populations are still youthful and will not start ageing for another decade or more¹⁸”.

The elderly are a neglected group and there is little provision for elderly services and programmes amongst development partner programmes. For many countries across the Pacific, services for the elderly are becoming increasingly important as populations change either as a result of migration of working age people leaving behind older members of their families or as populations age naturally with birth rates declining and life expectancy increasing. The demographic structure of Pacific countries is changing, requiring governments to respond to issues that in the past was considered to be an extended family obligation to look after its vulnerable members, but with increased migration and greater number of people in the over 60 age group, this is now increasingly becoming a government responsibility. One country noted that with the breakdown of the family arising from urbanization (rural to urban drift) and emigration, this is placing a greater burden on government’s budget to provide the support which in the past may have come from the extended family.

Indigenous people

Few countries fully responded to the question on the concerns of indigenous peoples. The perspective of indigeneity is filtered by independence, autonomy and self-governance on the part of all countries. The Pacific is one of the most culturally and linguistically diverse regions of the world. However, in the context of exceptionally small communities, limited land masses and isolation, the influence of globalisation, tourism, urbanization as well as emigration, for some countries, are having an impact on cultures through loss of language and traditional practices as well as leadership structures. To this extent, therefore, indigeneity is being challenged. Papua New Guinea, the most populous country of the Pacific and the most linguistically diverse country in the world with around 800 distinct languages spoken, is losing many of these languages with the passing of each generation.

Findings of the Survey

Policies, Progress and Achievements

Youth

All countries were found to have national youth policies developed, involving partnership arrangements between government and CSOs. Most countries had a clear sense of the priorities for youth indicating employment (see Box 5) and access to SRH services as the ICPD areas which most countries are addressing. However, only 6 countries had undertaken situation analyses although for most this involved analysing the most recent census data. Samoa had undertaken ‘economic activity mapping of youth,’ but most had not undertaken research with a specific youth focus. This indicates that there is an ongoing and pressing need for up to date and accurate data to inform policies and programmes and monitor change over time.

Box 5: Youth employment: A portal for sharing information on the most pressing issue currently facing young men and women in the Pacific

A programme to build capacity of youth in organic agriculture commenced in Tonga in March 2013. The programme is the outcome of a partnership between the Pacific Organic and Ethical Trade Community (POETCom), Land Resources Division of the Secretariat of the Pacific Community (SPC), the United Nations Development Programme, OXFAM New Zealand and the Tonga National Youth Congress. The programme recognises that engaging youth in organics and the opportunities it provides requires a change in the way we look at and talk about farming as a career.

In March 2013 Solomon Islands youth participated in the Youth at Work programme, a youth employment programme that gives youth work placements, job skills training and mentorship to support them towards gainful employment. After an initial training the FotoVois participants learned basic camera and photo composition skills, and brainstormed on themes they wanted to portray in their photos. Photos will be exhibited at Honiara's National Art Gallery in mid-April. The week-long exhibit will be an advocacy exercise aimed at encouraging support and action for youth livelihoods in the Solomon Islands.

www.facebook.com/pages/pacific-youth-employment

Of all the ICPD POA priorities, ensuring that adolescents and youth have the same rights and access to sexual and reproductive health services, including HIV prevention services, was identified as the most likely area to be addressed as all countries indicated that they had policies, programmes or strategies in place for these. Tonga identified that ASRH became a Thematic Area of the national RH Policy that addressed SRH and Rights of young people, youth friendly services and prevention through information, education and communication (IEC) materials and the school curriculum. Tonga also pointed out that the National Strategic Plan on STIs-HIV youth and family services for most at risk young people and peer education training for young people.

Violence, exploitation and abuse of children, adolescents and youth, including sexual exploitation and commercial sexual exploitation was also addressed by all except one country, although some indicated that progress was either deficient or behind schedule.

Only one country (Cook Islands) referred to youth mental health as an achievement with the establishment of a youth helpline, set up in partnership with Cook Islands Telecom. Given the high suicide rates amongst youth populations in the Pacific, particularly in the Micronesian and Polynesian countries, a number of countries have developed responses over the last decade involving a range of partnerships. Regional and UN agencies and bilateral development partners have provided crucial support addressing many issues.

Table 10: Addressing the Needs of Youth in Pacific Island Countries

	Achievements	Most relevant issues for next 5 – 10 years
Cookis	<ul style="list-style-type: none"> Youth Helpline National survey on youth MOH RH policy Increased STI/HIV testing 	<ul style="list-style-type: none"> Employment in outer islands Drug and alcohol abuse Mental health Education
Fiji	<ul style="list-style-type: none"> Youth employment Family life education Sports for poor children National Youth Council 	<ul style="list-style-type: none"> Crime diversion Civic education Unemployment Mainstreaming youth issues STI/HIV Substance abuse and violence
FSM	<ul style="list-style-type: none"> Increase in school enrolments 	<ul style="list-style-type: none"> Unemployment emigration
Kiribati	<ul style="list-style-type: none"> Career fair SIYP training 	<ul style="list-style-type: none"> Participation Employment Skills Social services Labour market
Nauru	(No areas of progress noted)	
Niue	<ul style="list-style-type: none"> Annual reports of Chamber of Commerce 	<ul style="list-style-type: none"> Adolescent health and alcohol
Palau	<ul style="list-style-type: none"> Violence exploitation and sexual abuse programme for children Adolescents' access to SRH/HIV prevention services Age sex disaggregated data on youth and adolescents in census 	<ul style="list-style-type: none"> Youth violence and unemployed youth Improving access to education and employment youth Collection and processing of data on youth and adolescent issues Revitalise government youth division - policy and strategy
PNG	<ul style="list-style-type: none"> 5 year provincial youth development plans 	<ul style="list-style-type: none"> Participation of youth in planning Implementing development activities Violence, abuse exploitation of children Youth-friendly centres and programmes in all Involvement in decision making Access to education
RMI	<ul style="list-style-type: none"> Creating employment opportunities National Youth Policy protection act 	<ul style="list-style-type: none"> Local level finance Youth plan
Samoa	<ul style="list-style-type: none"> Employment - seasonal worker scheme SRH access improved 	<ul style="list-style-type: none"> Employment High STI rate Youth crime
Solomons	<ul style="list-style-type: none"> Youth facilities GBV study Rapid Employment Programme 	<ul style="list-style-type: none"> Youth Division capacity Disaggregated data Poverty, employment
Tonga	<ul style="list-style-type: none"> ASRH in National RH Policy and school curriculum ASRH in national RH policy and school curriculum National Youth Policy implemented 	<ul style="list-style-type: none"> Employment policy and child labour NCDs Youth in business TVET Early drop out from school
Tuvalu	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Education opportunities HIV/AIDS Teenage pregnancy Employment opportunities Alcohol abuse Domestic violence
Vanuatu	<ul style="list-style-type: none"> National Action Plan on youth employment National Reproductive Health policy and strategy 	<ul style="list-style-type: none"> Employment Adolescent SRH Adolescent substance abuse Business development services Youth networking

Employment programmes for youth featured most prominently in responses to achievements (see Table 10) over the last five years including 'career fairs' or having youth participate in seasonal worker schemes in Australia, New Zealand or the United States. A number of countries had developed national action plans on youth employment (with the support of the ILO).

The most common priority identified for the next five to ten year period was improving access to employment, including small business and technical and vocational training. The Cook Islands highlighted the need to improve employment or livelihood opportunities in the outer islands.

Access to SRH and adolescent health including programmes to address alcohol and substance abuse remained a high priority for many countries.

Other priorities common to two or more countries included building the capacity of youth programmes, reviewing and updating youth policies as well as building databases and undertaking situation analyses. Other areas include addressing youth crime (other than substance abuse) and violence and developing programmes for young offenders (see Appendix 1).

Ageing

Three countries have policies on ageing, whereas a further six have social protection programmes or benefits for the elderly. Tuvalu has a 'Citizens Support Scheme' paying \$50 per person per month to the elderly. PNG was the first to develop a national plan of action on ageing in 2002. Fiji and the Cook Islands are the most recent countries to develop policies.

A number of countries reported no response to addressing the ICPD priorities on ageing or achievements in the areas and two could not identify priorities for the next five to ten year period.

One country had undertaken a situation analysis of the elderly and only a few countries had active and/or established partnerships with CSOs, very few private sector organisations and little in the way of development partner programmes supporting policy or programmes for the elderly.

Ageing will assume high importance over the next decade. Effective responses will require partnerships with CSOs. The experience within the region is limited, but some countries, particularly Fiji and PNG can offer their experience of tackling aged concerns. Others, such as FSM, Solomon Islands, Tonga and Marshall Islands have experience of the limitations of national provident fund schemes, national insurance and other schemes for retired people. The capacity of CSO and other community based groups will need to be strengthened if effective responses are to be developed. In the Fiji context, the Fiji Council of Social Services (FCOSS) played a prominent role in initiating community debate, creating awareness of the issues, developing policy responses to ageing and worked closely with the government to develop Fiji's first national policy on ageing.

Those countries that did identify priorities (see table 11) for the next five to ten years emphasised three key areas: first, the need to support families caring for elderly people, ensure they have adequate housing and available social services; secondly, to strengthen benefit and social security systems and broaden coverage of those programmes; thirdly to ensure that health services are accessible and affordable and address the needs of elderly people, including addressing the need to create awareness of healthy lifestyles in order to mitigate the impact of NCDs, particularly diabetes and heart disease.



Box 6: The need for policy integration

The Marshall Islands which has a large youth population (64% under the age of 24 years), high unemployment (approximately 80%) and high school dropout rate (around 70%), also has high rates of teen pregnancy and a high suicide rate (29 per 100,000 amongst males). These issues are not unique to the Marshall Islands and the response recently summarised in an ADB report can equally apply to most other Pacific Island countries:

“Neither government nor any single agency can effectively address youth issues on its own. Solutions require a long-term, targeted, sector-wide approach which facilitates local and national government, NGOs, Churches, traditional and other community leaders, parents and young people working together to bring about social change. With sufficient coordination, commitment and resources, there is high potential to enhance social capital and community self-reliance in addressing youth issues.”

Table 11: Addressing Ageing and the Needs of Older Persons

	Achievements	Most relevant issues for next 5 - 10 years
Cooks	<ul style="list-style-type: none"> Ageing policy Phased increase in pension 	<ul style="list-style-type: none"> Accessible health care Support to family and NGOs Prevent NCDs Housing Elderly network Social neglect
Fiji	<ul style="list-style-type: none"> Fiji National Ageing policy Food voucher system National Council of Older Persons 	<ul style="list-style-type: none"> Social assistance Healthy living Enabling environment
FSM	<ul style="list-style-type: none"> Social security universal coverage 	<ul style="list-style-type: none"> Public awareness Need for national policy Situational analysis Lack of social policy capacity
Kiribati	<ul style="list-style-type: none"> Support system for elderly IDs 	<ul style="list-style-type: none"> Elderly fund Disaggregated data
Nauru	No progress reported	No issues identified
Niue	No progress reported	<ul style="list-style-type: none"> Increasing number of aged people Providing support to families caring for older persons
Palau	No progress reported	<ul style="list-style-type: none"> Providing for growing ageing population and affordable health care Social security and pension programme sustainability Social services
PNG	<ul style="list-style-type: none"> National coordinating committee 	<ul style="list-style-type: none"> Support services Legislation
RMI	<ul style="list-style-type: none"> Independent living 	<ul style="list-style-type: none"> Policy Support services Situational analysis
Samoa	<ul style="list-style-type: none"> Health care affordable 	<ul style="list-style-type: none"> Review pension scheme Public care facilities
Solomons	<ul style="list-style-type: none"> Provident Fund legislation 	<ul style="list-style-type: none"> Social security for all old people Improved return on Provident Fund Health insurance for elderly Support to families caring for elderly
Tonga	No achievements reported	No issues identified
Tuvalu	No achievements reported	No issues identified
Vanuatu	No progress reported	<ul style="list-style-type: none"> Ageing population and resource impacts

Persons with disabilities

Eleven of the 14 Pacific islands countries had developed rights-based national disability policies and 9 had signed the CRPD, although only Fiji and Cook Islands had proceeded to the next step and developed legislation protecting the rights of persons with disabilities. Most indicated that a barrier to policy implementation was the lack of government commitment and financial resources. Although many governments around the region had passed national disability policies, only those that had committed funds and/or had development partner support, had made significant gains with implementation (Cook Islands, Fiji and Papua New Guinea).

Most countries had addressed the need to make education more inclusive. The Micronesian countries had clearly benefited from education programmes delivered from the United States, while other countries such as the Cook Islands and Samoa have had support from development partners and or civil society.

Given the challenges facing Papua New Guinea with its large population and remote communities, it has accomplished more than most other countries with respect to ICPD priorities on disability because of a high degree of political commitment and government pledging an allocation of funds when it passed its national policy on disability in 2008. There was also an active national coordinating mechanism involving representatives from civil society, including DPOs, faith based agencies and private sector representatives. A particular strength has been government's partnership arrangements with faith based organisations, particularly Callan Services, which provides hearing and sight screening for children, special education and rehabilitation services in many provinces of PNG.

Seven countries indicated that persons with disabilities had the same rights and access to sexual and reproductive health care, including family planning information and services and HIV prevention services as others, although it is clear that this may not necessarily mean improving the physical accessibility of clinics or training health personnel on the special needs of persons with disabilities. Only the Solomon Islands mentioned SRH for women with disabilities in their achievements and none identified this area as a priority for the future.

Few countries provided support to families caring for family members with disabilities; in most cases this was limited to a few services, e.g. the Cook Islands government provides assistance to modify houses for families with a person in a wheel chair and in the Solomon Islands the CBR programme provides limited rehabilitation support to persons with disabilities in the provinces.

The most relevant challenge (see Table 12) identified by most countries for the next five to ten year period was the provision of accessible physical infrastructure. Given the remoteness of outer islands and rural communities in most countries this presents a major challenge for persons with disabilities. This will also be a challenge in all cities of the Pacific as most make little provision for accessibility.

Most countries identified legislation and laws protecting the rights of persons with disabilities, or reviewing existing legislation as well as ratification of the CRPD as a priority for the next period. Awareness amongst the wider community was also a priority as lack of awareness, community attitudes and customs featured prominently as barriers to achieving ICPD priorities in the area of disability.

Education and inclusive education has been a significant development within the region over the last five years. A number of countries have addressed this area and five countries identified this as a priority for the next period. Niue identified the need for special needs teachers which is consistent with the 'twin track approach' advocated by regional agencies working in this area - i.e. support inclusive education while at the same time catering for special needs of the most vulnerable through special schools.



Table 12: Addressing of the Needs of Persons with Disabilities in Pacific Island Countries

	Achievements	Most relevant issues for next 5 – 10 years
Cooks	<ul style="list-style-type: none"> Inclusive education policy 	<ul style="list-style-type: none"> Improving access Assistive devices CBR
Fiji	<ul style="list-style-type: none"> Public transport concessions CRPD signing 	<ul style="list-style-type: none"> Accommodation; Inclusive education Equal employment Accommodation EEO Transport; Review FNCDP Act Provincial disability centres
FSM	<ul style="list-style-type: none"> Inclusive education 	<ul style="list-style-type: none"> Infrastructure accessibility in remote areas Support for women Rehabilitation and vocational services Update national policy Ratify CRPD
Kiribati	No progress reported	No issues identified
Nauru	<ul style="list-style-type: none"> Collecting baseline data on disability 	<ul style="list-style-type: none"> Developing accessible infrastructure Support to PWDs
Niue	<ul style="list-style-type: none"> National policy 	<ul style="list-style-type: none"> Accommodation Special needs teachers
Palau	<ul style="list-style-type: none"> National disability policy approved 	<ul style="list-style-type: none"> National survey on disability
PNG	<ul style="list-style-type: none"> National body established to advocate More schools for children with disabilities 	<ul style="list-style-type: none"> CBR Legislation Data Awareness advocacy Education, training, and employment
RMI	<ul style="list-style-type: none"> Employment opportunities 	<ul style="list-style-type: none"> Policy Situational analysis TA legislation
Samoa	<ul style="list-style-type: none"> Revised building code Advocacy 	<ul style="list-style-type: none"> CRPD ratification Strengthen DPO Inclusive education Implementation of policy
Solomons	<ul style="list-style-type: none"> National policy SRH for women with disabilities 	<ul style="list-style-type: none"> Inclusive education TVET Data Strengthening rehabilitation Legal protection
Tonga	<ul style="list-style-type: none"> PWD identified and assistance delivered 	<ul style="list-style-type: none"> Formulate a national policy CRPD ratification
Tuvalu	<ul style="list-style-type: none"> No progress reported 	<ul style="list-style-type: none"> Disability policy and Ministry position Rehabilitation service
Vanuatu	<ul style="list-style-type: none"> Policy CRPD ratification Education policy Disability in census 	<ul style="list-style-type: none"> Awareness of rights Service delivery assistive devices Data Accessible infrastructure

The Solomon Islands is the only country that has a national network of Community Based Rehabilitation (CBR) workers. Three countries identified CBR, rehabilitation and assistive devices as priorities for the next period.

Indigenous people

Four countries indicated they had policies, programmes and institutions addressing one or more issues associated with cultural development, language, traditions, land and leadership. Fiji noted that it had developed an indigenous knowledge and language data base and the Cook Islands had passed legislation regarding the protection of indigenous land and language. Similarly, the Marshall Islands has a programme in schools from the early years promoting the use of the local language.

The Secretariat of the Pacific Community (SPC) and UNESCO play a prominent role in supporting indigenous cultures of the Pacific. SPC has noted that its priorities are: developing a regional cultural strategy, promoting the role of young people in culture, creating greater respect for Pacific people's cultural values, and protecting cultural heritage and traditional knowledge and expressions of culture. At the national level countries have had few strategic partnerships with either CSOs or the private sector.

Box 7: Tuvalu Cultural Mapping, Planning and Policy

There is no doubt that the CMPP exercise has made a great impact by reviving a sense of the importance of culture in Tuvalu society. For example, as a result of the project, for the first time people are discussing culture in a serious manner; participants in the consultations confirmed that all this time culture was just part of their daily life but never realised the immense potential that culture has to contribute to economic growth and especially in the sustenance of their daily livelihood; and awareness has grown of the existence of the constitutional provisions for culture that have remained neglected all these years. Though it is far from being comprehensive, given the limited time allowed for it, the CMPP exercise has laid the basic framework from which culture could be developed. One of the recommendations below is for the cultural mapping exercise to continue into the future.

Tuvalu Cultural Mapping, Planning and Policy Report (page 44)

Published by the Secretariat of the Pacific Community on behalf of the Culture Division, Ministry of Home Affairs and Rural Development, Funafuti, Tuvalu, 2012

Those countries that responded to this section of the questionnaire noted priorities (see Table 13) for the next period in the following areas: promotion of the sustainable use of land and marine resources; developing a database on traditional knowledge and practices and documenting cultural heritage and island identities; the need for a situation analysis and the preservation of heritage and language including through film making (Tuvalu, see also Box 7).

Table 13: Addressing of the Needs of Indigenous People in Pacific Island Countries

	Achievements	Most relevant issues for next 5 - 10 years
Cooks	<ul style="list-style-type: none"> Land Act and tenure system Te Reo Maori Act 	<ul style="list-style-type: none"> Decreasing population Traditional land tenure pressures
Fiji	<ul style="list-style-type: none"> Indigenous knowledge and culture data base; Indigenous scholarship 	<ul style="list-style-type: none"> Sustainable use of land and sea Infrastructure in rural areas Traditional knowledge
FSM	No progress noted	No issues identified
Kiribati	No progress noted	No issues identified
Nauru	<ul style="list-style-type: none"> Ratification of UNESCO convention for indigenous cultural heritage 	<ul style="list-style-type: none"> Preserving Nauru heritage and language
Niue	No progress noted	No issues identified
Palau	No progress noted	No issues identified
PNG	No progress noted	No issues identified
RMI	<ul style="list-style-type: none"> Health Education 	<ul style="list-style-type: none"> Situational analysis Needs assessment TA Legislation
Samoa	No progress noted	No issues identified
Solomon Islands	No progress noted	No issues identified
Tonga	No progress noted	No issues identified
Tuvalu	<ul style="list-style-type: none"> Draft cultural policy 	<ul style="list-style-type: none"> Ratify cultural conventions Document cultural heritage and island identities Film making of cultural aspects to archive information
Vanuatu	No progress noted	No issues identified

Facilitators and Barriers

Across all of these special population groups, the most significant facilitating factors had been government engagement with stakeholders, civil society and CBOs, and the establishment of effective partnerships. Support from a variety of regional agencies and bilateral development partners had played a key role in supporting, promoting and partnering with government to develop policies and programmes targeted and assisting with resourcing for implementation. The barriers countries had most often encountered were geographic remoteness and isolation, prevailing cultural attitudes, lack of political will and crucially, as some governments pointed out, the difficulty in programme implementation through limited absorptive capacity.

Conclusions and Recommendations

It is clear from the survey that attention to these areas has been uneven across the region and between these special population categories. Most if not all countries have youth policies and disability policies, but few policies exist for the elderly or indigenous people. Where policies do exist, there has been insufficient attention paid to the resourcing (human and financial) for implementation. CSO/NGO partnerships have been crucial for policy development and implementation, and governments need to pay greater attention to the modalities of cooperation for implementation of policy.

Based on the findings of the survey, and recognizing the relative vulnerability and disadvantage of youth, elderly, people with disabilities, and indigenous people in the Pacific, understanding these categories to be culturally and socially constructed and defined, and recognizing the importance of locally-generated and stakeholder driven solutions to issues, the following actions should be taken to strengthen sustainable development outcomes:

Youth

1. Establish data collection mechanisms to inform youth policies and programmes and monitor change over time.
2. Build the capacity of youth divisions within governments and agencies addressing youth issues.
3. Establish accessible youth-friendly SRH and mental health services, including comprehensive sexuality education, through schools and other educational institutions, youth organizations, faith based organizations and communities.
4. Develop programmes addressing youth crime especially substance abuse and violence, with a particular focus on urban areas and informal settlements.

Elderly

5. Hold national consultations on ageing and the elderly to assess the social and economic priorities of the elderly.
6. Develop policies to guide strategies and programmes addressing the needs of the elderly with a particular focus on families caring for the elderly, housing, health and support services.
7. Adopt the Madrid International Plan of Action on Ageing (2002) as a tool to assess policy and programme priorities and ensure that ageing priorities are integrated with other policy and programme areas.

Disability

8. Review disability policies and programmes and address resource implications of policy commitments.
9. Strengthen partnerships between Disabled Persons Organisations (DPOs), NGOs and government agencies.
10. Develop national action plans to improve infrastructure and public transport in key urban areas to ensure persons with disabilities can access services and retail areas.
11. Build awareness in rural areas and outer islands on how accessibility can be improved for persons with disabilities.
12. Develop greater awareness within the education sector in particular and the community generally of the importance of ensuring children with disabilities are included in schools from the early years.

Indigenous people

13. Undertake a regional situation analysis of indigenous people of the Pacific, focussing on awareness of indigenous people's needs and rights and current measures to address these.
14. Increase awareness in Pacific Island countries of the needs and rights of indigenous people, even where they are a majority in self-governing and independent countries.
15. Encourage all Pacific Island countries to sign the Convention on the Rights of Indigenous People.
16. Encourage all Pacific Island countries to develop policy for indigenous people.
17. Support a regional database on traditional knowledge and practices.
18. Take steps to record and preserve indigenous languages.
19. Hold national debates on national heritage, culture and language and the impacts of migration, urbanization, changing age structure, globalisation and protection of cultural practices and language particularly as they are found in remote locations and islands.







URBANIZATION AND INTERNAL MIGRATION



Introduction

Urbanization as a dynamic and complex evolutionary part of social development in the Pacific is not well understood. Problems arise from a lack of recognition among Pacific peoples themselves that the Pacific is rapidly losing its village-based social structure as the dual effects of rural-urban internal migration and high national birth rates create exponentially expanding populated centres.

Urbanization is generally understood to refer to the process in which an increasing proportion of the national population migrates from rural areas to live in towns. It is an almost universal corollary of economic development.

An Asian Development Bank (ADB) workshop found that the principal reason cited for migration to urban areas was to “escape an increasingly difficult economic situation in rural and remote areas¹⁹”. Paradoxically such migration contributes to higher levels of poverty insecurity and conflict in urban centres while providing a ready labour force for economic development.

The physical and cultural barriers and constraints to making land available for urban growth means that medium to large towns and cities do not necessarily follow the same developmental patterns as they do in other parts of the world, and in some cases, become the locus of social tensions and conflict. Approximately 20 per cent of the Pacific population of 7.4 million people live in urban areas. If the population of Papua New Guinea (which at the last census in 2000 was 5.2 million people but which is currently estimated at over seven million people) is excluded from the regional count, then over 36 per cent of Pacific people live in urban areas.

The countries with the most densely populated areas tend to be amongst the smallest – Marshall Islands (Majuro, Ebye), Tuvalu (Funafuti), Kiribati (South Tarawa) – but have experienced the highest rates of urbanization over the last decade. This phenomenon is well illustrated in RMI and Tuvalu (see Box 8).

Box 8: Atoll urbanization and extreme population density

The total land area of Jenrok Village on Majuro Atoll, the capital of the Republic of the Marshall Islands (RMI), is .065 square kilometres containing 215 households averaging 9.47 persons per household and occupying 95% of the land. The estimated population of Jenrok Village is 1,847 persons with 65% under the age of 25 years. Jenrok's population density is equivalent to approximately 33,950 persons per square kilometre. Less than half of the households are connected to reticulated water supply, with reported high rates of water-borne diseases including diarrhoea and typhoid (Chutaro, 2004). Ebye Island, in Kwajalein Atoll, is the most densely populated island in the Marshall Islands, where 9,345 people living on only 0.23 square kilometres.

In 1973, Funafuti, the capital island of Tuvalu, had 14.8 per cent of the total population and in 2002 it had approximately 47 per cent (4,492 people) with a population density of approximately 1,610 people per square kilometre, while in 1973 there were less than 893 people per square kilometre (Funafuti is approximately 2.79 square kilometres). A survey of outer island settlers on Funafuti found that the average household size was over 8 people.

Wilkinson A., in UNESCAP, *Cities of Opportunity: partnerships for an inclusive and sustainable future*, Bangkok, 2011, Page 194

¹⁹ Asian Development Bank (1998), *Resettlement Policy and Practice in Southeast Asia and the Pacific: Proceedings of workshops held in Manila and Port Vila*.

However, Papua New Guinea with the largest population in the region, representing 70% of the regions' total population, has experienced high rates of rural-urban drift. Most Melanesian countries have urban population growth rates more than twice that of their national population growth rate (see Table 1).

Findings of the Survey

Policies and Progress

Over the last decade, urban issues have assumed a higher priority both with many national governments and regionally, as the responses to the Global Survey shown in Table 14 indicate. Four countries had national policy statements on urban development. Vanuatu had a draft national policy statement and Tonga had developed an urban development plan for its capital, Nukualofa, following the devastating riots and fires in 2006. In all cases development partners had made important contributions to the formation of national responses to urban challenges and in many countries private sector partners had also played key roles improving the urban environment such as waste collection and recycling companies in the Marshall Islands (Majuro) and Samoa.

Many countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Papua New Guinea and Vanuatu) had taken substantive steps to address urban development concerns.

Achievements

Given the nature of land ownership throughout the Pacific, traditional landowners play an important part in urban planning and development. Few countries had engaged in national debates and taken steps to engage with civil society, including traditional landowners. All those countries that had addressed urban development policy also promoted decentralising and the development of secondary urban centres (see Table 14).

The Planning and Urban Management Authority in Samoa, the Housing policy initiative in Fiji and Papua New Guinea's national urbanization policy provided recent significant achievement and best practice models in the Pacific for addressing the ICPD issues of proactive planning on promoting the growth of small and medium-sized urban centres, urban population growth, promoting environmental management of urban agglomerations and ensuring land, housing services and livelihoods for urban poor. Many countries also had provincial or island development plans and had endeavoured to ensure that island and provincial priorities were consistent with national development priorities. For example, the Solomon Islands Provincial Government Strengthening Project not only built management capacity but also assisted provincial governments in identifying development priorities. Papua New Guinea's urbanization policy also addressed the rejuvenation of district service centres.

Fiji and Papua New Guinea had implemented 'slum' or 'squatter settlement' upgrading projects in a number of settlements with support from development partners as well as civil society. In Papua New Guinea's case, the lack of budgetary support has meant poor progress with the implementation of the national urbanization policy and 'slum' upgrading projects.

Papua New Guinea noted that a recent achievement, under the ICPD issue of promoting environmental management of urban agglomerations, was the adoption of proactive measures to protect coastal settlements and infrastructure from rising sea levels. This initiative arose from the Port Moresby City Climate Change Vulnerability and Adaptation Assessment under the 'climate change resilient cities' component of the National Urbanization Policy. This is also an issue in Nukualofa in Tonga.

Table 14: Addressing Issues of Urbanization in Pacific Island Countries

	Achievements	Most relevant issues for next 5 - 10 years
Cook Island	<ul style="list-style-type: none"> Island development plans 	<ul style="list-style-type: none"> Depopulation of outer islands Land tenure Sustainability of outer islands
Fiji	<ul style="list-style-type: none"> Promoting growth of small centres Rural develop strategies 	<ul style="list-style-type: none"> Rural-urban migration Unemployment Decentralisation Shortage land supply and housing
FSM	<ul style="list-style-type: none"> Land purchase in Yap for outer islanders Rural development strategies Decentralisation strategy 	<ul style="list-style-type: none"> Zoning in all states Squatters Building code and housing policy Employment
Kiribati	<ul style="list-style-type: none"> Waste management 	
Nauru	No progress reported	<ul style="list-style-type: none"> Not enough land for new houses and public buildings
Niue	No progress reported	No issues identified
Palau	No progress reported	No issues identified
PNG	<ul style="list-style-type: none"> Environmental management Port Moresby Climate change vulnerability and adaptation Proactive measures to protect coastal urban settlements 	<ul style="list-style-type: none"> Rural-urban drift Informal economic activities Informal settlements - ad hoc settlement and services
RMI	<ul style="list-style-type: none"> No progress reported 	<ul style="list-style-type: none"> Situational analysis Migration
Samoa	<ul style="list-style-type: none"> Proactive planning 	<ul style="list-style-type: none"> Services in rural areas Livelihoods in rural areas Urban crime
Solomon Islands	<ul style="list-style-type: none"> Promoting small medium urban centres 	<ul style="list-style-type: none"> Rural development Promoting growth of small medium centres Land Housing services for urban poor Health Education Support for IDPs Proactive planning for urban population growth
Tonga	<ul style="list-style-type: none"> Nukualofa plan 	<ul style="list-style-type: none"> Land for urban areas Sea level rise impact on urban Urban poor Decentralisation
Tuvalu	<ul style="list-style-type: none"> Urban working committee established to draft policy 	<ul style="list-style-type: none"> Land and housing - Overcrowding, housing, land scarcity, poverty and health concerns Provision of basic services (water, sanitation, education) Environment - pollution, coastal erosion and solid waste management Social and economic - crime, unemployment, food security
Vanuatu	<ul style="list-style-type: none"> Decentralisation Act 	<ul style="list-style-type: none"> Urban planning HR capacity of provincial administration headquarters



Priorities

The majority of countries indicated that addressing provincial or outer island development was a high priority for the next five to ten year period (see Table 14). This included the need to address decentralisation policies, building the capacity of provincial or outer island administrations and improving the delivery of services particularly health and education services in provinces and outer islands. For many countries the sustainability of livelihoods on outer islands and in rural areas was a concern. For example, Vanuatu started the Rural Economic Development Initiative in 2004 to support and promote rural livelihood projects. In some countries (Cook Islands, Tuvalu, Yap State in the Federated States of Micronesia), the sustainability of communities on outer islands is a significant concern and they were searching for ways of supporting outer island and rural development.

Continued rapid urban growth, urban poverty and the need to address the expansion of peri-urban informal or squatter communities was a concern in a number of countries, particularly evident in the Melanesian and Micronesian countries (especially Majuro in the Marshall Islands and Pohnpei in the Federated State of Micronesia) but also the Polynesian countries of Tonga and Samoa. Some countries noted that this created other priorities, with respect to the supply of urban land for housing.

Four countries reported having conducted a situation analysis, but three of these indicated that their information on urbanization had been derived from census data only. Where countries had made progress in addressing urban development, they reported community participation and stakeholder engagement as facilitators in the process. PNG had found bureaucracy to have been a barrier.

Conclusions and Recommendations

While it is encouraging to observe most Pacific Island countries demonstrating a willingness to recognise and address the challenging issues of urbanization, others reported no achievements (RMI, Palau and Nauru) in this area and will require support in assessing need and taking appropriate measures to tackle the growing environmental, social and economic pressures of urbanization.

There are a number of regional initiatives that need to be strengthened in order to provide support to both the already highly urbanized countries and rapidly urbanizing countries such as RMI, Kiribati, Solomon Islands and Vanuatu.

Based on the findings of the survey, and recognizing the fragility of Pacific Island environments facing increasing impacts of urban growth, and the importance of locally-generated and stakeholder driven solutions to issues of urbanization, the following actions should be taken to strengthen responses to urban development challenges:

1. Develop national policy on urbanization and rural-urban linkages.
2. Engage landowners, the private sector and other stakeholders in national debates on urban development.
3. Improve housing and services in underserved settlements.
4. Strengthen provincial or outer island development programmes.
5. Develop partnerships and upgrade services for underserved and informal settlements and develop programmes where local communities take responsibility for the development and delivery of services.
6. Strengthen regional initiatives being led by UN-Habitat in partnership with other regional agencies to support the highly urbanized and rapidly urbanizing countries undertake urban population assessments, develop policies and programmes to address urban management, water and solid waste management, housing and the provision of essential social services.



INTERNATIONAL MIGRATION AND DEVELOPMENT



Introduction

As an important component of population dynamics, international migration is recognised by the ICPD for its significant impact on national social and economic development including poverty reduction, family and societal wellbeing and the empowerment of women. The POA classified international migrants as 'documented', 'undocumented', 'refugees' and 'asylum seekers'. While acknowledging that reciprocal benefits can be derived from the relationship between sending and receiving countries in migratory exchanges, the ICPD also recognised and sought to eliminate the adverse impacts of migration on individuals, families and groups of migrants including trafficking, and various human rights abuses such as discrimination, exploitation, lack of legal protection and lack of access to services in both sending and receiving countries.

International migration has long been recognised as an issue of some concern for many Pacific Island countries, particularly those with historical ties to former colonial powers. e.g. Federated States of Micronesia, Marshall Islands and Palau to the United States and Cook Islands, Niue and Samoa to New Zealand. Ease of entry, the right to work, and access to education and social and medical services have attracted significant numbers of migrants to these host countries. The migration of large numbers of Pacific Islanders to the US, New Zealand and Australia has generated significant contributions to the GDP of some Pacific Island countries. Recent World Bank estimates show, for example, that approximately 21% and 16% of the GDP of Samoa and Tonga respectively is comprised of remittances.

Findings of the Survey

Policies and Progress

Seven countries reported having a national policy, programme and/or strategy addressing international migration and development, while 5 indicated they did not. Papua New Guinea established its Office of PNG Migration and Citizenship in 2012. Only two countries had conducted a stand-alone situation analysis of migration while others relied on census data.

The Pacific response to the ICPD Global Survey Beyond 2014 indicated that many countries lacked sufficient capacity to track and document movements of citizens in and out of country, and had little evidence by which to make comment on the existence of discrimination, trafficking, exploitation and other human rights abuses as receiving countries for migrants, or as sending countries for their citizens residing temporarily or permanently in other countries.

Achievements and relevant issues

Seven countries had also addressed measures to combat trafficking and/or smuggling of people, although only the Federated States of Micronesia is a signatory to the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of others, (1951) and had anti trafficking legislation. Other countries had addressed this issue under their Crimes Act (or equivalent) as they had in the Cook Islands. Fiji noted that it had developed a national action plan to combat trafficking and established a 'safe house' in 2009.

Five countries said that they protected migrants against human rights abuses, racism, ethnocentrism and xenophobia and five countries said they addressed the root causes of migration so migration is by choice not necessity, but few explained how these issues were addressed apart from through



Table 15: Addressing International Migration in Pacific Island Countries

	Achievements	Most relevant issues for next 5 - 10 years
Cook	<ul style="list-style-type: none"> border automated management system 	<ul style="list-style-type: none"> Data collection and disaggregation of migration statistics Development of policy & strategy with emphasis on strategies to target depopulation Establishment of a retirement program for foreign immigrants Develop a private overseas students program to better utilise education facilities and economic opportunities Enabling portability of NZ superannuation pensions New categories of migrants to be developed Need for better and improved Tourism Statistics Encourage the participation of the diaspora in homeland development
Fiji	<ul style="list-style-type: none"> integrated labour mobility policy gender and age integrated into policies and laws support for refugees and IDPS with safe house, review act policies, training from UNHCR combat trafficking with safe house, national action plan and border training dialogue between countries through border training and TA from receiving countries disaggregated data in all key reports 	<ul style="list-style-type: none"> safeguarding local labour market, identify labour disparity
FSM	<ul style="list-style-type: none"> International dialogue and free movement of people to the US under the Compact agreement. 	<ul style="list-style-type: none"> Prevent international trafficking in migrants; and protect them against racism, ethnocentrism and xenophobia Making potential migrants aware of the legal conditions for entry, stay and employment in host countries Protect women and children who migrate as family members from abuse and denial of their human rights Strengthening of dialogue and cooperation between countries of origin, transit and destination Facilitate the flow and use of remittances to support development
Kiribati	<ul style="list-style-type: none"> inclusion of gender and age in policy formulation; strengthened bilateral relations 	<ul style="list-style-type: none"> training workers for overseas as part of climate change and adaptation strategy; policy strategies for internal migration and climate displaced people
Nauru	No progress reported	No issues identified
Niue	No progress reported	No issues identified
Palau	<ul style="list-style-type: none"> socio-economic conditions of migrants being addressed 	<ul style="list-style-type: none"> socio economic analysis of foreign workers in Palau and their living conditions; data on emigration of Palauns to US
PNG	<ul style="list-style-type: none"> establishment of PNG office of migration and citizenship 	<ul style="list-style-type: none"> asylum, border, trafficking
RMI	No progress reported	<ul style="list-style-type: none"> develop immigration policy situational analysis on undocumented migrants TA for legislation and TA
Samoa	No progress reported	<ul style="list-style-type: none"> labour mobility as part of regional programme

border control agencies. FSM noted that it had increased its cost of living allowance in response to the latter issue and that its Bill of Rights addressed human rights protection.

Although remittances are important for many Pacific Islands countries only three countries addressed this ICPD issue either through employment schemes for seafarers (in Kiribati), seasonal worker programmes (for Solomon Islands), or through the Border Management Service (for Papua New Guinea). The positive relationship between higher education and migration in the Pacific²⁰ and the resulting loss of skilled workforce for many countries is an issue that seems to have been given little consideration in migration policy. Only a few countries reported that they had addressed factors relating to forced internal displacement, but no explanations were provided as to how this had been achieved. FSM noted that it had addressed this ICPD concern through its natural disaster policy. A number of countries had to address community relocation issues in recent years arising from either cyclones or tsunamis causing flooding in coastal communities.

Table 15 outlines achievements of countries over the last five years and relevant issues for the next five to ten year period. There were few achievements noted, although the Cook Islands has implemented an automated border management system, PNG highlighted the newly established Office of Migration and Citizenship, Solomon Islands had more seasonal workers employed overseas and Kiribati addressed gender and age issues related to international migration in policy formulation. Palau had a large immigrant workforce from the Philippines many of whom were living in poor conditions and it noted that the socio-economic conditions of these immigrants were to be reviewed by a labour-immigration taskforce which was to report to the President.

Priorities

Considering the national context, the most relevant issues regarding international migration and development that the countries considered a priority for public policy for the next five to ten years were conducting situation analyses of migrants including undocumented migrants, generating disaggregated data on immigrants and their living conditions and generating data on emigrants (see Table 15). Two countries identified addressing trafficking of people as an issue that will require public policy attention over the next five to ten years. Those countries that had access to seasonal worker programmes to Australia, New Zealand or the United States, placed a priority on maintaining that access. The Republic of the Marshall Islands placed a high priority on developing immigration policy and legislation as did the Cook Islands with a focus on depopulation given the high rates of migration to New Zealand by Cook Islanders.

Kiribati noted that it needed to prepare its population for migration both from those outer islands that were particularly vulnerable to climate change and rising sea levels and the population as a whole for migrating and working overseas.

Five or more countries nominated each of the following areas as medium or high priority:

Sending countries

- Make provisions for voluntary repatriation and safe return of migrants, including forced migrants.
- Creating mechanisms for promoting diaspora investments and contributions to the communities of origin.

Receiving countries

- Ensure the same treatment to documented migrants and members of their family accorded to nationals with regard to basic human rights.
- Prevent racist and xenophobic actions and policies.
- Prevent the exploitation of undocumented migrants and protect their basic human rights.

²⁰ Ratha, D, and Xu, Z. Migration and Remittances Factbook 2008. Washington DC: World Bank Development Prospects Group, World Bank, 2008.



- Prevent international trafficking in migrants; and protect them against racism, ethnocentrism and xenophobia.
- Making potential migrants aware of the legal conditions for entry, stay and employment in host countries.
- Preventing discrimination of migrants on the basis of age, sex, race, HIV status, religion or disability.

It is interesting to note that conventions protecting international migrants' rights including the UN Convention on the Rights of Migrant Workers (2000) and UN International Convention on the Protection of the Rights of all Migrant Workers and Members of Their Families (2007) had no Pacific signatories at the time of the survey.

Under the category of 'all countries' having international migration priorities, no Pacific Island country accorded any of these priorities a high or medium status.

Those international migration priorities which were accorded the lowest level of priority by most countries included:

Sending countries

- Address the root causes of migration and make remaining in one's country a viable option for all people.
- Facilitate inflows of remittances by sound economic policies and adequate banking facilities.
- Facilitating exchange of information on migration policies.
- Facilitate the reintegration of migrants.

'Support for data gathering and monitoring of stocks and flows of migrants' was also not addressed by most countries as a current national priority. The remaining ICPD international migration priorities received a medium level of support from countries in the region.

Conclusions and Recommendations

The findings of the ICPD Global Survey Beyond 2014 show that while the area of international immigration is receiving attention by some governments in the region, there are considerable gaps in the implementation of the POA objectives. Given the role of international migration in national population composition, its potential for supporting or compromising economies, its contribution to social change, and the question of relocation of entire populations as climate change takes greater effect, this is an area that will require increased focus over the following decade.

Based on the findings of the survey, the following actions should be taken to strengthen population development outcomes through proactive migration policies and programmes, recognising the critical role that migration plays in effecting sustainable development:

1. Strengthen country capacity for collection and analysis of sex/age disaggregated data collection.
2. Strengthen laws on immigration, including registering foreign workers and on trafficking.
3. Address the root causes of migration and develop viable alternatives where appropriate.
4. Facilitate inflows of remittances by sound economic policies and adequate banking facilities.
5. Strengthen short term migration for temporary employment and facilitate the reintegration of migrants.
6. Facilitate exchange of information on migration policies.





Introduction

Pacific Island countries have inherited education models from former colonial administrations: the US in the North Pacific and New Zealand and Australia in the South. The approaches of these developed countries, including administrative arrangements, curricula and assessment, have shaped education in the Pacific. Only in recent years has attention been directed to stakeholder ownership of curriculum, meaningful contexts in learning, cultural appropriateness, and the primacy of first languages in literacy.

Delivery of quality education has proved challenging for many Pacific Island countries. Population growth and migration pose particular problems for education ministries. Internal migration for education occurs from outer islands and rural areas to schools in urban centres. International migration takes place from Pacific Islands to receiving countries with greater educational facilities and opportunities. Education places pressure on families in various ways including payment for school fees, uniforms and learning materials, travel costs, separation of family members and accommodation for students and/or their families in urban centres. Education based migration along with work based migration, also contributes to rural and outer island depopulation and increasing dependency ratios in these communities as the working and school age population migrate to urban centres leaving behind the very young and the old.

There is also growing pressure on schools and infrastructure to accommodate growth in student numbers, particularly in the urban areas. In some countries, schools in urban centres are unable to cater for the growing school-age populations, forcing students to travel to surrounding villages for their schooling.

Non-formal and technical vocational education and training (TVET) assumes greater importance in the Pacific context as communities struggle to retain skilled people in the outer islands and rural villages. It is widely accepted that education is central to addressing issues of poverty, sustainable development and the empowerment of girls and women.

Over the past decade a number of regional initiatives have been implemented to build school infrastructure, improve student access, participation and retention, to develop curriculum, pedagogy and assessment, and to support teacher training and accreditation systems.

The Pacific Regional Initiative for the Delivery of basic Education (PRIDE) implemented between 2004 and 2010, aimed to develop strategic plans for education in all participating countries, with countries able to determine their own needs and design country appropriate projects. PRIDE also assisted countries to implement, monitor and evaluate these projects through capacity building activities at the national and regional levels, making use of distance learning approaches.

The Pacific Education Development Framework (PEDF), 2009-2015, was developed as a regional and national response to global educational calls for action to address the specific needs and challenges in the Pacific sub-region. At the national level in most countries, these international commitments have been mainstreamed into the sectoral planning process. The framework addresses two broad agendas, the EFA or basic education agenda which covers the foundation of education, and the training/employment/economic agenda. As a result the Framework includes all sectors of education except higher education.

Box 9: Fiji praised for sex education classes

Fiji Times, Thursday, March 01, 2007

Fiji is the first Pacific Islands Forum country to begin incorporating Family Life Education (FLE) or sexual and reproductive health into its national secondary school curriculum.

The United National Population Fund representative and Director Country Technical Services Team (CST) Najib Assifi applauded the Education Ministry "for serving as a role model for other Pacific Island Countries".

Mr Assifi said FLE would be made a compulsory subject from Class Three to Form Seven in schools. ...

... The ministers requested the Forum Secretariat to collaborate with UNFPA and other partners to support curriculum development on sexual and reproductive health to address the issues of Sexually Transmitted Infections, HIV and AIDS and teenage pregnancy.

"Fiji is the first country in the region under the regional Adolescent Health Development (AHD) Project to move along this path," said Mr Assifi. "The current school curriculum revision started in 2006 and we hope will be completed by early next year." FLE emphasises family life and relationships, for example, preparation for marriage, household finances, parenting skills and life planning.

It may also cover population growth, personal health and nutrition, self-esteem and gender roles.

The AHD project is jointly supported by UNFPA, the United Nations Children's Fund (UNICEF) and the Secretariat of the Pacific Community (SPC). UNFPA was also able to secure funds through the United Nations Joint Programme on HIV/AIDS (UNAIDS) for the development of this curriculum.

"Family life education should begin at home and continue through open and honest communication between parents and children.

... "It is great that Fiji is moving ahead in trying to help young people by providing them with correct information about their health and development and in empowering them so that they might make informed choices," said Mr Assifi.

From: <http://www.fijitimes.com/story.aspx?id=57968>



Table 16: Addressing Education In Pacific Island Countries

	Achievements	Most relevant issues for next 5 – 10 years
Cook	<ul style="list-style-type: none"> Literacy and numeracy programmes Teacher training on needs identification, including SRH 	<ul style="list-style-type: none"> Maori language programme Falling rolls on outer islands Scope and access to tertiary education School leavers' policy aligns with vocational training Review ECE policy
Fiji	<ul style="list-style-type: none"> Family Life Education curriculum 	<ul style="list-style-type: none"> Inclusive education policy TVET mainstreaming National curriculum and assessment frameworks IT - one laptop per child and access to education websites
FSM	<ul style="list-style-type: none"> Accreditation system 	<ul style="list-style-type: none"> Infrastructure Sex education in formal education Teacher quality improve and community involvement TVET access Assessment procedures improved.
Kiribati	<ul style="list-style-type: none"> Infrastructure - toilet facilities in outer islands schools UNICEF water and sanitation report 	<ul style="list-style-type: none"> Promoting age-appropriate sex education and counselling Comprehensive sex education for young people SRH and life planning included in non-formal education Conducting information campaigns on population issues
Nauru	<ul style="list-style-type: none"> No progress reported 	<ul style="list-style-type: none"> Improving infrastructure for new schools
Niue	<ul style="list-style-type: none"> Education strengthened 	<ul style="list-style-type: none"> Review education act Establish an education board, curriculum and policy framework, and curriculum unit
Palau	<ul style="list-style-type: none"> Ensuring equal access 	<ul style="list-style-type: none"> Free public education School consolidation Improving teacher quality Non-formal education Employment for school graduates
PNG	<ul style="list-style-type: none"> More girls at secondary school Improved school infrastructure e.g. separate toilets 	<ul style="list-style-type: none"> Universal basic education Education management Improving informal education
RMI	<ul style="list-style-type: none"> infrastructure - toilets Health curriculum Sex education GBV and bullying in schools Incorporating population Equal access for girls 	<ul style="list-style-type: none"> Curriculum on population Teacher quality in health and population education Gender equity Information on population Teen pregnancy
Samoa	<ul style="list-style-type: none"> Equal access all levels Infrastructure Non-formal opportunities 	<ul style="list-style-type: none"> Decreasing boys participation Improving informal education Making education relevant to work
Solomon Islands	<ul style="list-style-type: none"> Gender enrolment balance Improved school infrastructure National literacy and inclusive policies 	<ul style="list-style-type: none"> TVET ECE Employment of tertiary students Teacher absenteeism Phasing out Year Six exams
Tonga	<ul style="list-style-type: none"> Universal basic education, and gender equality 	<ul style="list-style-type: none"> Improving student outcomes Improving teacher competency Counselling in schools Relevant curriculum for labour market
Tuvalu	<ul style="list-style-type: none"> Strategic plan 	<ul style="list-style-type: none"> Universal access and participation Family life education (FLE)
Vanuatu	<ul style="list-style-type: none"> Universal primary education Policy, including gender equity More girls in secondary schools SRH in school curriculum 	<ul style="list-style-type: none"> Curriculum Out of school children community support Poverty ECE

Findings of the Survey

Policies and Progress

Promising developments in education in the region were reported in the ICPD Global Survey Beyond 2014. All countries had well-developed education policies and institutions to manage and administer education,

Overall, the majority of countries indicated improvements in their implementation of education strategies that were more inclusive of girls. For example, Vanuatu completed an education and gender policy in 2005 and has achieved universal primary education. A number of countries reported a gender balance throughout the schooling system. A few countries (Fiji and Nauru) reported a lack of girls' access to education at all levels and one country (FSM) reported a lack of girls' and adolescents' access to secondary education, while Papua New Guinea reported that more girls were staying at secondary schools. A number of countries (Fiji, FSM, Kiribati, Nauru and PNG) reported the absence of strategies to ensure pregnant teenagers' completion of secondary school. Four countries (Fiji, FSM, Nauru, and RMI) reported a lack of gender sensitive curricula.

National programmes on comprehensive sexuality education in school curricula were found in 6 countries only (see table 16). Most countries reported the availability of age-appropriate sex education and counselling. Fiji highlighted its "Family Life Education Curriculum," (see Box 9) which included topics on family life, self-esteem, gender roles and population. Five countries (Kiribati, Nauru, Samoa and Solomon Islands) did not include sex education within formal education programmes. Seven of the 13 countries reported the need for out-of-school youth SRH information services, and five lacked provision of SRH education through non-formal and TVET avenues. Most countries reported addressing gender-based violence (GBV) and bullying in schools, although three countries did not (Nauru, Niue and Samoa).

Most countries incorporated population and family life education in curricula and some (8) reported that curricula were gender sensitive.

The two ICPD POA areas which received the least support included 'reaching out-of-school youth with SRH information and services' and 'conducting information campaigns on population issues in the context of a national population policy'.

Fiji was the only country to report on improvement of infrastructure as a continuing issue. Some countries (Fiji, Kiribati, FSM and PNG) identified a need for teacher training in population and SRH.

Achievements

Most countries had undertaken some form of assessment or situation analysis of education, although most relied on reporting undertaken for different projects (e.g EFA). Three countries (Kiribati, RMI, Vanuatu) had not undertaken an assessment or situation analysis lacked any form of situational analysis, but other countries had relied on census data only.

As Table 16 shows, the most commonly reported area of achievement was in the improvement of access to education, particularly for girls (7 countries) although RMI and PNG prioritised these for future development. While Samoa had been successful in promoting education for girls, they reported concern over boys' declining participation. Five countries reported improved school infrastructure such as water, sanitation and toilet facilities, particularly in outer islands. The development of strategies to incorporate population related issues into educational programmes such as health, SRH and family wellbeing was cited by 3 countries.



Facilitators and Barriers

Factors that assisted the implementation of ICPD priority areas included stakeholder partnership with CSOs (3 countries), government support, and support of donors.

The barriers identified were wide-ranging, from lack of financial support (3 countries), local customs and cultural attitudes (2 countries), isolated communities, low salary for beginning teachers, low literacy, economic and political environment, low level of community support, and outdated legislation. The Solomon Islands made specific mention of lack of donor support for literacy and disability, while Tonga commented on the donor-driven nature of support programmes.

As with other social sectors there was wide reporting of CSO, private sector and international partnerships in this area. In some countries governments had explicit partnerships with faith-based organisations for the delivery of basic and secondary education, particularly in rural areas and outer islands where access is a significant barrier.

Priorities

Although countries differed markedly in their prioritisation of issues beyond 2014, the most common were improving teacher quality, management and addressing overall teaching capacity, population-related (4 countries) TVET (4 countries), ECE (3 countries), strengthening of non-formal education (4 countries), improving inclusive education (2 countries) and the further development of coherent policy, curriculum and assessment frameworks (2 countries).

Conclusions and Recommendations

The Pacific response to the ICPD Global Survey Beyond 2014 suggests that future initiatives in education will need to take account of, and be tailored to the differing educational needs of individual Pacific Island countries.

Education plays a critical role in effecting appropriate social responses to the whole range of ICPD priorities and population issues generally. The cross-cutting nature of 'population' requires a cross-curricular approach in education. Therefore, based on the findings of the survey, the following actions should be taken in future population planning initiatives to strengthen population development outcomes through education:

- Mainstream gender-sensitive curriculum and develop gender policies and/or strategies.
- Improve girls' access to education with particular focus on priority countries.
- Incorporate SRH and GBV education strategies into formal, nonformal and TVET.
- Develop and promote population, including sexuality education, at all levels.





CONCLUSIONS AND RECOMMENDATIONS



The Pacific has made considerable progress since the inception of the ICPD in 1994. With respect to the 'social policy architecture' of countries there have been considerable advances. Of the 12 social policy areas identified in this review report (See table 17) all 13 Governments had developed policy on sustainable development, however, few had population as a priority issue in their national sustainable development strategy. Most governments had gender policies and SRH policies (Kiribati's policy was in draft form). Twelve governments had policies on education, youth (Nauru indicated that it did not have policies on education or youth) and disability (although Nauru, Niue and Tonga had draft policy statements only). Eight countries had developed policy in the family and wellbeing area, sexual and reproductive health, gender and education. The remaining policy areas of ageing (4 countries), urbanization (6 countries), indigenous people (4 countries), international migration (4 countries) and population (3 countries, including one draft policy) received considerably less attention by governments.

This survey clearly highlights the challenges facing all Pacific Island governments. If programmes and policies are to be effectively implemented, then no government can afford to act alone. Taking account of the limited resource base, human and financial, then strategic partnerships with civil society organisations, the private sector as well as development partners is essential. The ability to address sustainable development, therefore, revolves around the capacity not only of government agencies, but also of CSOs as well as the willingness of the private sector and development partners to collaborate.

In order for these partnerships to operate effectively, they need clear guidance on priorities and actions. Policy plays a crucial role in defining priorities and outlining how issues should be addressed. Where policy has been developed with the involvement of all concerned stakeholders, then it will accurately reflect priorities. There are, now, many good examples of effective policy development around the region based on stakeholder engagement, particularly amongst women, youth and persons with disability. Pacific Island governments have been active in developing such policy in these key areas (see table 17). Governments have been less effective at ensuring such policies are adequately resourced and that partnerships of stakeholders are structured into the policy to ensure programmes and priorities are implemented and monitored.

It is clear that there is insufficient investment in research on population issues in the Pacific. Research is not being adequately used to inform policy development. Governments in partnership with universities and CSOs should develop joint research programmes on population policy and social priorities. Governments and CSOs need to build greater capacity to undertake and manage research as well as interpret research results for policy development.





Table 17: Pacific Island Countries With National Social Policies In Specified ICPD Areas

	Population	Sustainable development	Youth	Ageing	Disability	Indigenous people	Urbanization	International Migration	Family wellbeing	Sexual and Reproductive Health	Gender	Education
Cooks Islands		✓	✓	✓	✓					✓	✓	✓
Fiji		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FSM		✓	✓		✓			✓	✓	✓	✓	✓
Kiribati		✓	✓		✓	✓	✓		✓	D	✓	✓
Nauru		✓			D	✓				✓	✓	
Niue		✓	✓		D					✓		✓
Palau		✓	✓		✓					✓	D	✓
PNG	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
RMI		✓	✓			✓			✓	✓	✓	✓
Samoa	D	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Solomon Islands	D		✓		✓				✓	✓	✓	✓
Tonga		✓	✓		D		✓			✓	✓	✓
Tuvalu	✓		✓			D	D		✓	✓	✓	✓
Vanuatu	✓	✓	✓		✓		D		✓	✓	✓	✓

✓ = Finalised; D = Draft

Where countries had national sustainable development strategies, or medium term strategic planning frameworks (they go by various names), then these too were clearly influential in ensuring that population and the ICPD issues were explicitly addressed in policies across a range of sectors and that resources were mobilised. Unless governments have population defined as a priority within national sustainable development strategies, then it is unlikely to receive the attention it needs. Population is a 'cross cutting' issue which must be integrated with all key sectors of the economy (see figure 4 below).

Figure 4: Population in 'National Social Policy Architecture'



Comprehensive population policies are key to the successful development and implementation of the population components of sectoral social policies such as education, health, urbanization etc. When countries engage in the process of developing a national population policy, incorporation of population goals into sectoral policies becomes the logical follow-on. Population policies enable the sectoral policies to 'talk to each other' through their shared, inter-related, and in many cases inter-dependent population priorities and objectives. National plans and strategies go some way to performing this function, but tend to dilute or subsume population objectives in the wider context. Population policy also ensures that there are no gaps in the sectoral social policy architecture.

There is still some way to go to complete the social policy architecture of Pacific Islands governments. Governments must identify priority gaps and address policy in these areas.

The recommendations at the end of each of previous eight sections form the basis of an integrated population and sustainable development approach.



Recommendations

1. Regional partnerships to support countries to achieve universal sexual and reproductive health services and commodities should be promoted.
2. International and regional organisations should continue to advocate for population to be a priority and integral element of national sustainable development strategies for governments in order to achieve a high level of policy integration across sectors.
3. Policy development should be based on effective consultation with all stakeholders, with explicit outcomes of policy development that includes partnership arrangements across all key social sectors and involving civil society (NGOs and faith based organisations), the private sector and development partners.
4. Greater support across the region is required to develop research partnerships between regional and international agencies, universities, national research institutes, government agencies and national CSOs.





APPENDIX



Urban Youth in the Pacific: increasing resilience and reducing risk for involvement in crime and violence.

Noble, C., Pereira, N., Saune, N.

Pacific Islands Forum Secretariat and United Nations Development Programme

Principles

1) Mainstream youth issues as a cross cutting theme in the regional development and security architecture.

Youth issues need to be not only tackled by specialized regional civil society organizations such as the Pacific Youth Council but through policy and programming as an important cross cutting issue in inter-governmental regional institutions, plans and forums such as the Pacific Plan, the Pacific Youth Strategy, FRSC, and the Pacific Forum Leaders Meeting. Tracking mechanisms on regional and national commitments by officials to youth issues also need to be better established especially around the Pacific Youth Strategy.

2) Adopt committed whole-of-government approaches to youth issues, especially youth crime and violence.

Whole of government approaches includes incorporating youth issues across sectors in national development plans and national budgets. Moreover, not only the justice ministry, but also other sectors such as education, social affairs and labour need to commit to youth issues to decrease the probability of their involvement in crime and violence. Tracking and evaluation of national youth policy implementation and better data on youth will be critical for the successful adoption of whole-of government approaches.

3) Foster participation of young people in decision-making.

Promoting youth voice and participation in substantive decision making processes at the community, national and regional levels is needed to ensure that adequate and appropriate consideration of youth perspectives are incorporated. Youth are not only the future, but are also the present and giving them a voice in decision making through actions such as engagement with legislators, involvement in parliamentary committees, and in youth parliaments will empower them and foster leadership. Supporting initiatives led by young promoting crime prevention and peace building, and ensuring the participation of young women are particularly important part of access to decision making.

4) Improve justice sector responses to youth crime and ensure that responses include rehabilitation.

Juvenile justice responses across the Pacific are mixed bag; best practices and appropriate legislation exist but they must be more consistent throughout the region. Juvenile justice legislation needs to be established where there is none and cooperation between civil society and faith-based service providers and government for rehabilitation of offenders can be improved. Better counselling services, gender sensitive handling of offenders, and segregated facilities especially for young people away from adult detainees are all part of an improved response.



5) Improve the relevance and quality of education outcomes.

Ensuring that education outcomes align with job market demands at the domestic and international level to increase the probability of young people finding decent employment is vital for reducing youth involvement in crime and violence. Moreover, providing second-chance education for out-of-school young people will help them to build self-esteem, increase their employability and decrease the probability of their involvement in crime and violence. Life skills, financial literacy and entrepreneurship should be added to curriculums and the stigma around technical and vocational education and training in some island nations needs to be addressed.

6) Develop targeted employment opportunities and meaningful activities for young people.

To establish a better environment for youth employment and meaningful activity, multiple entry points are required including: establishing youth employment as a standing agenda item at the Forum Economic Ministers Meeting, incorporating it in national development plans; developing national and regional youth employment action plans; increasing knowledge of emerging job market needs; creating opportunities for volunteerism, sports, positive recreation, and work experience; and, expanding support for entrepreneurship. As well as employment the importance of meaningful activity in building resilience to crime and violence in young people should not be underestimated.

7) Tackle risk factors in society that are negatively influencing young people.

Substance abuse, violent home environments, and confusing new societal roles for adults and young people forged by accelerated rates of change are negatively influencing young people and increasing the probability of their involvement in crime and violence. Moreover, while the return of a small percentage of deportees increase the sophistication of crime in island nations, the vast majority of deportees endure discrimination and a lack of support. Providing support and building the capacity of families and communities to adjust to this new environment and tackle these risk factors is essential.

8) Harness the expertise and effectiveness of CSOs and FBOs in partnerships for the prevention of and response to youth crime and violence.

Partnership and cooperation between government, civil society organizations and faith based organizations for the prevention of and response to youth crime and violence issues is working well on a limited scale in a number of Pacific nations such as Tonga and RMI. However, this needs to be expanded and better formalized. Further trust between the government, CSOs and FBOs needs to be built and the fact that in many cases CSOs and FBOs are better placed as service providers than government needs to be more widely recognized. On a regional level the Pacific Youth Council has an extensive network and is well placed to cooperate with regional inter-governmental organizations.





**Delivering a world where every pregnancy is wanted,
every childbirth is safe and every young person's potential is fulfilled.**

United Nations Population Fund
Pacific Sub-Regional Office

Level 6, Kadavu House,
414 Victoria Parade
Suva, Fiji

Private Mail Bag,
Suva, Fiji

T (679) 330 8022

F (679) 331 2785

W <http://pacific.unfpa.org>