

TUVALU



GOVERNMENT OF TUVALU

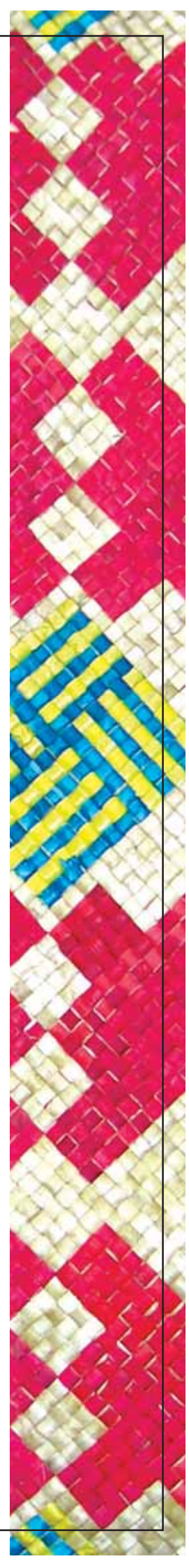
MILLENNIUM DEVELOPMENT GOALS **REPORT 2006**



United Nations Development Programme

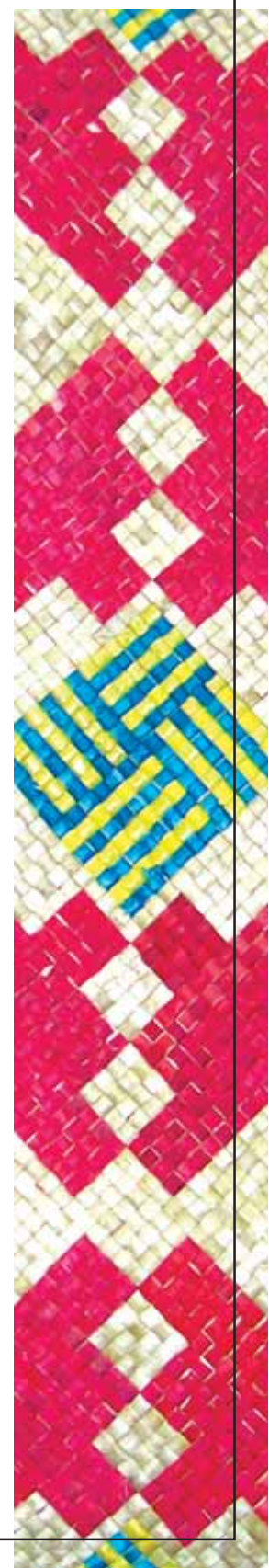
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TUVALU
MILLENNIUM DEVELOPMENT GOALS
REPORT 2006



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Foreword

Talofa!



It is indeed a great honor to present the first Tuvalu National Millennium Development Goals (MDG) Report.

In September 2000, Tuvalu signed the UN Millennium Declaration as part of its commitment to combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Poverty reduction is the overarching theme of the MDGs and the Government of Tuvalu and relevant stakeholders are committed to continue to work in partnership with development partners to improve the livelihood of the people of Tuvalu.

The content of this National MDG Report reflects views and opinions of participants to the SPC/UN MDG Task Force national consultation, in integrating the MDG framework into Tuvalu's National Development Plan, in February 2005. Participants included Cabinet Ministers, civil servants, non-government organizations and civil society, various community groups and most of the stakeholders involved in the achievement of the MDGs.

The Report generally reflects Tuvalu's progress on the MDGs. It also highlights some of the challenges that a small island country such as Tuvalu faces in its efforts towards the achievement of the MDGs, specifically in reallocating our limited resources to meet our national priorities aligned with the MDGs.

I wish to acknowledge and commend each and everyone involved in the preparation of this report, in particular the former Government for their great leadership in initiating and supporting the production of this report. I also wish to thank, the SPC/UN MDG Task Force for their technical expertise in guiding the national consultation in February 2005, the UNDP Pacific Centre for their professional and financial assistance in finalizing, reformatting and printing of the report, my fellow Cabinet Ministers for their continued guidance and support. Last but not least, I applaud the National MDG Task Force, in particular the Economic Research and Policy Division (ERPD), for their invaluable and tireless efforts in compiling and finalizing this report.

The determination shown by those involved in producing this report is a promising first step, so let us now continue to work together in moving the MDG Agenda forward.

Fakafetai Lasi,

TUVALU MO TE ATUA



Hon Lotoala Metia
Minister of Finance Economic Planning & Industries



Acronyms/Abbreviations

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ADB	Asian Development Bank
ARI	Acute Respiratory Infection
ATFF	AIDs Task Force of Fiji
AUD	Australian Dollar
AusAid	Australian Aid
BCC	Behavioural Change Communication
BFHI	Baby Friendly Hospital Initiative
CFC	Community Fishing Centre
CSD	Central Statistics Department
DBT	Development Bank of Tuvalu
DOTS	Directly Observed Treatment Short Course
DoW	Department of Women
EEZ	Exclusive Economic Zone
EFL	Education For Life
EIB	European Investment Bank
EPI	Expanded Program on Immunisation
ETSMP	Education and Training Sector Master Plan
FN	Funafuti
FTF	Falekaupule Trust Fund
GAD	Gender and Development
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Survey
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPPF	International Planned Parenthood Federation
ISP	Internet Service Provider
IWP	International Water Project
JSS	Junior Secondary School
KAP	Knowledge, Attitude and Practice
MBC	Marfarlane Burnet Centre
MCH	Mother Child Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
NAFICOT	National Fishing Corporation of Tuvalu
NBT	National Bank of Tuvalu
NCDs	Non Communicable Diseases
NEMS	National Environmental Management Strategy
NGOs	Non Government Organisations
NHP	National Health Plan
NSSD	National Summit on Sustainable Development
ODA	Official Development Assistance
ODP	Ozone Depleting CFCs

Acronyms/Abbreviations

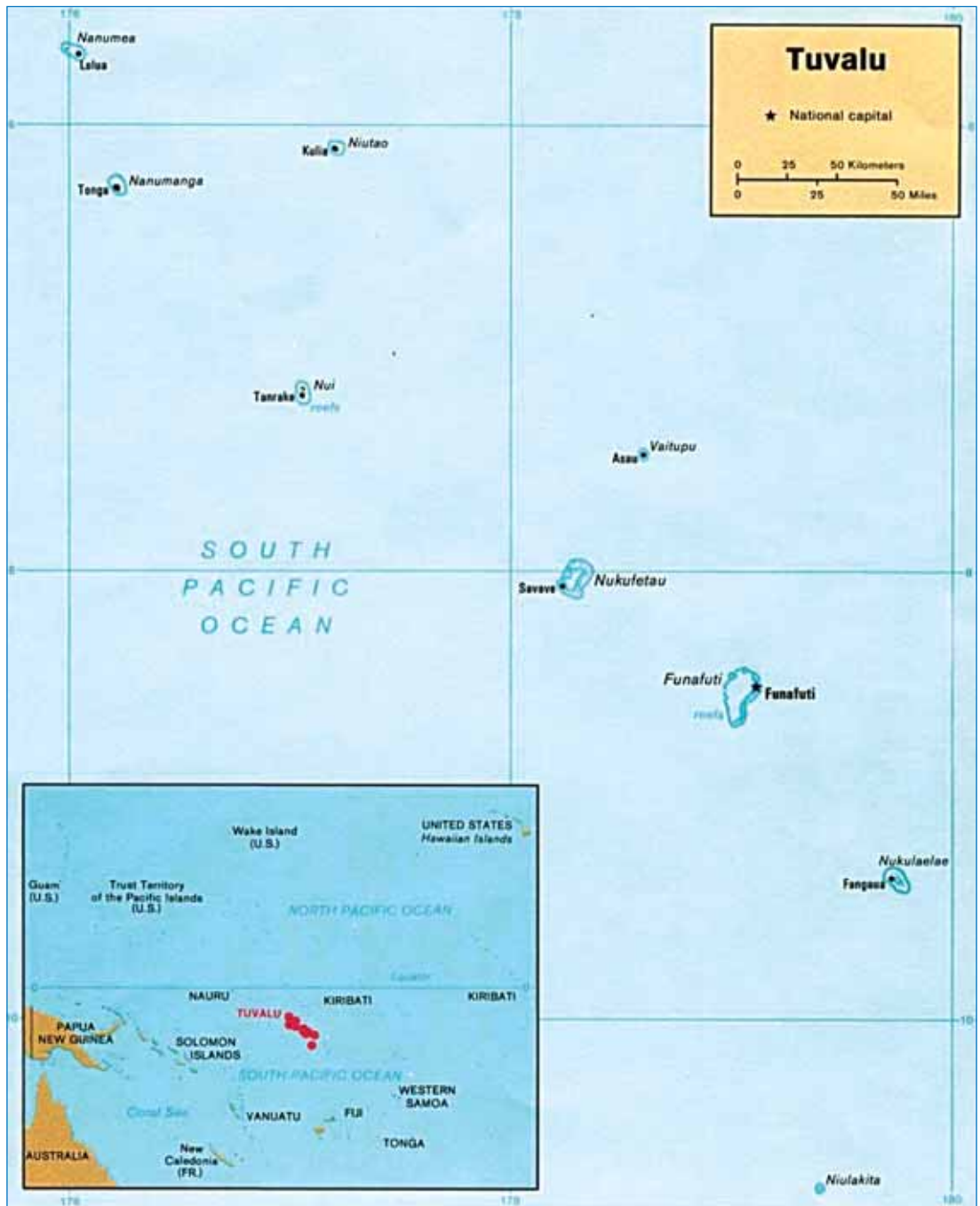
ODS	Ozone Depleting Substances
OI	Outer Islands
PacELF	Filarisis Elimination Program in the Pacific
PGR	Poverty Gap Ratio
PLWHA	People Living With HIV/AIDS
PMH	Princess Margaret Hospital
POPs	Persistent Organic Pollutants
PPA	Participative Poverty Assessment
PPP	Purchasing Power Parity
PTA	Parent Teachers Association
ROC	Republic of China
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
SPREP	Secretariat of the Pacific Regional Environment Programme
STIs	Sexually Transmitted Infections
TANGO	Tuvalu Association of Non Government Organisations
TB	Tuberculosis
TEIP	Tuvalu Education Implementation Plan
TMTI	Tuvalu Maritime Training Institute
TNCW	Tuvalu National Council of Women
TNPF	Tuvalu National Provident Fund
TTC	Tuvalu Telecom Corporation
TTF	Tuvalu Trust Fund
TuFHA	Tuvalu Family Health Association
TV	Tuvalu
TVET	Tuvalu Vocational and Education Training
UNAIDS	United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
USP	University of South Pacific
WHO	World Health Organisation

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Tuvalu Location Map

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Tuvalu and the MDGs

In September 2000, at the United Nations Millennium Summit, world leaders agreed to a set of time-bound and measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Placed at the heart of the global agenda, they are now called the Millennium Development Goals (MDGs). The Summit's Millennium Declaration also outlined a wide range of commitments in human rights, good governance and democracy, as well as for countries in crisis and post-crisis.

There are eight MDGs (Box 1) with 18 targets, most of which are to be achieved by the year 2015, with 48 indicators to monitor progress towards achieving the targets and ultimately the MDGs. Goals 1 through 7 contain the agenda for action by developing countries, while Goal 8 sets down the

responsibilities of developed countries to assist developing countries achieve the MDGs.

The purpose of this first Tuvalu MDG Report is to localise the MDG framework within the Tuvalu development context, help engage political leaders and top decision-makers, as well as mobilise civil society, communities, the general public, parliamentarians and the media in a debate about human development. Triggering action for accelerating MDG progress is the ultimate objective of this report.

The preparation of this report involved consultations with government departments, civil society organisations and key development partners. In-country MDG activities in Tuvalu began when the National MDG Task Force was formed, early September, 2004.

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Box 1: The Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

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

Goal 2: Achieve Universal Primary Education

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

Goal 3: Promote Gender Equality and Empower Women

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

Goal 4: Reduce Child Mortality

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

Goal 5: Improve Maternal Health

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

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

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

Goal 7: Ensure Environmental Sustainability

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

Goal 8: Develop a Global Partnership for Development

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



The Land

Tuvalu, which consists of nine coral atoll islands, is widely dispersed over 1.2 million square kilometres of the Pacific Ocean stretching in a north-south direction over some 560 kilometres between latitudes 5 and 11 degrees south and over longitudes 176 and 180 degrees east. The total land area of the country is approximately 25.6 square kilometres, which is relatively evenly distributed across the nine atolls. The land is low lying with no point higher than four metres above sea level. Coastal erosion is a major problem for most islands of the group and, without proper control measures; the total land area of the country will be detrimentally affected.

The limited land available in Tuvalu is generally of a low quality with poor fertility and, as a result, there is low capacity to support agriculture. Agricultural production is limited, with coconuts, pandanus, breadfruit and bananas being the main tree crops. Pulaka pits are also constructed to allow the traditional cultivation of root crops; however traditional subsistence agricultural activities and outputs are declining as the economy becomes more monetised.

The climate is characterised by a consistently uniform temperature (ranging from 26 to 32 degrees centigrade), high humidity and rainfall averaging 256.5 millimetres per month from 2000 – 2004. However droughts of up to three months can occur, especially in the northernmost islands. Some of the islands lie within the cyclone belt, with the most recent cyclone to strike being cyclone Amy in 2003 (Source: Meteorological office records)

Tuvalu's fish stocks in the Exclusive Economic Zone (EEZ), lagoons and inshore waters are its most valuable resource. Tuvalu's EEZ covers approximately 900,000 square kilometres, with oceanic fish stocks offering potential for foreign and local based fishing fleets. The maintenance of lagoon fish stocks for local consumption is an important issue. Fishing is an important household subsistence and commercial activity with almost three-quarters and just over half of outer island and Funafuti households respectively being engaged in fishing.

The People

Tuvaluan people are of Polynesian ethnicity, with the local language closely related to that spoken in Samoa. The society is based around the chiefly social system where traditionally decisions are made by the Falekaupule made up of the island chief, heads of households and elders. Women's realm lies outside the meeting house, in the home as care givers.

The 2002 Census of Population and Housing results counted a de facto population of 9,561 (of which 9,359 were permanent residents). The population increased at an average annual rate of about 1.7% from 7,350 in 1979 to 9,043 in 1991 but the growth rate appears to have slowed to only about 0.5% per annum between 1991 and 2002. The slowing in the growth rate results from increased migration, (notably to New Zealand), and growing numbers working or studying overseas.

Table 1 Total population size, change, distribution and density, by island, 1991–2002

Island	Area (km ²)	Total population		Population change (1991–2002)			Population distribution (%)	Density (persons per km ²)
		1991	2002	Total	%	r ^a	2002	
Funafuti	2.79	3,839	4,492	653	17.0	1.4	47.0	1,610
Outer Islands	22.84	5,204	5,069	-135	-2.6	-0.2	53.0	222
Nanumea	3.87	824	664	-160	-19.4	-2.0	6.9	172
Nanumaga	2.78	644	589	-55	-8.5	-0.8	6.2	212
Niutao	2.53	749	663	-86	-11.5	-1.1	6.9	262
Nui	2.83	606	548	-58	-9.6	-0.9	5.7	194
Vaitupu	5.60	1,202	1,591	389	32.4	2.5	16.6	284
Nukufetau	2.99	751	586	-165	-22.0	-2.3	6.1	196
Nukulaelae	1.82	353	393	40	11.3	1.0	4.1	216
Niulakita	0.42	75	35	-40	-53.3	-6.9	0.4	83
Tuvalu	25.6	9,043	9,561	518	5.7	0.5	100.0	373

Average annual rate of growth (%).

Source: Tuvalu 2002 Population and Housing Census Volume 1 Analytical Report, Table 1, p 15

Tuvalu

The 2002 census results also indicate that Funafuti now accounts for about 47% of the total population, up from 42% in 1991 and only 29% at the time of Independence in 1979. Indigenous Funafuti people are now estimated to constitute less than one quarter of the population resident on the main island. Population drift to the main island is leading to serious issues of population pressure on Funafuti.

This is giving rise to serious environmental issues, including problems of squatters and other settlements of low quality housing, waste management, water

supply, and increasingly, land disputes between the traditional Funafuti landowners and the migrated Funafuti landowners.

Youth (15-24 years) comprised about 15% of the population in 1991 and the rate of growth of the youth population at that time (3.8%) was noticeably higher than the overall population rate of growth. This growth rate showed a levelling-off in the 2002 census. In 1991 youth comprised about 10% of the outer island population and 16% of the Funafuti population.

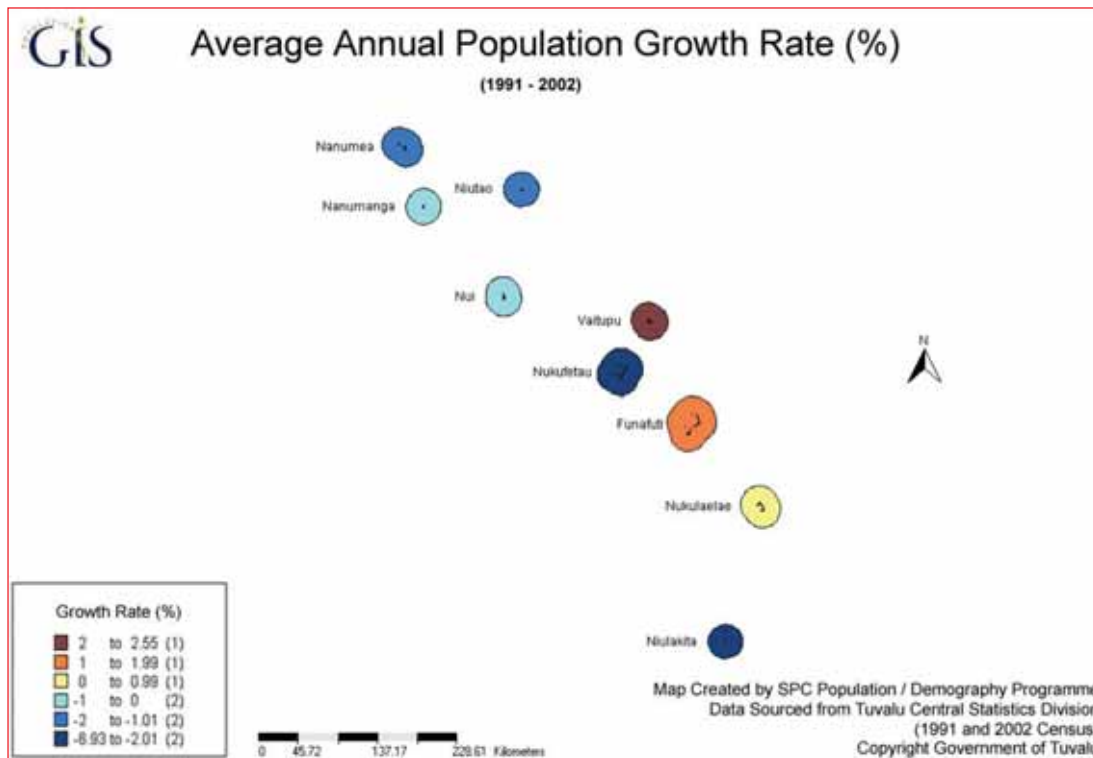
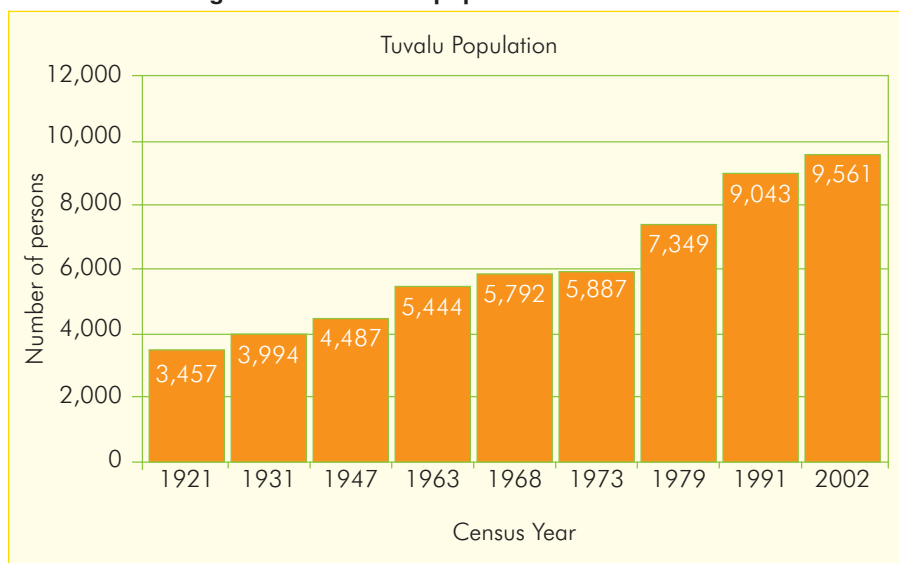


Figure 1 Tuvalu total population from 1921 to 2002



Source: Central Statistics Division



The Economy

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Table 2 Resident population by broad age groups, median age, dependency and sex ratio, 2002

Island	Broad age groups (%) ^a				Dependency ratio ^b	Sex ratio	Median Age		
	0-14	15-24	25-59	60+			Total	Male	Female
Funafuti	34.8	16.6	42.2	6.4	71.7	101.3	23.6	22.6	24.6
Outer Islands	37.4	15.0	37.0	10.5	90.2	94.3	23.5	19.2	28.1
Nanumea	38.0	10.8	38.9	12.3	92.6	86.7	22.1	18.7	25.9
Nanumaga	38.7	10.9	40.4	10.0	88.8	93.5	22.5	18.5	27.1
Niutao	36.7	7.7	41.0	14.6	89.6	97.3	25.3	19.6	30.8
Nui	34.9	11.3	42.9	10.9	81.0	87.7	25.8	23.3	27.6
Vaitupu	36.0	26.3	30.4	7.3	86.3	100.6	24.1	19.6	28.7
Nukufetau	41.3	9.0	38.2	11.4	103.2	100.3	21.2	16.4	29.1
Nukulaelae	38.2	9.9	38.4	13.5	96.0	86.7	24.7	24.6	24.8
Niulakita ^c	45.7	5.7	48.6	0.0	100.0		7.5	7.5	–
Tuvalu	36.2	15.8	39.5	8.6	81.9	97.2	23.6	20.8	26.4

^a Based on total population (not resident population).

^b Dependency ratio: ratio of the young (0-14) plus the old (60+), to the population of working age (15-59).

^c Niulakita recorded only two residents: one baby boy and one boy aged 16 years

Source: Tuvalu 2002 Population and Housing Census Volume 1 Analytical Report.

Tuvalu's economy is small, fragmented and highly vulnerable to external economic influences. This has led to a heavy reliance on outside development assistance and to a degree of complacency in fiscal and financial management.

A substantial amount of both government revenues and private incomes is generated from overseas. For government, revenues come primarily from the income of the Tuvalu Trust Fund (TTF) (capital), the 'dotTV' internet domain (asset) and from fishing licence fees paid by foreign fishing vessels (natural resources). For families the income derives from remittances from overseas seamen (labour).

Between 1996 and 2002 annual real growth in Gross Domestic Product (GDP) averaged 6% per annum, with high variability from year to year: from highs of 19% (1998) and 14% (2000), to lows of -6% (1999) and -1% (1996). For the latest two years, 2001 and 2002, growth rates were 5.9% and 1.2% respectively.

Underpinning recent economic performance has been the 11% average annual increase in government's contribution to GDP, with government being the largest sector in the economy and the largest employer. The private sector domestic economy is small, accounting for only an estimated 31% of GDP in 2002, down from around 44% in 1996. Private sector activities are dominated by trade, personal services and local cottage industry-type manufacturing. The household non-market component in the economy (the subsistence sector) has been declining steadily, by an estimated 0.8% per annum between 1996 and 2002. The declining level of subsistence production is indicative of broader trends including increasing monetisation,

that is the growing importance of cash in meeting daily needs; and steadily declining outer island populations (excluding Funafuti and Vaitupu) with an associated shift in population structure of the outer islands where the 'economically active population' (aged 15-54) is supporting an increasing 'dependent' population of young and old.

In the two years 2002 - 03, the trade deficit was equivalent to an average of 78% of GDP. Exports represent less than 1% of the value of imports. However, foreign exchange earnings from fishing licences, remittances from seamen, aid revenues, and returns from the TTF have generally covered the trade deficit. The country's only major domestic export commodity has been copra, however this has been subject to a high level of price volatility and volumes have declined markedly in recent years, despite high levels of subsidy paid to growers in the outer islands.

Remittances from seamen (and other less formal remittances) make a very significant contribution to the economy in general and to individual families in particular, with just over one third of households receiving income from remittances in 2002.

Since 1998 large amounts of the "windfall" revenues from dotTV and fishing licences have been invested in new economic and social infrastructure, including primary schools, outer island community fishing centres (CFC), electrification and improved communications on the outer islands, and the sealing of roads and the runway on Funafuti. Although much of this infrastructure provides essential services, the future operational sustainability and maintenance costs of these assets will be a major budgetary expense in the coming years.

Box 2: The Tuvalu Trust Fund (TTF) and the Falekaupule Trust Fund (FTF)

The Tuvalu Trust Fund (TTF) was established in 1987 with the governments of Tuvalu, Australia, New Zealand and the United Kingdom as signatories to a fund of just over AUD 27 million. The fund provides government with a reliable source of revenue from a financial investment managed to maximise interest income from a diverse portfolio of assets. The interest income earned, after providing for capital maintenance and administrative charges, is available to finance its recurrent budget.

In 1999 the Falekaupule Trust Fund (FTF) was established as the management of financial resources was devolved to match administrative responsibilities. The purpose of the FTF is to increase the ability to generate revenue within the community; fund community projects; assist the acquisition and development of skills and self-reliance through local training; enable communities to acquire, maintain and improve community assets and resources in order to further education and self-reliance.

Government

The Tuvalu government became independent from the British government in 1978. The Constitution ensures that fundamental human rights and freedoms are upheld with traditional Tuvaluan values – agreement, courtesy, consensus building, mutual respect and cooperation – being the guiding principles.

In 1997 the decentralisation and local autonomy for local government through the Island Council system was reformed with the institutionalisation of the local development planning process through local government's executive arm ("Kaupule") Note: 'Kaupule' in this report refers to the local government executive arm 'Falekaupule' is interchangeably referred to 'Assembly of Elders' and 'local government', in collaboration with the "Falekaupule" (Local Government or Assembly of Elders) and non-government and sectoral organisations, the responsibility and authority to design and implement island programs and projects. Public sector reform has been a government priority for a considerable

time, with aims to improve public administration, public financial management, and public enterprise performance. A 1998 review of progress observed that the governance environment was sound by regional standards, but went on to note that public sector effectiveness could still be improved to address diminishing progress and impetus through capacity constraints, reconsideration of the purpose of the reform, a lack of capacity for coordinated action, and the potential for mismanagement of external revenue.

Between 2000 and 2003, Tuvalu experienced a period of political instability with three Prime Ministers in as many years, resulting in a degree of policy inertia, a lack of clear priorities and strategies, and a perceived weakening in governance standards, particularly in respect of fiscal management. Concerns regarding an apparent decline in transparency and accountability in some government decision-making processes were expressed in the NSSD. Public administration in Tuvalu is hampered by the often poor state of record keeping. Key policy and strategy documents are often unavailable. Files are lost and are not always up to date. The widespread use of personal computers has encouraged a casual practice in record keeping, while simultaneously the capacity to better manage information using computers has not been exploited fully.

Development Goals and Objectives

Tuvalu is classified by the United Nations as a least developed country due to its low per capita GDP, limited human resources and high vulnerability to external forces (UN Common Country Assessment paper on TUVALU dated April 30, 2002).

In Tuvalu the MDGs have been enmeshed in the development framework, Te Kakeega II 2005 – 2015, or the National Strategies for Sustainable Development (NSSD). Te Kakeega II is the result of extensive community consultations and contains the vision for the future of Tuvalu, culminating in the National Summit for Sustainable Development in July 2004. The Summit endorsed the Malefatuga Declaration, which states:

"Recognise the importance of sustainable development – development without compromising the ability of future generations to meet their needs - and endorse the Vision of 'By 2015, guided by strong spiritual values enshrined in its motto – 'Tuvalu mote Atua' – we will have achieved a healthy, educated, peaceful and prosperous Tuvalu'".



Te Kakeega II, page 1

To reach this vision, during the forum at the National Summit for Sustainable Development strategic directions were chosen by consensus, as were the priority areas for development. These include better governance; more employment; more economic opportunity; better health and education; better basic infrastructure; and lastly, maintaining social stability.

The Malefatuga Declaration addresses the government's commitment towards achieving the MDGs in:

"Reaffirming as well our commitment to achieving sustainable development in line with the United Nations Millennium Development Goals and international sustainable development agenda;"

Te Kakeega II, page 2

A number of additional indicators have been included in this report which has not officially been endorsed as 'adapted indicators' for Tuvalu. The indicators are being monitored, although for most, targets need to be set for the desired outcomes.

Te Kakeega II contains eight focal themes or directions based on the issues that the people themselves regard as priorities which have been expressed in a very clearly focused national set of strategies and outcomes for national development:

1. Good Governance
2. Macroeconomic Growth and Stability
3. Social Development: Health, Welfare, Youth, Gender, Housing and Hardship and Poverty Alleviation
4. Outer Island and Falekaupule Development²
5. Employment and Private Sector Development
6. Human Resource Development
7. Natural Resources: Agriculture, Fisheries, Tourism and Environmental Management
8. Support Services and Utilities. In addition a number of cross cutting issues were identified at the National Summit for Sustainable Development: "outer island depopulation and urbanisation of Funafuti (the main administrative and commercial centre); declining rural agricultural production and weakening national food security; increasing youth unemployment; declining standards of nutrition and increasing incidence of non-communicable disease (NCDs); the growing threat of HIV/AIDS and the increasing incidence of hardship and poverty being experienced by a growing number of families³"

The key constraints to be addressed to achieve the

outcomes for national development include:

- "Limited natural resource base;
- Widely scattered and sparsely populated island geography;
- Small domestic market with little potential for economies of scale;
- Access to major international markets is expensive;
- Increasingly competitive international markets for seamen, tourism and investment;
- Social and cultural system with limited understanding and experience of business concepts and practices;
- Limited economic opportunity in the domestic economy;
- Land and capital market development constrained by small size, and social values and traditions;
- Low absorptive capacity for major investments"

Te Kakeega II, page 3

Advantages or opportunities which support sustainable development strategies include:

- The Tuvalu Trust Fund (TTF) and the Falekaupule Trust Fund (FTF); with sound investment management and a stable and growing world economy, these should provide a solid funding base for government policies and for outer island development respectively;
- An extensive Exclusive Economic Zone (EEZ) which generates substantial, although variable, fish licence revenues;
- A strong market presence for Tuvaluans qualified as international seamen; and
- A strong traditional culture which promotes social stability and family welfare.

Informed decision making

The MDGs, with their focus on targets, place considerable emphasis on accurate, timely, reliable and relevant statistical information. In the preparation of this report every effort has been made not to compromise the quality of the statistical data used, with statistics from official sources or, where noted, from other agencies. Where there are concerns about the quality of the data, these have been noted.

The Tuvalu national statistical system is working to address weaknesses in the quality, timeliness and coverage of a number of key outputs, while trying to meet existing and emerging demands for information. Government's institutional capacity for analysing statistical and other information for policy and decision making, and making necessary

²The Falekaupule is essentially the primary social institution and the sovereign power in the islands of Tuvalu with the right to oversee local affairs – with the Kaupule as its executive arm. The "Falekaupule" (Assembly of Elders) which consists of (Kaupule) and non-government and sectoral organisations, which under the 1997 Falekaupule Act has the responsibility and authority to design and implement island programs and projects.

³Te Kakeega II, page 4

The Economy

policy adjustments, is weak but improving through the NSSD initiatives. Suitably skilled people are in limited supply and capacities of statistical sections in government are stretched. The majority of activities to improve statistical information systems invariably are funded by donors and have yet to be entrenched in the ongoing operation of government. Despite considerable progress in improving data availability in Tuvalu, there is still clearly a pressing need for much better and more reliable data in a range of socio-economic and governance areas to better understand local socio-economic challenges and target those most in need. In this context, there is a particularly urgent need for better data on poverty, HIV/AIDS, infant mortality rates, public safety, maternal mortality ratios, and access to safe water among others, ideally disaggregated along various

lines (gender, geography, age, ethnicity, etc). However this would require strengthening the capacities of statistics units to support the collection of such essential data and information.

Moreover, given the importance of the MDGs and the provision of accurate analysis of statistical information, emphasis is placed on the important role that the Budget & Planning department plays to ensure data analysis is carried out in a qualitative manner.

It is of great importance that the Budget & Planning department works collaboratively with the Statistics department in the collection of essential data and information to enable the department to provide qualitative analysis that will assist Government leaders in making informed decisions.



Eradicate Extreme Poverty & Hunger

8

GOAL 1

Status and Trends

In the past hardship and poverty have not been seen as critical issues in Tuvalu. Whilst there has been a general acceptance that the people might not be well-off in financial or material terms, they do, nevertheless, have strong family and community ties which, in the past at least, have provided social safety nets for the most disadvantaged and vulnerable.

In 2003 the first analysis of poverty was undertaken by the Asian Development Bank (ADB) where poverty lines were calculated based on the 1994 Household Income and Expenditure Survey (HIES). This analysis suggests that in 1994 around 23% of households in both the main centre Funafuti and the outer islands had incomes below the respective basic needs poverty lines. These results do not necessarily imply that people who had incomes below the poverty lines were going hungry. It means, rather, that on a day-to-day basis they would have had insufficient income to meet their average expenditure needs for a basic diet plus the costs of other non-food items. Such families have to make daily choices about expenditure priorities: food purchases or school fees, social and community obligations or power/electricity and communications bills.

The major causes of hardship and poverty (in the local context) identified during Participative Poverty Assessment (PPA) consultations with six communities throughout Tuvalu in 2003 can be summarised as:

- limited access to quality basic services and infrastructure;
- limited income generation opportunities,

particularly for women and youth and those with low levels of education;

- overcrowding and overpopulation of households and communities, particularly on Funafuti;
- weakening social support system;
- too many family, church, community, and island contributions; and
- idleness and “dependency attitude” among families and relatives.

The findings of the PPA also noted the increasing dependence on cash income throughout Tuvalu, even by outer island communities. Basic needs and access to services such as education, power / electricity and communications all require cash expenditure. Poor diets and bad nutrition (excess of carbohydrates, fats and sugar) are leading to increasing ill-health and indirectly to hardship for many families.

Groups that were identified as the most disadvantaged were:

- People without regular income source
- Individuals and families without access to land or settlers
- People with large families (several children and are supporting relatives)
- Abandoned elderly people
- Mentally challenged and physically handicapped
- Orphans
- Women with alcoholic spouses
- Widows and single mothers without regular income
- Childless couples
- Families living on squatter areas

Target 1 Halve between 1990 and 2015, the proportion of people living in poverty

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
1. Proportion of households below \$1 (PPP) per day	1994 National 17% Funafuti 9% Outer Islands 23%	No recent data available	8% 5% 11%
1a. Poverty headcount ratio (% of population below the national poverty line) household expenditure, basic needs poverty	1994 National 29% Funafuti 24% Outer Islands 23%	No recent data available	14% 12% 11%
2. Poverty gap ratio (PGR) [incidence x depth of poverty] household expenditure	1994 National 13% Funafuti 10% Outer Islands 10%	No recent data available	6% 5% 5%
3. Share of poorest quintile (20%) in national consumption household expenditure	1994 National 7%	2004/05 HIES National 10%	3%

Source: 1994 and 2004/05 Household Income and Expenditure Survey

In sum, the traditional Tuvalu social structure and associated safety nets are coming under strain as external influences affect attitudes and aspirations. The continued migration of outer island people to Funafuti (and overseas) is depopulating the outer islands and increasing the dependency ratios amongst those remaining. At the same time the increasing population is generating social tensions and land disputes on Funafuti.

Progress

In 1994 almost 20% of households lived on less than US\$1 per day, with expenditure levels significantly lower in the outer islands compared with Funafuti. In 1994 17% of the households of Tuvalu had expenditures of less than US\$1 per day (in Purchasing Power Parity (PPP)⁵ terms. However there are concerns about the accuracy of this estimate because of the sampling and non-sampling errors from the 1994 HIES which was conducted mainly to update national accounts estimates and the basket of items included in the Consumer Price Index.

In 1994 29% of the households have monthly expenditures below the national poverty line (\$A 84.21). The poverty line is the estimated income required (including subsistence production) to meet minimum dietary needs, along with that required for the essential goods and services required for a basic standard of living (such as cleaning supplies, school fees etc). Households below the poverty line have a monthly expenditure below that defined as the 'minimum necessary expenditure', implying that these households regularly struggle to find cash or produce subsistence goods to satisfy basic needs (such as food, electricity, clothing).

The average expenditure of the poor in 1994 was 13% below the national poverty line. In 1994 it would seem that the average expenditure of those living in poverty is not significantly less than the poverty line. This implies that a significant proportion of the 29% of households living below the poverty line have expenditures slightly less than the poverty line.

The weekly expenditure of the poorest 20% of households in 1994 was 7% of total weekly expenditure. Once again, there are concerns about the data quality of this estimate. It points to the conclusion that income distribution in Tuvalu is inequitable. In aggregate, the lower half of all households received just over one-fifth of total income, while the top half received almost four-fifths.

Tuvalu national priorities

In response to calls for economic growth to benefit all of Tuvalu the government has implemented a number of policies and strategies aimed to provide a stable macroeconomic environment, including sound budget management, political stability and appropriate policy environment. These strategies are detailed in the NSSD and include:

1. Increase opportunities for employment and income generation (formal and informal sector activities, youth employment) and create an 'enabling environment' to promote private sector investment.
2. Maintain commitment to Tuvalu Maritime Training Institute (TMTI), and facilitate the employment of Tuvalu seamen in international shipping and subsequent remittance of earnings to provide financial support for families.
3. Explore the feasibility of establishing a 'Small Business and Domestic Development Centre' to provide support for young people
4. A stronger focus on (domestic) fisheries and maritime transport sectors, including training and access to training opportunities, in terms of providing revenue, formal employment, and opportunities for commercial activities.
5. More efficient delivery of government services, and improved performance of corporations and boards. A greater acknowledgement of the role of NGOs as participating partners in policies for community development and capacity building for poverty and hardship alleviation.

Tuvalu MDG priorities

Tuvalu has identified monitoring of the following indicators as priorities in addition to the MDGs:

1. Food Poverty Line (household expenditure per week). 1994: National \$A48.80; Funafuti \$A66.37; Outer Islands \$A36.09
2. Proportion of households below food poverty line. 1994: National 14%; Funafuti 9%; Outer Islands 15%
3. Basic Needs Poverty Line (household expenditure per week). 1994: National \$A84.24; Funafuti \$A126.90; Outer Islands \$A53.35
4. Proportion of households below basic needs poverty line. 1994: National 29%; Funafuti 24%; Outer Islands 23%
5. Per capita income (weekly). 1994: National A\$30.72; Funafuti A\$40.24; Outer Islands A\$23.84

⁵PPP estimates were derived by the Tuvalu Central Statistics Division. PPPs measure the relative costs of the same basket of goods in different countries to provide an indication of the differences in the spending power of a currency unit, in each place. This means that PPP conversion takes into account not only exchange rates but also the cost of goods in a country relative to what the same goods would cost in the United States in US dollars.



Eradicate Extreme Poverty & Hunger

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Major challenges

Historically, while addressing the needs for economic growth and income generation, Government has not directly addressed poverty alleviation in policy development, as evidenced by the ADB leading the process for poverty analysis and the PPA in 2003. However, since the ADB assistance the government has formed a committee to investigate HIES data for social implications in relation to causes and characteristics of poor households.

The major challenge for the government is to adhere to the direction established in the NSSD and develop appropriate policies and implement necessary reforms. Integrating pro-poor policies and strategies is also a major challenge, given the recent acknowledgement of the emerging concerns of hardship.

Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
Prevalence of underweight children under five years of age (%)	1997 0		
Proportion of population below minimum level of dietary energy consumption	2004 0		

Source: Central Statistics Division

Progress

No recent information is available for the indicators for this target. However the 1983 National Nutrition Survey found that obesity and children being overweight was of more concern than malnutrition, with only 3% of children having low body weight, compared with 30% being overweight.

Ministry of Health patient records (growth charts) indicate that the incidence of underweight children is not a significant concern but there are a few cases of children visiting the hospital and clinics with problems associated with poor nutrition.

There is sufficient food, mainly fish, available in Tuvalu's predominantly agricultural society, with food security reinforced by customs and traditions which ensure that all family members have enough food. However this is eroding in the expanding urban community of Funafuti where households

rely mostly on 'cash bought' food, with some subsistence agricultural production. In addition, access to land for cropping in Funafuti is declining as more land is used to house and provide services for the growing population. On the other hand, food security in the outer islands is declining as the working age population (particularly young men engaged in subsistence activities) declines.

Tuvalu national priorities

3. The National Food and Nutrition Policy (2004, draft) embodies the commitment of the government to improve the nutritional well-being and health of all its people and eradicate the problem of malnutrition, specifying policies adopted by government.

A plan of action will be developed to facilitate the implementation of this policy.

Tuvalu MDG priorities

Additional indicators to be monitored are:

1. Reproductive health clinics: coverage of children under 5 years (% children under 5 seen) each year.
2. Number of underweight children seen in the reproductive health clinics as a proportion of total children seen.
3. Number of underweight children seen in out and in-patient visits per year as a proportion of children seen.
4. Proportion of exclusively 100% breastfed babies in the first six months of life.

Other indicators will be identified and monitored based on the priorities identified in the National Nutrition Action Plan.

Major challenges

Tuvalu is faced with the increasing incidence of non-communicable diseases such as diabetes and hypertension, overweight in adults, nutrient deficiencies such as anaemia. The government has given high priority to improving the country's food and nutrition situation to adequately nourish its people. A healthy, well-nourished population is more likely to develop its full potential and more likely to contribute fully to the economic and social development of Tuvalu.

Challenges include increasing access to nutritious food, its production and supply in local markets at an affordable price. The food that is obtained by a family must then be distributed appropriately among members.

Other health and sanitation factors are also

Eradicate Extreme Poverty & Hunger

important in improving nutritional status. These include: adequate exercise, not smoking, not abusing alcohol, clean, safe water, availability and proper

use of toilets and good personal hygiene, including dental hygiene and full immunisation of children.

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



Achieve Universal Primary Education

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GOAL 2

Status and Trends

Primary education in Tuvalu is both compulsory and free. Primary education as defined by UNESCO's ISCED 1997 is from Year 1 [6 year olds] to Year 6 [11 year olds]. Tuvalu has achieved 100% UPE in terms of access. In fact, Tuvalu has provided access to all pupils from Year 1 to Year 8, which marks the end of primary education in Tuvalu, but overlaps with the Lower Secondary sector according to ISCED 97.

Achieving 100% UPE with regard to "quality" education is somewhat questionable. Since the re-introduction of the selection examination, National Year Eight [NYE] examination to Motufoua Secondary School in 2003, all primary schools started to get pupils repeating Year 8. These repeaters are allowed to repeat Year 8 for a consecutive two (2) years of sitting and failing to pass the examination.

While education is compulsory to the age of 15, pupils have to sit a Form 3 entrance examination to Motufoua Secondary School at about 13 years of age. Currently those who fail the entrance examination can either repeat Form 2 at the primary school level or go on to Fetuvalu High School; some of these pupils choose one of these two options, but the majority choose not to attend school. Government has recognised this problem and the Tuvalu Education Implementation Plan (TEIP) for the Education and Training Sector Master Plan addresses this through aiming to provide suitable education and training opportunities for these students. Commitment to education as a priority sector is reflected in increased government expenditure for education. The share of recurrent expenditure on education as a percentage of the total recurrent government expenditure averaged about 19% between 1996 and 2002, with the 2002 budget allocation of 22% of the total recurrent budget. However the salary bill, absorbs some 90% of the government's budget allocation to primary education and leaves little for operations, maintenance of schools and equipment, curriculum development, computer equipment and provision of teaching materials. Even though primary education is 'free' there are costs to keep children in school – stationery supplies, uniforms, and other 'hidden costs' which indicate that education has a

cost. Communities are active in fund raising to assist buying equipment such as photocopiers and other purchases; some of which involve substantial amounts for the families. Hence continuous community contributions at the primary school level put considerable pressure on the already depleted household disposable incomes, especially when there is more than one primary school aged child in the household.

Target 3

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

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
6. Net enrolment in primary education	(1992) 98%	(2002) 99.9%	100%
7. Proportion of Pupil starting grade 1 who reach grade 5	(1993) 96%	(2002) 99.7%	100%
8. Literacy rate of 15-24 year olds	(1991) 95%	(2002) 99%	100%

Source: Indicator 6 and 8: Tuvalu 2002 Census of Population and Housing. Indicator 7: Ministry of Education and Tuvalu 2002 Census of Population and Housing

Progress

Regional comparisons of literacy consistently show Tuvalu in the upper quartile, with 95% of its population literate. Tuvalu has also achieved the MDG targets of equality of opportunity at primary and secondary levels for boys and girls, and the balance has all but been achieved at tertiary level also. But there is progress still to be made in educating and training the population in the technical and vocational skills needed to achieve Tuvalu's economic and social goals. These remain key development objectives.

Tuvalu has achieved the target in net enrolment in primary education. However, there is a need to be cautious with the 2002 Census results as enrolment rates are generally inflated in census results. There is also a need to examine the 'true' attendance levels of primary students where students might enrol but might not regularly attend.

In 1993, 96 % of pupils who started grade 1 reached grade 5. In Tuvalu almost all students who start primary school go on to at least grade 5 level. This estimate could be more accurate if data on drop outs is used, and extended to the full course of primary schooling.

The literacy rate has increased from 95% in 1991

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to 99% in 2002. With the primary school survival rate increasing, there is a high probability that literacy rate in Tuvalu will increase beyond the 2002 rates. However this information needs to be verified.

Tuvalu National Priorities

In response to calls for improvements in education standards, the Tuvalu government put together the Tuvalu Education Implementation Plan (TEIP) for the Education and Training Sector Master Plan (ETSMP) which focuses on quality, relevance and access as its three themes.

The core components of the strategies in the policy are:

- Raise standards of teaching and learning
- Improve the environment for teaching and learning
- Improve the relevance of the curriculum

- Ensure adequate availability of education services for special needs and situations.
- Strengthen management of education system.

Tuvalu MDG Priorities

Additional targets and indicators identified for this goal include:

6. Student/teacher ratio, primary school. 1996: 28; 2004: 20
7. Modify primary school completion indicator to Grade 8 level (full course of primary education)
8. Pre-school enrolment rates, girls and boys
9. Ratio of girls to boys in pre-schools
10. TuSTA pass rates for boys and girls in Years 4 and 6; Year 8 graduation rate
11. Proportion of qualified pre-school and primary teachers
12. Proportion of education budget allocated to



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- areas other than salaries
13. Proportion of repeaters in Class 8 (girls and boys)
 14. Proportion of drop-outs after Class 8 (girls and boys)
 15. Junior Secondary School (JSS) enrolment rates (girls and boys)
 16. TVET curriculum content in JSS
 17. Budget allocation to pre-schools
 18. Proportion of ODA to education sector
 19. Proportion of students enrolled in primary school with health cards (this indicator will monitor the development of outbreak diseases in school, with the purpose of reducing/avoiding the outbreak of diseases).

The full list of targets and indicators will be finalised based on the Ministry of Education information management system.

NGO engagement

The continued active involvement of communities in education plays a significant part in the success of this sector. Community support has meant primary schools on all islands are able to fund projects that the government could not, for example, the purchase

of photocopiers and other equipment, construction and operation of a school canteen.

The school parent-teacher associations (PTA) provide an effective mechanism where parents and teachers discuss constraints and problems that teachers are facing and together work to resolve the situation. PTA are also active at fundraising for school equipment and materials.

At the pre-school level, schools are managed and run by communities, with government support in the form of payment of pre-school teacher's salaries, financial support for infrastructure development such as pre school classrooms; teaching resources, professional support and advice as well as ensuring that all pre-school teachers are suitably qualified.

Major Challenges

Despite the achievement of ensuring universal access to primary education, government is committed to improving the quality and relevance of education which the Tuvalu Education Implementation Plan (TEIP) hopes to address. In addition, ongoing government support through its recurrent budget is very much needed by the education sector.

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak

GOAL 3

Status and Trends

In the 1999 Pacific Human Development Report, Tuvalu was rated first among 15 Pacific Island countries in UNDP's gender development ratio, a rough measure of gender equality. Education is reasonably gender-balanced through secondary school and an average of about 45% of all overseas tertiary scholarships since 1991 have gone to women. Notable numbers of women hold mid- and senior-level civil service posts, although there are currently no women in parliament and only one woman has ever held a ministerial position. Traditionally women are 'indirectly' active in politics through their families and village councils.

The Tuvalu National Plan for Action has these priorities for women empowerment:

- Economic empowerment
- Health
- Education and training
- Women's human rights
- Shared decision-making
- Culture and the family

These priorities inter alia are reflected in the revised Tuvalu National Women's Policy. In terms of institutional mechanism, the National Co-ordinating Committee [NCC] has been set up to support the implementation of this policy. The NCC membership comprises stakeholders in both Government and NGOs.

In late 1999 Tuvalu ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and signed the Beijing Platform for Action and the Pacific Platform for Action. Women's development efforts are concentrated within the Department of Women (DoW) established in 1999 and the Tuvalu National Council of Women (TNCW). Recognising that the DoW and government as a whole has limited capacity for gender analysis and 'engendering' key aspects of life, the DoW has formed a close working relationship with the TNCW and the NCC in reviewing existing systems to eliminate gender disparity in primary and secondary education.

The TNCW has a demonstrated capacity in advocating for, and training in, women in development (WID), and is an effective advocate for women's equality, whereas the DoW has sufficient resources to attract and retain gender and development (GAD) expertise at the policy level and to provide GAD inputs into national planning and decision-making.

Progress

Tuvalu is likely to meet the target on the ratio of girls to boys in primary, secondary and tertiary education. Education opportunities in Tuvalu at the secondary and tertiary level are very much based on merit. The top students, regardless of sex, get the opportunity to enter Motufoua Secondary

Target 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
9. Ratio of girls to boys in primary, secondary and tertiary education	(1991) Primary – 0.87 Secondary – 1.05 Tertiary – 0.37	(2003) Primary – 0.97 Secondary – 0.96 Tertiary – 1.08	1 1 1
10. Ratio of literate women to men 15 – 24 olds	(1991) 0.96	(2002) 1.00	1
11. Share of women in wage employment in the non-agricultural sector	(1991) 38%	(2002) 44%	100%
12. Proportion of seat held by women in national parliament	1990 8%	(2004) 0	50%

Source: Indicator 9: Ministry of Education for primary and secondary ratios, tertiary training is overseas university from the Central Statistics Division Quarterly Statistical Report December 2003. Indicators 10 & 11: Tuvalu Census of Population and Housing 1991 and 2002. Indicator 12: Ministry of Finance and Economic Planning



School based on the entrance exam results. Likewise tertiary scholarships are awarded on merit. At the primary school level, given that it is compulsory and free, sex ratios are affected by the number of females and males born in a particular year.

Table 3.1 above summarises enrolment at primary schools in Tuvalu. Note that the ratio of girls to

boys differs from the MDG indicator because the definition of primary school for the MDGs is Class 7 and below (Class 8 is included in Table 3.2 but not in the MDG indicator). Likewise the table for secondary school enrolments has adjusted totals for the calculation of the MDG indicators.

Table 3.1: Primary school enrolments, teachers

Year	Male	Female	Total	Ratio of girls to boys	Teachers	Pupil/Teacher Ratio
1991	781	702	1,483	0.90	66	22.5
1992	731	685	1,416	0.94	62	22.8
1993	854	794	1,648	0.93	73	22.6
1994	879	767	1,646	0.87	72	22.9
1995	940	769	1,709	0.82	60	28.5
1996	938	747	1,685	0.80	59	28.6
1997	957	786	1,743	0.82	78	22.3
1998	975	846	1,821	0.87	90	20.2
1999	955	784	1,739	0.82	92	18.9
2000	1055	885	1,940	0.84	94	20.6
2001	945	853	1,798	0.90	94	19.1
2002	846	795	1,641	0.94	94	17.5
2003	945	914	1,859	0.97	94	19.8
2004	1035	975	2010	0.94	94	21.3
2005	1049	961	2010	0.92	103	19.5

Source: Ministry of Education and Central Statistics Division

Table 3.2: Secondary school enrolments, teachers, Motufoua Secondary School and Tuvalu Ekalesia Kelisiano Church- (Fetuvalu)

Year	Male	Female	Total	Ratio of girls to boys	Teachers	Pupil/Teacher Ratio
1991	254	298	552	1.17	24	23.0
1992	237	250	487	1.05	33	14.8
1993	182	197	379	1.08	35	10.8
1994	301	309	610	1.03	33	18.5
1995	285	294	579	1.03	34	17.0
1996	295	323	618	1.09	34	18.2
1997	290	330	620	1.14	34	18.2
1998	347	415	762	1.20	36	21.2
1999	261	264	525	1.01	29	18.1
2000	269	244	513	0.91	30	17.1
2001	289	269	558	0.93	32	17.4
2002	234	224	458	0.96	37	12.4
2003	281	298	579	1.06	48	12.1

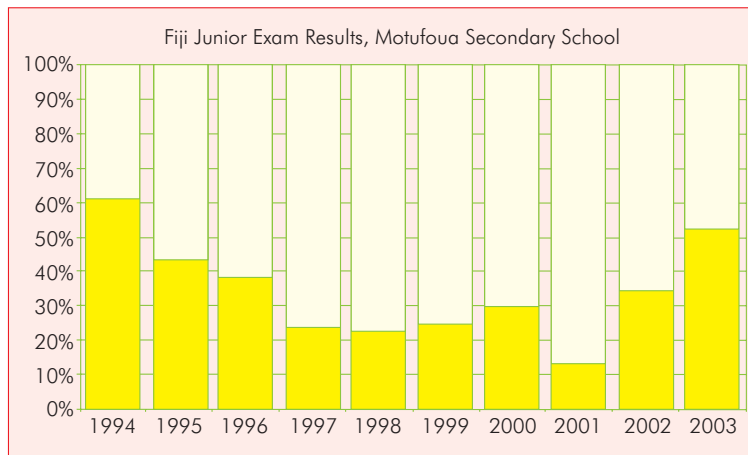
Source: Ministry of Education and Central Statistics Division

While there has been some variation in the numbers of overseas training students, since 2000 the numbers of women and men studying have been almost even.

Tuvalu has met the target for the youth literacy rate and the challenge is to maintain the current rate, although there are some concerns that the 'true' level of literary and numeracy is not this high. While 'basic' literacy levels might be acceptable in terms

Table 3.5 below shows the occupation group of women and men in formal employment from the 1991 and 2002 censuses. It shows the dramatic increase in the number of women in professional and technical occupations from 55 in 1991 to 271 in 2002. A similar increase occurred in the administrative and managerial occupation group, although the numbers are much smaller. From 1991 to 2002 women seem to have moved away

Figure 3.1: Fiji Junior Examination Results



Source: Central Statistics Division Quarterly Statistical Report December 2003

of the MDGs, there is growing concern in Tuvalu about the pass rates for exams such as the Fiji Junior Examination, as shown in Figure 3.1 below. The recent increase in pass rates is encouraging.

The share of women in wage employment in the non agricultural sector increased from 38% in 1991 to 44% in 2002. This indicator measures the degree to which the labour markets are open to women in industry and service sectors. The 'formal' labour market in Tuvalu is relatively small – the 1991 census records 1,388 adults working for wages or salary, of which 505 were women (36%) and 883 (64%) were men. Most of this employment is in Funafuti. In 1991 there were 944 adults working for wages or salary, of which 344 (36%) were women and 600 (64%) were men.

In the inter-censal period 1991-2002 the formal labour market grew by 30%. In 2002 (Table 3.4) the formal labour market comprised employees, employers and the self employed in the Census – a total of 1,978 adults of which 713 were women (36%) and 1,265 were men (64%). From the census results it would seem that the proportion of women in the formal labour force has 'peaked' over the 11 years from 1991 to 2002 at 36%; although in 2002 more women than men were unemployed and looking for work–

from the 'traditional' occupation of clerical work (40% of employed women in 1991 and 26% in 2002) to more professional and technical occupations (18% in 1991 compared with 38% in 2002).

From the 2002 Census women represented 51% of professional and technical occupations, compared with 39% in 1991. Tuvalu continues to make progress towards more equal social, economic and political status between women and men. In 2002 25% of administrative and managerial occupations were held by women, compared with 18% in 1991.

Apart from one ministerial seat that was held by a woman in the 1990s, there hasn't been a woman elected as a member of parliament since despite the fact there is nothing (law or qualification mechanism) stopping women from contesting. This is an issue where discussions with groups during the drafting of this report were divided. On one hand people argued that there were no barriers to women's political activity and women were satisfied to be represented by male elders or elected officials because they had been involved in the decision making process; albeit indirectly (or in some cases directly). On the other hand some were of the opinion that the traditional system of male representation and women not being able to speak in village council meetings (some, not all villages)



meant that women's concerns were not being heard.

Tuvalu national priorities

Tuvalu, as previously mentioned, has made progress to ensure more participation of women in the formal employment sector. The NSSD addresses this issue, aiming to create an enabling environment that would provide opportunities for all Tuvalu citizens including women and youth. The NSSD calls for the promotion of gender equity and to expand the role of women in development.

To do this, government will continue to promote income generation projects for women both in Funafuti and the outer islands. Training of business practices such as book keeping, management and marketing are priorities to be encouraged.

Tuvalu MDG priorities

Additional indicators to be monitored include:

- 20. Labor force participation rates
- 21. Number of women contesting (process) and elected (outcome) to falekaupule elections and

parliament : 0 (2002 CSD)

22. Number (proportion) of women in senior government positions, corporations, statutory bodies and charring NGOs: Number of Women in senior government positions - 9

- Number of women as CEO's of corporations – 2
 - Number of women as CEO's of NGOs – 2
- Source: Civil List (2004)

23. Number of women who managed to obtain (small) business loans; proportion of loans to women.

- 2001 – 25%, 2002 – 57%, 2003 – 45%, 2004 – 36% (Source: DBT)

24. Tuvalu National Provident Fund contributions by women and men: 2004 - 36% (TNPf 2004)

25. Accessibility to leadership, business and management training for women (training courses/workshops offered; women and men attending): 35 (2000) Source: Women's Department.

26. Form 7 foundation year enrolment ratios.

- Male: 42% (2004, USP)
- Female: 58% (2004, USP)

27. Vocational training enrolment (eg TMTI; secretarial school).



- 16 – TMTI (2004)
- 12 – MKH (2004)
- 13 – MKH (2005)

Source: Ministry of Education

28. Number (proportion) of female-headed households – no data available
29. % female-headed house-holds below food and basic needs poverty line – male 77%, female 23% (2002 census)
30. % contribution to household income from males and females – male 46%, female 54% (HIES 2004/ 2005)

NGO activities

Many projects for women in development are carried out at the community level by NGOs. Generally in each village there are women's groups at the village

(community) level, in the church and various other associations. Most, if not all, of these activities are coordinated by the TNCW. Most of the reproductive health programmes for women are coordinated by the Tuvalu Family Health Association (TuFHA).

Major challenges

From the many women forums and gatherings held, the issue about the lack of women contesting seats in the national election has been raised many times. Views expressed at such meetings identified culture as a barrier towards women contesting for parliament. At the Kaupule level, culture was again given as the main factor preventing women from contesting elections.

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



Reduce Child Mortality

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GOAL 4

Status and Trends

Since 1990, significant progress has been made towards reducing child mortality in Tuvalu. This can be attributed to training courses and programmes provided for nurses, more and improved health facilities and the ongoing programmes for regular ante-natal and post-natal check ups and immunisation of children.

The National Health Plan places priority on Mother Child Health (MCH) in these areas:

Immunisation, Integrated Management of Childhood Illness (IMCI), Healthy nutrition, Breastfeeding, Safe Motherhood, Reproductive health

Progress

The immunisation programme in Tuvalu has had a significant impact in the reduction of child mortality. However there is a need to continue these efforts to achieve further reductions in mortality. At the current rate of reduction, Tuvalu may achieve the targets.

The under five mortality rate had decreased from 59 in 1991 to 32 in 2003. With better facilities, trained staff, and specialised programmes, child mortality rates have declined significantly. It is important to note the issue of sustainability given that most of activities in this area are currently

funded by donors, and the government of Tuvalu is financing the required vaccines and also co-financing other inputs for the Expanded Program on Immunisation (EPI).

The infant mortality rate (IMR) has decreased from 41 in 1991 to 21 in 2003. In 2003 there were 185 live births and four of these babies died within their first year, resulting in an IMR of 21.

The coverage of immunisation of one year olds in Tuvalu is almost 100%. The issue of sustainability is important for this indicator as EPI activities are partly donor funded and will soon change with the government of Tuvalu sharing more of the cost

Tuvalu national priorities

The Vision of Tuvalu's NSSD clearly states that "By 2015, guided by strong spiritual values enshrined in its motto – 'Tuvalu mote Atua' – we will have achieved a healthy, educated, peaceful and prosperous Tuvalu".

In response to the need for further reduction in child mortality, the ongoing improvement and delivery of effective health services, especially primary health care, on Funafuti and the outer islands has been identified as a key strategy. The Ministry of Health is reviewing the National Health Plan, which contains strategies to help further reduce child mortality in Tuvalu.



Reduce Child Mortality

Tuvalu MDG priorities

Additional targets and indicators identified for this target include:

- Child morbidity rates for key conditions such as ARI, diarrheal diseases (or five leading causes of inpatient admissions / outpatient visits).
- Proportion of one-year old children fully immunized against all major EPI target diseases and measles.

- Proportion of babies having received the first dose of Hepatitis B vaccine within 24 hours of birth.

Major challenges

As mentioned above, the issue of sustainability of funding is important to maintaining achievements for this goal.

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Target 5 Reduce by two-thirds, between 1990 and 2015, the under five mortality rate

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
13. Under five mortality rate (per 1,000 live births)	(1991) 5	(2003) 32	20
14. Infant mortality rate (per 1,000 live births)	(1991) 41	(2003) 21	14
15. Proportion of 1 year old immunised against measles (%)	(1990) 90%	(2002) 99%	100%

Source: Ministry of Health

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



GOAL 5

Status and Trends

The focus on reducing child mortality (see Goal 4) has been complemented by efforts to ensure that mothers receive the best possible health care. The programme for ante-natal and post-natal checks has assisted medical personnel both on Funafuti and the outer islands in identifying pregnant women at risk to pregnancy related problems. As a result of this programme, maternal health status in Tuvalu has improved significantly in recent decades.

On every island senior nurses have undergone mid-wifery training courses. The checks and procedures for maternal health care ensure that mothers giving birth for the first time, and mothers with histories of pregnancy problems, are referred to PMH, Funafuti (if they do not live there) where better equipment and expertise are available than in the outer islands. If the case cannot be managed in Funafuti, the mother is transferred to Fiji under the Tuvalu Medical Treatment Scheme (TMTS).

The target for this goal is not relevant in Tuvalu because of the small number of annual births and the even smaller incidence of maternal deaths. Tuvalu records approximately 220 births in a given year. A single maternal death would produce a maternal death rate of 100 per 100,000. In other words, a single death would put Tuvalu's maternal mortality amongst the highest of the region. Given this, monitoring the actual number of maternal deaths is clearly a more realistic measure in Tuvalu.

Target 6

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

The National Health Plan contains a number of programmes for women's reproductive health including antenatal and postnatal clinics, family planning, tests on sexually transmitted diseases, cervical screening and healthy nutrition.

A National Policy on Breast-feeding and Infant Feeding has been in place since 1996 and the Baby-Friendly Hospital Initiative (BFHI) was launched in the same year, with progress being made towards

the Princess Margaret Hospital in Funafuti achieving its 'baby friendly' certification.

There is no National Code governing marketing of breast-milk substitutes. The International Code of Marketing of Breast-milk Substitutes is used as a guide in the promotion of breast-feeding and the BFHI.

Progress

Tuvalu has achieved the lowest possible level of maternal mortality and 100% of births are attended by skilled health personnel.

Tuvalu national priorities

Maternal health is an ongoing priority for the government of Tuvalu and health programmes for related areas affecting women's health are part of this effort (for example tetanus immunisation for mothers, anaemia screening, sexually transmitted disease screening, Hepatitis B screening, HIV/AIDS screening and monitoring of pregnant mothers in antenatal clinics and postnatal clinics).

Tuvalu MDG priorities

Additional indicators to be monitored include:

- Proportion of women aged 35+ who have had cervical screening and simple mammograms over the past 24 months.
- Proportion of women aged 15-49 years suffering from iron deficiency (anaemia).
- Tetanus immunisation coverage for mothers (1 dose).

Major challenges

The major challenge for maternal and newborns health is the provision of emergency obstetric care when birth complications and problems arise. The fastest that the remotest island in the group can be reached (only by boat) is approximately six hours. The challenge in the outer islands is to identify potential problems early during pregnancy and ensure that the mother is transferred to PMH in Funafuti for treatment or referred overseas for further management.

Improve Maternal Health

23

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



GOAL 6

Status and Trends

Since 1990, significant progress has been made towards reducing morbidity and mortality in Tuvalu. Health services are responsive to meet emerging demands resulting from the changing lifestyles (especially diet and less physical activities) of the population. The major causes of morbidity are communicable diseases, with high numbers of skin infections, acute respiratory infections (ARI) and eye infections reported. The tuberculosis (TB) programme has been recently strengthened after an increase in TB prevalence and the Lymphatic Filariasis programme is also in place with the provision of Mass Drug Administration (MDA) once a year in the past four years. Lifestyle related diseases are also evident, with the increased incidence of certain non-communicable disease (NCD) due to these risk factors (such as obesity, high consumption of alcohol, poor diet and tobacco use) at very high levels.

As with other sectors in a small island nation, financial and human resources for the health sector are scarce. Health care providers are able to provide most of the key services for health care, with the system relying on early detection of 'serious' cases which can be transferred overseas under the medical referral schemes, challenging existing communication and infrastructure problems between Funafuti and the outer islands.

To meet the goals of the national health policy priorities, the major activities of the Ministry of Health are oriented towards strengthening the existing communicable diseases programme (with

special attention given to TB, filariasis, skin infection and primary eye care); and assessing the prevalence and incidence of non-communicable diseases and developing corresponding preventive and control programme (in particular diabetes mellitus and hypertension).

The National Health Plan (1999-2003) is the main policy document containing the goals for the health of the people. The Plan is currently being reviewed but still forms the basis for operations because of delays in the implementation of some of its components. It is based on a situation analysis of health where communicable diseases were seen as the foremost cause of morbidity, followed by NCDs.

Progress

HIV/AIDS is of particular concern in Tuvalu where a central element in the economy and a significant proportion of the population – seamen employed on contracts on international vessels – is a 'high-at-risk' group for HIV/AIDS and STIs.

Since the first official diagnosis in 1995, there have been nine cases of HIV infection officially recorded in Tuvalu. Six of the nine cases of HIV infection in Tuvalu have been in seamen. With the exception of one case, all HIV infections in Tuvalu are due to sexual transmission (the majority is presumed to be heterosexual transmission).

The process of introducing HIV surveillance and screening has begun in Tuvalu, with the statistical information needed for monitoring this target expected to be available in 2006/2007. The following summary of HIV/AIDS was prepared by the Ministry of Health (as at December 2003):

Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
18. HIV prevalence among 15-24 year old pregnant women	0.0% (1990)	(2006)	
19. Condom use rate of the contraceptive prevalence rate			
19a. Condom use at last high-risk sex		non-commercial (33.3%) commercial (87.5%) taken from sample of 209 seafarers.	
19b-1. Percentage of women and men aged 15-24 who know that a person can protect oneself from HIV infection by consistent use of condoms		85.2% (Youth Survey sample 305)	
19b-2. Percentage of women and men aged 15-24 who know a healthy-looking person can transmit HIV			
19c. Contraceptive prevalence rate	(1990) 39	(2002) 32	
20. Number of children orphaned by HIV/AIDS	0 for 1990	(2006)	

Source: Ministry of Health

Combat HIV/AIDS, Malaria and other major diseases

HIV including AIDS cases	9
Cumulative incidence rate per 100,000	88.2
AIDS cases	2
AIDS deaths	2
Males HIV/AIDS	8
Females HIV/AIDS	1

Tuvalu is part of the regional HIV/AIDS component of the Global Fund to Fight HIV/AIDS, TB, and Malaria (until 2008):

- Tuvalu also participates in the Franco-Australian Pacific Regional HIV/AIDS and STI Initiative, and benefits from the joint United Nations Program on HIV/AIDS (UNAIDS). Under these and other initiatives by donors and NGO partners, information will be collected for MDG indicators through Second Generation HIV surveillance, to be implemented in 2006 by the Ministry of Health in collaboration with NGO and donor partners. As HIV prevalence in Tuvalu is low, the most important component of the surveillance will target the groups at high risk: overseas travellers, especially those staying abroad for a long time (seamen). It will be complemented by behavioural sex surveillance in youth and an HIV survey in pregnant women (antenatal clinics).

Approximately one third of women use contraception. This indicator is useful in tracking progress towards health, gender and poverty goals. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the MDGs. It is possible that the

'true' level of contraceptive prevalence in Tuvalu is higher than the rate cited here based on the declining levels of fertility, although more information is needed to verify this.

Tuvalu national priorities

In 2000 the National HIV/AIDS Committee of Tuvalu prepared "A Strategic Plan for Responding to HIV/AIDS and STIs in Tuvalu". Six priority areas are identified in the plan:

1. Coordinating the multi-sectoral response to HIV/AIDS/STI in Tuvalu
2. Support and care for people living with HIV/AIDS (PLWHA), their families and island communities
3. Prevention and control of STIs
4. Reducing vulnerability and promoting safer sexual behaviour within specific groups
5. Provision of safe blood supplies in Tuvalu

Human rights and HIV/AIDS The Ministry of Health has identified the following priorities for HIV/AIDS and STIs:

- Undertake Second Generation Surveillance (SGS) activities to be able to calculate relevant indicators.
- Expand HIV testing to frequent overseas travellers and high-at-risk groups and their partners (sea men, students, youth, and frequent overseas travellers).
- Undertake a survey to establish 'true' level

Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
21. Prevalence and death rates associated with malaria (per 100,000 population)	Malaria is not endemic to Tuvalu		
22: Proportion of population in malaria risk areas using effective malaria prevention and treatment measures			
23. <i>Number of TB cases, new cases and death rates associated with TB (not reported per 100,000 population because of the small population of Tuvalu)</i>	(1990) Total 23 (1990) New 7 (1990) Deaths no data available (2002) Total 13 (2002) New 0 (2002) Deaths 0	(2004) Total 16 (2004) New 0 (2004) Deaths 0	
24. Proportion of TB cases detected and successfully treated under directly observed treatment short course (DOTS)	(2004) Detected 100% (2004) Success 92%		

Source: Indicator 23: WHO, 2002 Death Rate SPC. Indicator 24: WHO Indicator 21 and 22: Ministry of Health



of contraceptive prevalence (through for example a Knowledge, Attitude and Practices (KAP) type survey).

Tuvalu MDG priorities

- A specific indicator identified for this target is:
- HIV prevalence amongst seamen.

Major challenges

The issue of sustainability of funding is important to monitor this target as almost all of the current major initiatives are donor funded.

Progress

Malaria is not endemic to Tuvalu so this target covers TB, a priority area in Tuvalu, as well as "other major diseases" which include outbreak-prone diseases, filariasis (Tuvalu takes part in PacELF, filariasis elimination programme in the Pacific) and most importantly, NCDs.

While the number of tuberculosis cases has decreased, it is still significant. A TB case is defined as a patient in whom TB has been bacteriologically confirmed or diagnosed by a clinician. The notification rate is not reported here because of the small population of Tuvalu where the rate per 100,000 is not meaningful: there were 13 notified cases of TB in 2002 which gave a notification rate of 130 per 100,000; compare this with Fiji where there were 150 notified cases giving a rate of about 20.

Because TB is an airborne contagious disease, primary control involves detecting and then treating infectious cases and their contacts, thereby limiting the risk of additional infections.

DOTS has been officially operational since June 2004 when it was agreed to perform sputum smear microscopy and has been effective in the control of TB with 92% of new cases successfully cured under the DOTS strategy. Because DOTS has been fully implemented in Tuvalu, the DOTS case detection rate is equivalent to the overall case detection rate. Case detection rates, treatment success rates and cure rates provide some indication of the effectiveness of the TB programme in Tuvalu, and of the relative challenge faced in both detecting and treating TB cases.

The potential for co-infection of TB and AIDS is a significant concern. TB and HIV each have the

potential to accelerate or worsen the other disease. TB may accelerate the progression of HIV infection, while those infected with HIV/AIDS have a much increased risk of developing multi-drug resistant TB, which is extremely difficult and costly to treat.

Tuvalu national priorities

The Ministry of Health plans to carry on and strengthen existing TB activities, notably through the DOTS strategy which has shown very good results since its introduction in the late 1980's and its reinforcement in 1999 based on a WHO resolution.

Major challenges

The issue of sustainability of funding is important to monitor this target as almost all of the current major initiatives are donor funded.

Rapid response to outbreak-prone diseases, as per National Outbreak Response Manual

The Tuvalu MDG Task Force identified this target because of the relatively high incidence of outbreak prone diseases. Indicators for the target are to be developed depending on the disease and response capacity. The incidence of typhoid cases diagnosed (as a measure of outbreak-prone disease outbreaks) is to be monitored and reported on.

Filariasis control

The target for filariasis control is to be developed by the Ministry of Health, in line with the existing filariasis programme incorporating the targets in the PacELF filariasis elimination programme.

Reduce prevalence of key risk factors for non-communicable disease in line with Tonga Commitment and Healthy Islands initiatives

The Tuvalu MDG Task Force and stakeholders identified NCDs as a priority health concern, noting that it is difficult to assess whether some of the actions recommended relating to NCDs will be implemented (such as the direct use of taxes from tobacco and alcohol for health promotion activities). Mental health and disability are important and neglected areas of focus, with a strong need for capacity building in human resources in particular. During stakeholder consultations there was some uncertainty about the likelihood of achieving actions recommended for mental health and disability as

Combat HIV/AIDS, Malaria and other major diseases

well. The targets and indicators identified include:

1. Lower current prevalence of diabetes
 - Diabetes prevalence
2. Have halted and begun to reverse prevalence of tobacco use by 2010 and reduced by 20% by 2015
 - Prevalence of tobacco use: 2002 overall

38%; males 55%, females 23%

- Imports of tobacco (value)
- 3. Nutrition
 - Indicators to be developed for the national strategies to promote local produce and market development (a healthy market concept) to increase

Tracking Progress			
Monitoring and evaluation components	Assessment		
	Data collection capacity	strong	fair
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



GOAL 7

Status and Trends

The traditional structure of Tuvalu society and its subsistence economy has been built on the sustainable use of the nation's limited, but nevertheless valuable, natural resources. This ensured the conservation and sustainable use of the fragile atoll ecosystems; but these are now under threat from:

- changing attitudes in society;
 - climate change and its consequent adverse environmental impacts;
 - the increasing monetisation of the economy; and
 - the decline in traditional subsistence production and associated resource management.
- The National Environmental Management Strategy (NEMS), endorsed by Cabinet in 1997, provides the basis for the government's environmental policy (SPREP 1997).

Target 9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

While Tuvalu is not ranked on the composite vulnerability index for small island states, it faces a significant potential threat associated with rising sea levels caused by global warming. Tuvalu is ranked highly vulnerable to drought because of low rainfall and coralline atoll soils (UNDP, 1994). In 2002 Kaly and Pratt also reviewed Tuvalu's vulnerability to environmental risk by comparing Tuvalu, Fiji Islands, Samoa, and Vanuatu for environmental risk. Tuvalu was ranked the most

vulnerable, largely because of its low relief and small land area.

Climate change and the effects of global warming are also of considerable concern to Tuvalu. Salt-water inundation of pulaka pits, coastal erosion and flooding have all been blamed either wholly or partly on global warming. However there are many other activities which contribute to coastal erosion and flooding including the removal of aggregate for building materials from coastal areas, and changes in local topography through construction of roads and other infrastructure. Much of this has been associated with the continuing urbanisation of Funafuti, which is itself a major environmental issue.

Progress

Almost half of Tuvalu is covered by forest, mostly coconut (including all forest types (mangroves, dry and wet woodlands and coconut and broadleaf forest areas) but excluding forest plantations and any bare land. Assessment of the proportion of forest area is intended to provide an indication of the relative importance of forests in a country, with the change in forest area over time reflecting the "unregulated demand" for land and forest products.

The definition of 'forest' used by the UN is not particularly suitable for Tuvalu as a number of forest types and land uses that are of significant importance (such as mangrove forests, coconuts and agroforestry) are not included. By not differentiating between plantations and natural forest the indicator gives no intimation of the degree to which forest areas are being maintained, a critical issue, due to the very limited land area in Tuvalu.

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
25. Proportion of land area covered by forest	(1996-2003) 43%		
26. Ratio of area protected to maintain biological diversity to surface area	(1990) 0	(2003) 0	
27. Energy Use (kg oil equivalent) per \$ 1 DG (PPP)	1993	1999	
28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons)	0.2	0.2	
29. Proportion of households using solid fuels	1991 70%	(2002) 32	

Source: Environment Department Records. Also www.unep.org

Ensure Environmental Sustainability

% change 1991–2002	Tuvalu	Funafuti	Outer Islands
Electric	100%	33%	0 in 1991 4 in 2002
Gas	213%	231%	133%
Kerosene	141%	55%	587%
Firewood	-51%	-91%	-46%

Source: Tuvalu 1991 and 2002 Census of Population and Housing

The proportion of 'official' protected areas in Tuvalu is very small, but this does not include community managed conservation areas or marine reserves. A comprehensive 'stock take' of community reserves in Tuvalu is required to measure this indicator properly. In response to pressures to manage the land and marine ecosystem in Funafuti the Funafuti Conservation Area became operational in June 1997 with assistance from the Secretariat Pacific Regional Environment Program (SPREP). The Funafuti Town Council (Kaupule) administers the area jointly with the traditional owners through the Conservation Coordinating Committee. Fishing, hunting (e.g. of seabirds, turtles, crabs) and the cutting or burning of trees are prohibited in the 33 km² zone. The area is of particular importance as a tourist attraction in Funafuti.

There has been a significant decrease in the proportion of households using solid fuels for their main means of cooking. The proportion of households using solid fuels is the proportion of the households that relies on biomass (wood, charcoal and crop residues) as the primary source of domestic energy for cooking and heating. Incomplete and inefficient combustion of solid fuels results in the emission of hundreds of compounds, many of which are health damaging pollutants or greenhouse gases that contribute to global climate change.

While reliance on firewood has declined in Tuvalu, the main means of cooking in the 2002 Census was kerosene stoves; which raises concern about the use of renewable energy, or non-fossil fuel alternatives, for cooking fuel; and little is known



about the quality ('grade') of kerosene or gas used. Very little is known about the human health effects caused by exposure to fuel oils such as kerosene.

The most significant change in main cooking fuel occurred in the outer islands with the dramatic increase in the number of households using kerosene stoves (increased from 61 households using kerosene in 1991 to 419 in 2002). A second significant change occurred in Funafuti with a shift towards gas stoves with an increase from 39 in Funafuti in 1991 to 129 in 2002.

Tuvalu national priorities

The NSSD has identified policy objectives for sustainable environmental management, recognising that the government's role in the natural resource and environment sector should be one of facilitation, regulation and resource management. These include stopping the unregulated development and degradation of environment on Funafuti; increasing the number and improving the management of conservation areas; and minimising the impact of climate change on Tuvalu.

Major challenges

The major challenges for government for environmental sustainability are to provide the policy and legislative framework while implementing the necessary reforms to ensure that the core strategies are implemented and the desired outcomes achieved.

Target 10

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

The provision of water and access to sanitation have been priority areas for successive governments

in Tuvalu. There is no 'mains' water system in Tuvalu nor are there any sewerage treatment facilities: rain is the primary source of water (the contamination of the fresh water lens made well water non-potable in Funafuti) and a septic tank is the main means of human waste disposal. Solid waste is dumped in pits and in some cases used as land fill. Waste from the hospital on Funafuti is incinerated.

Access to safe and adequate supplies of water are vital for human health and development, making this target and associated indicator very relevant for Tuvalu. Ongoing problems related to water quality and resource availability highlight the need for accurate information regarding access to safe water resources. Although data (collected through the Census) is available, the nature of the definitions used hampers accurate analysis of what is 'safe' for water and what is 'basic' for sanitation.

Water supply is extremely variable, with shortages or drought common. During times of drought, people boil well water in the Outer Islands while people on Funafuti boil desalination water for drinking purposes. While most houses in Funafuti have rain water tanks, the capacity of these tanks is often insufficient for the size of the household; with the general level of maintenance, the quality of the household tank water is not known.

Human excrement is commonly left in the latrine pits or block lined cisterns; with eventual run off and seepage into ground water reservoirs. A recent study of villages in Funafuti found that while many of the households interviewed had flush toilets, only a small proportion of these were in 'working' order. An assessment of the toilets in primary schools found that an alarming proportion of the toilets were not working properly.

Access to basic sanitation that serves to protect human health and environmental quality (including water resource quality) is of vital importance for both human health and development, making this

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
30. Proportion of households with sustainable access to an improved water source, urban and rural	(1991)	(2002)	
	National 90%	National 93%	95%
	Funafuti 93%	Funafuti 94%	97%
31. Proportion of households with sustainable access to improved sanitation, urban and rural	(1991)	(2002)	
	National 77%	National 87%	89%
	Funafuti 84%	Funafuti 92%	92%
	Outer Islands 74%	Outer Islands 83%	87%

Source: Tuvalu 1991 and 2002 Census of Population and Housing



target and associated indicator very relevant for Tuvalu. Inadequate sanitation systems currently have a significant impact on water quality and human health in Tuvalu, making collection and analysis of relevant sanitation related data a high priority.

Waste management is of serious concern, impacting on Funafuti’s environment and the health of the population. Waste is often non-biodegradable, and potentially dangerous to both human and land and marine ecosystems health unless collected and disposed of properly. The 2002 Census found that 16% of households in the outer island dispose of their domestic waste either in their backyards or in the sea. However even where households have their waste collected by councils, notably on Funafuti, this is no guarantee that it will be disposed of in an environmentally-friendly manner.

A comprehensive, AusAID-supported Waste Management Project for Funafuti began in 1999 with the majority of problems in implementation caused by the uncertainty surrounding future institutional responsibility for waste management; a concern that appears to have been well justified. According to the 2002 census the Funafuti Town Council collects waste from 90% of households. A dedicated waste depository has been established at the northern end of Funafuti island but this needs to be carefully managed if it is not itself to become an environmental problem. Some composting of household green waste occurs, and regulations regarding pig farming and treating hospital waste are also in place.

Progress

Tuvalu is on track to achieve the target for access to water; although whether this supply is sustainable or improved is questionable. Access to safe water refers to the percentage of the population with reasonable access to an adequate supply of safe water in their dwelling or within a convenient distance of their dwelling; concepts which are difficult to define and costly to measure accurately.

Tuvalu is on track to achieve the target for access to sanitation, although progress has been slower in the outer islands than on Funafuti. The proportion of households with access to improved sanitation

refers to the percentage of households with access to facilities that hygienically separate human excreta from human, animal and insect contact. The census question on ‘type of toilet’ does not indicate whether a type of toilet can be considered sustainable given the maintenance issues highlighted in the introduction to this section, combined with the frequent shortages of water in Funafuti for flush toilets. Nor is there information provided about the longer term disposal of human excreta, of particular concern being ‘seepage’ into groundwater from cisterns and pit latrines and also through coastal erosion.

Tuvalu national priorities

Within the framework of the policy objectives the government has committed to provide a good standard of competitively priced, cost-effective and efficient infrastructure, utilities and services. The strategy for water and sanitation aims to “maximise collection and storage of water, and promote conservation measures, through education and awareness programmes, improving guttering and availability of water tanks to households, businesses and other buildings especially on Funafuti” (NSSD).

Tuvalu MDG priorities

Additional indicators include:

1. Indicators for environmental health – mapping of diarrhoeal diseases; typhoid fever cases.
2. Proportion of population (households) using an environmentally safe approach to household waste.
3. Proportion of schools with adequate water and sanitation.

Major challenges

It is widely accepted in Tuvalu that the main challenge for achieving this target is to finance the improvements required in infrastructure to upgrade the overall level of access to improved water and sanitation. This was a major concern in community consultations for the NSSD and discussions with the Tuvalu MDG Task Force and stakeholders. There is an ongoing need for community education and awareness programmes on the importance of safe water and sanitation (including environmental health concerns, communicable diseases), community management of water resources as well as suitable

Target 11 By 2015, have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
32. Proportion of households with access to secure tenure		no information available	



methods for the treatment and disposal of sewerage.

While the concept of ‘slum’ does not apply in Tuvalu, urban planning and land use management is an important governance issue. This includes the need to deal with the issues of urban planning and land management, and waste management on Funafuti. Many Funafuti landowners are losing access to their traditional lands, either through agreed gifting of access and use to incoming families, or through unauthorised squatting or use of resources. The situation for government is complicated by the fact that many of its own land-leases are due for renegotiation and renewal. The continuing urbanisation of Funafuti is beginning to cause tensions between the traditional Funafuti landowners and those from the outer islands. Land for housing, business and development purposes is becoming increasingly scarce. Many families now experience problems and hardship emanating from poor housing and living conditions. A system of urban planning and management is needed.

In Funafuti temporary squatter-type housing is increasing, with many such houses being constructed near the ‘borrow pits’, which collect rubbish and are contaminated by nearby piggeries. According to the 2002 census 7% of Funafuti households had no toilet facilities and 16% did not have access to a piped water supply. The low-standard of many of these squatter houses and the high levels of overcrowding suggest increased health risks for people living there. The recently tar-sealed road on Funafuti has encouraged new housing developments in areas to the north and south of the main village which are close to traditional storm surge embankments. The removal of sand and aggregates from the beaches adds to the vulnerability of housing in these areas. The continuing urbanisation of Funafuti raises many serious issues for government in respect of urban management, urban health and education, as well as social stability and in the growing levels of unemployment amongst youth on Funafuti.

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



GOAL 8

Status and Trends

The primary purpose of Goal 8 is to build an MDG-partnership between rich and poor countries. It fundamentally calls for more and better development assistance, a more open and fair framework for trade, and a new international financial architecture; facilitating developing countries achievement of the MDGs.

Acknowledged constraints to development in Tuvalu include:

- Isolation makes access to major international markets expensive, with a low absorptive capacity for major investments
- An extremely small land area which is poor for agricultural production and in minerals (limited natural resource base)
- Exposure to a harsh marine environment
- Widely scattered and sparsely populated island geography
- Small domestic market with little potential for economies of scale and limited economic opportunities
- Relatively under developed human capital
- Low level of infrastructure
- A less than satisfactory legislative and institutional framework to support development
- 'Erosion' of traditional sources of income with increasingly competitive international markets for seamen, tourism and investment
- Social and cultural system with limited understanding and experience of business concepts and practices
- Land and capital market development constrained by small size, and social values and traditions

Official Development Assistance (ODA)

Tuvalu is heavily dependent on ODA both in terms of financing development priorities and technical assistance and capacity building. 'Regular grants represented 30% of revenue in 2001 government budget and 40% in 2003 (the 2004 budget estimate is 25% of revenue). Major donors are Australia, Asian Development Bank, European Union, Japan, New

Zealand, Taiwan (Republic of China), UN agencies and the Pacific Regional Organisations.

Tuvalu has a somewhat unique reliable source of revenue – the Tuvalu Trust Fund – a financial investment managed to maximise interest income from a diverse portfolio of assets. The interest income earned, after providing for capital maintenance and administrative charges, is available to finance its recurrent budget. The Trust Fund was established by donors to provide a long term solution to the ongoing problem of the limited base for revenue generation in Tuvalu.

Listed below are some indicators depicting ODA which assists in financing Tuvalu's development priorities:

Percentage change in GDP growth per annum – 3-4% for 2003 and 2004.

Table 8.1: ODA volumes received

	1999 (Actual)	2000 (Actual)	2001 (Actual)	2002 (Actual)	2003 (Actual)	2004 (Revised)
ODA volume received	9.9m	9.1m	9.6m	2.8m	8.8m	5.2m

Proportion of ODA to basic social services (2005 actual allocation)

- Social Development : \$205,610
 - Outer Island and Falekaupule Development: \$132,164
 - Employment and Private Sector Development: \$152,000
 - Human Resources Development: \$128,404
 - Support Services and Utilities: \$272,872.
- Source: Government of Tuvalu, 2005 Budget

Exports

Tuvalu has an extremely limited range of exports, the most significant being the export of the labour through the estimated 350 - 400 seamen working on foreign vessels in international waters. In the 2002 Census 34% of households received remittance income from overseas, a significant proportion of which would have come from seamen, and for half of these households it was their primary



source of income. In the outer islands 35% of households received overseas remittances and for three-quarters of these it was their primary income source. This source of employment is therefore vital for the economy, and the government is exploring other opportunities for exporting labour.

Debt

The level of external debt at end 2003 was relatively low, amounting to an estimated 30% of GDP and comprising one ADB loan for the Falekaupule Trust Fund and two European Investment Bank (EIB) loans to Development Bank of Tuvalu (DBT). However the ADB loan for the renovation and expansion of Tuvalu Maritime Training Institute and the new EIB loan to DBT will almost double this level by the time the two projects are completed.

In addition, government has domestic debt outstanding to the National Bank of Tuvalu (NBT) for its acquisition of shares in Air Fiji, the National Fishing Corporation of Tuvalu's (NAFICOT) long-line fishing venture, as well as a long-term overdraft. This domestic debt amounts to an estimated 12.5% of GDP. Although the ADB and EIB loans are on concessionary terms, with little growth in the economy expected in the short-to-medium term, the scope for additional borrowing, either domestic or external, is limited.

The indicator below illustrates the government's commitment in servicing its current debt: Level of debt service as a percentage of Total Expenditure: 2% (Source: Tuvalu Government, 2005 Budget)

Youth, aged 15–24 years, comprise about 16% of the Tuvalu population, and 17% of the Funafuti population. The high proportion of the population under the age of 25 years has put considerable pressure on resources for basic social services including health and education. The education system is under considerable pressure to deliver education beyond primary level to youth for both higher academic as well as vocational qualifications. Youth struggle within the education system to advance to senior levels because of the limited number of places available and struggle to enter the work force which has low absorptive capacity. This has contributed to high rates of unemployment as well as underemployment particularly in Funafuti where, unlike in the outer islands, limited access to land means that the conventional means of income generation through agriculture or other 'land based' activities do not exist.

Youth unemployment is a growing problem associated with the limited size of the labour market (with few new jobs being created) and a narrow range of in-country vocational and ongoing training opportunities. The concept of 'unemployment' is relatively new in Tuvalu, and up until the mid- to late-1990s unemployment did not exist as anyone not in 'formal' employment was absorbed into the subsistence or household economy. Now however increased urbanisation and changing attitudes have resulted in unemployment being more common.

During the participatory assessment of hardship undertaken in 2003 youth were identified as amongst the most disadvantaged in Tuvalu society. Practical policies are needed to improve opportunities for the growing numbers of young

Tuvaluans who will remain in the informal sector. Wider provision of basic education and training in essential skills and in terms of behavioural changes in relation to health, employment and rural economic activity are required. Additional sports facilities are being constructed in Funafuti and whilst this will be welcomed by all, it is also likely to act as a further attraction for youth to migrate to the capital, and it will add both directly and indirectly to government expenditure for operation and maintenance.

Target 16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Table 3.4: Activity status by sex, residents aged 15 years and over, 2002 - 2004

Work Status	2002		2004	
	Male	Female	Male	Female
Formally employed	1265	713	1149	820
Fishing, handicrafts, agriculture activities	598	661	867	763
Unemployed	97	129	264	439

Source: Tuvalu Census of Population and Housing 2002, HIES 2004/05

Indicator	Tuvalu Baseline	Most Recent Status	2015 Target
45. Unemployment rate of 15-24 year-olds, each sex and total	(1991) (all adults)	(2002)	
	Tuvalu 3%	Tuvalu 24%	2%
	Male 4%	Male 18%	2%
	Female 1%	Female 30%	2%

Source: Tuvalu 1991 and 2002 Census of Population and Housing. Note that the unemployed in 2002 are those who looked for work during last 4 weeks whether or not they had a job whereas in 1991 it is people who said they were 'unemployed'. Also note that the official working age in Tuvalu is 18 years of age. So the data for this table captures this age group upwards.

Progress

In 2002, 18% of those aged 15–24 years indicated that they were unemployed, and had looked for work in the four weeks before the census; 13% of all males, and 25% of all females. It needs to be stressed that these already high youth unemployment rates could in reality be even higher, considering that 124 young men (29% of the youth male labour force) and 57 young women (18% of the youth female labour force) were reported in the census as working in subsistence activities. These activities, according to standard labour force definitions, are subsumed as part of the 'employed' category.

With the 2002 Census questions framed as they were, it is difficult to get a 'true' picture of the economic activity of Tuvaluan youth, which would require better structured filter questions in the census, or more specific labour force or time use surveys. Figure 8.1 provides the best description of the Tuvalu youth labour force participation, highlighting that 58% are engaged in formal/paid activities, while a further 24% work in other activities assumed to be subsistence, with 18%, as stated above, claiming they were unemployed. Considering the likelihood that many of those engaged in subsistence activities are only pursuing this work because they cannot find paid employment, the 'true' rate of youth unemployment could be as high as 53%—the total number of those young people engaged in subsistence activities (181) as well as those currently looking for work (135), divided by the total youth labour force.

Tuvalu priorities

The NSSD has identified broad policy objectives for youth. These include the need to engage stakeholders in the preparation of a National Youth

Policy; which was drafted with assistance from SPC. The policy addresses key areas of importance for youth including training, healthy lifestyles, the threat of HIV/AIDS, sport and recreation, traditional knowledge and skills, role of NGOs and the churches, creation of income earning opportunities and the availability of credit, and the greater role which youth could play in the Falekaupule decision-making process.

Tuvalu national priorities

Additional targets and indicators identified for this target include:

- Youth unemployment Rate for Funafuti, Outer Islands ('formal' unemployment rate does not include youth doing other (subsistence) activities as part of the workforce whereas the unemployment rate including subsistence does).
- Youth Time use (% time on traditional activities)
- Youth preferred work (occupation) if available
- Develop definition of 'unemployed' relevant to Tuvalu

The full list of targets and indicators will be finalised based on the National Youth Policy (currently in draft form).

Major challenges

The major challenges for government are to endorse the National Youth Policy and to carry through its commitment to providing more opportunities for youth with an effective policy and legislative framework while implementing the necessary reforms to ensure that the core strategies achieve the desired outcomes.



Target 17

In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

Millions of people die prematurely or suffer unnecessarily each year from diseases or conditions for which effective medicines or vaccines exist. Essential drugs save lives and improve health, but their potential can only be realised if they are accessible, rationally used and of good quality.

There are no doctors permanently posted outside the Princess Margaret Hospital (PMH) in Funafuti and the Ministry of Health provides all medical services, there are no private practitioners. Visits to the outer islands clinics by skilled medical personnel from Funafuti are infrequent, some health clinics need to be upgraded and others lack regular replenishment of essential medicines and supplies. Health services on the outer islands therefore continue to be poor compared to those on Funafuti and are a source of hardship for many families.

In Tuvalu essential drugs are purchased by the Ministry of Health from its budget allocation. The Ministry of Health budget for essential drugs is very limited, and in 2004 a number of clinics on the outer islands and Funafuti ran out of some drugs; while the main hospital on Funafuti ran out of Panadol, few antibiotics and hypertension drugs (Source: Health department).

Tuvalu national priorities

Additional targets and indicators identified for this target include:

- Disaggregating the proportion of population with access to affordable, essential drugs on a sustainable basis by location (Funafuti/ Outer Islands)
 - Time taken to get drugs (access)
 - % recurrent budget for drugs (supply)
 - Availability of essential drugs (days essential drugs out-of-stock), indicator(s) to be developed
- The indicators will be finalised based on the information available in the Health Information System and the sectoral plan (and priorities) for Health.

Target 18

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

A universally accessible and efficient telecommunications network is an essential infrastructure for any knowledge-based economy. Telecommunication infrastructure has important spill over effects to other sectors of the economy, helping in reducing the costs of production, efficient delivery of public services and reduction of poverty. The Tuvalu Telecommunications Corporation (TTC) has a monopoly on the provision of telecommunication services under the TTC Act of 1993.

A mobile phone service (cellular network) was established on Funafuti in mid-2004. The cellular network has a potential capacity to service over 2,000 subscribers, of which there were 740 at the end of 2002.

Internet services are provided in Funafuti through an ISP in the Office of the Prime Minister and through two private "internet cafes" in Funafuti. The registry for Tuvalu's top level domain name 'T.V' has been privatised and is currently managed by Verisign, a USA based company. The continued marketing and promotion of dotTV promises to provide a steady core revenue flow for many years, especially if a more advantageous marketing and management agreement can be negotiated.

Progress

While access levels are low, there has been an increase in access to telephones over the past 12 years. However, current problems with telecommunications in Tuvalu relate to the maintenance of the telephone network on the outer islands, where telephone lines can be 'down' for long periods of time while waiting for equipment and technicians to service faults. When this occurs communities rely on VHF radio to communicate with Funafuti.

Tuvalu priorities

Government is committed to bridging the digital divide and improving the availability of ICT capabilities in a socially inclusive way. An ICT policy has been drafted and various ICT committees have been formed to the pursue goals of the policy. A project to improve the internet satellite bandwidth is being negotiated with the aim of routing to a direct internet VSAT through Pacific IP Services (PanAm Sat) link. A high speed wireless network has been installed to serve the new government offices and it is planned to broaden connections from the Tuvalu ISP to Funafuti households and Amatuku in the near future. Negotiations for an application for assignment of W-band Frequencies and Geosynchronous Orbital slot assignments with a US based company are continuing.

Tuvalu national priorities

Additional targets and indicators identified for this target include:

- Telephone lines and cellular subscribers per 100 population for Funafuti and the Outer Islands
- Reliability of service, for example % time possible to phone between Funafuti and the Outer Islands
- Telecom charges and revenue per subscriber
- Personal computers in use per 100 population and Internet users per 100 population for Funafuti and the Outer Islands
- % population with basic computer literacy (skill level to be defined, for example write a letter and/or send an email)
- Internet connection fee as a % average Government wage (affordability of access)
- Internet charges and revenue per subscriber

Tracking Progress			
Monitoring and evaluation components	Assessment		
Data collection capacity	strong	fair	weak
Quality of recent survey information	strong	fair	weak
Statistical tracking capacity	strong	fair	weak
Statistical analysis capacity	strong	fair	weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	strong	fair	weak
Monitoring and evaluation mechanism	strong	fair	weak



Looking ahead

The development situation of Tuvalu has highlighted the main obstacles for sustainable development, as well as the achievements and opportunities, within the MDG framework. These obstacles are not new and most have been identified in the Te Kakeega II, 2005–2015, National Strategies for Sustainable Development. Sectoral development plans, budgets, other policies and reforms will be implemented under Te Kakeega II. The

challenge is to align sectoral development plans, and budgets coherently across all sectors, mainstreaming critical areas like gender equality, the needs of youth and sustainable environmental management within the combined Te Kakeega II and MDG framework. The next Tuvalu MDG Report will review progress made in this mainstreaming as well as progress on achieving the Tuvalu localised MDG targets and indicators.



Summary of progress towards the Millennium Development Goals

GOALS/TARGETS	WILL THE GOAL OR TARGET BE MET?	STATE OF NATIONAL SUPPORT
EXTREME POVERTY Halve the proportion of people living below the national poverty line by 2015	Potentially Te Kakeega II - National Strategy for Sustainable Development 2005-2015 in place	Fair Poverty featured strongly in the Te Kakeega II
HUNGER Halve the proportion of underweight among under-five year olds by 2015	No data Under five yr old are weights are monitored but not recorded	Fair Need to record cases of underweight
UNIVERSAL PRIMARY EDUCATION Achieve universal primary education by 2015	Probably Education is the government of Tuvalu top priority	Strong Need more operational support from the national budget
GENDER EQUALITY Achieve equal access for boys and girls to primary and secondary schooling by 2005	Probably Tuvalu is already on target	Strong Primary school is compulsory while entrance to secondary school is merit based
CHILD MORTALITY Reduce under-five mortality by two-thirds by 2015	Potentially With improved facility and ongoing training there is potential	Fair Programmes around this area are funded by donors
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015	Probably There had been 1 death in the last ten years	Strong Qualified nurses stationed on all the outer islands. Petrol boat do emergency runs to the outer islands when needed
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015	Unlikely Increase in teenage pregnancies	Weak but improving National plan in place, minimal support from government
OTHER DISEASES Halt and reverse the incidence of other major diseases by 2015	Probably Donor support	Fair Budget for health is too small
ENVIRONMENTAL SUSTAINABILITY Reverse loss of environmental resources by 2015	Potentially Te Kakeega II ready that recognise environmental sustainability	Strong Government very vocal in this area but in desperate need of data
BASIC AMENITIES Halve the proportion of people without access to safe drinking water	Probably There is lot of donor support on this area especially building of water catchments	Strong Government is working on a water plan
YOUTH Implement strategies for decent and productive work for youth	Probably Youth plan almost ready	Fair Government provides annual budgetary support to youth development
DRUGS Provide access to affordable, essential drugs	Probably Drugs are free	Strong But at times the hospital run out of drugs due to a small health budget allocation
TECHNOLOGY Make available the benefits of new technologies	Probably Wireless internet and mobile phones	Fair - Government is providing budgetary support for establishment and improvement of Outer Islands internet services and Telecommunications



Statistics at a glance

	Latest year & institution responsible	Periodicity	Coverage	Data Disaggregation (sex, region, etc.)	Use of data in Policy making	Quality of data
Poverty Income and Consumption Surveys (Household Expenditure Survey, Participatory studies)	HIES 1994, 2004 CSD PPA 2003	Not defined	> 10% national sample	Urban / Rural	Fair	Fair
Hunger Nutrition Survey Annual food balance analysis Child health questions in Demographic & Health Survey (DHS)	MoH DHS being planned MoH	To be decided	National	Urban / Rural	Fair	Fair
Education Education questions in Census. Ministry of Education, administrative records	Census 2002 CSD 2004 MoE Admin. records	10 yearly Annual	National National	Enumeration area village	Fair	Fair
Gender equality Education by gender in Census Economic activity by sex Labour and work-related questions in Census	Census 2002 CSD 2004 MoE Admin. records	10 yearly Annual	National National	Enumeration area village	Fair	Fair
Child mortality Questions on child mortality in DHS Vital registration	DHS being planned MoH 2003, MoH records	MoH: Annual	MoH: <90%	village	Fair	Fair
Maternal Health Questions on maternal mortality in DHS Vital registration	DHS being planned 2003, MoH records	MoH: Annual	MoH: <90%	village	Fair	Fair
HIV/AIDS Surveillance reports Health administrative records	SG survey being carried out MoH	MoH: daily	Only seafarers & pregnant mothers	village	Fair	Fair
Malaria and other major diseases Biennial epidemiological reports Incidence of NCDs Prevalence of NCDs	2004, MoH records DHS / Prevalence survey	Annual	<90%	village	Fair	Fair
Environmental resources Environmental statistics and analysis unit in Ministry of Environment	2005, DoE Administrative Records	Annual	National	na	Fair	Fair
Drinking water and sanitation Population Census	Census 2002 CSD	10 yearly	National	Enumeration area	Fair	Fair
Partnership for Development Development assistance, debt relief, trade statistics	ODA: 2005 budget Trade CSD 2004 Debt: 2005 budget	Quarterly	National	na	Fair	Fair

CSD = Central Statistics Division

MoE = Ministry of Education

HIES = Household Income and Expenditure Survey

DoE = Department of Environment

MoH = Ministry of Health

PPA = Participatory Poverty Assessment

DHS = Demographic and Health Survey

ANNEX 3

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ANNEX 4

List of Tuvalu's National Millennium Development Goals Task Force

**Economic Research & Policy Division (ERPD),
Ministry of Finance**

Malie Lototele – Director of ERPD (former Chairman)
 Letasi Iulai - Director of ERPD (Chairman)
 Lily-Anne Homasi – Economic Adviser
 Etita Morikao - Economic Adviser (alternate Chair)

Education Department, Ministry of Education

Katalina Taloka – Director of Education
 Michael Noa - Senior Education Officer (alternate member)

**Department of Women Affairs, Ministry of
Home Affairs**

Saini Simona – Director Department of Women
 Affairs

Health Department, Ministry of Health

Kilisimasi Setoga – Health Statistician
 Dr Tekaai Nelesone – Director of Health (former)

**Department of Environment, Ministry of Natural
Resources**

Enate Evi – Director of Environment (Ag)
 Pepetua I Latasi - Assistant Environment Officer
 (alternate member)
 Kilifi Obrien - Environment Impact Assessment
 Officer (alternate member)

**Attorney General office, Office of the Prime
Minister**

Ese Apinelu – Acting Attorney General
 Saini Malalau - Crown Council (former)

**Foreign Affairs Department, Office of the Prime
Minister**

Manaema Saitala – Multilateral Affairs Officer

Central Statistics Division, Ministry of Finance

Semu Malona – Government Statistician
 Grace Alapati - Statistics Officer (alternate member)

**Tuvalu Association of Non Government
Organizations (TANGO)**

Annie Homasi – TANGO Coordinator

**Aid Management Department, Ministry of
Finance**

Luke Paeniu – Aid Coordinator
 Temate Melitiana – Director of Aid Management

**Department of Rural Development, Ministry of
Home Affairs**

Iete Avaniatele -Director of Rural Development

