

The Millennium Development Goals in the Eastern Caribbean: A Progress Report*

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BVI	British Virgin Islands
CARICAN	Caribbean-Canadian
CARICOM	Caribbean Community
CBI	Caribbean Basin Initiative
DOTS	Directly Observable Treatment Schedule
EU-ACP	European Union-African Caribbean Pacific
FTAA	Free Trade Area of the Americas
GDI	Gender-related Development Index
GEM	Gender Empowerment Measure
HDI	Human Development Index
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technologies
IDT	International Development Target
MDG	Millennium Development Goal
OECD	Organisation of Economic Corporation and Development
OECS	Organisation of Eastern Caribbean States
SIDS	Small Island Developing States
UN	United Nations
UNDP	United Nations Development Programme
WTO	World Trade Organisation

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Millennium Development Goals

Executive Summary

Goal1: Eradication of Extreme Poverty and Hunger

Status and Trends

- Low incidence of extreme poverty in the Eastern Caribbean (highest: Grenada – 5% in 1999)
- Rural poverty tends to be greater than urban poverty as the education level of the poor is generally low and therefore the rural poor have to make do with low level jobs in the informal sector
- Poor households tend to be larger and so overcrowding is a problem. For example, in Grenada, more than 13 percent of households contained rooms that were occupied by more than 2 persons
- Low incidence of under-nutrition in St Lucia and Barbados
- High use of pit toilets among poor. In St Lucia, 62.3 percent of households use pit latrines, while in Dominica, 25 percent of households have no access to toilet facility at all (possible pollution of water sources)
- Access to piped water is a challenge for more than 37 percent of households in Dominica and St Kitts. Poor have to rely solely on stand pipes
- Higher education levels among females do not translate into equal access to better paying jobs

Challenges

- Upgrading the human resource base of the population of the EC in general and the poor, in particular
- Maintaining a level of economic growth to eradicate extreme poverty and hunger in light of changes in the external economic environment (e.g., trade liberalization)
- Developing new industries to replace declining ones
- Globalization and its adverse impact on Small Island Developing States
- Loss of protected trade markets

Supportive Environment

- Governments of Barbados and St Lucia are focusing on poverty alleviation strategies with the setting up of a Ministry of Social Transformation in Barbados and a Poverty Reduction Fund in St Lucia
- Skills Training Program

Priorities for Development Assistance

- Human resource development and social infrastructure
- Capacity building in social and economic monitoring (e.g., statistical departments)

Data Needs

- Several gaps in data collection for many of the countries
 - Proportion of population living below \$1 per day
 - Poverty gap ratio
 - Prevalence of underweight children
 - Dietary energy consumption
- Ongoing data collection on poverty/hunger (every 5 years)

Goal Achievement

The low incidence of poverty and hunger indicate that the goal of eradication of poverty and hunger can be achieved with sustained policy action.

Goal 2: Achievement of Universal Primary Education

Status and Trends

- High net enrolment in primary education
- High levels of student population have completed up to Grade 5
- Literacy rates in 2000 stood at over 90 percent except for St Vincent (88.8), Antigua (84.4%) and Anguilla (75.4%)
- Literacy rates among 15-24 year olds greater than 90 percent except for Antigua (69.9% in 1990)
- Under-performance of boys relative to girls

Challenges

- Improving the quality and relevance of education
- Increasing attendance and reducing drop outs in school system (note: registration (i.e., enrolment) does not mean ongoing attendance)

Supportive Environment

- All governments in the EC have made education a priority in national development (free primary level education). A significant percent of their budgets goes to education
- Educational reform programs have been implemented (e.g., EduTech in Barbados)

Priorities for Development Assistance

- Upgrade for school plant and teacher training
- Provision of relevant teaching materials and equipment
- A balance of academic and non-academic pursuits

Data Needs

- School attendance/dropout rate
- Performance of children (other than national exams)
- Functional literacy

Goal Achievement

Some countries have almost achieved this goal. Goal is definitely achievable by 2015.

Goal 3: Promotion of Gender Equality and Empowerment of Women

Status and Trends

- Ratio of girls to boys at secondary and tertiary levels of education is greater than 1
- Growth in female participation rate in labour market
- Ratio of literate females to males (15-24 year olds) generally greater than 1
- Females accounted for more than 40 percent employment in the non-agricultural sector
- Women have not significantly increased their seats in National Assembly but the trend is upward
- Increasing degree of domestic violence against women

Challenges

- Enhancement of empowerment and equality in political participation
- Increasing the number of women in top managerial positions (esp, private sector)

Supportive Environment

- Several countries have established bureaus/desks of gender/women affairs in order to monitor progress in this area
- Active women associations in some countries
- Non-discrimination laws

Priorities for Development

- Development of gender bureaus in sub-region
- Educational programs on gender issues in social/economic/political areas.

Data Needs

- More research on gender (as social relationship) than on sex (biological). Sex distributions are necessary but not sufficient for analysis of gender issues.

Goal Achievement

This goal has been achieved only in terms of education and employment. In terms of political achievement, a lot of progress has to be made but goal is achievable by 2015.

Goal 4: Reduction of Child Mortality

Status and Trends

- Under-five mortality rates fluctuated widely during the study period
- Infant mortality rates fell or showed moderate fluctuation
- Generally good immunization coverage for measles

Challenges

- Fluctuations in rate indicates that gains achieved are not being sustained (or problems of data collection)

Supportive Environment

- Health care is a high priority for governments, with a substantial budget allocation
- Advisory role of international health organizations (PAHO/WHO)
- Ongoing health education program

Priorities for Development Assistance

- Upgrade of health facilities
- Ongoing training for health personnel
- Educational programs for young mothers

Data Needs

- Identification of sources of child mortality
- Strengthening data collection process

Goal Achievement

At present, there is much fluctuation in the under-five mortality rates but the goal of reducing this rate by two-thirds is achievable once enough effort is made to sustain the gains that have already been achieved.

Goal 5: Improvement in Maternal Health

Status and Trends

- Low mortality rates except for Montserrat where 2003 data show mortality rate of 20.3 deaths per 1000 live births
- Nearly 100 percent births have been attended by skilled health personnel (in St Kitts – 80 percent only)

Challenges

- Reduction in teenage pregnancies
- Improving the nutritional status of young mothers

Supportive Environment

- All governments in the EC have made health care a priority area and so a significant proportion of the budget is allocated to health

Priorities of Development Assistance

- Educational programs in schools/clinics on maternal health
- Improved training of health personnel in maternal health care

Data Needs

- Identifying *causes* of maternal ill-health

Goal Achievement

Significant progress has been made in this area and the goal has been achieved in several countries in the Eastern Caribbean. This goal is definitely achievable by the remaining countries by 2015.

Goal 6: Reduction in HIV/AIDS and Other Diseases**Status and Trends**

- High adult prevalence rate
- Small number of infected individuals fall in the 15-24 year old age group
- In Montserrat, majority of infected individuals fall in 30-50 year old age group
- Decline in the use of contraceptives in Antigua and Grenada but an increase in use in Dominica
- In Antigua, the number of HIV/AIDS orphans remains unchanged while in Grenada there was an increase in the number
- Cases of malaria detected in Antigua and St Vincent though the disease is not endemic in these countries. Disease was imported into these countries.
- Number of cases of TB fluctuated. Highest number of cases was found in Montserrat but no deaths were recorded.

Challenges

- Educating the population about the serious nature of the HIV/AIDS disease (lack of a cure, effects on social/economic environments, etc)
- High cost of treatment
- Combating the social stigma associated with HIV/AIDS

Supportive Environment

- Special health clinics established by Governments
- National educational programs by all parties – Governments, NGOs, labour, private sector

Priorities for Development Assistance

- Reduction in the cost of health care (drug cocktails)
- Educational programs

Data Needs

- More data on prevalence (especially among 15 to 24 year old pregnant women) and on the incidence of disease, especially in the OECS
- Number of children orphaned by HIV/AIDS

Goal Achievement

The achievement of this goal presents a major challenge for the Eastern Caribbean. The goal can be achieved by the year 2015 only if greater effort and resources are expended in the areas of HIV/AIDS education and prevention strategies.

Goal 7: Environmental Sustainability

Status and Trends

- Dominica is the most forested of islands of the OECS. St Vincent recorded a loss of forest cover
- Several governments have taken measures to protect land for biological diversity
- St Lucia recorded largest increase in GDP per unit energy
- Slight increase in the level of carbon dioxide emissions
- Over 90 percent of households (except for Dominica and St Lucia) have access to piped water
- Considerable improvement in level of sanitation in Antigua, St Kitts and St Vincent; moderate improvements in Dominica and St Lucia
- Rise in prevalence rates of gastroenteritis and salmonellosis (?poor sanitation, hygiene practices, unsafe food handling)
- High prevalence rate of Dengue fever (?poor environmental sanitation)
- Over 65 percent of households in OECS (except for BVI and Montserrat) own their properties

Challenges

- Poverty (leads to destruction of the environment, unsafe sanitary practices)
- Tourism development and its effects on the environment (e.g., destruction of coral reefs, negative impact on turtle nesting)

Supportive Environment

- Education – improvement in level of awareness

Priorities for Development Assistance

- Distribution of land (cater to landless)
- Proper planning of infrastructural development (housing, tourism) to limit damage to environment
- Adequate waste disposal (methods of disposal)
- Natural Disaster Management

Data Needs

- Improvement in data collection on an ongoing basis

Goal Achievement

Some degree of progress has been made with respect to the achievement of this goal. However, for the goal to be fully achieved by 2015, a number of measures must be instituted, namely:

- Measures implemented to alleviate poverty
- Provision of adequate infrastructure
- Education to increase awareness with respect to environmental issues
- Enforcement of legislation to reduce/prevent damage to the environment

Goal 8: Development of a Global Partnership for Development

Status and Trends

- Official development assistance needed to help with infrastructural development and other developmental projects
- EC countries have been signatories to several bilateral and multi-lateral agreements to facilitate market access for exports of the region
- Debt service ratio relatively low in the region
- High levels of unemployment amongst the youth especially females

- Very high proportion of the population (over 80%) has access to affordable and essential drugs. Barbados and Montserrat achieved a rate of 100% in 2001
- Still relatively low access to information and communication technologies (ICTs)
- General increase in criminal activity during 1990s
- Majority of crimes were against property
- Constancy in crime against persons
- Increase in the number of drug offences

Challenges

- Vulnerability of SIDS in present global market arena
- Greater effort needed in areas of official development assistance
- Market access for exports
- Provision of productive employment for youth
- Distribution of benefits of ICTs
- Control of criminal activity
- Control the spread of drugs

Priorities for Development Assistance

- Market access to developed country markets (e.g. reduction in agricultural subsidies)
- Development of new industries based on ICT
- Crime control/prevention
- Reduction in the sale of arms and the market for illegal drugs

Data Needs

- Improvement in data collection on an ongoing basis

Goal Achievement

There is slow progress in the area of developing a global partnership for development especially in the areas of market access, provision of development assistance and the distribution of the benefits of information technology. A significant amount of effort will be needed to achieve this goal.

1 Introduction

One of the main objectives of the United Nations (UN) is the promotion of social and economic development among its members. In order to keep track of the extent of social and economic development in member states, the United Nations Development Programme (UNDP) has developed an aggregate measure of human development incorporating social and economic dimensions. The Human Development Index (HDI) measures three basic dimensions of human development: longevity, knowledge and access to resources. The HDI has been complemented by other measures of social progress: the Human Poverty Index (HPI), the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM).

Associated with the development of human development measures was a series of summits and conferences dealing with education (Jomtien, 1990), environment and development (Rio, 1992), population and development (Cairo, 1994), social development (Copenhagen, 1995) and women (Beijing, 1995). These meetings resulted in the adoption of a set of International Development Targets (IDTs) by the Development Assistance Committee of the OECD in 1996. These targets covered such areas as poverty, primary level education, gender equality and empowerment of women, infant mortality, maternal mortality, access to primary health care and sustainable development.

In September 2000, the Millennium Declaration was adopted by all 189 UN member states at the General Assembly of the UN. This Declaration consisted of a set of development goals which were very similar to the IDTs. The IDTs and the goals in the Millennium Declaration were later merged into a set of Millennium Development Goals (MDGs). These MDGs reflect the need to promote human development, that is, enlarging people's choices by expanding the functionings and capabilities of people in all countries. The MDGs consist of eight goals, eighteen targets and forty-eight indicators.

The goals are:

- i. the eradication of extreme poverty and hunger
- ii. the achievement of universal primary education

- iii. the promotion of gender equality and the empowerment of women
- iv. the reduction of child mortality
- v. the improvement of maternal health
- vi. the control of HIV/AIDS and other diseases
- vii. the promotion of environmental sustainability
- viii. the development of a global partnership for development.

The development planning period for the achievement of these goals is 1990 to 2015.

These goals are broadly specified so that individual countries can identify their own goals and associated strategies and policies for achieving them. The goals are quantitative in nature so that goal achievement can be tracked over the development planning period.

Underlying the quantitative nature of these goals is the qualitative changes needed to sustain the eradication of poverty. In effect, the MDGs address the various dimensions of the human development of nations.

This report provides an assessment of progress with the achievement of the MDGs in the Eastern Caribbean, that is, Barbados and members of the Organisation of Eastern Caribbean States (OECS), over the period 1990 to 2002. It complements previous UNDP reports prepared on social and economic development in the Eastern Caribbean, namely, the *Sub-Regional Common Assessment of Barbados and the OECS* (UNDP, 2000) and the *OECS Human Development Report 2002* (OECS, 2002).

The structure of the presentation is as follows: in sections 2 to 9, an assessment of the eight MDGs in the Eastern Caribbean is undertaken. In section 10, an overall assessment of progress towards the achievement of the MDGs is presented. The final section summarizes the main issues in the report.

2 Goal 1: Eradication of Extreme Poverty and Hunger

An important MDG is the eradication of poverty and hunger throughout the world. The achievement of this goal involves two targets and five indicators/measures. The first target relates to the reduction in the proportion of people whose income is less than one

dollar (in terms of purchasing power parity) a day by half between 1990 and 2015. The second target refers to the halving of the proportion of people who suffer from hunger.

The data on poverty and hunger in the Eastern Caribbean is very sparse. Little or no time series data exist on the indicators used for goal 1 since many of the studies on poverty were one-off studies

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

Indicator 1: Proportion of population below \$1 per day (PPP values).

No data exist for Anguilla, Antigua and Barbuda, Dominica, St Kitts and Nevis, BVI, Montserrat and Barbados. However, for Grenada, St Kitts and Nevis and St Vincent and the Grenadines, the proportion of the population earning below US \$1 per day is shown in Table 2.1.

Table 2.1
Proportion of Population Living below \$1 per day

Country	Year	Proportion of Population living below US \$1 a day %
Grenada	1999	4.7
St Lucia	1995	2.97
St Vincent	1996	5.55

Source: Data Collection Survey

Indicator 2: Poverty Gap Ratio

This ratio combines the incidence (that is, the number of units below the national poverty line) and depth (that is, the difference between the poverty line and the income of the poor unit) of poverty in a country. In Antigua and Montserrat, no data exist on the poverty gap ratio. The data available for the Eastern Caribbean are shown in Table 2.2.

The Windward Islands of Grenada, St Vincent and Dominica exhibited the highest values of the poverty gap ratio.

Table 2.2: Poverty Gap Ratio
(% of population)

Country	Year	Poverty Gap Ratio %
Anguilla	2001/2002	6.9
Barbados	1997	2.3
BVI	2002	4.1
Dominica	2002	10.2
Grenada	1998	15.3
St Kitts	1999/2000	8.2
Nevis	1999/2000	2.8
St Lucia	1995	8.6
St Vincent	1996	12.6

Source: Caribbean Development Bank

Indicator 3: Shares of Poorest Quintile in National Consumption

The share of the poorest quintile is available for Anguilla, Dominica, Grenada, St Kitts, St Lucia and St Vincent and values are shown in Table 2.3. No data were available for Antigua, Montserrat and Barbados

Table 2.3
Share of Poorest Quintile in National Consumption

Country	Year	Share
Anguilla	2001/2001	35
Dominica	2001	40
Grenada	1999	32.1
St Kitts	1999	31.3*
St Lucia	1995	25.1
St Vincent	1996	37.5

Note: *derived from an average of 30.5 for St Kitts and 32.1 for Nevis

Source: Data Collection Survey

Although time series data are not available from 1990, the indicators for the first target suggest a relatively low incidence of poverty in the Eastern Caribbean compared to other developing countries. The share of the poorest quintile in national consumption however was relatively high (that is, over 25 percent) during the late 1990s.

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

Indicator 4: Prevalence of underweight children (% of children under 5 years of age)

An assessment of this indicator in the Eastern Caribbean is very difficult. Some data are available for Anguilla, Antigua and Grenada (see Table 2.4). The prevalence of underweight children appears to be relatively low in these countries. The percent of children under 5 years of age is less than three. No data exist for Dominica, St Kitts, St Lucia, British Virgin Islands, Montserrat, St Vincent and Barbados.

Table 2.4
Prevalence of Underweight Children (under 5 years of age)

	Anguilla			Antigua			Grenada		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1992	-	0.61	0.30	-	-	-	-	-	-
1995	-	0.78	0.39	-	-	0.6a	-	-	-
1997	0.78	2.86	1.83	-	-	0.87a	-	-	-
1999	1.35	1.12	1.23	-	-	0.62	1.8a	1.5a	1.79
2000	1.15	2.95	2.07	-	-	0.9	1.4a	1.5a	1,5a
2001	0.95	1.28	1.12	-	-	1.08a	-	-	-

Note: a – abnormal weight for age/recorded as underweight

Source: Data Collection Survey

Indicator 5: Proportion of population below minimum level of dietary energy consumption.

In St Lucia, the only country for which data exist for 1995, the proportion of the population which was below the minimum level of dietary energy consumption was 7.1 percent. In Barbados, the Barbados Food Consumption and Anthropometric Survey (2000), reported a low incidence of mild under-nutrition but virtually no incidence of moderate or severe under-nutrition.

Poverty assessments undertaken in the Eastern Caribbean during the 1990s have produced a profile of the poor which include, among other features:

- low human capital (i.e., level of education and skill) base, with lesser accessibility to secondary level schooling;
- poor housing conditions with overcrowding being a problem. There is relatively high use of pit latrines and limited access to potable water;
- high incidence of malnutrition among children in poor households;
- high levels of employment in the informal sector (acting as a cushion for unemployment in the formal sector). Growth in the informal sector is unlikely to promote any significant economic growth at the individual or country level; hence poverty will persist among this group
- high incidence of poverty in female-headed households

Rural poverty tends to be greater than urban poverty as the former tends to be associated with low level skills and therefore low levels of remuneration. The education level of the rural poor is also low. Three quarters of the poor in the OECS do not go beyond primary level education (OECS Human Development Report, 2002). Poor households tend to be larger than those of the non-poor and the dependency ratios in these households are also higher. From the data available, Grenada showed the greatest extent of overcrowding with 13.0 percent of households contained rooms in which more than two people shared the same space [see Table 2.5].

Table 2.5:
Dependency Ratio and Incidence of overcrowding
in the OECS, 2002

Country	Dependency Ratio	Overcrowding*
Anguilla	52.1	4.2
Antigua	45.5	...
Dominica	56.8	10.9
Grenada	89.1	13.6
Montserrat	...	2.9
St Kitts	62.8	...
St Lucia	64.4	...
St Vincent	54.3	...

*percentage of households with >2 persons per room

Source: Government Statistical Offices and OECS (2002) and Data Collection Survey

Grenada had the highest dependency ratio (89.1) and Antigua, the lowest (45.5). In Montserrat, only in about 3 percent of households do more than two people share a room. Where several generations live under one roof there is inter-generational transfer of poverty (OECS Human Development Report, 2002). In this way poverty can become endemic in the community.

Another measure of poverty is access to toilet facilities and potable water. In St Vincent and the Grenadines a significant proportion of households (62.3 percent) use pit latrines. In St Lucia, St Kitts and Antigua 40 percent or more of households rely on pit latrines. In Dominica, a quarter of households have no toilet facility whatsoever. These findings point to the potentially serious public health consequences as water sources can easily become contaminated with faecal organisms.

Over thirty-seven percent of households in Dominica and St Kitts have to rely on stand pipes as their water source. Fetching water places an additional burden on the poor as the time can be spent in productive income generating activities. In Dominica, diseases

related to the water supply sewage disposal and poor sanitation in general are significant among children.

The Government of Barbados has been committed to the reduction and eventual eradication of poverty in the island. To this end, the government established a Ministry of Social Transformation. A Poverty Alleviation Bureau, established in 1998, is one of the agencies within the Ministry which seeks to alleviate poverty through involvement at the community level by ensuring that individuals have access to resources and opportunities.

The Poverty Alleviation Bureau liaises with other government agencies, non-governmental agencies and the private sector in order to implement programs for the benefit of the poor. The groups which are eligible for assistance from the government include the unemployed, one parent families, mentally and physically challenged individuals and non-contributory pensioners. These individuals benefit from assistance such as the payment of arrears in utility bills, help in the acquisition of house spots, house repairs and home help services for the physically and mentally challenged.

Two studies of poverty have been undertaken in Barbados. The IADB (1998) undertook a national study of poverty and income distribution for the period 1996/97, while Saptigiri (2002) examined poverty in two districts (rural and urban) in October-November 2001. These two studies are not comparable. While the IADB study found that rural poverty was higher than urban poverty, Saptigiri found the opposite in her comparison of the two districts. The surveys however found that in poor households, the majority of the income was spent on food and the payment of bills.

In Barbados, access to piped water is very high with over 96 percent of households being supplied with piped water, while the number of private households with water-borne toilets stood at 81 percent in 2000.

Improvements that have been made so far show that the goal of eradicating extreme poverty and hunger is achievable.

3 Goal 2: Achieving Universal Primary Education

It has been well established that the development of the human resources of a country provides the foundation for the long-term eradication of poverty. Human resources development in the form of education, training, health care and nutrition is therefore one of the primary policy goals of governments in developing countries. The second MDG focuses on the achievement of universal primary level education whereby children in all countries will be able to complete a full course of primary schooling by the year 2015. This goal and associated targets are reflected in three indicators.

Indicator 1: Net enrolment Ratio in Primary Education

The net enrolment ratio is defined as the number of children of a given school age (e.g., primary level school age) enrolled in a given level of education (e.g., primary education) as a percentage of the total number of children in the same age group in the population. The maximum value of this ratio is 100.

The data survey of the Eastern Caribbean indicated that no information existed for Anguilla, Grenada, the BVI and St Vincent. The available data indicate that there are relatively high net enrolment ratios in the Eastern Caribbean [see Table 3.1]. The target has been achieved in Barbados and is achievable by the year 2015 in Dominica, St Kitts and St Lucia (although it seems that the gross enrolment ratio was used in some instances). Antigua would need to make a greater effort to achieve the 100 percent enrolment rate by 2015. The volcanic disruptions in Montserrat would make the target of universal primary level education difficult to achieve by the year 2015. Supplementary data for St Vincent and the Grenadines indicate that net primary enrolment rate was 84 percent in the late 1990s which suggests that the target is achievable. An analysis of the enrolment rates by sex indicates that they are slightly higher for females at the primary level in Barbados. Similar data are not available for the OECS.

Indicator 2: Proportion of Pupils Starting Grade 1 Who reach Grade 5

Data on this indicator are very sparse in the Eastern Caribbean. The information available for some countries suggests that the target of 100 percent is achievable by 2015: Antigua: 94.4 percent (2000); Dominica: 91.1 percent (1999); Grenada: 99 percent (2001) and St Lucia: 94.8 percent (1990/91). These high levels indicate a low drop-out rate at the primary level.

Indicator 3: Literacy Rate of 15-24 year olds

Very little data are available on literacy rates in the Caribbean over the 1990s. It should be noted that there have been arguments relating to the measurement of literacy in the region. The available evidence does indicate a high degree of literacy amongst the population (and hence among the 15-24 years old category). Data on literacy rates in the Eastern Caribbean are shown in Figs 3.1a and 3.1b (see also Tables 4a and 4b in Appendix 2).

With a high level of primary school enrolment, it is expected that the literacy rate would be high. Based on the indicators for goal 2, it is likely that the countries of the Eastern Caribbean would achieve the goal of universal primary level education by the year 2015. All of the governments in the region have set universal primary level education as a key goal of their human resources development strategies. In some cases, universal secondary level education has been established as a goal. In many situations, the existence of poverty at the household level has prevented the achievement of universal primary level education.

Figure 3.1a

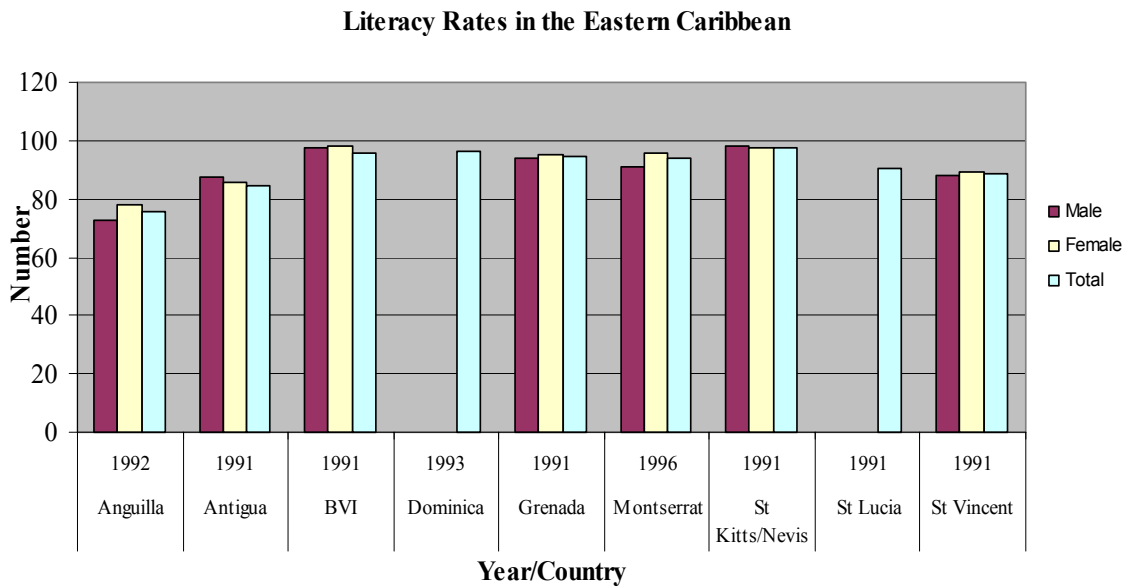
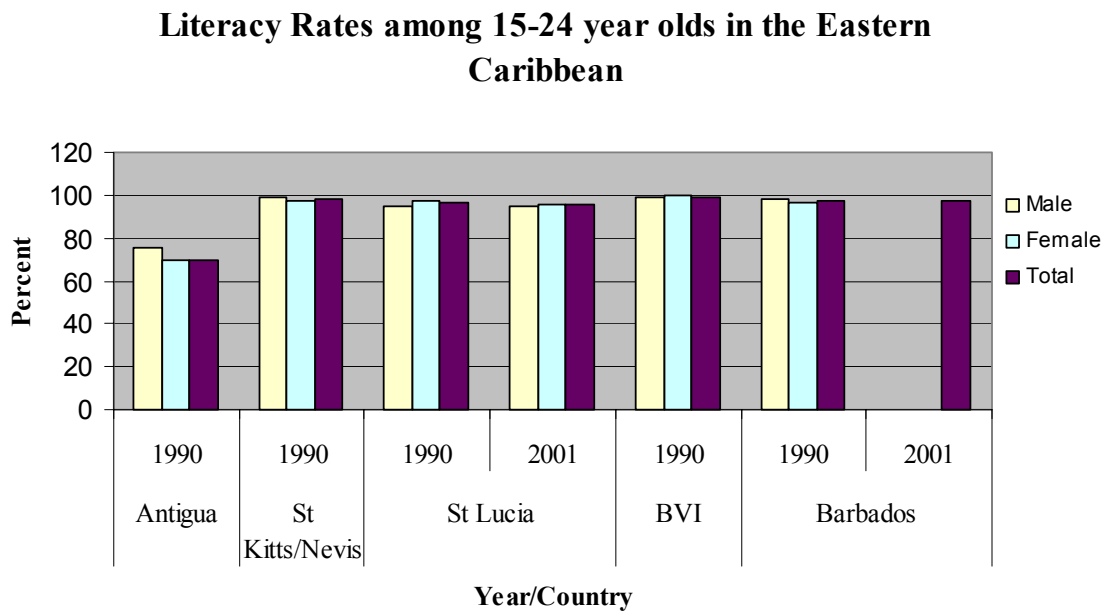


Figure 3.1b



4 Goal 3: Promotion of Gender Equality and Empowerment of Women

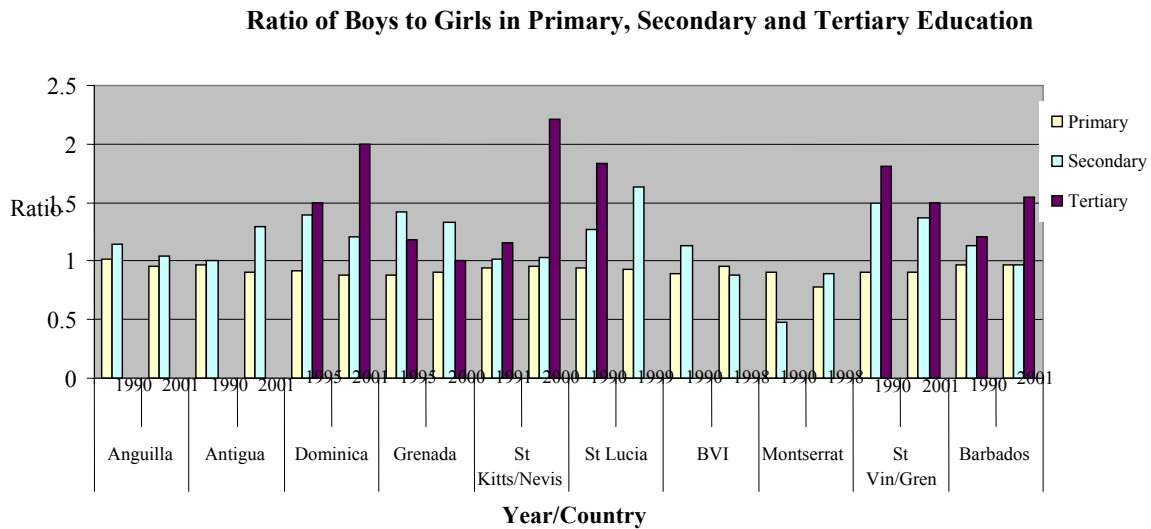
The promotion of gender equality and the empowerment of women has been an important goal of members of the United Nations, especially since the Beijing Conference on Women which was held in 1995. The main target of this goal is the elimination of gender disparity in primary and secondary level education by 2005 and at all levels of education by 2015. Concern has been raised over the level of domestic violence against both women and men, with violence against women showing a higher incidence. Domestic violence has also been documented across all socioeconomic groups. However, the available evidence suggests that there is a greater incidence of violence in poor households. Domestic violence tends to be associated with power relations between men and women, deficiencies in the levels of education, unemployment and job status (Handwerker, 1988).

Several countries have established bureaus/desks of gender/women affairs in order to monitor and promote progress with this MDG. While the establishment of these units in central government is an important first step, they tend to be understaffed and therefore are unable to fully handle the issues of gender equality and the empowerment of women. In many instances, several non-governmental organizations have had to provide advocacy on gender issues in the respective countries. In order to determine the achievement of the target associated with this goal, four indicators have been identified.

Indicator 1: The ratio of girls to boys in primary, secondary and tertiary education

The available data for the Eastern Caribbean indicate that at the secondary and tertiary levels, the ratio of girls to boys is generally greater than one [see Fig 4.1 and Appendix 2, Table 5]. In effect, more girls than boys attend secondary and tertiary level institutions in the region. The trend has also been observed in the ratio of females to males graduating from University of the West Indies over the past decade. In addition, the labour market data for several Caribbean countries indicate a relative constancy of the male participation rate and a growth in the female participation rate over the past two decades.

Figure 4.1



Indicator 2: The Ratio of Literate Females to Males aged 15 -24 year old

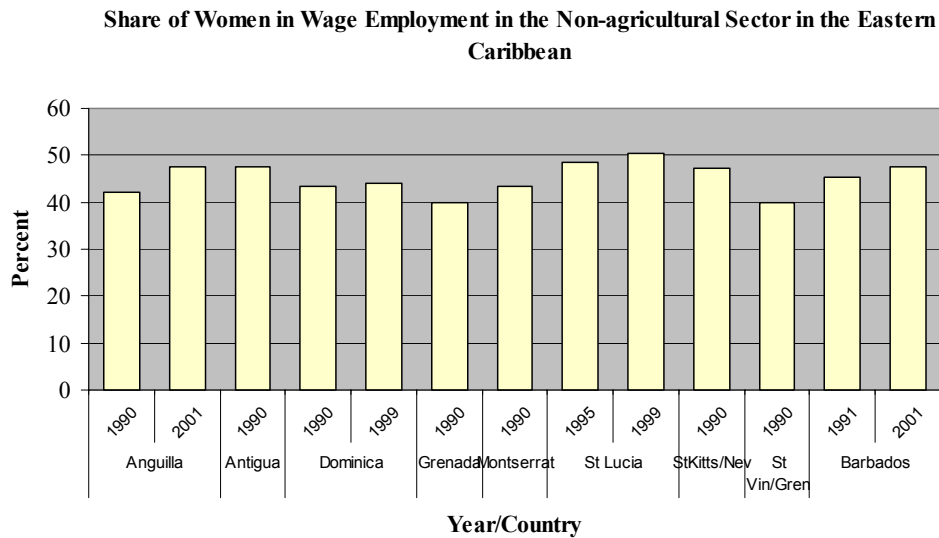
Little information is available on this indicator. The data available for Anguilla (1990 and 2001), Antigua (1990) and BVI (1990) indicate a ratio of just over one. Given the general high degree of adult literacy in the Eastern Caribbean and the high ratio of girls to boys in the secondary and tertiary levels of education, it is expected that the ratio of literate females to males in the youth cohort would be generally greater than one.

Indicator 3: The Share of Women in Wage Employment in the Non-Agricultural Sector

Labour market data are very scarce in the Eastern Caribbean. Only Barbados and St Lucia conduct regular labour force surveys. Occasional surveys are undertaken in the other countries. In many cases, the only reliable information on the labour market is the population census conducted every ten years. The available data indicate that in the 1990s, females accounted for over 40 percent of the employment in the non-agricultural sector. With the growth in the services sector in the Eastern Caribbean, several women have been employed in service-oriented jobs such as sales, clerical and related occupations. Several women have also been employed in data entry and related activities

in the manufacturing sector. In addition, there was a general increase in this figure during the 1990s in all the countries for which data are available [see Figure 4.2].

Figure 4.2

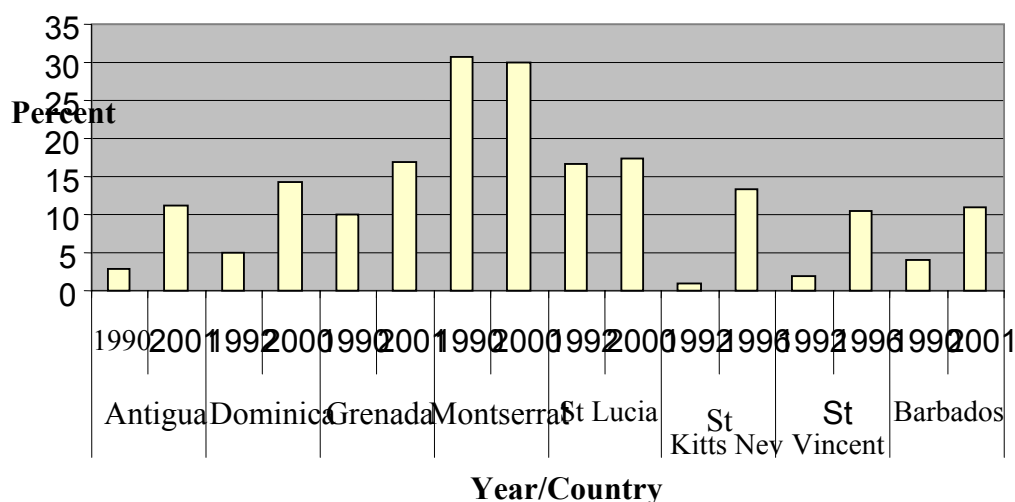


Indicator 4: Proportion of Seats Held by Women in the National Parliament

The participation of women in national political activity is still small as suggested by this indicator [see Figure 4.3]. Although women participate fully in the political process – voting, canvassing, and membership of boards – they have not been very successful in significantly increasing their seats in national Parliaments. There is however a general upward trend in the available data although the number of seats in Parliament still remain small. For example, in Barbados, in 2002 four of the twenty-six seats were held by women in the Lower House of Parliament.

Figure 4.3

Proportion of Seats held by Women in the National Parliament 1990-2001



The available information on the four indicators reflecting the promotion of gender equality and empowerment of women indicate that women have made some strides on the economic and social fronts. However, the MDG indicators provide only a limited view of the nature of gender equality and empowerment. For example, there is still a need to enhance empowerment and equality on the political front. Given the low percentages associated with political equality and the extent to which women are more affected by poverty than men, it is doubtful whether this aspect of the target can be reached by the year 2015.

5 Goal 4: Reduction of Child Mortality

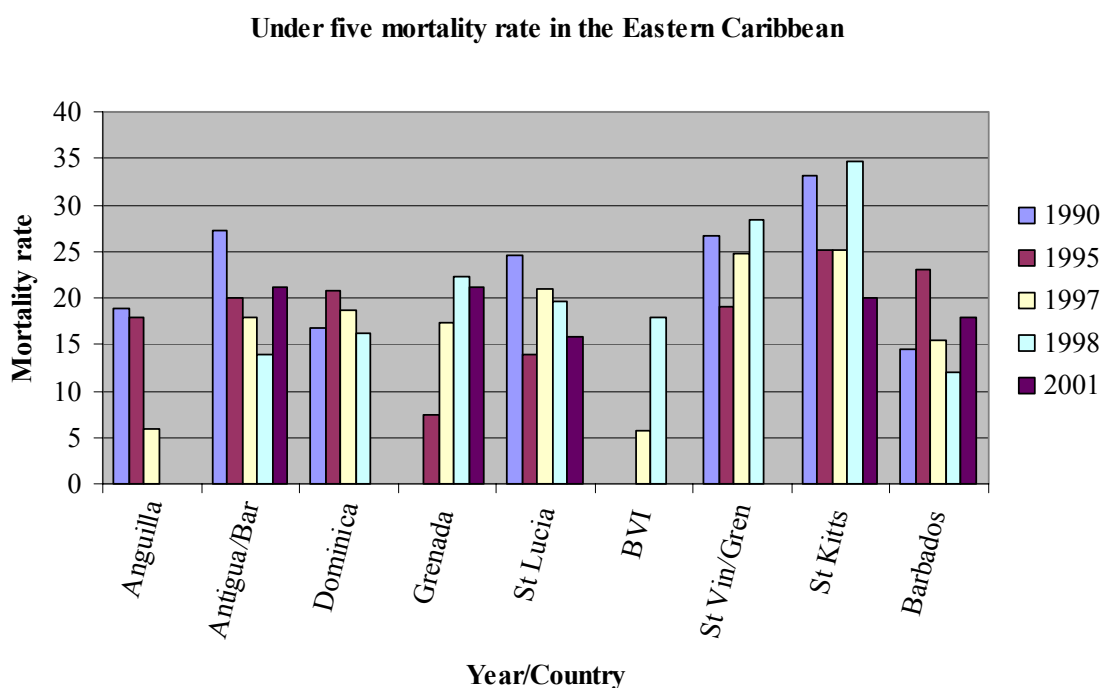
In general, health care in the Eastern Caribbean has improved significantly over the years as evidenced by increased life expectancies and the eradication of communicable diseases such as measles, polio and small pox through successful immunization and surveillance programs. Improvements in health care have been due to aggressive health policies of most of the governments of the region as concerted efforts have been made over the years to maintain health expenditure even in the face of declining government revenues.

The goal of eradicating child mortality involves one target and three indicators. The target is the reduction in under-five mortality rates by two-thirds between 1990 and 2015. Three indicators are associated with this goal.

Indicator 1: Under-five Mortality Rate.

The under-five mortality rate is defined as the number of deaths among children under five years of age per 1000 live births. The under-five mortality rate for all countries comprising the study group is presented below in Figure 5.1. No data were available for Montserrat for the period under investigation.

Figure 5.1

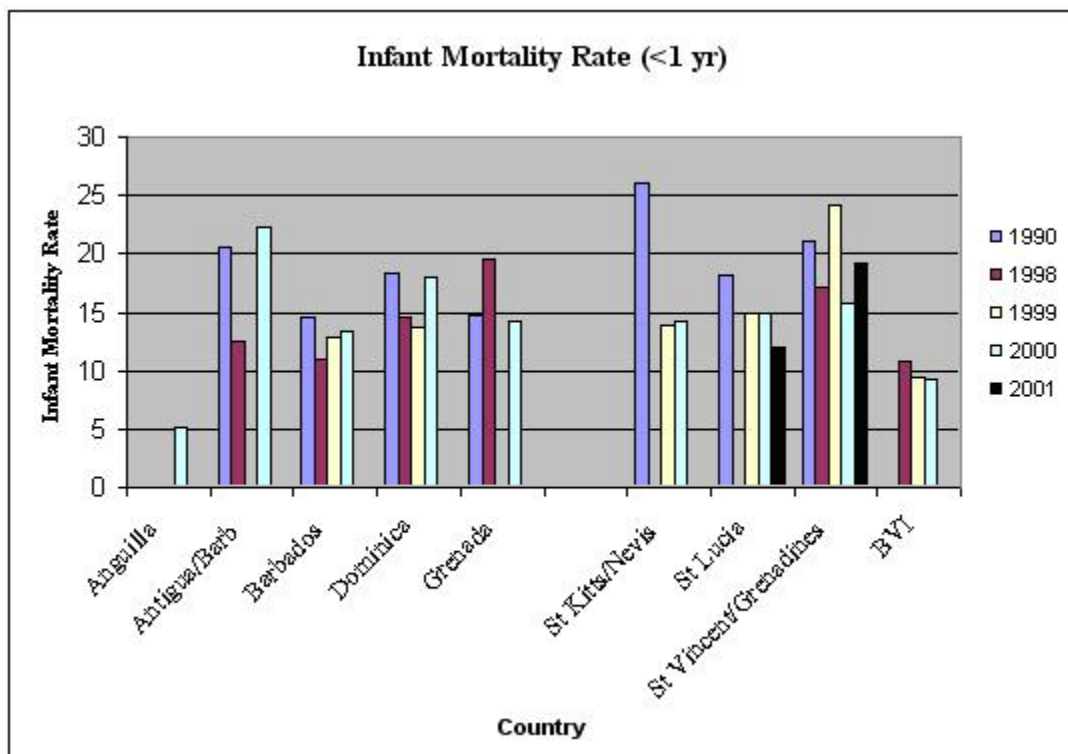


Under-five mortality rates for all countries have fluctuated during the study period. Only in Anguilla were rates below 7.0 per thousand between 1996 and 2000. Overall, perinatal mortality accounts for 38 percent of all deaths under five years in the region of the Americas.

Indicator 2: Infant Mortality Rate

Infant mortality rates for children under one year of age fluctuated between 5 and 25 deaths per 1000. The only available figure for Anguilla shows an infant mortality rate of 5 deaths per 1000 population in 2000. Consistently lower rates of less than 15 deaths per thousand were reported for British Virgin Island and Barbados throughout the review period. While infant mortality rates for the British Virgin Islands showed a gradual decline during the period, rates for Barbados showed a gradual increase after falling to 11 deaths per thousand in 1998. Infant mortality rates for Dominica, Grenada, St Lucia, Antigua and St Vincent and the Grenadines all stood at below 25 deaths per thousand of population. In the case of St Lucia, the infant mortality rate fell from 18.1 deaths per 1000 in 1990 to 12 per 1000 in 2001 (see Table 9, Appendix 2). Infant mortality rates for St Kitts and Nevis fell from over 25 deaths per thousand to just under 15 deaths over the period 1990 to 2000. Fluctuating results for Antigua, Dominica and St Vincent and the Grenadines show that the gains achieved in lowering the infant mortality rate have not been sustained.

Figure 5.2

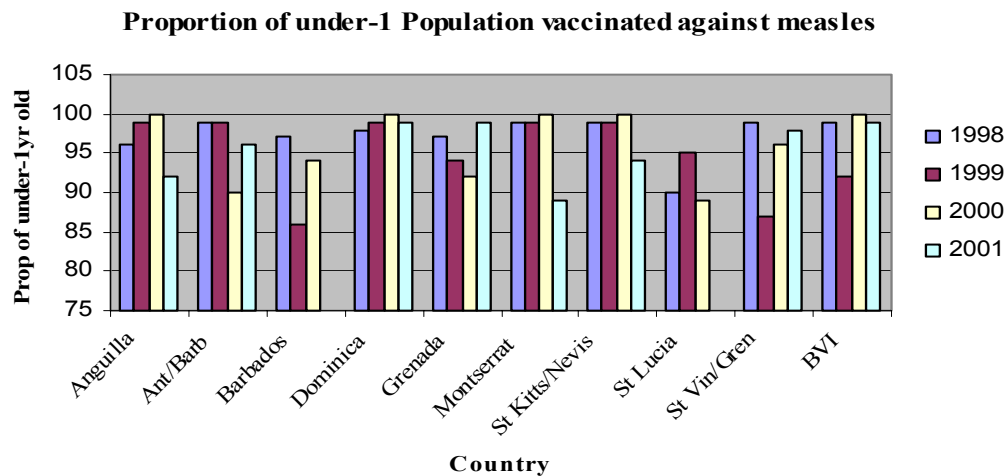


Indicator 3: Proportion of 1 year old children immunized against measles

This indicator is defined as the number of children aged 1 year who received one dose of vaccine against measles and expressed as a percentage of the 1 year old population. The proportion of such children who received this vaccine is shown in Figure 5.3 and Table 10, Appendix 2.

The data indicate that in the Eastern Caribbean, immunization coverage for measles is generally good. Coverage for Dominica, in particular has been consistently high (between 95 and 100 percent) throughout the review period. Health authorities in Montserrat in particular and, to a lesser extent, Anguilla must be mindful that the level of immunization does not fall appreciably. On the whole, the goal of reducing child mortality is achievable by 2015 once the immunization efforts are sustained.

Figure 5.3



6 Goal 5: Improvement of Maternal Health

The goal of improving maternal health involves one target and two indicators.

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

Indicator 1: Maternal Mortality Ratio

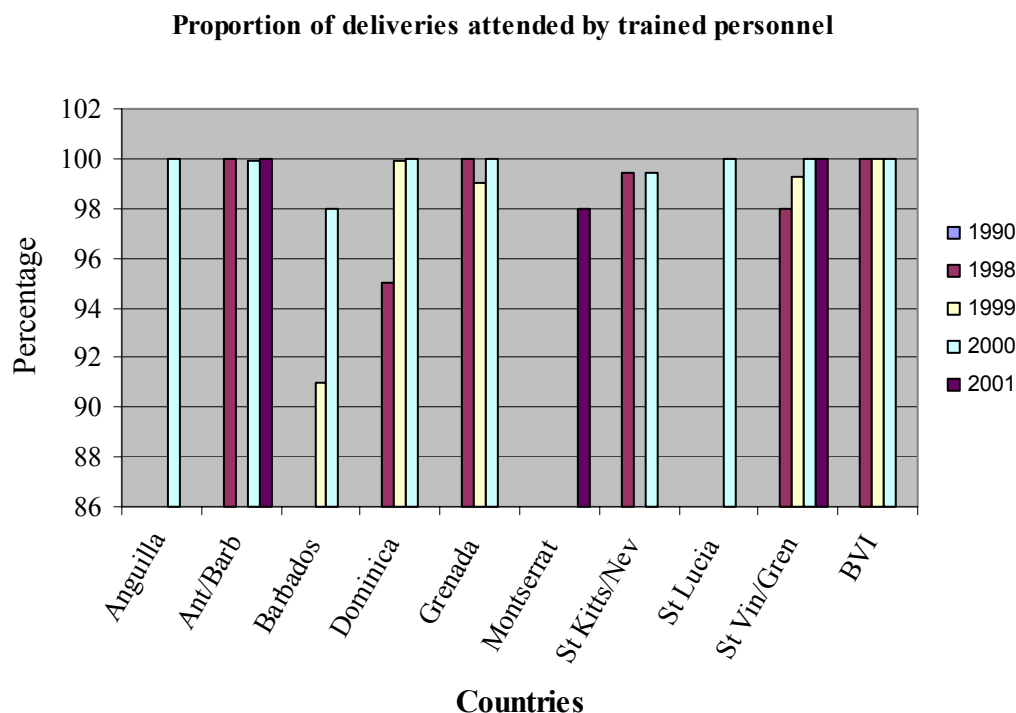
This indicator is defined as the number of maternal deaths per 100,000 live births. However, because of the smaller number of births in the Eastern Caribbean, it is recommended that the rate for the region should be defined per 1000 live births instead of 100,000 as recommended internationally.

Data on maternal mortality have been sparse throughout the Eastern Caribbean. However, the available data point to low maternal mortality ratios. Montserrat recorded maternal mortality ratio figure of 20.3 per 1000 live births in 2000. This figure is particularly high for the region and may have been due to disruption of services brought about by the volcanic eruption in that island. In general, maternal health care in the sub-region has improved significantly. Between eighty to ninety percent of the population in the Eastern Caribbean now have access to skilled maternal health care.

Indicator 2: Proportion of Births attended by Skilled Health Personnel

This indicator refers to the number of births which were attended by skilled health personnel as a percentage of the total number of births. Attendance rates have been as shown in Figure 6.1. Attendance rates have been very high with rates for 2000 and 2001 between 98 and 100 percent. At the present level, the goal of improving maternal health by 2015 is definitely achievable.

Figure 6.1



7 Goal 6: Combating HIV/AIDS and Other Diseases

The incidence of HIV/AIDS still remains high with an adult prevalence rate of 1.96. At present, the Caribbean region is second only to sub-Saharan Africa in terms of incidence of the disease. The prevalence of HIV/AIDS is exacerbated by poverty, lack of information, unequal gender relations and social and cultural beliefs and behaviours that guide sexual activity. The disease places a tremendous burden on the human and economic resources of the countries of the Eastern Caribbean. It threatens to reverse the real development gains that have been made over the last four decades with grave implications for the long-term development of these countries. HIV/AIDS reduces life expectancy, resulting in a negative impact on savings, investment, education, employment and productivity. The additional burden on households and health care systems also affects social cohesion, changes in societal values and deepens gender inequalities. The other areas of health care are likely to be negatively affected as increasing resources have to be diverted in order to keep the HIV/AIDS epidemic in

check. The goal of combating HIV/AIDS and other diseases is associated with two targets and seven indicators.

Target 1: Have halted by 2015 and begun to reverse, the spread of HIV/AIDS

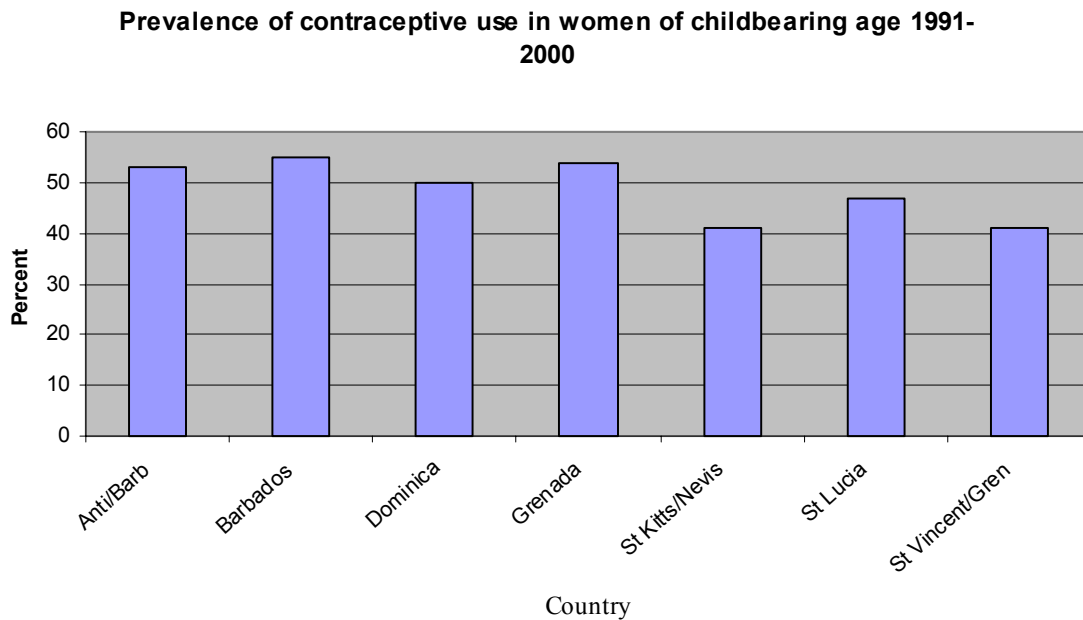
Indicator 1: HIV Prevalence among 15-24 year old pregnant women

Data are unavailable with respect to the number of 15-24 year old pregnant women affected by HIV/AIDS. However, only a small number of infected individuals fall in this general age group when compared to the total number of individuals who are infected. Further, there is no disaggregation by sex. For the British dependencies of Montserrat and British Virgin Islands, the trend shows that infected individuals fall into the 30-50 year old age group.

Indicator 2: Contraceptive Prevalence Rate

Contraceptive prevalence rate is defined as the number of persons aged 15-49 who currently use any type of contraceptive method as a percentage of the population aged 15-49. In some cases, first visits to family clinics are taken as a proxy for contraceptive use. Data with respect to contraceptive use are only available for seven countries: Antigua, Barbados, Dominica, Grenada, St Kitts/Nevis, St Lucia and St Vincent and the Grenadines [see Figure 7.1].

Figure 7.1



Source: PAHO/WHO Country Representation based on country information
Note: Value represents the last available year 1991-1998, 2000

According to the data provided, between 40 and 52 percent of women of childbearing age in the Eastern Caribbean used contraceptive methods during the 1991-2000 period. Over 50 percent of women of child bearing age in Barbados, Antigua and Barbados and Grenada used contraceptive methods. Contraceptive use was lower in St Kitts and Nevis and St Vincent and the Grenadines.

Indicator 3: Number of children orphaned by HIV/AIDS

Very little data exist with respect to the number of children who have been orphaned by HIV/AIDS. Antigua and Grenada are the only two countries with any information. In Antigua, the number of orphans remained at eleven during 2000 and 2001, while in Grenada, the numbers have increased over the 1999-2001 period from one in 1999, four in 2000 to five in 2001. HIV/AIDS continues to be the major cause of death of persons between the ages of 25 and 44. Consequently, there will a rise in the number of children left orphaned by the disease unless regional governments implement programs which provide anti-retroviral drugs to those persons who are eligible. There are serious

implications as children left as orphans are prone to be used in child labour or they may turn to prostitution in order to eke out a living.

The Barbados government recently announced some success in the fight against HIV/AIDS. The provision of highly active retroviral drugs free of cost to infected individuals has resulted in a forty-three percent reduction in the number of deaths due to AIDS (Daily Nation, 23 September 2003). Additionally, there has been a reduction in mother-to-child transmission of the virus so that more children will be HIV-free at birth. With this reduction in the number of AIDS death, it is expected that the number of AIDS orphans will fall. As this success story is replicated in other countries in the region, it is likely that by 2015 a significant reversal in the spread of HIV/AIDS would be seen.

Target 2: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.

Indicator 1: Prevalence and death rates associated with malaria

Malaria is not endemic in counties in the Eastern Caribbean; only imported cases of the disease are seen. Antigua and St Vincent are the only two countries with recorded cases of malaria, and in both countries these cases were imported. No deaths resulted from this disease in either country. In the case of St Vincent a prevalence rate of 0.9 per 1000 population was recorded in 1995, while in Antigua, the prevalence rates were: 2.95 (1995), 1.41 (1999) and 2.64 (2001).

Indicator 2: Proportion of population in malaria risk areas using effective malaria prevention and treatment measures.

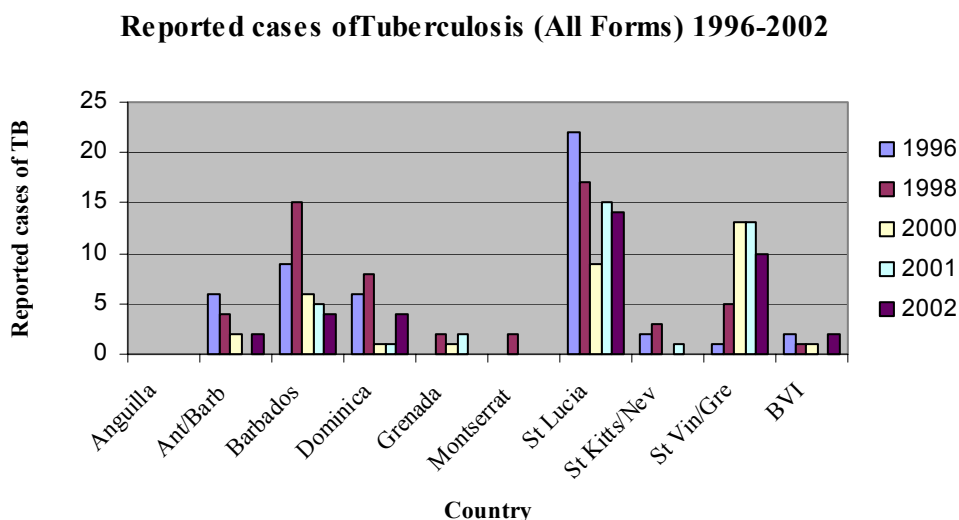
No data are available for the proportion of the population using effective malaria prevention and treatment measures.

Indicator 3: Prevalence and death rates associated with tuberculosis (TB)

The prevalence rate is defined as the number of reported cases per 100,000 population, while the death rate is the number of deaths from TB per 100,000 population.

The number of cases of patient infected with Tuberculosis declined in Barbados and Antigua and Barbuda and St Vincent and the Grenadines over the 1996-2002 period. The number of reported cases in St Lucia fell from over 20 in 1996 to about nine in 2000 but by 2001 there was an increase in the incidence of the disease again. In fact, St Lucia is regarded by the Caribbean Epidemiology Centre (CAREC) as a priority country with respect to this disease. In 2002, Dominica also reported a rise in the number of cases of persons infected with tuberculosis. Tuberculosis, which is an opportunistic disease attacks, AIDS victims because of a compromised immune system. In some countries where the prevalence of HIV and TB is high, the diagnosis of tuberculosis in patients who present with no obvious signs of HIV/AIDS may foretell a possible infection with HIV/AIDS. The prevalence of tuberculosis fluctuated within the Eastern Caribbean [see Figure 7.2].

Figure 7.2

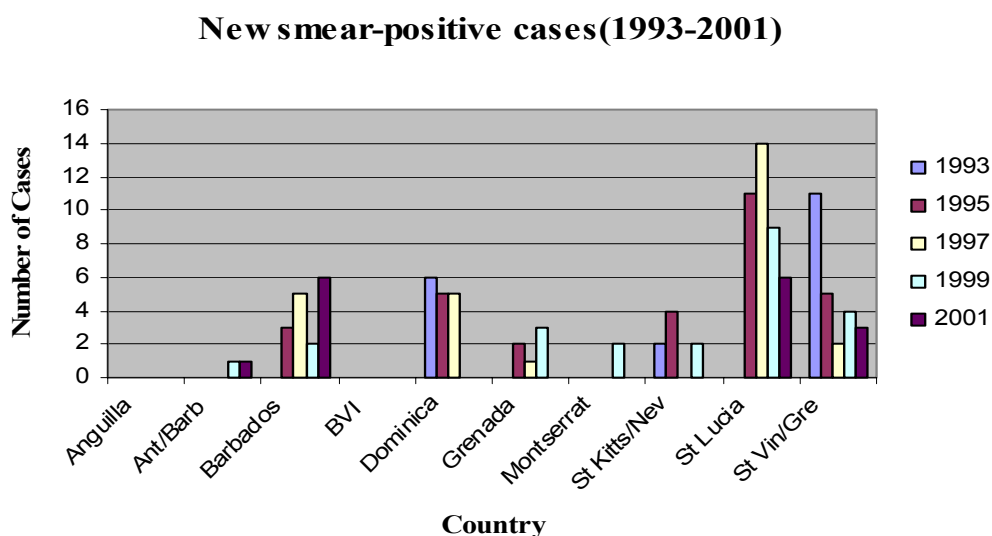


Indicator 4: Proportion of TB cases detected and cured under DOTS

Use of the Directly Observed Treatment Short Course (DOTS) resulted in a cure rate of 50 percent of TB cases over the study period. This form of treatment for tuberculosis, as the name implies, is administered over a much shorter period than the traditional course of treatment which has to be administered over a lengthy period.

It is no surprise that the number of reported smear positive case has been large in St Lucia given the increase in numbers of individuals infected with the disease. However by 2001, a steady decline was noted in the number of positive cases. Reported smear positive tests for 2001 however indicated resurgence in the disease in Barbados [see Figure 7.3].

Figure 7.3



The data indicate that the goal of combating HIV/AIDS, malaria and other diseases is achievable only if great effort and resources are expended especially in the area of HIV/AIDS. Changes are required in life styles and attitudes towards sexual behavior in particular. Since HIV weakens the immune system, opportunistic diseases such as tuberculosis can be kept under control if there is a corresponding control in the rate of HIV infection.

With regard to health-related indicators, the region has made considerable progress with differences within and between countries. Specifically, considerable progress has been made with respect to underweight children, infant, child and maternal mortality, measles immunization, births attended by skilled personnel, improved water quality and sanitation and access to essential drugs. However, there is a need to focus attention on perinatal

mortality. While there is no indigenous transmission of malaria, in most countries there has been a resurgence of TB and an increase in HIV/AIDS.

On the whole, the epidemiology is changing from a picture of communicable disease to one of non-communicable disease with heart disease, cancer, stroke and diabetes being the leading causes of death. Barbados, for instance, has a very high incidence of diabetes within its population. These conditions have common risk factors with the majority of them being preventable. Along with the rise in non-communicable disease is the high incidence in adult and child obesity.

8 Goal 7: Ensure Environmental Sustainability

The economic well-being of the peoples of the region is heavily dependent on the exploitation of the natural environment be it for tourism, agriculture or fisheries. Degradation of the resources that facilitate these activities (marine and coastal environment, land) will impact negatively on both the social and economic development of the region. However, use of these resources must not conflict with attempts to preserve biological diversity of individual islands. Already the clearing of the land since early settlement has resulted in the loss of a substantial amount of biodiversity.

The goal of ensuring environmental sustainability consists of three targets and seven indicators.

Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Indicator 1: Proportion of land area covered by forest.

To date, Dominica has by far the largest area of forest (66 percent). This figure represents an increase in the forested area since 1991. An increase in forested area was also recorded in Grenada from 14.7 percent in 1990 to 18 percent in 2000, while in St Vincent, there was a loss of forest coverage. In Barbados, almost all of the original forest

cover was removed after 1827. The remaining wooded area represents about 20 percent of total land area. An additional 5 percent exists as gully lands. Forested land is lost because of the demand for settlement and space for infrastructure. Forests not only contribute to biodiversity; they also play a role in soil and water conservation and have a mitigating effect on climate.

Indicator 2: Land area protected to maintain biological diversity

Several governments in the OECS region have taken measures to earmark/protect land in order to promote and maintain biological diversity. For instance, all governments with the exception of the Montserrat government have increased the area of forest cover in their respective countries. In Montserrat, the eruption of Soufriere Hills volcano in 1995 caused destruction to much of the forest and woodland cover. However, in 1997, 10 square kilometers of land were earmarked for the preservation of biological diversity. In Barbados, from the time of settlement, the forested land and biological diversity which it housed have been gradually lost through clearing for tobacco and sugar cultivation. At present, plans are afoot to set aside land to maintain the remaining biological diversity.

Indicator 3: GDP per Unit of Energy Use

Antigua, Grenada and St Lucia have all recorded increases in GDP per unit of energy over the period under investigation, with St Lucia recording the largest increase of all. However, values for Dominica and Anguilla have also been decreasing. Values for St Kitts have fluctuated. In Barbados, figures for carbon dioxide emissions per capita show that the level moved from 4192 giga tonnes in 1990 to 3196 in 1996. A steady increase has been recorded since then, and in 1998, this value stood at 5865 giga tonnes. While increased values indicate greater usage of energy to stimulate economic growth through industrial and construction activities, these activities also contribute to increased levels of carbon dioxide, a greenhouse gas which contributes to global warming. Alternative means should be explored as it is possible to achieve economic growth using less energy and raw materials per unit of output.

Indicator 4: Carbon dioxide emission

Carbon dioxide emission levels have either increased slightly or remained constant over the period throughout the Eastern Caribbean.

Target 2: Halve by 2015, the proportion of people without sustainable access to safe drinking water

Indicator 5: Access to Improved Water Source

Except for Dominica with a slight increase and St Lucia with a moderate increase over the 1990-2000 period, the other islands recorded access to piped water by well over 90 percent of households. In the case of Montserrat, a decline was recorded. This development no doubt reflects the damage caused to the infrastructure as a result of the Soufriere Hills volcano. In Barbados, data for 2000 show that 96.5 percent of households had access to an improved water source or piped drinking water. This figure excludes those households who have access to standpipes or water from a friend's or neighbor's property or a well or spring.

Indicator 6: Proportion of people with Access to Improved Sanitation

Considerable improvement in the level of sanitation (i.e., access to water-borne toilet facilities) from 50 percent to 96 percent was recorded in Antigua, St Kitts and St Vincent. Only moderate improvements in sanitary facilities were recorded in Dominica and St Lucia where the percentage of households with access to this type of facility in 1995 rose from 36.8 and 38.4 percent, respectively, to 45.6 and 52.7 percent in 2001. In Barbados, 82 percent of households had water borne toilet facilities as a percentage of total private households in 2000.

The availability of safe drinking water and the establishment of proper sanitation and environmental hygiene are critical in the fight against diseases such as gastroenteritis in children under five, salmonellosis and dengue fever. The prevalence rates of salmonellosis across countries in the Eastern Caribbean indicate much fluctuation in the disease. In the case of gastroenteritis, prevalence rates were particularly high for Anguilla, Antigua, Montserrat, St Vincent and St Kitts. Gastroenteritis and salmonellosis

are water and food-borne illnesses. The sources of infection are contaminated food and untreated water. The rise in prevalence rates for both diseases may be attributed to the growing number of individuals who 'eat out' and the inability of the relevant authorities to properly monitor food preparation and handling. In cases where no facilities exist for the treatment of sewage and especially where water can easily become contaminated, individuals may be placed at risk. This is particularly so in poor areas.

There has been a high prevalence rate of dengue fever. In 2001, there was an outbreak of dengue fever in St Lucia. The prevalence rate of the disease was then ten-fold the 1996 prevalence rate. The fluctuating rates of these diseases show measures employed to keep them under control are not being sustained. Greater efforts must be made by the relevant authorities to upgrade facilities (toilet facilities, piped water and sewage treatment) in under-privileged communities

Indicator 7: Access to Secure Tenure

Over sixty-five percent of households in the OECS, except for Montserrat and the British Virgin Islands, are owner occupied. In the BVI and Montserrat, the percentages of owner-occupied homes are 49.6 and 37.6 percent, respectively. Since these are British dependent territories, the greater part of the land will reside in the hands of the Crown and therefore not available for private ownership. In Barbados, about seventy-five percent of households are owner-occupied. The government continues to encourage and provide incentives and loans for low income earners to own their own homes.

In general, as individuals own their own homes, there is a tendency for them to take pride in their surroundings. This reduces squatting and the resultant destruction of the environment. Contamination of water resources is also reduced as home ownership is confined to zones earmarked for such development.

The data indicate that the goals of halving the proportion of people without sustainable access to safe drinking water and achieving significant improvement in the lives of at least slum dwellers are achievable in the Eastern Caribbean by 2015.

9 Goal 8: A Global Partnership for Development

The achievement of the previous seven MDGs requires the cooperation of the international community and also the strengthening of governance within countries. An important aspect of the implementation program is the availability of finance and the human capacity to manage the process. The eighth MDG is therefore a capstone goal and forms the basis for achieving the other goals. In building a global partnership for development, developing countries would be able to eradicate poverty and achieve sustainable development over the development planning period 1990-2015. This capstone goal involves the provision of official development assistance, the improvement of access to markets (especially in developed countries), achieving debt sustainability, the developing and implementation of strategies for decent and productive work for the youth, the provision of access to affordable drugs and the distribution of the benefits of new technologies to all countries.

The goal of a global partnership for development consists of seven targets and seventeen indicators. Some of these targets and indicators are not applicable to the Eastern Caribbean. For example, the countries of the Eastern Caribbean are not classified amongst the ‘Least Developed Countries’, hence the target relating to special needs of this group would not be applicable. Indeed, the countries of the Eastern Caribbean are classified as ‘middle income countries’ by the international community. As small island developing states, the Eastern Caribbean would however have a set of special needs which have to be addressed at the regional and international levels.

Indicator 1: Official Development Assistance

Data on official development assistance were not readily available from a survey of Eastern Caribbean countries. Over the years, however, these countries have received some degree of financial assistance from developed countries (Canada, USA and UK) to finance social infrastructural and other development projects. The countries of the Eastern Caribbean are vulnerable to natural disasters – hurricanes, floods, volcanic eruptions, landslides – and their disruptive effects have been greater than the resource

base of these countries [see Table 9.1]. Official development assistance is therefore needed to help with the re-building process.

Table 9.1
Disaster Exposure in the Eastern Caribbean 1970-1999

Country	Disaster Occurrence	Total Fatalities per 1000 persons (1995)	Economic Loss as % of GDP (1995)
Antigua/Barbuda	7	0.1	18.1
Dominica	7	0.6	55.0
Grenada	4	0.0	9.5
St Kitts/Nevis	7	0.2	116.5
St Lucia	8	0.3	272.3
St Vincent	9	0.04	26.5
Montserrat	5	3.4	899.0
Barbados	5	0.01	6.3

Source: C. Charveriat: Natural Disasters in Latin America and the Caribbean: An Overview of Risk (IADB, Washington, October 2000), page 38

Indicator 2: Market Access

The ability to access the markets of developed countries and, in some cases, those of developing countries is an element in generating economic growth and reducing poverty in the Eastern Caribbean. Empirical evidence on the growth process in small developing countries points to the critical role of exports expansion in the process. Eastern Caribbean Countries have been signatories to several bilateral and multilateral agreements which contain provisions for market access: CARICAN, CBI, EU-ACP, CARICOM. In many cases, these countries have been unable to take full advantage of these agreements primarily due to supply capacity constraints. The exports of the Eastern Caribbean are highly concentrated – bananas, sugar and tourism. The manufacturing sector, which can benefit from these agreements, is very small.

Data for Antigua in 1999 indicate that approximately 90 percent of its total exports are admitted free of duties and quotas to other countries. In the case of tariff rates, Antigua reports that the average tariff on agricultural products was 25 percent over the 1995-2001 period, while there was a decline in the average tariff on textiles and clothing from 30 percent in 1995 to 15 percent in 2001. Anguilla allows agricultural products to enter the country duty-free, while the average tariff on textile and clothing was 15 percent over the 1990-2001 period.

With the process of trade liberalization within the WTO and the proposed FTAA, it is expected that tariff rates for most commodities would decline in the Eastern Caribbean. The key aspect of the trade negotiations is to achieve enhanced market access in developed countries for commodities from the Eastern Caribbean.

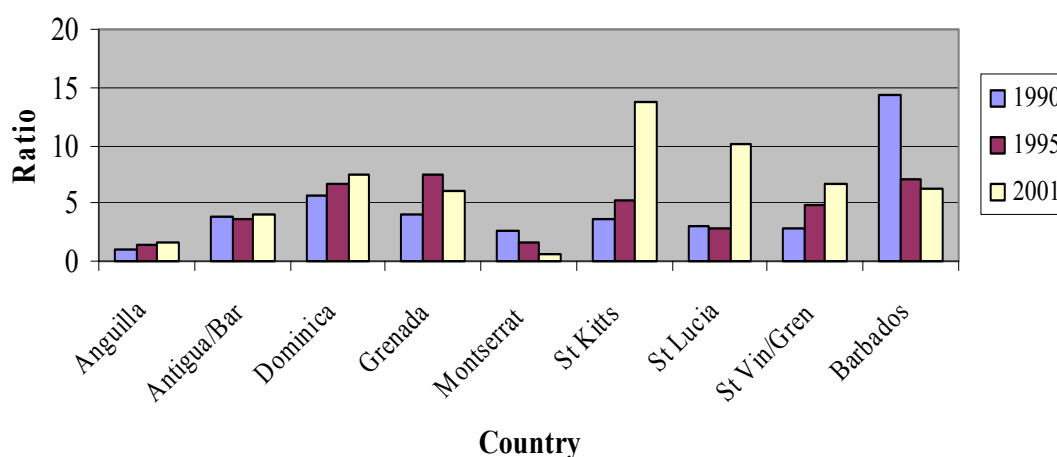
Indicator 3: Debt Sustainability

A high debt burden can restrict the ability of countries to achieve important development goals. It is therefore important for the small developing countries in the Eastern Caribbean to maintain a debt profile that is sustainable in the medium and long terms. The countries of the Eastern Caribbean are not members of the group of Heavily Indebted Poor Countries (HIPC) and therefore debt cancellation is not an option.

In general, the debt service ratios (debt service as a percentage of total exports) of the Eastern Caribbean countries are relatively low (under 10 percent) [see Figure 9.1]. There was however a slight upward trend in several countries during the 1990s. This can be partly attributed to the problems associated with export markets over the past decade.

Figure 9.1

**Debt Service Ratio for the Eastern Caribbean,
1990, 1995, 2001**



Indicator 4: Unemployment Rate of 15-24 Year Olds

One of the targets associated with the promotion of a global partnership for development is design and implementation of strategies to provide decent and productive work for the youth. In the Eastern Caribbean, labour market data indicate a high incidence of unemployment among the young cohorts of the labour force (15-24 years). In 1990, the unemployment rate among the 15-24 year olds ranged from 7.5 percent in the BVI to 36 percent in St Vincent. Recent evidence suggests that there has not been much change in the high rate of youth unemployment. Barbados was able to reduce its youth employment rate from 42.7 percent in 1992 to 18.5 percent in 2000. This reflects the general downward trend in overall unemployment in the country. There is however a general observation in the region that the youth unemployment rate has a tendency to fall more slowly than the overall unemployment rate. This may be due to the lack of work experience at such an early stage of working life as well as the existence of job queuing for existing job openings. The existence of social networks and household sharing mechanism, along with informal working activity helps to ease the burden of high levels of youth unemployment.

The creation of employment for the youth will therefore be a major development challenge over the development period 1990-2015. Several countries in the region have used skills-training and other educational innovation to enhance the supply side of the youth labour market. However, the problem would only be fully resolved when more attention is paid to the demand-side (job creation) of the labour market.

Indicator 5: Proportion of the Population with Access to Affordable Essential Drugs on a Sustainable Basis

In addition to education and training, the provision of health care is an important element of human resources development. Many citizens of developing countries are unable to overcome medical/health problems because of a lack of access to essential drugs. As part of the global partnership for development, countries are seeking to cooperate with pharmaceutical companies to provide access to affordable, essential drugs for those persons in developing countries.

The available data for the Eastern Caribbean indicate that the proportion of the population with access to affordable and essential drugs is very high, that is, over 80 percent during the 1990s. Barbados and Montserrat achieved a rate of 100 percent by 2001. Barbados has pioneered the establishment of a National Drug Service which has become a model for other developing countries. The Service provides formulary drugs free of cost to persons aged 65 and over, children under 16 and those persons requiring drugs for the treatment of cancer, diabetes or hypertension.

Indicator 6: Telephone Lines and Personal Computers per 1000 People

Access to the benefits of new developments in information and communications technologies (ICTs) has been perceived as one of the ways that poverty can be reduced. ICTs can assist with poverty reduction through the provision of information to social services (health, education, skill training), the development of micro and small enterprises, and the transmission of information about the plight of the poor. At present, there is unequal access to ICTs across the world, that is, the so-called 'digital divide'. A program of global cooperation for development can help to reduce this digital divide thus

ensuring that all countries benefit from developments in ICTs in the form of international public ‘good’.

In the Eastern Caribbean, the access to telephone main lines, mobile phones and personal computers per 1000 persons is still relatively low [see Figures 9.2, 9.3 and 9.4]. The figures however show a growth in access as the telecommunications market in the Eastern Caribbean is gradually liberalized. Some countries have removed taxes from computers in order to enhance their use for both personal and business purposes. The low values for these variables do not mean that persons cannot access these facilities since a high degree of sharing takes place within and among households. In addition, persons without their telephone lines or computers can always access public facilities (for example, pay phones and community centres).

Figure 9.2

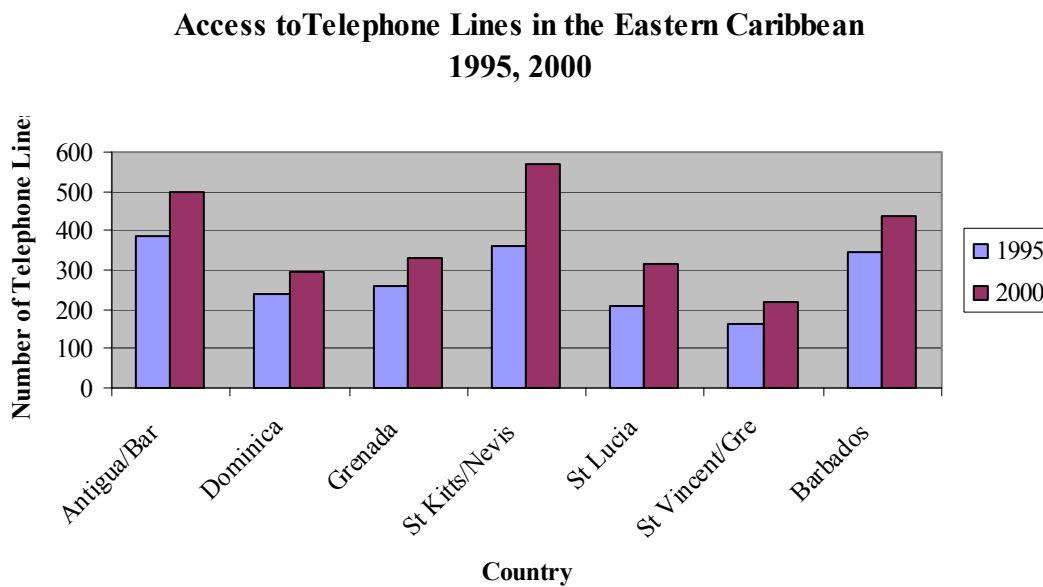


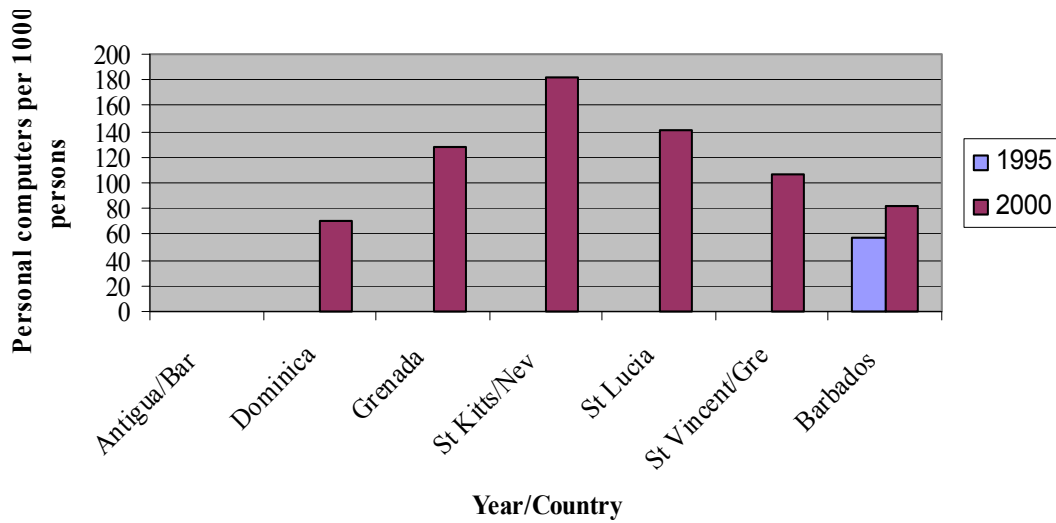
Figure 9.3

**Access to Mobile Phones in the Eastern Caribbean
1995, 2000**



Figure 9.4

**Access to Personal Computers in the Eastern Caribbean
1995, 2000**



Indicator 7: Reduction of Crime and Terrorism

An increase in criminal activity and terrorism can derail efforts to reduce international poverty. In recent years, countries have added two additional goals to the set of MDGs:

- i. to intensify efforts to fight transnational crime in all its dimensions including drug trafficking, the smuggling of human beings and money laundering;
- ii. to take concerted action against international terrorism and to accede as soon as possible to all the relevant conventions.

The available data on the crime situation in the Eastern Caribbean point to the following conclusions:

- i. a general increase in criminal activity during the 1990s
- ii. the majority of crimes were those against property (thefts, burglaries) and various miscellaneous offences
- iii. a relative constancy of crime against persons
- iv. a relative low murder rate (generally less than 15 per 100,000 persons)
- v. an increase in the number of drug offences especially among the youth (especially for cannabis and cocaine)

Little data exist in the region on such aspects as the prevalence of drug abuse among school children and the number of persons receiving treatment for substance abuse.

Anecdotal evidence suggests that the drug trade has increased in the region. There is no evidence of terrorism in the Eastern Caribbean.

10 Overall Assessment for the Eastern Caribbean

An assessment of the degree of progress with the MDGs in the Eastern Caribbean can be undertaken at two levels: the policy level and the data collection level.

At the policy level, the assessment needs to take into consideration the extent to which the goals have been incorporated into plans, policies and programs in the various countries. Although the goals have been under discussion since the mid 1990s, they were

not fully adopted until the year 2000. In effect, countries that did not formulate their development plans/programs in the late 1990s would not have explicitly incorporated the MDGs into these plans/programs. In the context of the Eastern Caribbean, development planning has not been a regular exercise. Greater concern was placed on macroeconomic short-run policy matters during the 1990s. The OECS has formulated a Development Strategy which covers several of the variables (although not targets/indicators) specified in the UN's MDGs. The key element of the OECS Development Strategy is the promotion of human development in the context of global change. This issue is further developed in the OECS *Human Development Report 2002*, which has as its theme 'building competitiveness in the face of vulnerability'.

In the case of Barbados, the last development plan covered the period 1993 to 2000 with the theme 'prosperity through increased productivity'. Although these strategy and planning documents have not addressed the MDGs, several initiatives which are related to the goals have taken place in the region. For example, poverty assessments have been undertaken to determine the extent of poverty and to identify policy measures to reduce the extent of poverty. Several human resource development initiatives (health, nutrition, education, training) have been undertaken to assist with poverty reduction. For example, in St Lucia, the Government has established a Poverty Reduction Fund, a micro-finance institution, a National Skills Development Centre and a Basic Needs Fund to assist in the reduction of poverty. Barbados has also set up a Social Investment Fund, a poverty alleviation program and rural and urban development commissions. Bureaus/desks of gender affairs have also been established and there has been an ongoing concern with sustainable development. In effect, some progress has been made with the achievement of the MDGs in the Eastern Caribbean.

The weakest aspect of the progress towards the achievement of the MDGs is the process of data collection on the indicators. Since the MDGs have not been explicitly incorporated in planning documents in quantitative form in the region, there has not been the pressure to collect data to accurately reflect the various variables (via surveys/censuses or administrative records). The data collection survey undertaken for

this report indicates a significant quantity of missing data, inconsistent definitions and several anomalies. These problems suggest that the quantitative indicators for the targets associated with the MDGs have not permeated government departments and statistical offices. Much of the data has been obtained from one-off surveys and the decennial population census. In many respects governments are formulating policies and programs with evidence (data) – the science of muddling through.

There is a need to relate policy design and analysis with data collection in the region. It would not be incorrect to say that the achievement of the MDGs has not infused policy making in the Eastern Caribbean. Indeed, there has been little reference to the goals in ministerial statements and policy documents. There is need for greater advocacy on the part of the United Nations for the incorporation of the MDGs in national/regional planning and policy processes. One approach would be to develop a Balanced Scorecard for Poverty Eradication which would see the goals/targets/indicators linked in a cause-effect manner. Such an idea has been developed for companies which are strategy-focused and performance-oriented.

Although the planning/policy frameworks and the data collection processes in the Eastern Caribbean have not been designed to reflect the MDGs, the available data can provide some idea of the extent to which progress is being made with respect to the achievement of the MDGs [see Table 10.1].

In summary, aspects of the global partnership for development are achievable. For example, debt sustainability, access to affordable essential drugs and control of crime and terrorism. However, greater effort is needed in the area of official development assistance, market access for exports from the region and the provision of productive employment for the youth and the distribution of the benefits from information communication technology (ICT).

Table 10.1

Progress with the Achievement of the MDGs in the Eastern Caribbean

Goal 1: Eradication of Extreme Poverty and Hunger

Extreme poverty and hunger in the Eastern Caribbean is very low. The countries of the region can achieve this goal by 2015

Goal 2: Achievement of Universal Primary Education

The Eastern Caribbean countries have almost achieved universal primary education. This goal is achievable by 2015.

Goal 3: Promotion of Gender Equality and Empowerment of Women

This goal has been achieved in terms of education and employment. In terms of the indicator on political achievement, a lot of progress has to be made. It may be difficult to attain higher political involvement value by the year 2015.

Goal 4: Reduction in Child Mortality

At present there is much fluctuation in the under-five mortality rates but the goal of reducing this rate by two-thirds by 2015 is achievable once enough effort is made to sustain the gains that have already been achieved.

Goal 5: Improvement in Maternal Health

Significant progress has been made in this area and the goal has been achieved in several countries in the Eastern Caribbean. This goal is definitely achievable by the remaining countries by 2015.

Goal 6: Reduction in HIV/AIDS and Other Diseases

The achievement of this goal presents a major challenge for the Eastern Caribbean. The goal can be achieved by the year 2015 only if greater effort and resources are expended in the areas of HIV/AIDS education and prevention strategies.

Goal 7: Ensure Environmental Sustainability

Some degree of progress has been made with respect to the achievement of this goal. However, for the goal to be fully achieved by 2015, a number of measures must be instituted, namely:

- i. measures implemented to alleviate poverty
- ii. provision of adequate infrastructure
- iii. education to increase awareness with respect to environmental issues
- iv. enforcing legislation to reduce/prevent damage to the environment

Goal 8: Promotion of a Global Partnership for Development

There is slow progress in the area of developing a global partnership for development especially in the areas of market access, provision of development assistance, the distribution of the benefits of information technology. Rich countries need to take action in these areas to enable poorer countries to achieve goals 1 to 7. .

Poor countries will also need to adjust their internal structures and policies in order to enhance their own development. A significant amount of effort will therefore be needed to achieve this goal by 2015.

11 Conclusion

This report has provided an assessment of the progress towards the achievement of the MDGs within the Eastern Caribbean (Barbados and the OECS). The collection of data for several of the indicators over the 1990s proved to be a significant challenge. In several cases, a time trend could not be observed due to the inadequacy of the data. Data were non-existent for several of the indicators. At the policy and planning levels, the MDGs have not been explicitly incorporated in documents and in actions. Given the availability of resources and the issues of the day, the Eastern Caribbean countries have been selective in the development policy goals. Poverty reduction, economic growth and sustainable development have been the main developmental goals.

An assessment of the MDGs indicates that some degree of progress has been made with respect to the achievement of some of the goals: reduction of extreme poverty and hunger, universal primary level education, gender equality and improved maternal health. Some degree of effort would be needed for the other goals to be fully achieved by the year 2015. One approach would be the development of a Balanced Scorecard for Poverty Reduction which would link the goals in a systematic manner and provide critical success factors needed for strategy formulation and goal achievement. This Scorecard can therefore be used in national strategic development plans in the region.

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Appendix 1

Eastern Caribbean's Progress Towards the MDGs: Status at a Glance

Appendix 1: Eastern Caribbean's Progress towards the MDGs

Status at a Glance⁺

Goals	Will developmental goal be reached?	Status of supportive environment
<i>Extreme Poverty</i> Halve the proportion of people living below the poverty line	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>Hunger</i> Halve the proportion of people who suffer from hunger between 1990 and 2015	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>Universal Primary Education</i> Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>Gender Equity</i> Achieve equal access for boys and girls to primary and secondary schooling by 2015	Probably unlikely potentially lack of data	Strong fair weak but improving weak
<i>Child Mortality</i> Reduce under-five mortality by two-thirds by 2015	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>Maternal Health</i> Reduce maternal mortality ratio by three-quarters by 2015	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>HIV/AIDS</i> Halt and reverse the spread of HIV/AIDS by 2015	Probably unlikely potentially lack of data	Strong fair weak but improving weak
<i>Malaria and Other Major Diseases</i> Halt and reverse the incidence of malaria and other diseases by 2015	Probably potentially unlikely lack of data	Strong fair weak but improving weak
<i>Environmental Resources</i> Reverse loss of environmental resources	Probably unlikely potentially lack of data	Strong fair weak but improving weak
<i>Access to Safe Drinking Water</i> Halve the proportion of people without access to safe drinking water	Probably potentially unlikely lack of data	Strong fair weak but improving weak

Note: ⁺The achievement of a specific goal and status of the corresponding supportive environment is highlighted in red.

Appendix 2

Statistical Data

Table 1
Proportion of Population Living below \$1 per day

Country	Year	Proportion of Population living below US \$1 a day %
Grenada	1999	4.7
St Lucia	1995	2.97
St Vincent	1996	5.55

Source: Data Collection Survey

Table 2
Poverty Gap Ratio
(% of population)

Country	Year	Poverty Gap Ratio %
Anguilla	2001/2002	6.9
Barbados	1997	2.3
BVI	2002	4.1
Dominica	2002	10.2
Grenada	1998	15.3
St Kitts	1999/2000	2.8
Nevis	1999/2000	2.8
St Lucia	1995	8.6
St Vincent	1996	12.6

Source: Caribbean Development Bank

Table 3
Share of Poorest Quintile in National Consumption

Country	Year	Share
Anguilla	2001/2001	35
Dominica	2001	40
Grenada	1999	32.1
St Kitts	1999	31.3*
St Lucia	1995	25.1
St Vincent	1996	37.5

Note: *derived from an average of 30.5 for St Kitts and 32.1 for Nevis

Table 4a
Literacy Rates in the Eastern Caribbean

Country	Year	Male	Female	Total
Anguilla	1992	72.8	77.9	75.4
Antigua	1991	87.4	85.9	84.4
BVI	1991	97.8	98.2	95.7
Dominica	1993	+	+	96.4
Grenada	1991	93.7	95.1	94.4
Montserrat	1996	91.1	95.7	94.2
St Kitts & Nevis	1991	98.2	97.4	97.8
St Lucia	1991	+	+	90.2
St Vincent	1991	88.2	89.5	88.8

Notes: + not available

Source: OECS (2002)

Table 4b
Literacy Rates among 15-24 year olds in the
Eastern Caribbean

Country	Year	Male	Female	Total
Antigua	1990	75.9	69.9	69.9
St Kitts and Nevis	1990	98.9	97.4	97.8
St Lucia	1990	94.7	97.5	96.1
	2001	94.8	95.9	95.3
British Virgin Islands	1990	98.7	99.7	99.2
Barbados	1990	97.9	96.4	97.2
	2001	+	+	97.0

Notes: + not available

Table 5
Ratio of Girls to Boys at Different Levels of Education in the
Eastern Caribbean 1990 to 2001

Country	Year	Primary	Secondary	Tertiary
Anguilla	1990	1.02	1.14	+
	2001	0.96	1.04	+
Antigua	1990	0.97	1.01	+
	2001	0.91	1.29	+
Dominica	1995	0.92	1.39	1.50
	2001	0.88	1.20	2.0
Grenada	1995	0.88	1.42	1.18
	2000	0.90	1.33	1.01
St Kitts/Nevis	1991	0.94	1.02	1.16
	2000	0.95	1.03	2.21
St Lucia	1990	0.94	1.27	1.83
	1999	0.93	1.63	+
BVI	1990	0.89	1.13	+
	1998	0.96	0.88	+
Montserrat	1990	0.90	0.48	+
	1998	0.78	0.89	+
St Vincent	1990	0.91	1.50	1.81
	2001	0.90	1.37	1.50
Barbados	1990	0.97	1.13	1.20
	2001	0.97	0.97	1.55

Notes: + not available

Source: Data Collection Survey

Table 6
Share of Women in Wage Employment
in the Non-Agricultural Sector in the Eastern
Caribbean 1990-2001

Country	Year	Percent
Anguilla	1990	42.1
	2001	47.6
Antigua	1990	47.7
Dominica	1990	43.3
	1999	44.2
Grenada	1990	40.0
Montserrat	1990	43.4
St Lucia	1995	48.6
	1999	50.3
St Kitts and Nevis	1990	47.1
St Vincent	1990	39.9
Barbados	1991	45.3
	2001	47.7

Source: Data Collection Survey

Table 7
Proportion of Seats Held by Women in the National
Parliament 1990-2001

Country	Year	Percentage
Antigua	1990	2.8
	2001	11.1
Dominica	1992	5.0
	2000	14.3
Grenada	1990	10.0
	2001	17.0
Montserrat	1990	30.8
	2000	30.0
St Lucia	1992	16.7
	2000	17.4
St Kitts	1992	1.0
	1996	13.3
St Vincent	1992	2.0
	1996	10.5
Barbados	1990	4.0
	2001	11.0

Source: OECS (2002) and Data Collection Survey

Table 8
Under Five Mortality Rate in the Eastern Caribbean, 1990-2001

Country	1990	1995	1997	1998	2001
Anguilla	18.9	18.0	5.9	0.0	+
Antigua	27.2	20.0	18.0	13.9	21.2
Dominica	16.8	20.7	18.7	16.2	+
Grenada	-	7.4	17.3	22.2	21.1
St Lucia	24.6	14.0	20.9	19.7	15.8 ^p
British Virgin Islands	-	-	5.8	18.0	+
St Vincent/Grenadines	26.6	19.1	24.7	28.3	+
St Kitts	33.1	25.1 ^R	25.1	34.7	20.0
Barbados	14.4	23.0	15.4	12.0	18.0

Note: + Not available; R revised; P provisional;

Source: Data Collection Survey

Table 9
Infant Mortality Rate, reported (less than 1 year)
1990, 1998-2001

Country	1990	1998	1999	2000	2001
Anguilla	+	+	+	5.2	+
Antigua and Barbuda	20.6	12.5	+	22.3	+
Barbados	14.5	11	12.8	13.4	+
Dominica	18.4	14.5	13.7	18	+
Grenada	14.7	19.5	+	14.3	+
Montserrat	+	+	+	+	=
St Kitts and Nevis	26.1	+	13.9	14.3	+
Saint Lucia	18.1	+	15.0	15.0	12
St Lucia and the Grenadines	21.1	17.2	24.2	15.7	19.2
Virgin Islands (UK)	+	10.8	9.5	9.2	+

Notes: + not available

= less than zero

Source: PAHO/WHO Country Representation, based on country information 2000

Table 10

**Proportion of under-1 vaccinated against measles, Eastern Caribbean
1998-2001**

Country	1998	1999	2000	2001
Anguilla	96	99	100	92
Antigua and Barbuda	99	99	90	96
Barbados	97	86	94	+
Dominica	98	99	100	99
Grenada	97	94	92	99
Montserrat	99	99	100	89
St Kitts and Nevis	99	99	100	94
St Lucia	90	95	89	+
St Vincent and the Grenadines	99	87	96	98
Virgin Islands (UK)	99	92	100	99

Notes:

* Less than zero

Source: PAHO/WHO Country Representation, based on country information.

Table 11

Proportion of deliveries attended by trained personnel

1998-2001

Country	1998	1999	2000	2001
Anguilla	+	+	100	+
Antigua and Barbuda	100	+	99.9	100
Barbados	+	91	98	+
Dominica	95	99.9	100	+
Grenada	100	99	100	+
Montserrat	+	+	+	98
St Kitts and Nevis	99.4	+	99.4	+
St Lucia	+	+	100	+
St Vincent and the Grenadines	98	99.3	100	100
Virgin Islands (UK)	100	100	100	+

Notes:

+ Not available

Source: PAHO/WHO Country Representation, based on country information

Table 12a
Reported Cases of Tuberculosis (All Forms)
1996 - 2002

Country	1996	1998	2000	2002
Anguilla	+	+	+	+
Antigua and Barbuda	6	4+	2	2
Barbados	9	15	6	4
Virgin Islands (UK)	2	1	1	2
Dominica	6	8	1	4
Grenada	0	2	1	0
Montserrat	0	2	0	0
St Lucia*	22	17	9	14
St Kitts and Nevis	2	3	0	0
St Vincent and the Grenadines	1	5	13	10
Total	48	57	33	36

Notes: + Not available

* Priority country

Source: CAREC

Table 12b
New Smear Positive Cases (DOTS) 1993-2001
Number of cases

Country	1993	1995	1997	1999	2001
Anguilla	+	0	0	+	0
Antigua and Barbuda	+	0	+	1	1
Barbados	+	3	5	2	6
Virgin Islands (UK)	+	+	0	+	0
Dominica	6	5	5	+	+
Grenada	0	2	1	3	+
Montserrat	+	+	+	2	0
St Kitts and Nevis	2	4	+	2	0
St Lucia	+	11	14	9	6
St Vincent and the Grenadines	11	5	2	4	3

Notes: + not available

Source: Global TB Control, WHO Report, 2003

Table 13
Debt Service Ratios for the Eastern Caribbean
1990-2001 (%)

Country	1990	1995	2001
Anguilla	1.0	1.4	1.7
Antigua	3.9	3.6	4.1
Dominica	5.7	6.7	7.5
Grenada	4.1 ^(a)	7.4	6.0
Montserrat	2.6	1.7	0.6
St Kitts	3.6 ^(a)	5.3	13.7
St Lucia	3.0 ^(a)	2.9	10.1
St Vincent	2.8	4.8	6.6
Barbados	14.4	7.0	6.3

Notes: (a) refers to 1991

Table 14
Access to Telephones and Personal Computers
in the Eastern Caribbean

Country	Telephone Mainlines per 1000 persons		Mobile Phones per 1000 persons		Personal Computers per 1000 persons	
	1995	2000	1995	2000	1995	2000
Antigua/Barbuda	388	499	-	287	-	-
Dominica	241	294	0	16	-	71.3
Grenada	260	332	4	46	-	127.1
St Kitts/Nevis	363	569	-	31	-	181.7
St Lucia	210	313	7	16	0.6	141.0
St Vincent	165	220	2	21	-	105.8
Barbados	345	437	18	111	57.5	82.2

Source: World Bank: ICT at a Glance