United Nations Population Fund
Pacific Sub-Regional Office

Population and Development Profiles: Pacific Island Countries

Prepared by
United Nations Population Fund
Pacific Sub-Regional Office
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About UNFPA Pacific

The United Nations Population Fund Pacific Sub-Regional Office, UNFPA PSRO, opened its doors in 1972. UNFPA is committed to ensuring that reproductive health and women's empowerment are central to development plans, health sector reforms and programming efforts to reduce inequities and to achieving universal access to quality reproductive health services, commodities and information. The UNFPA PSRO provides technical and programme assistance to fourteen (15) Pacific Island Countries (PICs): Cook Islands; Federated States of Micronesia; Fiji Islands; Kiribati; Republic of the Marshall Islands; Nauru; Niue; Palau; Papua New Guinea; Samoa; Solomon Islands; Tokelau; Kingdom of Tonga; Tuvalu; and Vanuatu.

Our Mission

UNFPA, the United Nations Population Fund, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

UNFPA partners with governments, other agencies and civil society to advance UNFPA's mission. Two frameworks guide its efforts: the International Conference on Population and Development (ICPD) Programme of Action (PoA) and the Millennium Development Goals (MDGs). The goals of UNFPA - achieving universal access to sexual and reproductive health (including family planning), promoting reproductive health and reproductive rights, reducing maternal mortality and accelerating progress on the ICPD agenda and MDG 5 - are inextricably linked. UNFPA also focuses on improving the lives of youth and women by advocating for their human rights and gender equality. UNFPA also support the understanding of population dynamics and its implications to sustainable development. Population dynamics, including growth rates, age structure, fertility and mortality and migration have an effect on every aspect of human, social and economic progress. Sexual and reproductive health and women's empowerment, all powerfully affect and are influenced by population trends.

UNFPA - because everyone counts.

Population and Development Profiles: Pacific Island Countries

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Introduction

This report provides a summary of updated population and development profiles of 15 Pacific countries. Four of these countries (Solomon Islands, Kiribati, Tuvalu and Vanuatu) are classified as Least Developed Countries (LDCs). All of these countries are politically independent, as are Fiji, Nauru and Tonga. Three countries (Palau, Marshall Islands and the Federated States of Micronesia) are associated to the United States through a Compact of Free Association. Two countries (Cook Islands and Niue) are self governing in free association with New Zealand, and the Tokelau Island is a dependent territory of New Zealand. The political status of each of the 15 countries has important consequences for both demographic dynamics and the level of development and how they are linked. With respect to Violence Against Women (VAW) national prevalence, the data was generated using WHO household survey methodology, with UNFPA technical support, in a majority of the Pacific countries. The primary data source for the core population indicators is the respective national census reports, although other national sources such as Demographic Health Surveys have also been used where appropriate.

It is important to note that figures that refer to the year 2014 are based upon projections rather than observed events (Annex 1). The actual value of an indicator may therefore change as more recent data based on reported or observed events become available. It should also be noted that definitions of indicators can vary by country.

Estimated population size and population density, PIC: 2014

COUNTRY	POPULATION SIZE ('000)	LAND AREA (SQKM)	POPULATION DENSITY (PER/SQKM)
PNG	7,587.2	462,840	16
Fiji	847.6	18,273	46
Solomon Islands	611.5	30,407	20
Vanuatu	271.1	12,281	22
Samoa	190.7	2,935	65
Kiribati	111.2	811	137
Tonga	104.2	650	160
FSM	102.8	701	147
Marshall Islands	53.8	181	297
Palau	17.7	444	40
Cook Islands	15.0	237	63
Tuvalu	11.0	26	424
Nauru	10.6	21	504
Niue	1.6	259	6
Tokelau	1.2	12	100
TOTAL	**9,937**		

Source: UNFPA-PSRO estimates

POPULATION DYNAMICS

All of the 15 Pacific Island Countries (PICs) have small numbers of population. Even Papua New Guinea's population of 7.6 million is small on a global scale. But from a Pacific perspective, Papua New Guinea, Fiji with some 850 thousand inhabitants, and the Solomon Islands (611,000) are large. Together they account for some 90 percent of the total population of the 15 PICs. Six of the 15 PICs have populations of less than 20,000 people. It is noteworthy that with current population growth rates, the Solomon Islands will surpass Fiji's population size in about 2035.

Despite these small population numbers, there are places in the Pacific that have very **high population densities.** Ebeye in the Marshall Islands is an example, as is South Tarawa in Kiribati and Funafuti in Tuvalu. In fragile atoll environments such as these, high population densities challenge water supply systems, sanitation, and solid waste management and present serious environmental and health risks.

Small population sizes and dispersion over vast areas are both a curse and a blessing. They are a curse because of the diseconomies of scale, which hamper development efforts. Transport costs are high and markets are small. Industrialization remains minimal. Specialist human resources are few. These factors cause many Pacific islanders to rely on subsistence activities, outside the monetary economy. Strong family, clan or tribal ties form effective social safety nets. However, dispersion and strict social control may also impact on opportunities and access to resources by women and girls. The environmental richness of the region still remains largely intact. All of these factors contribute to Pacific islanders' resilience to external shocks.

Migration has been a way of life for Pacific islanders and to this day, migration affects the growth and distribution of Pacific populations. The modern-day dimension of this is urbanization, movement from the outer islands or rural areas to the urban centres. In most Melanesian and Polynesian countries, urban population growth is much higher than that of the rural population; some countries already have high percentages of their population living in urban areas.

International migration is keeping overall population growth in the Pacific relatively low. In fact, many of the smaller Pacific countries are concerned about the steady outflow of their population to places like Australia and New Zealand. It is estimated that about **16 thousand Pacific Islanders are leaving their Island countries annually.** In this context, the migrants are typically of working ages and tend to be more skilled. While remittances support family members "back home" and contribute significantly to the national GDP, traditional social support mechanisms are being threatened. Migration has a gendered impact on Pacific island communities when it is mainly men travelling abroad for employment, with women-headed households relying on remittance e.g. in the case of the significant number of seafarers in Kiribati and Tuvalu. However, it should be noted that according to the Pacific Violence Against Women (VAW) national prevalence studies, as the husband remains overseas longer, women-headed household's remittances can be reduced or cut off entirely. A recent World Bank report shows that remittances can decrease as overseas nuclear families become more reluctant to share household income with extended family members in their home country.

The continued high fertility rates in many Pacific countries result in large numbers of **young people** who require education and job opportunities.

The **Infant Mortality Rate (IMR)** is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants, and it is especially high in PNG and Kiribati. Common causes of infant deaths include babies born with a serious birth defect, born too small and/or too early, are victims of Sudden Infant Death Syndrome, are affected by maternal complications of pregnancy, or are victims of injuries. In general, high infant mortality rates are also a reflection of poor reproductive health care systems.

Some of the measures that should be undertaken to reduce infant mortality rates are by improving primary health care programmes, improve access to reproductive health information and services, improve emergency obstetric care to decrease neo natal mortality, and expand immunization programmes.

The **life expectancy at birth** is possibly the most important development indicator as it measures the overall health status of a population. Improved mortality rates mean that healthier people live longer lives. Life expectancies in the Pacific compare with 78.8 and 82.7 years for males and females in New Zealand. Life expectancy at birth in France is 78.1 and 84.8 years for males and females, and in Australia it is 79.3 and 83.9 years. Therefore an average person in New Zealand, France or Australia lives about 10 years longer than a person in Vanuatu, and about 20-25 years longer than a person in Nauru, Kiribati or PNG.

World-wide, women live longer lives than males. This is also the case in the Pacific. Already at birth, a male infant has a higher risk of dying than a female infant, which is expressed in higher male than female infant mortality rates. In addition, male adult mortality rates are significantly higher than that of females, and the probability of a 15 year old male to die before reaching age 60 is much higher than that of a female, resulting in lower male life expectancies than females.

While Pacific Island populations structures are still young in general, there are clear signs that the populations are **ageing**, as is the case in most countries in the world, and the proportion of the elderly people is increasing. However, the relative size of the elderly population varies immensely between PICs, and it is about 5 times higher in Niue than in Nauru.

Addressing the needs of a rapidly ageing population will present major challenges for Pacific Island governments, communities and families. The provision of health services and long-term care for the old or persons with a disability and their families will be particularly difficult, especially in rural areas and outer islands.

Ageing is a demographic phenomenon in the first instance but it is accompanied by a range of socioeconomic challenges, both for the individuals concerned and for the institutions that provide the services that elderly people are in particular need of. These needs arise from the fact that the older population is much more likely to be sick, infirm, or disabled than young people or the middle-aged. The health services required by children are relatively inexpensive (immunization and treatment of infections) compared to the services required for the elderly, which might range from hip replacements to heart surgery to chemotherapy. In the Pacific, the extended family is the main provider of care and social security for the elderly and this will remain the case. Family solidarity remains strong but is weakening in urban areas. Governments will need to develop ways to supplement family care with more formal institutional care as the number of elderly grows.

REPRODUCTIVE HEALTH

While **fertility rates** in the Pacific have declined over the past several decades, they remain relatively high in most Pacific populations. **Unmet need for family planning** remains an issue for some Pacific Island Countries, especially among the young and disadvantaged. Indeed, there are signs that the fertility declines are stagnating around 4 children per woman. Some analysts believe that this is inspired by the prospects for old age care: two children will migrate, and two will stay back to take care of their elders.

Sexual reproductive health and reproductive rights encompass key areas of the UNFPA vision - **that every child is wanted, every birth is safe, every young person is free of HIV and every girl and woman is treated with dignity and respect.**

The reproductive health status of its population is a priority for all governments in the Pacific. However, because many Pacific communities are social, heterogeneous in culture and very religious; sensitive issues of sexual and reproductive health are often challenging to discuss and address. In addition the geography of the region provides a unique challenge for the provision of reproductive health services and commodities, with the situation differing from country-to-country.

In the Pacific Island Countries it is difficult to measure maternal mortality firstly because of weak statistical (health information) systems and secondly because the small population size of many countries makes it difficult to calculate robust statistical indicators as the annual variation of events can be enormous. **Maternal mortality ratio (MMR)** and absolute number of maternal deaths tend to be higher for the large Melanesian countries, as access to appropriately equipped and staffed birthing facilities is a major challenge, given the terrain and geographical dispersion of communities in rural areas and outer islands.

Contraceptive prevalence rates (CPR) for all PICs remain below the developing country average of 62 percent. This emphasizes that there are a significant proportion of women and men who wish to determine the spacing and number of their children but are not currently using contraception.

While **Adolescent (teenage) fertility rates** have declined in most Pacific countries, rates continue to be well over 50 for some. High rates of chlamydia, gonorrhoea and syphilis among young people are prevalent in the region. This highlights the need for even stronger focus on adolescent sexual reproductive health services and information. The incidence of **sexually transmitted infections (STIs)** may also be linked to poor education and unemployment. Motherhood at a very young age entails a risk of maternal mortality that far exceeds the average, and the children of young mothers tend to have higher levels of morbidity and mortality. Because adolescents are physiologically and socially immature, health risks associated with their pregnancies and childbearing tend to be more pronounced than are those among older women. Adolescent women also face increased risks during pregnancy and childbirth because they tend to have less information and access to prenatal, delivery and postpartum care as compared with older women. In this regard, more needs to be done to avoid unwanted teenage pregnancies and to support those young women who become pregnant.

GENDER EQUALITY

Acknowledging that gender equality is a prerequisite for sustainable development, Pacific leaders adopted the Pacific Leaders **Gender Equality** Declaration in 2012, galvanizing political will across the region to promote gender equality, including the elimination of violence against women.

Similarly, the Pacific Platform of Action for the Advancement of Women and Gender Equality 2005 - 2015 guides the work of Pacific countries, reinforcing commitments made through international instruments such as the Millennium Development Goals, the Beijing Declaration and Platform of Action, the International Conference on Population and Development (ICPD), and informing national policies.

However, a number of factors continue to fuel discrimination and gender inequality in the Pacific including low levels of political representation at all levels of decision making, restrictive legislative frameworks, and barriers to women's participation in economic development and poor access to healthcare.

The most concrete expression of gender inequality is Gender Based Violence (GBV). Lifetime prevalence rates for physical and sexual violence by partner and non-partner among Pacific Island women is high. In Kiribati, 68 per cent of ever-partnered women experienced physical and/or sexual violence by an intimate partner, whereas this was 64 per cent for the Solomon Islands. In Samoa, 46 per cent of women experienced one or more kinds of partner abuse.

The VAW national prevalence studies highlight the social, medical and psychological impact of intimate partner and non-partner violence, a violation of women's human rights. Violence against women not only reinforces discrimination and women's disempowerment; for the individual woman it can exacerbate reproductive health problems - including unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) and HIV. Violence against women also has an intergenerational impact, where by children who are exposed to violence in the home are more likely to perpetuate it in their own lifetimes.

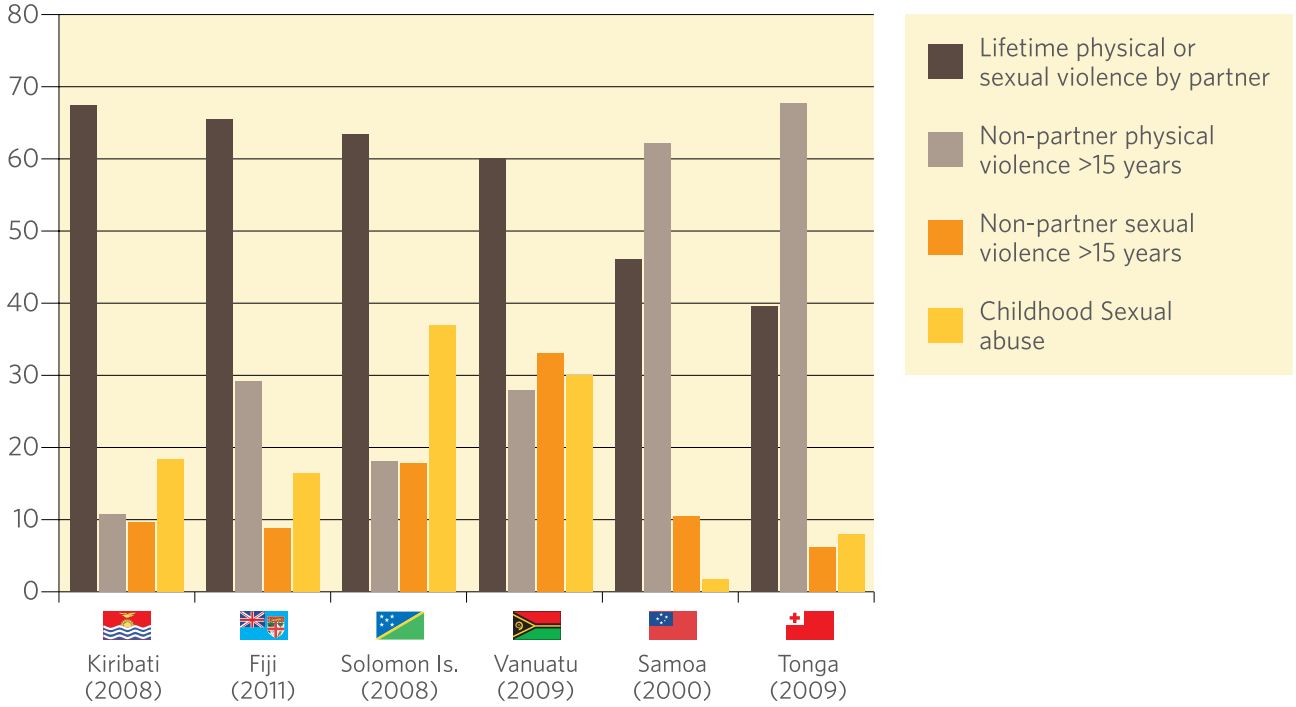
VIOLENCE AGAINST WOMEN (VAW) IN THE PACIFIC

The prevalence of partner and non-partner violence is high in Pacific Island countries. UNFPA with its partners has supported national violence against women (VAW) prevalence research in Kiribati, Samoa, and the Solomon Islands. Additional research has been carried out by women's non-governmental organisations (NGOs) in Fiji, Tonga and Vanuatu using the methodology originally developed by the World Health Organization (WHO). Lifetime prevalence rates for physical and sexual violence by partner and non-partner among Pacific Island women falls between 60 to 80 percent.

However, as shown in the graph below, the patterns of VAW differ by types of violence and perpetrators between countries and sub-regions. In Solomon Islands, Fiji, Vanuatu and Kiribati women report higher prevalence of partner violence than non-partner violence. In Tonga and Samoa, the reverse occurs. In addition in Tonga, Samoa and Fiji, non-partner violence is mainly physical violence while in Kiribati, Solomon Islands and Vanuatu sexual violence by non-partners is equally common as physical violence. Finally child sexual abuse is common in Solomon Islands and Vanuatu but relatively less so in Tonga and Samoa.

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

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



Cook Islands

Cook Islands

OVERVIEW

The Cook Islands consists of 15 islands and atolls spread over 2 million km2 of the Pacific Ocean. The islands are geographically divided into two groups, commonly referred to as the Northern and Southern Group islands. The two groups of islands portray marked differences in their social, cultural and economic activities. The Northern Group islands remain relatively isolated from the Southern Group islands.

People from the Cook Islands, Tokelau and Niue are New Zealand citizens and are eligible for New Zealand passports, and therefore are able to freely move to New Zealand (and Australia). It is estimated that about 4 times more Cook Islanders live in New Zealand than in the Cook Islands.

Since the Cook Islands Government introduced its 1996 economic reform programme (that led to the loss of many public sector jobs), the Outer Islands experienced an unprecedented decline in population. The populations of Mangaia, Atiu, Mauke, Manihiki, Rakahanga, and Penrhyn have reached the lowest population size since the early 1900s, and it is mainly the young adult age groups of 15-40 years who have left the islands. The Cook Islands government, the private sector, and the general public recognize that continued population decline is a major concern.

The Cook Islands is an upper middle-income country, and its level of income places the Cook Islands at the top of the scale among the 15 UN programme countries in the Pacific sub-region. Economic growth in the Cook Islands has been fuelled by the growth of tourism over the past three decades. The number of visitors arriving in the Cook Islands reached more than 120 thousand in 2012 and again in 2013—a historical peak. Understanding population dynamics in the Cook Islands is complicated by the fact that there is a large flow of visitors in and out of the country. Most of these are tourists but Cook Islanders living abroad are also included. In Rarotonga, about one-quarter of the population are tourists/visitors on average during the year. The size of the resident population is largely determined by the net emigration rate. Since the opening of the Rarotonga International Airport in 1974, the population is subject to a steady net outflow of its residents, especially from the outer islands, mainly to New Zealand, but increasingly so to Australia.

The current rate of population growth is estimated at zero, with natural growth and net migration rates balancing each other at +1.0 and -1.0 percent respectively.

In any case, the demographic transition is well advanced in the Cook Islands. At 2.6 the TFR is still above replacement level but has declined rapidly since the 1970s. This has been facilitated by the steady uptake of family planning. The CPR has fluctuated at about 40-50 percent since 1999 and is among the highest in the Pacific and about the same as Fiji's. However, teenage fertility in the Cook Islands is with 46 the highest in Polynesia and has not declined to the same extent as total fertility.

General mortality has declined to low levels. No maternal death has been recorded since 1991. The infant mortality rate tends to fluctuate on an annual basis due to statistical variation but during the 3-year period 2010-12 the average was about 6 per 1,000—the lowest in the Pacific. Based on the registered number of deaths, life expectancy at birth is very high at almost 74 years for males and almost 80 years for females.

However, there is some doubt about the completeness of death registration, as deaths of residents, who die (in hospitals) oversees, predominantly in New Zealand, are not included in the calculations. The presented life expectancies should therefore be regarded as an absolute maximum.

The age structure of the population is as would be expected in a population at an advanced stage in the demographic transition and experiencing heavy out-migration. The proportion of the population under age 15 is 28 percent, and the proportion of 60 and older in the population is 14 percent, the second highest proportion after Niue. These proportions are reflected in a high median age of 29.9 years.

The Cook Islands government has had consistent women's representation in Parliament, currently with three women MPs, and a woman is Speaker of the House (PACWIP). Women are also playing an increasing role in business and the economy. The Cook Islands acceded to CEDAW in 2006.

The country is on track to achieving the MDGs; particularly those related to universal primary education; promoting gender equality and the empowerment of women.

POPULATION AND DEVELOPMENT CHALLENGES

- Clearly the main population challenge in the Cook Islands is the depopulation of its outer islands. In many of the outer islands, the population has reached historical low levels, and a collapse of the local communities and loss of culture is imminent. Policy options to address this issue need to be reviewed;

- Teenage fertility is a long-standing issue in the Cook Islands. As in the Marshall Islands, cultural factors play a role in this. That teenage fertility follows a different trend to general fertility is evident in neighbouring French Polynesia where overall fertility is at replacement level but teenage fertility remains high;

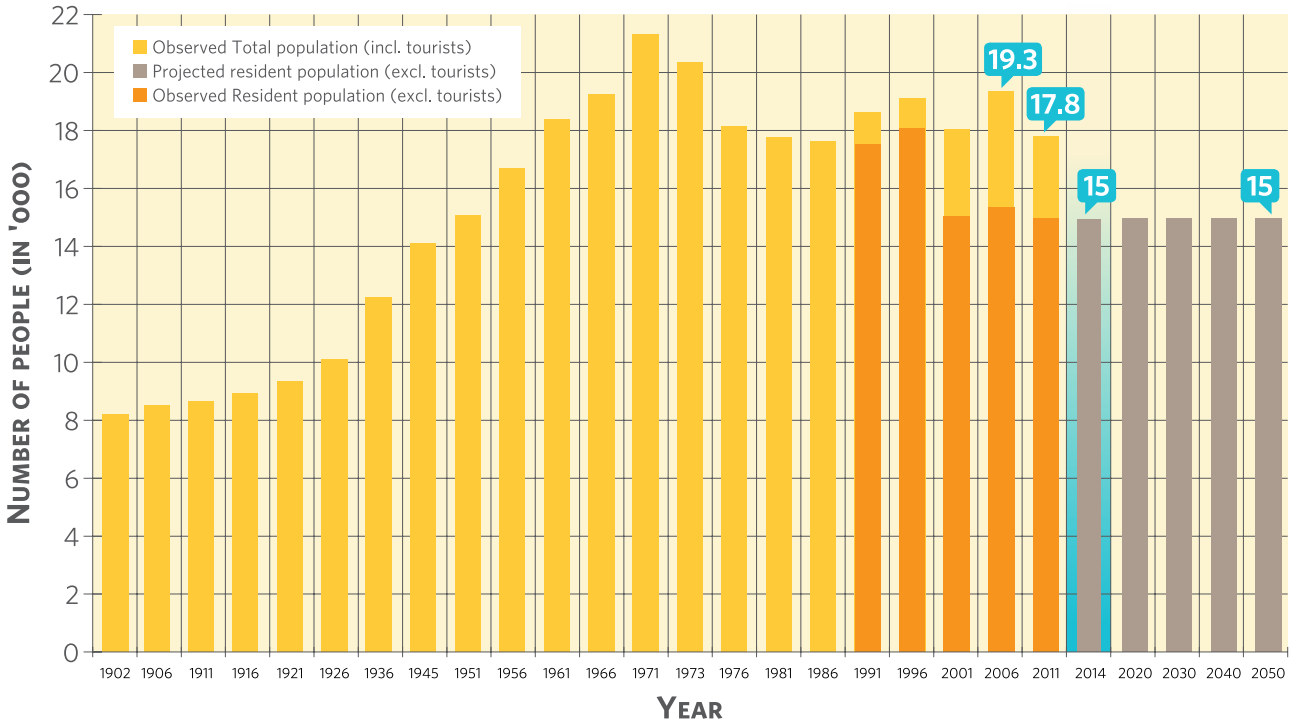
- Ageing is an up-coming challenge in the Cook Islands given that 14 percent of the population is aged 60 and over, and it is expected to increase continuously.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Resident population last census[1]	14,974	2011
Current resident population estimate[2]	15,000	2014
Estimated growth rate (annual %)[2]	0.0	2014
Rate of natural increase (%)[2]	1.0	2014
Net migration rate (%)[2]	-1.0	2014
Total fertility rate, TFR (total/urban/rural)[2/3]	2.6/na/na	2010-12
Adolescent fertility rate, per ‰ (total/ urban/rural)[2/3]	46/na/na	2010-12
Infant mortality rate (IMR)[3]	6.2	2010-12
Life expectancy at birth (M/F)[2]	73.6/79.8	2010-12
Age composition		
Population 0-14 (%)[2]	28	2014
Population 15-24 (%)[2]	16	2014
Population 25-59 (%)[2]	42	2014
Population 60 and older (%)[2]	14	2014
Median age[2]	29.9	2014
Population geography		
Land area (sq km)	237	
Total population density (persons per sq km)[2]	63	2014
Urban population (%)[1]	74	2011
Economy		
Gross National Income (GNI) per capita ($)[4]	12,313	2011
Employment–Population Ratio (%)[1]	64	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[5]	0.0	2011
Chlamydia Prevalence Rate among all tested (%)[6]	18	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[7]	0.0	2006-10
Skilled attendant at delivery (%)[7]	100	2008
Contraceptive Prevalence Rate (%)[7]	46.1	2005
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education[8]	102	2011
Gender parity index in secondary education[8]	116	2011
Gender parity index in tertiary education[8]	100	2001
Women in non-agricultural sector (%)[8]	55	2006
Seats held by women in parliament (%)[9]	12.5	2012

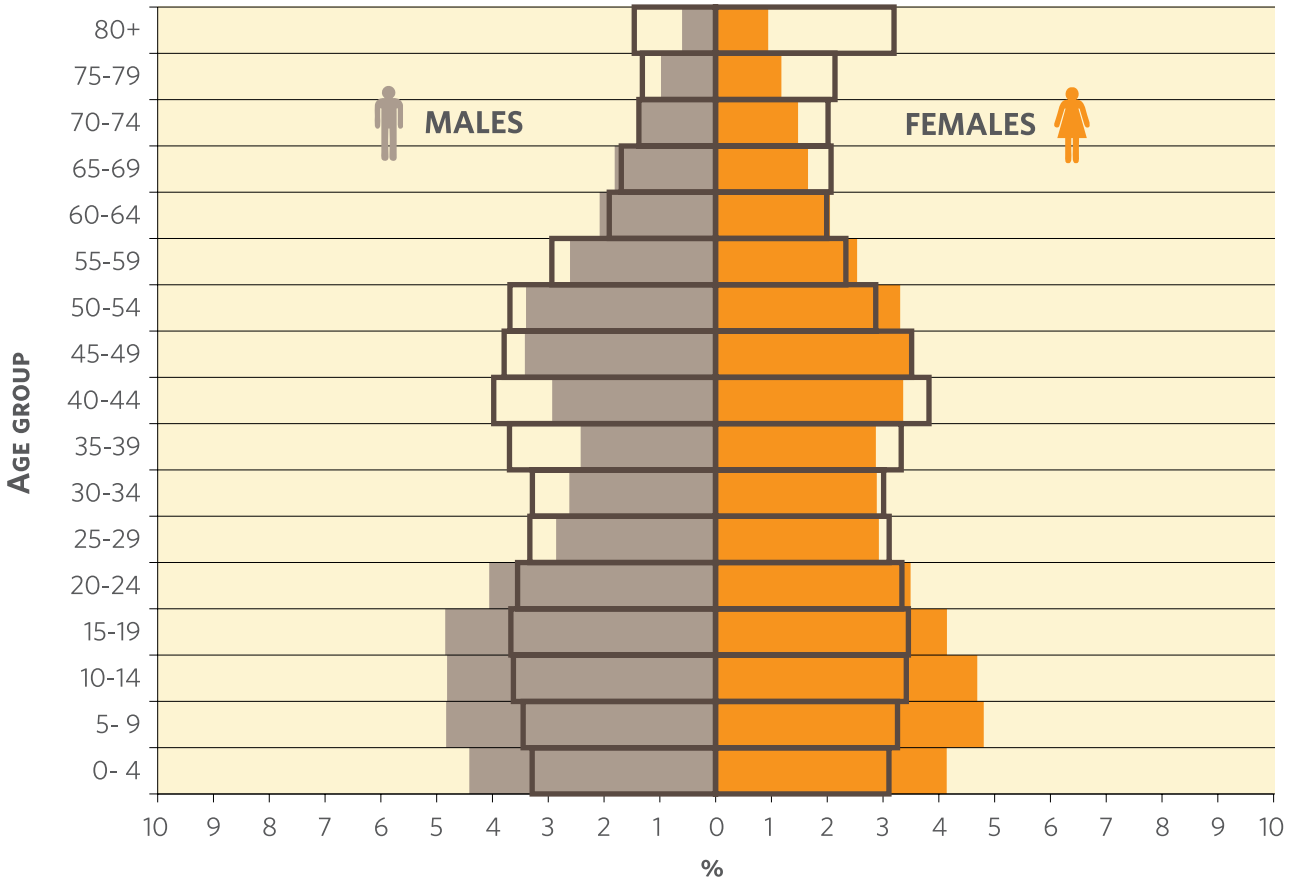
Sources: (1) Cook Islands Census 2011, Main Report (CISO); (2) UNFPA-PSRO estimates; (3) Cook Islands Statistics Office, Vital Statistics and Population Estimates: http://www.mfem.gov.ck/population-and-social-statistics/vital-stats-pop-est; (4) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (5) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (6) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (7) National MDG Report, Cook Islands 2009; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Federated States of Micronesia

Federated States of Micronesia

OVERVIEW

The Federated States of Micronesia (FSM) is a federation of four semi-autonomous island States in geographic sequence from east to west – Kosrae, Pohnpei, Chuuk, and Yap.

The population of FSM reached 102,843 at the last census taken in 2010. This was a decline of 4,165 persons relative to the 2000 census total of 107,008. The rate of population growth in FSM and its composite states has declined dramatically over the past three decades. At the national level, annual growth had dropped from +3.0 percent in the 1980-89 period to -0.4 percent over the 2000-2010 period. At the state level, Chuuk and Kosrae have negative growth while in Pohnpei and Yap the rate of growth is still positive but very low at 0.4 and 0.1 percent, respectively. While declining fertility has contributed to the drop in the population growth rate, out-migration to the United States and other parts of Micronesia such as Guam, is the primary cause of negative growth.

FSM is the third-ranked Pacific Island country in terms of its net migration level. But FSM is distinctive among these migration-oriented countries in that the rate of out-migration is now (as of the 2000-2010 period) high enough to produce a zero population growth whereas the other high migration countries still have positive population growth.

That the FSM has been passing through a transition from high to low fertility is evident from the age structures of the national, state and municipal populations as recorded in the 2010 census results. Long-term fertility decline is also evident in census-based estimates of the TFR, which has declined from a peak of 8 in the 1970s to 3.5 as the national average in 2010. The TFR is estimated at 3.0, 3.8, 3.3 and 4.1 for the States of Yap, Chuuk, Pohnpei and Kosrae respectively.

The teenage fertility rate has declined only very slightly between 2000 and 2010 from 48 to 46, and the rate of unintended teenage pregnancies remains a concern. The teenage fertility rate in 2010 was similar to that found in a number of Pacific Island countries—higher than Tuvalu, Samoa, Fiji, Palau and Tonga, but far below the Marshall Islands, Nauru, Vanuatu and PNG.

Although the contraceptive prevalence rate in FSM is amongst the highest in the Pacific, it has stabilised between 40 and 50 percent. The "unmet need" for contraception is with 44% very high.

Infant and child mortality have decreased significantly since the 1990s but they remain relatively high among the rates in the Pacific. Although the Ministry of Health have reported no maternal deaths in the past two years, the maternal mortality ratio was estimated at 140 per 100,000 live births in the five-year period 2005-2009, with the majority of deaths from Chuuk State.

Overall, the population is contracting in the 0-9 age group while increasing in the 10-19 age group as a result of previous fertility levels. In Yap and Kosrae the 20-44 age group shows the effects of age-selective out-migration. The proportion of elderly in outer islands is also increasing. These types of age structure are apparent in the outer islands of several other Pacific Island countries experiencing heavy out-migration.

Such age distributions have major consequences for local production as well as social welfare—particularly of older women and children who are often "left behind". Despite these changes, the median age of FSM's population remains relatively young (22 years) and the youth population aged 15-24 years comprises a significant proportion of the total (22 percent).

The level of urbanization in FSM remains relatively low at 22 percent at the time of the 2010 census.

FSM consists of four strong state governments with the national federal government responsible for overall policies and national security. It has a stable political structure based on national allocation of seats by state. While FSM is one of the few countries in the world where women have not held seats in national legislature, one of the four states, Pohnpei, has an elected women member serving in the state legislature (PACWIP). There are also strong non-government Women umbrella organizations in each of the four States of the FSM. Currently, policy-level debates are considering the introduction of reserved seats for women in government.

FSM is on track to achieving the MDGs related to reducing child mortality but has mixed results on achieving universal primary education, promoting gender equality and empowerment of women and Combating HIV and other diseases. It is off track with regard to improving maternal health.

POPULATION AND DEVELOPMENT CHALLENGES

- Reducing unintended teenage pregnancy is a public health problem in FSM. Reducing teenage fertility requires improved adolescent sexual and reproductive health services information and education;

- Reducing Non Communicable Diseases. (NCDs) are reaching "epidemic" proportions in FSM, particularly among the middle-aged. Programmes to reduce the impact of NCDs on health and welfare need to be intensified;

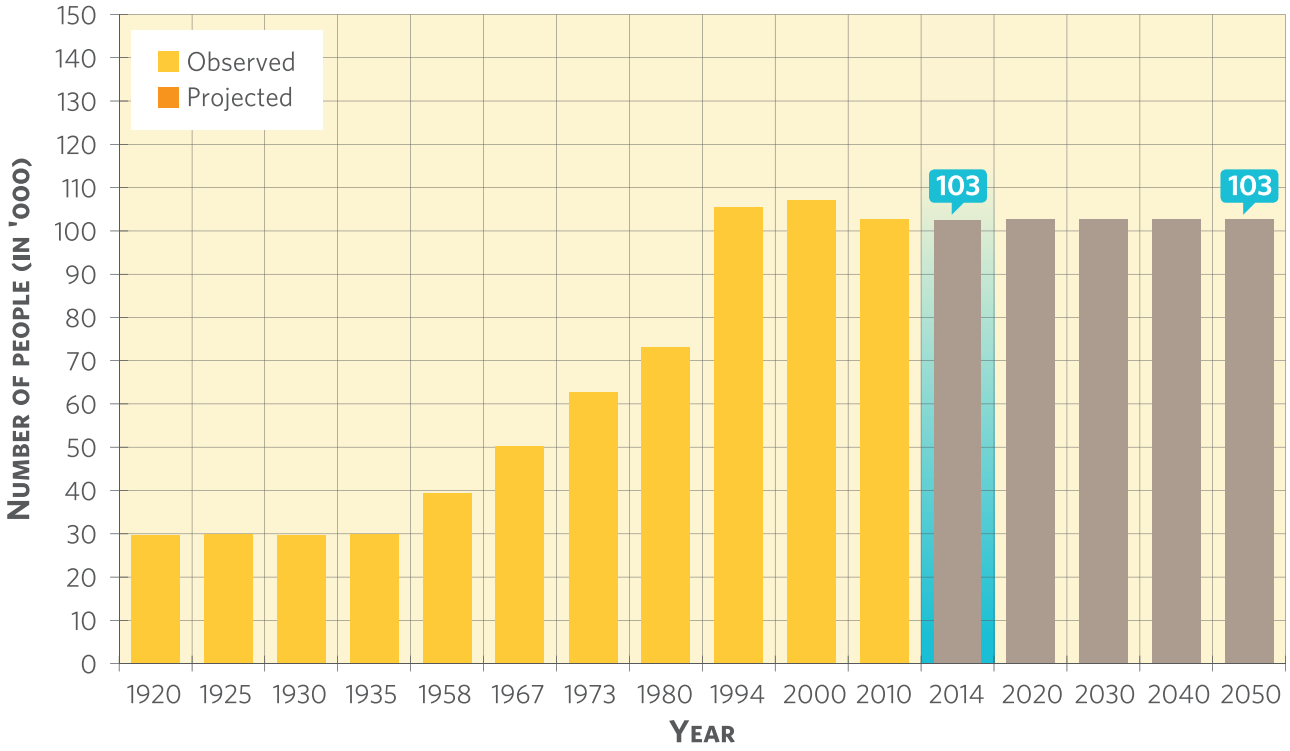
- Managing migration and age structure. Emigration from FSM has accelerated following the loss of public sector jobs. Along with rural-urban migration this has produced distorted age structures with relatively fewer workers and more dependants. Managing migration to better serve sustainable development is a significant challenge for FSM.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Total population[1]	102,843	2010
Current population estimate[2]	102,800	2014
Estimated growth rate (annual %)[2]	0.0	2014
Rate of natural increase (%)[2]	1.8	2014
Net migration rate (%)[2]	-1.8	2014
Total fertility rate, TFR (total/urban/rural)[1]	3.5/3.4/3.6	2010
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	46/38/49	2010
Infant mortality rate (IMR)[2]	29	2010
Life expectancy at birth (M/F)[2]	68.4/71.8	2010
Age composition		
Population 0-14 (%)[2]	34	2014
Population 15-24 (%)[2]	22	2014
Population 25-59 (%)[2]	37	2014
Population 60 and older (%)[2]	7	2014
Median age[1]	22.0	2014
Population geography		
Land area (sq km)	701	
Total population density (persons per sq km)[2]	147	2014
Urban population (%)[1]	22	2010
Economy		
Gross National Income (GNI) per capita ($)[3]	3,080	2011
Employment–Population Ratio (%)[1]	35	2010
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.011	2011
Chlamydia Prevalence Rate among all tested (%)[5]	16	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	127.7	2005-09
Skilled attendant at delivery (%)[6]	90.0	2008
Contraceptive Prevalence Rate (%)[7]	49.5	2011
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education[8]	100	2011
Gender parity index in secondary education[8]	109	2011
Gender parity index in tertiary education[8]	107	2000
Women in non-agricultural sector (%)[8]	14.4	2000
Seats held by women in parliament (%)[9]	0	2012

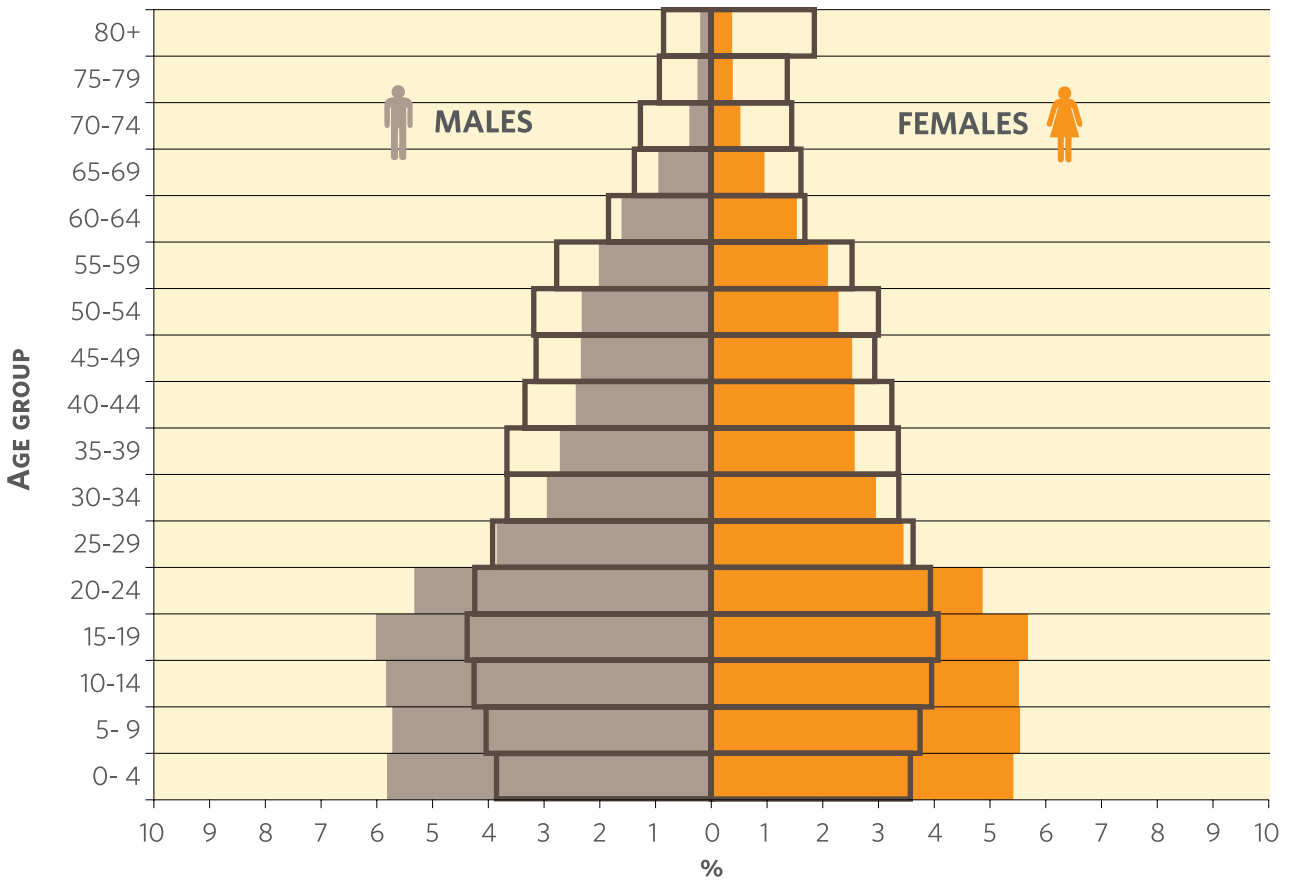
Sources: (1) 2010 National Population and Housing census results (Division of Statistics, SBOC); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (6) FSM MDG Status Report 2010; (7) Department of Health and Social Affairs, Family Planning Annual Reports, 2007-2011; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Fiji

OVERVIEW

The Republic of Fiji, the largest country of the South Pacific island region (apart from PNG), has a relatively high level of human development. Its multi-ethnic population, which is estimated at approximately 850 thousand, is growing slowly due to a moderately low level of fertility and a high level of emigration.

Fiji's population growth rate peaked at 3.3 percent per year between 1956 and 1966 but has since declined steadily. Growth is currently estimated at 0.2 percent annually, below the intercensal average rate of 0.7 percent. Natural increase is currently 1.1 percent, but this is offset by a net emigration rate of -0.9 percent. In comparison to the other countries reviewed, Fiji is the most advanced of the larger countries in its demographic transition, having a significantly lower rate of natural increase than Samoa, FSM or Vanuatu. But Fiji lags behind Niue and Palau who have lower fertility. A distinctive feature of Fiji's demographic dynamics is the different mortality, fertility and migration patterns of the two main ethic groups—indigenous Fijians (i-Taukei) and Indo-Fijians. The latter have lower fertility and mortality and higher emigration rates than the former, resulting in negative population growth among this group (and a declining population). The Indo-Fijian population is well advanced in its demographic transition, with fertility rates comparable with the lowest in the Pacific. By contrast, the i-Taukei population has higher fertility and mortality, a lower emigration rate, and positive rate of population growth. The status of the i-Taukei population in terms of the demographic transition is similar to that of Kiribati, a significantly poorer population.

Fiji's mortality transition remains incomplete. Except for Indo-Fijian females, life expectancy has increased at a very slow pace between 1996 and 2007. Indo-Fijian females had a life expectancy of 72.2 years in 2007—seven years longer than either indo-Fijian or i-Taukei males. Overall the average life expectancy at birth is lower in Fiji than its neighbours Samoa or Tonga.

Fiji's fertility transition has been much slower than might have been expected given the early establishment of family planning programmes in the 1960s. While the Total Fertility Rate (TFR) has declined to 2.6 at the national level, it is 3.2 among i-Taukei and (only) 1.9 among Indo-Fijians. The contraceptive prevalence rate has fluctuated quite widely through time but has not exceeded 50 percent. The teenage fertility rate in Fiji is similar to the rate found in Samoa, and higher than that of Niue, Tonga and Palau, but significantly lowers than the other Melanesian countries.

The age composition of Fiji's population reflects fertility decline and a high level of emigration. The 0-14 age group comprises 29 percent of the total while 9 percent is aged 60 and over. Projections suggest that the elderly population will continue increasing. The differential between urban and rural poverty rates will continue to foster rural-urban migration resulting in urbanization increasing beyond its present level of 51 percent.

The first National Women's Forum was established in 2012 in Suva by women's NGOs and has been active in mobilizing women's voices around the constitution reform and electoral reform processes, as well as promoting women's participation in elections. Fiji acceded to CEDAW in 1995.

Fiji is on track to achieving the MDGs related to universal primary education; but is mixed on promoting gender equality & empowerment of women. Fiji's population is aging, and UNFPA supported drafting of a National Aging Policy, a National Population policy currently planned, anticipated to be finalised by 2014.

POPULATION AND DEVELOPMENT CHALLENGES

- Given its economic level and a long history of addressing population issues, Fiji's demographic transition has been slow, particularly among the indigenous Fijian (i-Taukei) population. Continuing efforts are required to maintain and possibly accelerate the demographic trends toward lower fertility and mortality rates;

- Avoidable maternal and infant deaths continue to occur. Targeted interventions to address the underlying causes of maternal mortality are needed, especially for underserved areas.

- Adult mortality, particularly among males has shown little improvement over the past decade or more. Reducing adult mortality and raising life expectancy requires strengthening programmes to reduce non-communicable diseases;

- Emigration is a complex process in Fiji that needs monitoring. Significant losses of skilled personnel are occurring in the health and education sectors that impact negatively on the quality of services. Temporary labour migration has implications for poverty reduction through remittance income. Improvements in data collection on ethnic and socio-economic background characteristics of emigrants are required;

- Fiji's population is ageing. A framework for a policy to address ageing has been developed. This needs to be supported with further analysis of the situation of the elderly, particularly in rural areas, with a special focus on older females;

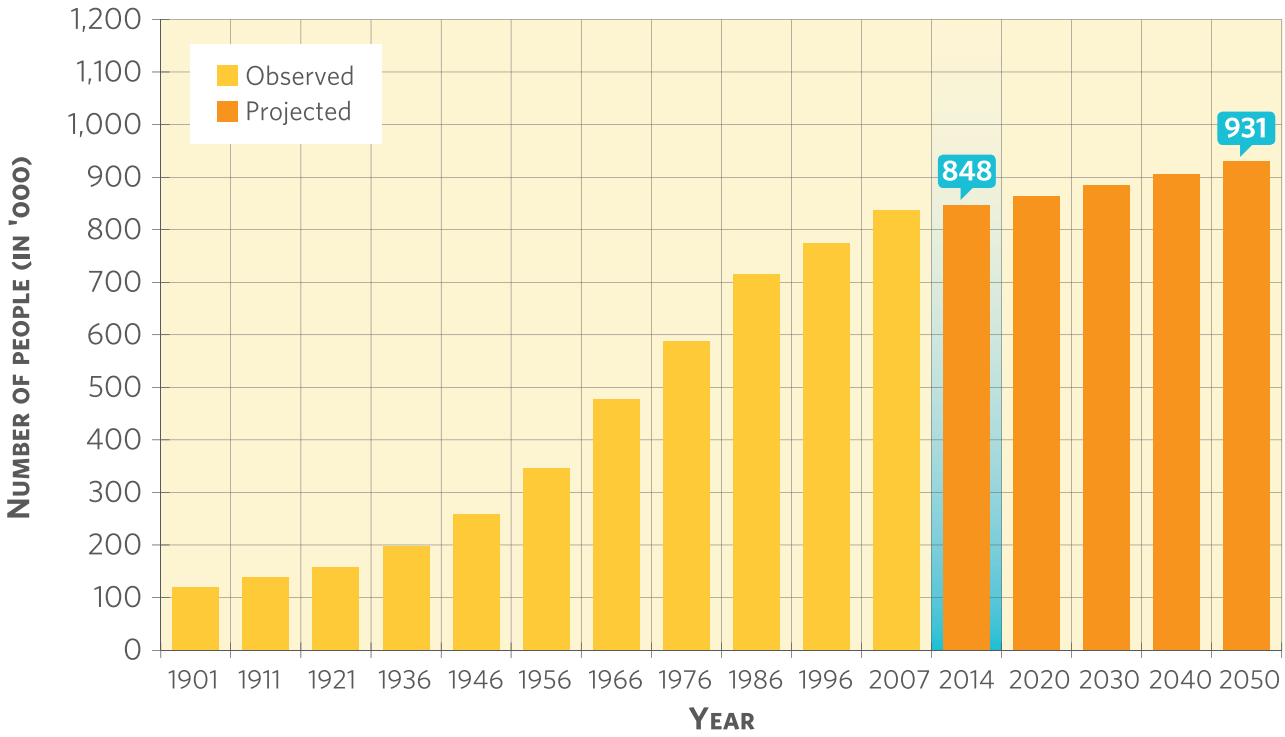
- The National VAW research carried out by Fiji Women's Crisis Center noted that women respondents aged 18-64 reported having experienced physical and/or sexual violence by their intimate partner at some point in their lives. The prevalence of non-partner physical and/or sexual violence since age of 15 is 31 percent. Overall, 7 in 10 women (71%) have been subjected to physical and/or sexual violence by either a partner or non-partner since they turned 15 years of age.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	837,271	2007
Current population estimate[2]	847,600	2014
Estimated growth rate (annual %)[2]	0.2	2014
Rate of natural increase (%)[2]	1.1	2014
Net migration rate (%)[2]	-0.9	2014
Total fertility rate, TFR (total/urban/rural)[1]	2.6/2.3/3.1	2007
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	36/30/42	2007
Infant mortality rate (IMR)[3]	15.9	2012
Life expectancy at birth (M/F)[1]	65.2/69.5	2006-08
Age composition		
Population 0-14 (%)[2]	29	2014
Population 15-24 (%)[2]	17	2014
Population 25-59 (%)[2]	45	2014
Population 60 and older (%)[2]	9	2014
Median age[2]	27.5	2014
Population geography		
Land area (sq km)	18,273	
Total population density (persons per sq km)[2]	46	2014
Urban population (%)[1]	51	2007
Economy		
Gross National Income (GNI) per capita ($)[4]	3,720	2011
Employment–Population Ratio (%)[1]	41	2007
HIV/AIDS and STI		
HIV prevalence rate (%)[5]	0.044	2011
Chlamydia Prevalence Rate among all tested (%)[6]	na	
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[7]	59.5	2012
Skilled attendant at delivery (%)[7]	99.3	2012
Contraceptive Prevalence Rate (%)[7]	44.3	2012
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education[8]	94	2012
Gender parity index in secondary education[8]	104	2012
Gender parity index in tertiary education[8]	120	2005
Women in non-agricultural sector (%)[8]	29.6	2005
Seats held by women in parliament (%)	N/A	

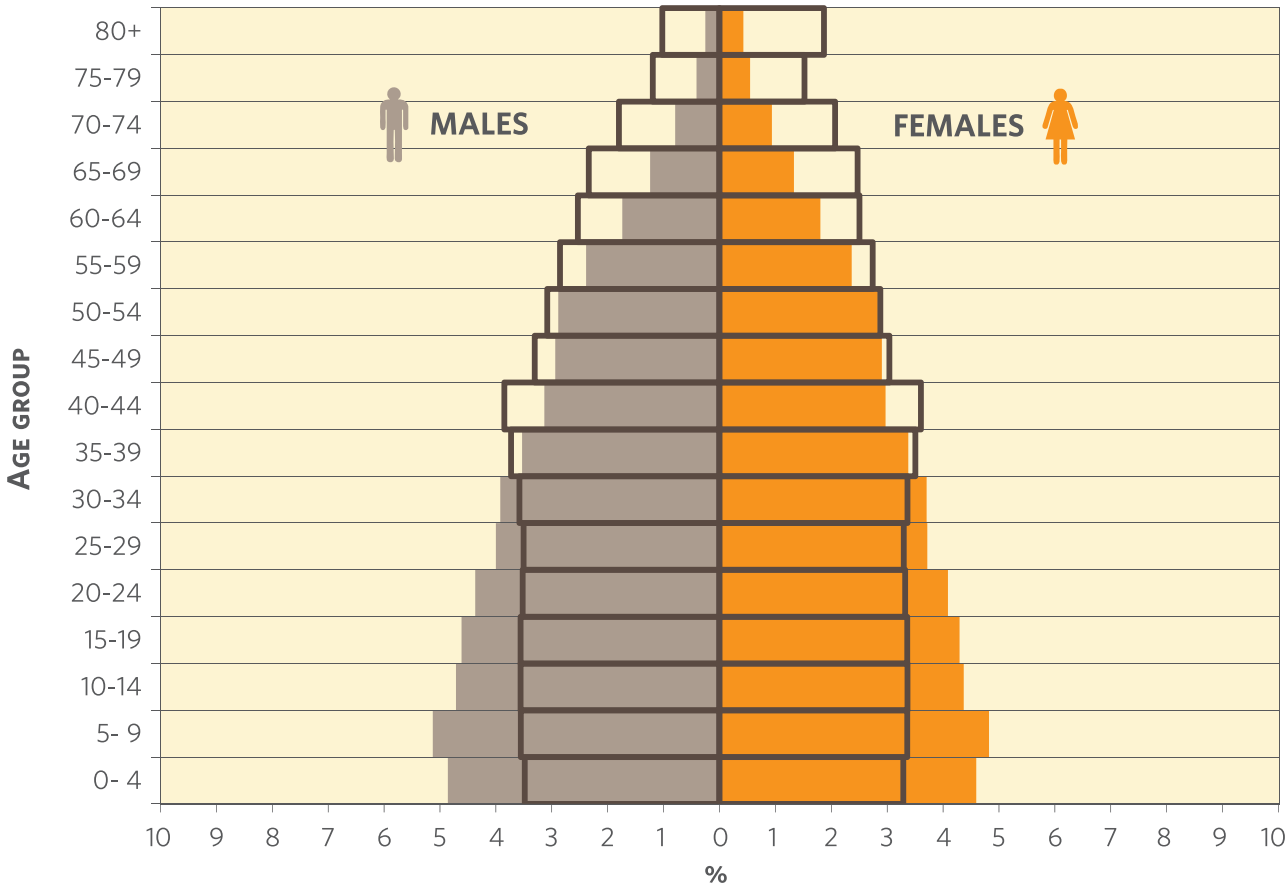
Sources: (1) 2007 population census report (FBOS); (2) UNFPA-PSRO estimates; (3) Ministry of Health, 2012 Annual Report; (4) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (5) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (6) STI Country Surveillance Data Reports 2011, Secretariat of the Pacific Community (SPC); (7) Fiji Ministry of Health, Shaping Fiji's Health, Annual Report 2012; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Kiribati

Kiribati

OVERVIEW

The Pacific Island nation of Kiribati consists of 33 remote and widely scattered coral atolls. The islands are divided into three distinct groups: the Gilbert Islands, the Phoenix Islands, and the Line Islands that include the world's largest coral atoll: Kiritimati Island. All three island groups span the equator. These low-lying islands have few areas that are more than two meters above sea level, which makes them vulnerable to rising sea level. People rely on fresh groundwater and rainfall for their freshwater supply.

Global temperature increases affect coral growth and sea level. It is well known that ocean temperatures have increased, and this could mean an increase in internal energy (e.g. turbidity enhancement) of the oceans and/or an increase in sea level rise. In Kiribati, coastal erosion, inundation from storm surge, extensive sea spray, and coral bleaching are being observed. These changes are adversely affecting people's livelihoods.

The current population of Kiribati is estimated at 111 thousand, and the rate of natural increase is estimated at 2.2 percent with net emigration of -0.1 percent. Kiribati's rate of natural increase is similar to that of several other Pacific countries—including Solomon Islands, Samoa, and Vanuatu.

Fertility in Kiribati peaked around 1968 when the TFR reached 7.4. Over the following decade, the TFR declined rapidly to 4.5 and then fluctuated around this rate for the following 20 years. Over the 2000-2005 period the TFR declined again to 3.5, although rises and falls also occurred over this period. Based on 2010 census data, the TFR increased to 3.8 in 2010. This may not signal a real increase in fertility given the past annual fluctuations, but it does suggest that fertility in Kiribati has dropped below 4 children per woman, which seems to be a plateau level.

The contraceptive prevalence rate is one of the lowest in the Pacific—22.3 percent for currently married women using modern methods. The unmet need for family planning was 28 percent, suggesting that there is considerable scope to increase the CPR through better quality family planning and reproductive health services. Teenage fertility is much lower than in neighbouring Marshall Islands but still high enough to be a cause for concern.

Mortality has remained relatively high in Kiribati with a low life expectancy at birth of 58 years for males and 66 years for females in 2010. Contributing to low life expectancy are high infant and under-five mortality rates. At 45 deaths per 1,000 live births, infant mortality is the second-highest in the region after Papua New Guinea.

While the number of maternal deaths may not seem high on an annual basis, the MMR fluctuates significantly due to small population size. Reported rates from 2001 to 2004 have fluctuated between 109 and 215 maternal deaths per 100,000 live births.

In Kiribati, 54 percent of the population was classified as urban in the last census. The urbanized part of Kiribati is essentially South Tarawa, an area of high population density, and the island of Kiritimati in the Line Group Islands is classified as urban as well. During the intercensal period 2005-2010, the urban growth rate was with 4.1 percent very high, and the population density in South Tarawa is already high and environmental conditions are very poor.

Since the 2007 elections, four women have been elected to serve in parliament and among them, Hon Teima Onorio was selected as Vice President of Kiribati. In the 2011 elections, all three incumbent women MPs won their seats, plus one more woman candidate was elected, the highest number of women's representatives in the region (PACWIP). In 2013, the Ministry of Women, Youth and Social Affairs was established. An existing Youth Parliament is engaged in political debates occasionally. Kiribati acceded to CEDAW in 2004.

Kiribati is off track in achieving its MDGs related to universal primary education and is showing mixed results with regard to promoting gender equality & empowerment of women.

POPULATION AND DEVELOPMENT CHALLENGES

Kiribati is extremely vulnerable to climate change, in particular to sea level rise (inundation), water shortage (drought), and food security issues. The country has a weak infrastructure: air and sea travel to the outer islands is unreliable and expensive, roads are in disrepair, public water pipes are leaking which leads to contamination of drinking water which in turn leads to high incidence of water borne diseases (diarrhea etc.).

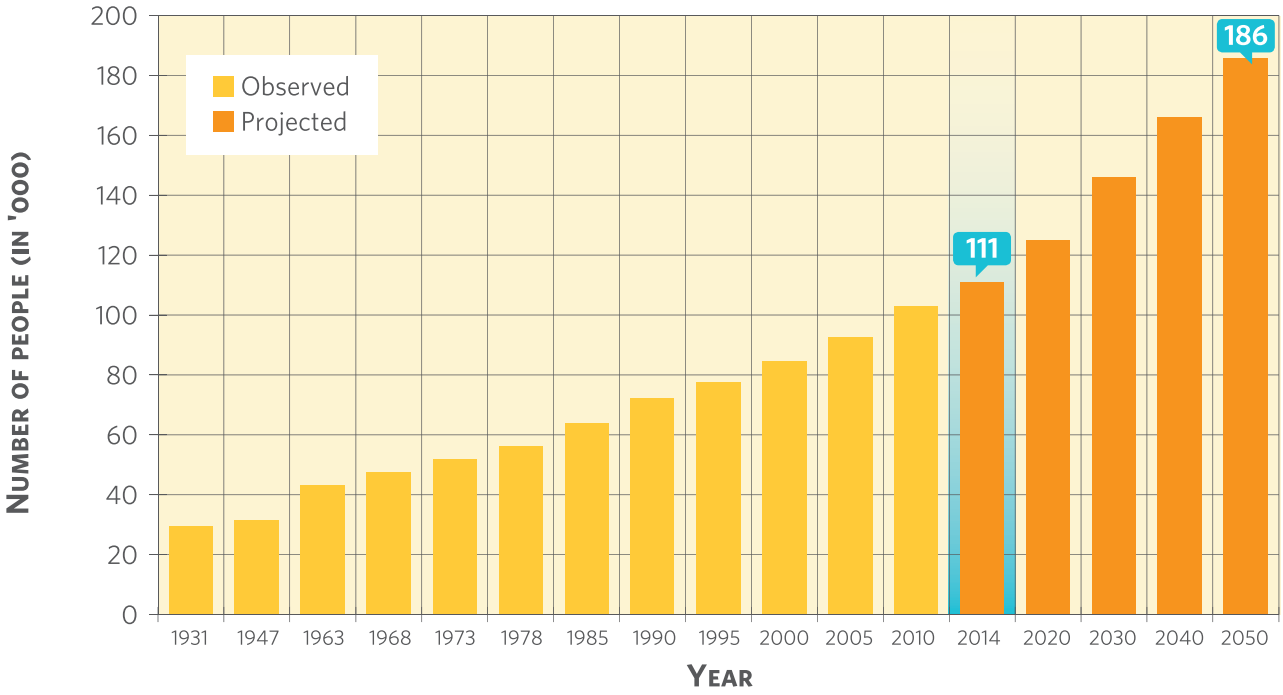
- According to the 2010 population and housing census, only 49 percent use an improved toilet facility, and 63 percent of the population use improved drinking water sources;
- Reducing infant, child, and maternal mortality are among the most important population challenges for Kiribati. More needs to be known about the specific factors underlying high infant and child death rates and maternal deaths;
- Increasing the use of contraception is necessary to reduce the unmet need for family planning. More needs to be learned about the factors that discourage women from using contraception. Improving the quality of family planning services, commodities and information is an important strategy;
- The fertility transition in Kiribati essentially stalled for a period of almost 20 years. It is important to ensure that women and men are able to achieve their reproductive goals, which would likely bring the TFR closer to 3 in the coming years;
- High rates of national VAW prevalence: 73 percent of women respondents aged 14-49 years reported having experienced physical or sexual violence at some point in their lives, either by a partner or non-partner.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	103,058	2010
Current population estimate[2]	111,200	2014
Estimated growth rate (annual %)[2]	2.1	2014
Rate of natural increase (%)[2]	2.2	2014
Net migration rate (%)[2]	-0.1	2014
Total fertility rate, TFR (total/urban/rural)[1]	3.8/3.7/3.9	2010
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	49/45/55	2010
Infant mortality rate (IMR)[1]	45	2010
Life expectancy at birth (M/F)[1]	58.0/66.3	2010
Age composition		
Population 0-14 (%)[2]	35	2014
Population 15-24 (%)[2]	20	2014
Population 25-59 (%)[2]	39	2014
Population 60 and older (%)[2]	6	2014
Median age[2]	22.1	2014
Population geography		
Land area (sq km)	811	
Total population density (persons per sq km)[2]	137	2014
Urban population (%)[1]	54	2010
Economy		
Gross National Income (GNI) per capita ($)[3]	2,060	2011
Employment-Population Ratio (%)[1]	30	2010
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.052	2011
Chlamydia Prevalence Rate among all tested (%)[5]	15	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	215.0	2004
Skilled attendant at delivery (%)[7]	79.8	2009
Contraceptive Prevalence Rate (%)[7]	22.3	2009
Unmet Need for contraception (%)[7]	28.0	2009
Gender		
Gender parity index in primary education[8]	101	2011
Gender parity index in secondary education[8]	137	2011
Gender parity index in tertiary education[8]	100	2000
Women in non-agricultural sector (%)[8]	47.4	2010
Seats held by women in parliament (%)[9]	9.1	2012

Sources: (1) Kiribati 2010 census, Volume 2: Analytical Report (KNSO); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (6) Kiribati Ministry of Finance & Economic Planning, MDG Report 2007; (7) Kiribati 2009 Demographic and Health Survey (DHS); (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



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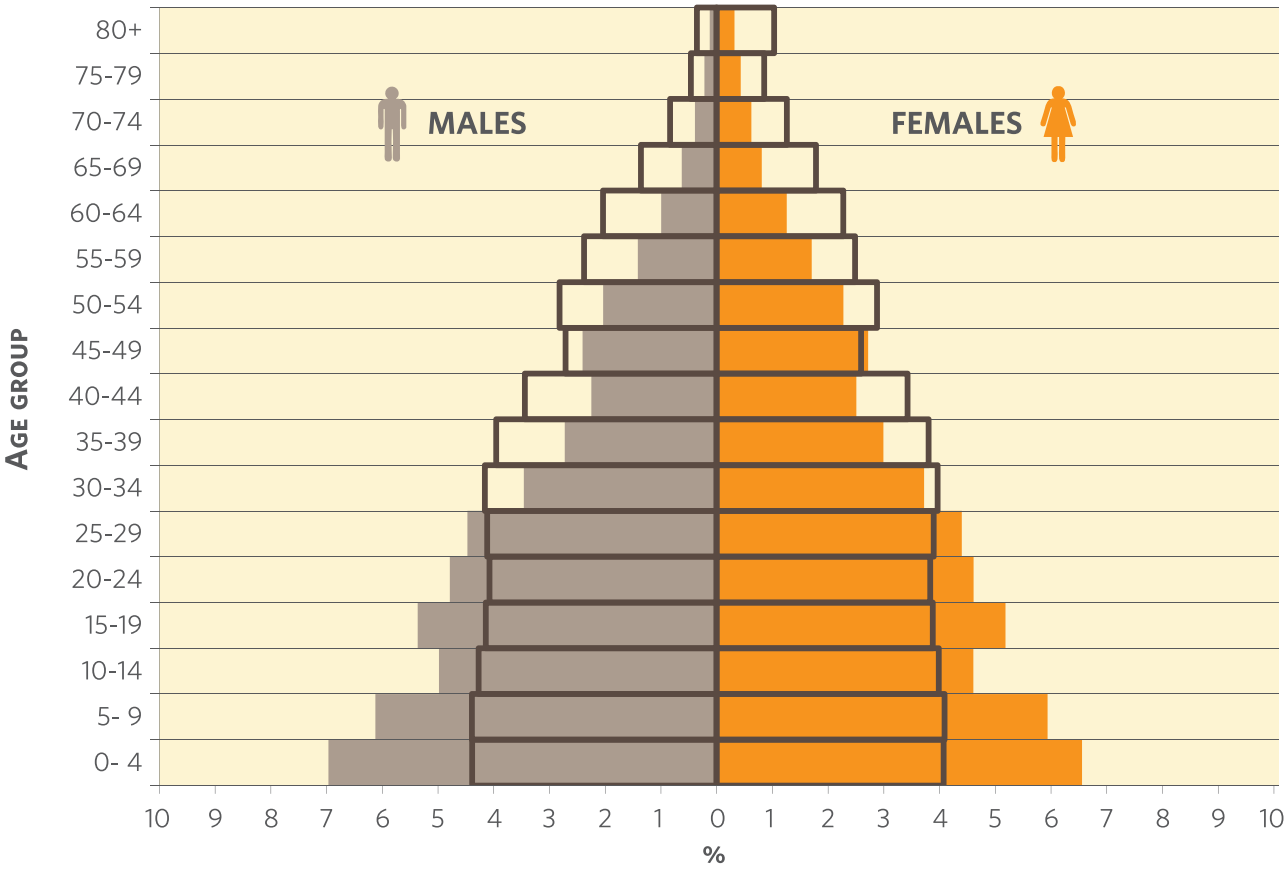
POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Marshall Islands

Marshall Islands

OVERVIEW

The Marshall Islands (RMI) is located in the Central Pacific Ocean, and is comprised of 29 scattered and remote atolls in the Eastern Ratak (Sunrise) and Western Ralik (Sunset) chains. There exist approximately 1,225 islands and islets in the Marshall Islands, none of which is above 10 feet in elevation above sea level. The land area is less than 0.01 percent of the total surface area, with the total land area of 181 square kilometers and some 370 km of coastline, with an exclusive economic zone of 2 million km2. The Marshall Islands has a geography that is a challenge to delivery of basic health services. Transportation, electricity, and communication are limited by the isolated nature of many of the islands and atolls.

Traditionally, coastal fisheries and subsistence agriculture served as the major sources of livelihood for most people. Such livelihoods are no longer an option for the majority of the population following RMI's rapid population growth over the past half-century. Today, the highly urbanized Marshallese depend on large financial transfers from abroad and imports, in particular imported food. The potential of the natural environment to sustain the population has meanwhile been diminished by contamination with solid and radioactive wastes and overexploitation of marine resources both nearshore and offshore.

The two major urban atolls, Majuro and Kwajalein, the latter of which includes Ebeye Island, are home to two-thirds of the population. Population densities in some of the urban settlements exceed 28,000 people/km2.

The population count of the 2011 census revealed a much lower population than anticipated by many demographers. The population only increased by 2,300 people since the last census in 1999. The primary reason for the slowing in population growth was an outflow of Marshallese to the United States and elsewhere. Net emigration is currently estimated at -2.2 percent per year. Given that the rate of natural increase is currently about 2.6 per cent per year, the overall population only increases by 0.4 percent annually.

RMI's high fertility rates persisted well into the late 1980s; long after most other Pacific countries had reduced fertility to lower levels. In RMI the TFR reached a peak of 8.4 in 1973, above the average for Micronesian and Polynesian countries at the time. Over the following three decades, the TFR has declined very slowly, and is estimated at 4.1 based on 2011 census data. It is 3.9 in the urban and 4.5 in the rural areas. What is most noticeable is that RMI has the highest teenage fertility rate in the region. Only Nauru has a similarly high rate. It is also important to note that teenage motherhood is much more prevalent on outer islands than in the urbanized areas of the country.

The contraceptive prevalence rate of 42.4 percent is near the upper end of the range in the Pacific and much higher than some other countries with the same TFR. The unmet need for family planning is low, suggesting that most women may be having the number of children that they wish to have.

The rate of urbanization has been rapid creating extreme pressure on land and infrastructure in urban areas (Majuro and Kwajalein). Movement to Majuro from the outer islands has continued apace after the 1999 census and Majuro has now a population of 28 thousand, more than half of the RMI total. Majuro has one of the highest population densities in the region, with 7,413 persons per sq mi.

As a result of high levels of fertility, the Marshall Islands has one of the youngest populations in the region. The median age has been as low as 15 years in the past but climbed to 19.6 years by 2011 when the census revealed that 40 percent of the population was under 15 years. The education and socialization of youth and their absorption into the labour force will remain a major challenge for RMI for the foreseeable future.

The Marshall Islands has a stable political structure with a parliament, called the Nitijelea. Since 2007, when the first woman was elected to Parliament, women's political participation nationally remains limited, while women's representation at local government level has been increasing according to Pacific Women in Politics (PACWIP). The Marshall Islands acceded to CEDAW 2006.

Marshall Islands is showing mixed results in promoting gender equality and the empowerment of women and achieving universal primary education.

POPULATION AND DEVELOPMENT CHALLENGES

- While the rate of population growth is about 0.4 percent annually, this is mainly a function of net emigration. The rate of natural increase remains about 2.6 percent per year, one of the highest in the region. Emigration is presently offsetting the very high natural increase;

- The demographic transition is occurring very slowly in the Marshall Islands. While the total fertility rate has declined substantially since reaching a peak in the 1970s, women are still having 4 children on average and more so in rural areas. These are presently among the highest rates observed in the Pacific;

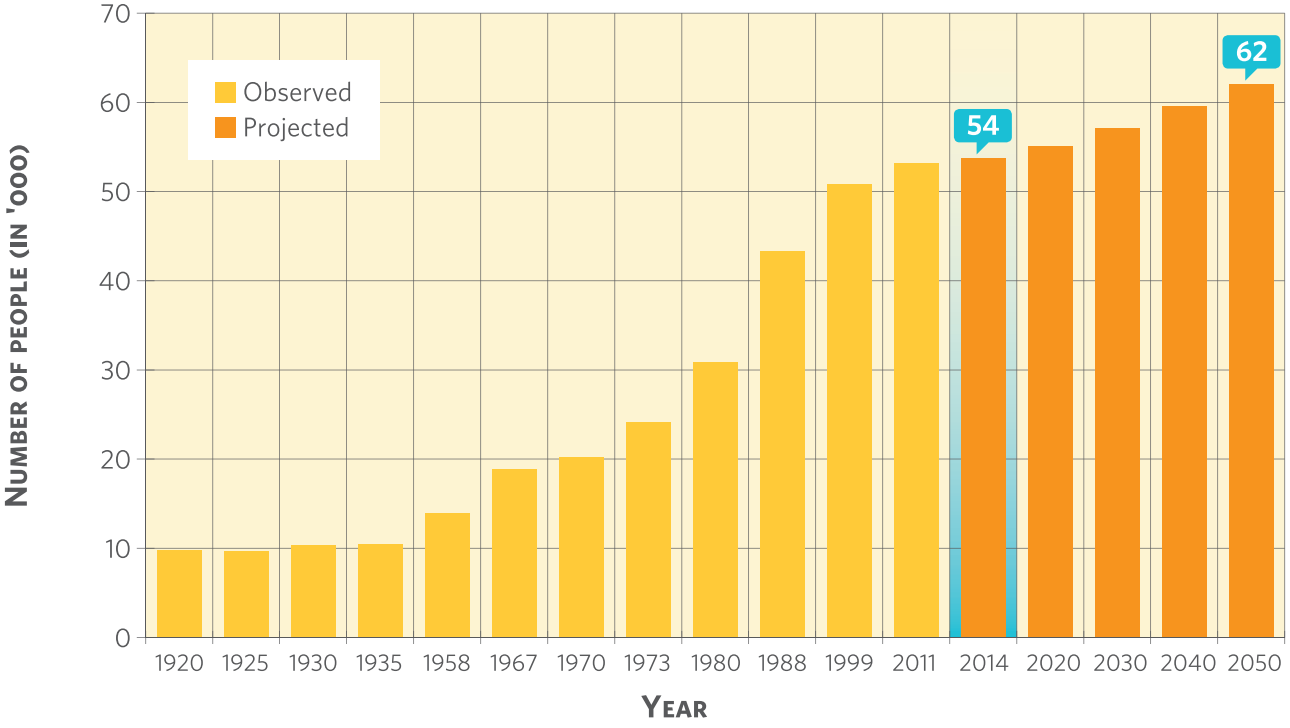
- Similarly, teenage fertility is the highest in the region. Access to youth-friendly services throughout the islands can be improved—particularly in rural areas. Family life education in schools would help to raise awareness of the consequences of early child-bearing.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Total population[1]	53,158	2011
Current population estimate[2]	53,800	2014
Average annual growth rate (%)[2]	0.4	2014
Rate of natural increase (%)[2]	2.6	2014
Net migration rate (%)[2]	-2.2	2014
Total fertility rate, TFR (total/urban/rural)[1]	4.1/3.9/4.5	2009-11
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	85/80/100	2009-11
Infant mortality rate (IMR)[1]	22	2011
Life expectancy at birth (M/F)[1]	71.3/72.5	2011
Age composition		
Population 0-14 (%)[2]	40	2014
Population 15-24 (%)[2]	18	2014
Population 25-59 (%)[2]	37	2014
Population 60 and older (%)[2]	5	2014
Median age[2]	19.6	2014
Population geography		
Land area (sq km)	181	
Total population density (persons per sq km)[2]	297	2014
Urban population (%)[1]	74	2011
Economy		
Gross National Income (GNI) per capita ($)[3]	4,080	2011
Employment–Population Ratio (%)[1]	39	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.031	2011
Chlamydia Prevalence Rate among all tested (%)[5]	16	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	104.0	2007-11
Skilled attendant at delivery (%)[7]	94.1	2007
Contraceptive Prevalence Rate (%)[7]	42.4	2007
Unmet Need for contraception (%)[7]	8.1	2007
Gender		
Gender parity index in primary education[8]	100	2010-11
Gender parity index in secondary education[8]	113	2010-11
Gender parity index in tertiary education[8]	103	2008
Women in non-agricultural sector (%)[8]	35.9	1999
Seats held by women in parliament (%)[9]	3	2012

Sources: (1) RMI 2011 Census report (Economic Policy, Planning and Statistics Office); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (6) Ministry of Health, Annual Report 2011, Marshall Islands; (7) Republic of the Marshall Islands 2007 Demographic and Health Survey (DHS); (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



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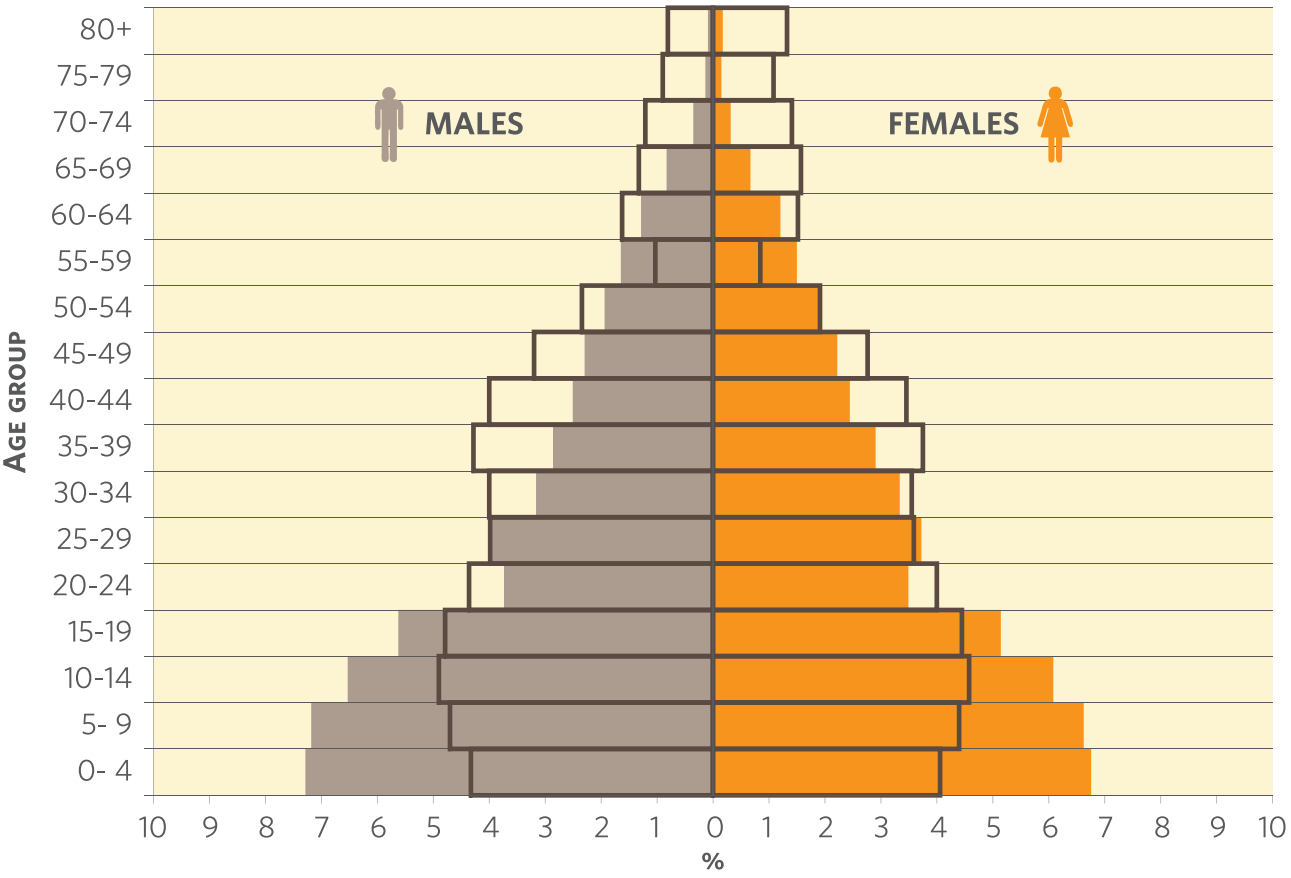
POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Nauru

Nauru

OVERVIEW

Nauru, previously known as the Pleasant Island, is one of the world's smallest countries and one of the most remote. Situated close to the equator between Kiribati and the Solomon Islands, its nearest neighbor, the island of Banaba (Kiribati), is 400 kilometers across the ocean.

The country consists of a single island of 21 square kilometers. The island has a central plateau 40-60 meters above sea level and a perimeter strip of coastal land 150-300 meters wide, where most of the population lives. Nauruan is the official language of Nauru but English is widely understood, spoken, and used for most Government and commercial purposes. At home, most people speak Nauruan, a distinct language within the Micronesian family of Austronesian languages. All Nauruans have certain rights to land, and individuals and family groups own all land on the island. Government and other entities must enter into a lease arrangement with the landowners to use land. Non-Nauruans cannot own land.

Phosphate mining has been the backbone of Nauru's economy since the 1900s. However, the collapse of the major Australian market in the 1980s, the subsequent huge decline in phosphate exports from 1.58 million tonnes in 1980 to 0.5 million tonnes in 1990, poor management of the investment portfolio of the Nauru Phosphate Royalties Trust (NPRT), and the collapse of Nauru's financial system crippled Nauru's small economy. The resurgence of some phosphate mining in 2008 has seen GDP grow in recent years.

Australia has provided Nauru with money since 2012, when the island became a key plank in its controversial policy of dealing with asylum seekers – the so-called Pacific Solution. Nauru hosts a detention centre able to hold 1,500 men, women and children from the Middle East, Africa and Asia who have been sent there after trying to get to Australia in rickety boats, usually from Indonesia. Canberra has set aside some A$2 billion ($1.81 billion) over four years to run the centre and a similar one in Papua New Guinea, money that is separate from Australian direct aid worth about 40 percent of Nauru's annual GDP of A$72 million (Reuters 2014).

From the close of WWII until the most recent census in 2011 the population of Nauru increased at an average annual rate of 2.3 percent but the rate of growth ranged very widely over this period. The most rapid growth period was during the 1950s and 1960s when migrant workers from neighbouring Micronesian and Polynesian countries were being recruited to work in the phosphate industry. The 1980s and 1990s saw a second period of population growth, supported by the rapid increase in incomes derived from mining. Since the mid-1990s the rate of population growth has declined as foreign workers were repatriated and fertility rates declined.

The most recent census recorded a population of 10,084 while the current estimate is 10,600 with an annual growth rate of 1.8 percent. Net migration is currently assumed to be -0.9 percent, and the natural growth rate is with 2.7 percent very high. Nauru is one of the least advanced countries in the Pacific in terms of the demographic transition. It lags behind Kiribati on account of its particularly high mortality.

The TFR was estimated at 4.3 in the 2011 census – one of the highest in the region. The Contraceptive Prevalence Rate (CPR) of 25 percent is low by international or even Micronesian standards. Consequently, the unmet need for family planning is quite high at 23.5 percent and there is a clear gap between the desired level of fertility and the actual level. Nauru's teenage fertility rate is the highest in the Pacific after the Marshall Islands.

Nauru's mortality transition has stalled even as fertility has dropped. Life expectancy is presently the lowest in the entire Pacific region after Papua New Guinea. The principal reason for this is adult mortality, although infant and child mortality rates are also relatively high. Nauru's high adult mortality is a result of high levels of Non Communicable Diseases (NCD), particularly diabetes. The maternal mortality ratio is presently unknown. Although figures have been cited, their reliability is questionable.

Nauru's age structure is distinctive for the very small proportion of the population aged 60 years and over (4 percent). The under 15 population makes up 39 percent of the total, which contributes to a moderately low median age of 21 years.

Women are active in public service in Nauru and hold nearly half of the department director posts, however only one woman holds a seat in Parliament (PACWIP). Nauru acceded to CEDAW in June 2011.

According to the MDG Tracking Report of the Pacific Islands Forum Secretariat (2012), Nauru is on track and making progress in the area of achieving universal primary education but is mixed with regard to promoting gender equality and the empowerment of women.

POPULATION AND DEVELOPMENT CHALLENGES

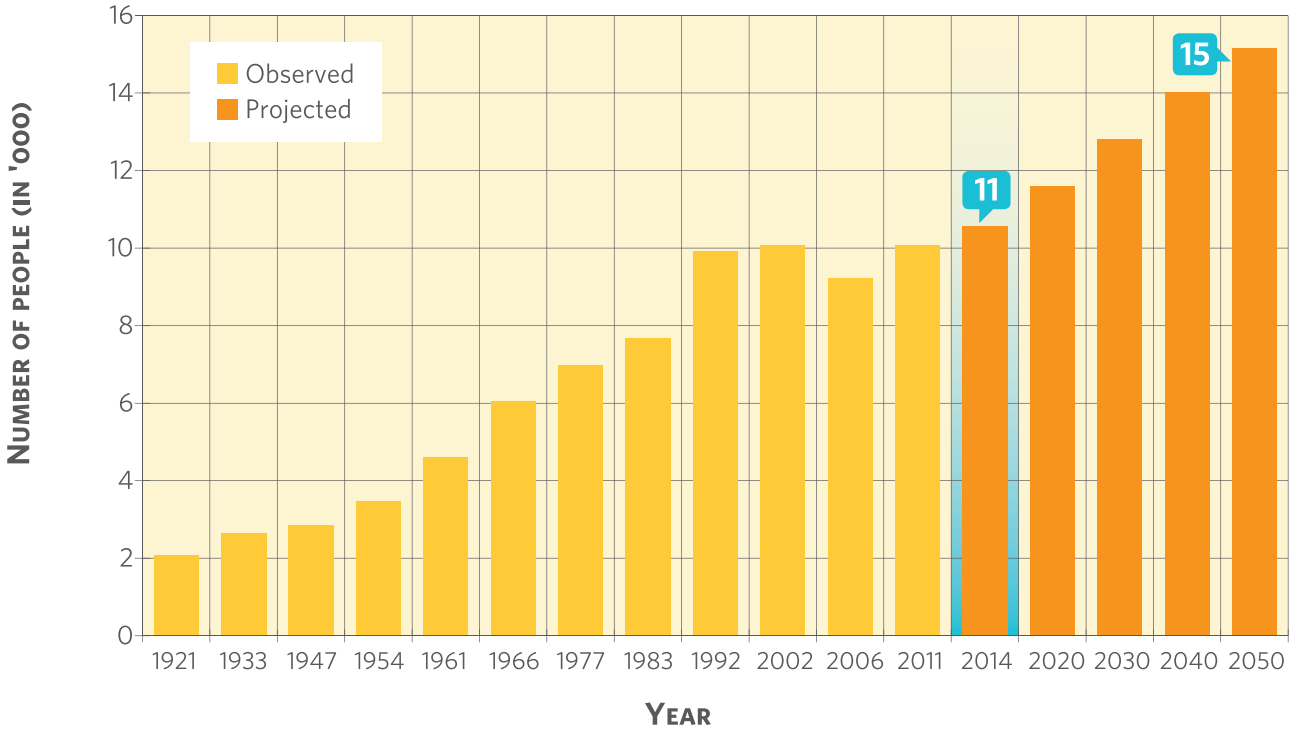
- The principle population challenge in Nauru is raising life expectancy from its present low level. This requires progress in addressing the epidemic of NCDs and also reducing infant mortality;
- Teenage fertility is also one of the highest in the region, and only topped by the Marshall Islands. Measures to address access to adolescent reproductive health need to be taken;
- Reducing the unmet need for family planning will require improvements in reproductive health services. The quality of family planning services needs to be raised.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	10,084	2011
Current population estimate[2]	10,600	2014
Current growth rate (%)[2]	1.8	2014
Rate of natural increase (%)[2]	2.7	2014
Net migration rate (%)[2]	-0.9	2014
Total fertility rate, TFR (total/urban/rural)[1]	4.3/4.3/--	2009-11
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	81/81/--	2009-11
Infant mortality rate (IMR)[1]	33	2007-11
Life expectancy at birth (M/F)[1]	57.5/63.2	2007-11
Age composition		
Population 0-14 (%)[2]	39	2014
Population 15-24 (%)[2]	17	2014
Population 25-59 (%)[2]	40	2014
Population 60 and older (%)[2]	4	2014
Median age[2]	21.0	2014
Population geography		
Land area (sq km)	21	
Total population density (persons per sq km)[2]	504	2014
Urban population (%)[1]	100	2011
Economy		
Gross National Income (GNI) per capita ($)[3]	7,899	2011
Employment–Population Ratio (%)[1]	47	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.0	2011
Chlamydia Prevalence Rate among all tested (%)[5]	4	2012
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)	na	
Skilled attendant at delivery (%)[6]	97.4	2007
Contraceptive Prevalence Rate (%)[6]	25.1	2007
Unmet Need for contraception (%)[6]	23.5	2007
Gender		
Gender parity index in primary education[7]	106	2011
Gender parity index in secondary education[7]	110	2011
Gender parity index in tertiary education[7]	250	2000
Women in non-agricultural sector (%)[7]	37.6	2011
Seats held by women in parliament (%)[8]	5.3	2013

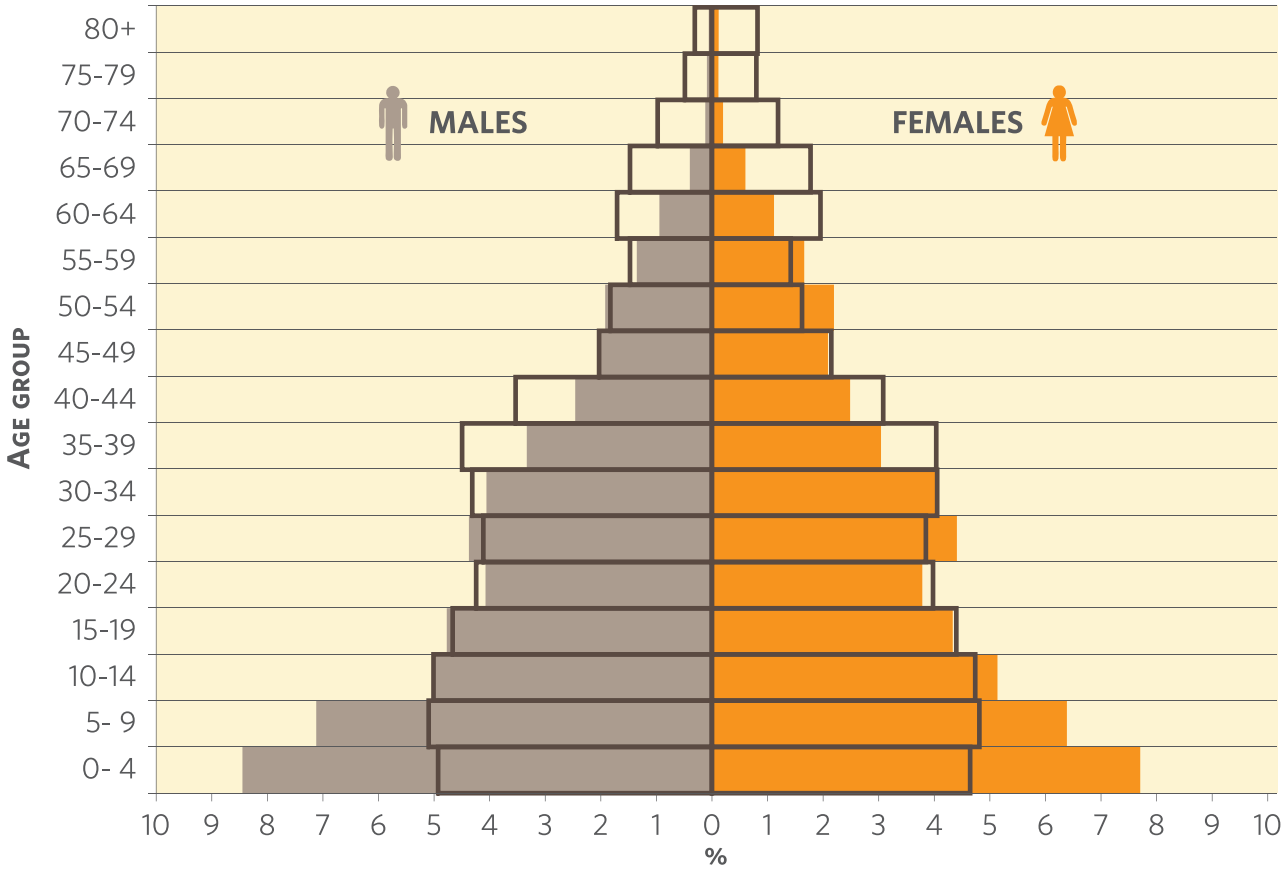
Sources: (1) National Report on Population and Housing, Census 2011 (Nauru Bureau of Statistics); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2012, Secretariat of the Pacific Community (SPC); (6) Nauru 2007 Demographic and Health Survey (DHS); (7) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (8) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Niue

Niue

OVERVIEW

Niue consists of one raised coral atoll which extends to 65 meters above sea level at its highest point. It has a jagged and steep coastline, buffering it from all but the worst sea storms. Situated in Polynesia, approximately 480km east of Tonga and 660km southeast of Samoa, Niue is the largest raised coral atoll in the world, measuring 259 sq km, (i.e. approximately 21km by 18km). Niue has no mountains or rivers, little arable land and limited natural fresh water supplies, with a vulnerably high natural water lens.

Niue is ecologically fragile. That fragility became acutely apparent in January 2004 when it was ravaged by the 275km per hour winds and associated wave surges of Cyclone Heta. Killing two, severely injuring many, making homeless some 30 families, and causing post traumatic distress for many, the effects of Cyclone Heta, the worst in this country's history, have had a major impact on Niue's already fragile state. It destroyed around half the land and infrastructure of the largest village and capital, Alofi, literally sweeping the land itself into the sea; completely decimated the only hospital, taking with it all past hospital records and equipment.

For some of the residents, it resulted in migration to New Zealand. For the country as a whole, it re-opened for a short time, a public debate about the future viability of Niue as a self-governing State in free association with New Zealand. For those that have chosen to stay, it is a choice they have made with the courage and conviction of a people determined to retain their unique cultural identity; yet a choice that is laden with hardship and expense.

Niue continues to struggle with depopulation, and has a repopulation policy which includes attempts to attract New Zealand based Niueans back to the island; attracting business migration through concessions and creation of monopolies and/or Government subsidies.

Niue is a self-governing country in free association with New Zealand. Niueans are New Zealand citizens which enable them to migrate freely, which many have done. The population reached a peak at just over 5,000 in 1966 but has since steadily declined. The most recent census in 2011 recorded a population of 1,611. The rate of natural increase is currently 0.3 percent, but this is offset by a net emigration rate of -0.3 percent. Given the ebb and flow of population to and from Niue, population growth can vary significantly throughout the year.

The demographic transition has advanced further in Niue than in any other Pacific country. This is due to its low birth rate and moderately high death rate. The latter is not a result of high mortality among infants and children but rather a result of an ageing population. An increasing death rate is compatible with a high level of life expectancy if the proportion of the population over 60 is increasing, as it is doing in Niue. The population aged 60 and over comprises 18 percent of the total population, which is by far the highest proportion of elderly in the region. The median age is 34.9 years.

Niueans show good health indicators, except for obesity and weight related diseases. Infant mortality is low. Child morbidity is high in regard to acute respiratory infection. Vaccination rate is 100 percent. Niue provides free health services to all residents on the Island (and effectively to any visitors in need). Obesity is a prevailing problem in adults, and increasing children and young people, due to changed dietary habits, poor nutrition, and reduced physical exertion. Consequently, the prevalence of diabetes, heart diseases and other chronic diseases has increased over the past few decades.

General mortality is low. Life expectancy is 72.5 for males and 75.2 for females. Infant mortality rates are low. Deaths under five years are uncommon. Similarly, no maternal deaths have occurred in the past decade, so the MMR is effectively zero.

The TFR is 2.2 and seems to have decreased since 2006 when it was estimated at 2.6. While a recent Contraceptive Prevalence Rate (CPR) estimate is not available, the last recorded CPR rate was 22.6. Teenage fertility is at the low end of the range for Pacific island countries and much lower than the rate prevailing in neighbouring Cook Islands.

POPULATION AND DEVELOPMENT CHALLENGES

Emigration and further population decline is the primary population concern for the government—as expressed in the development plan and other documents. Further population decline would worsen economies of scale in the provision of public services and reduce the local tax base. Policies to stimulate return migration require on-going review;

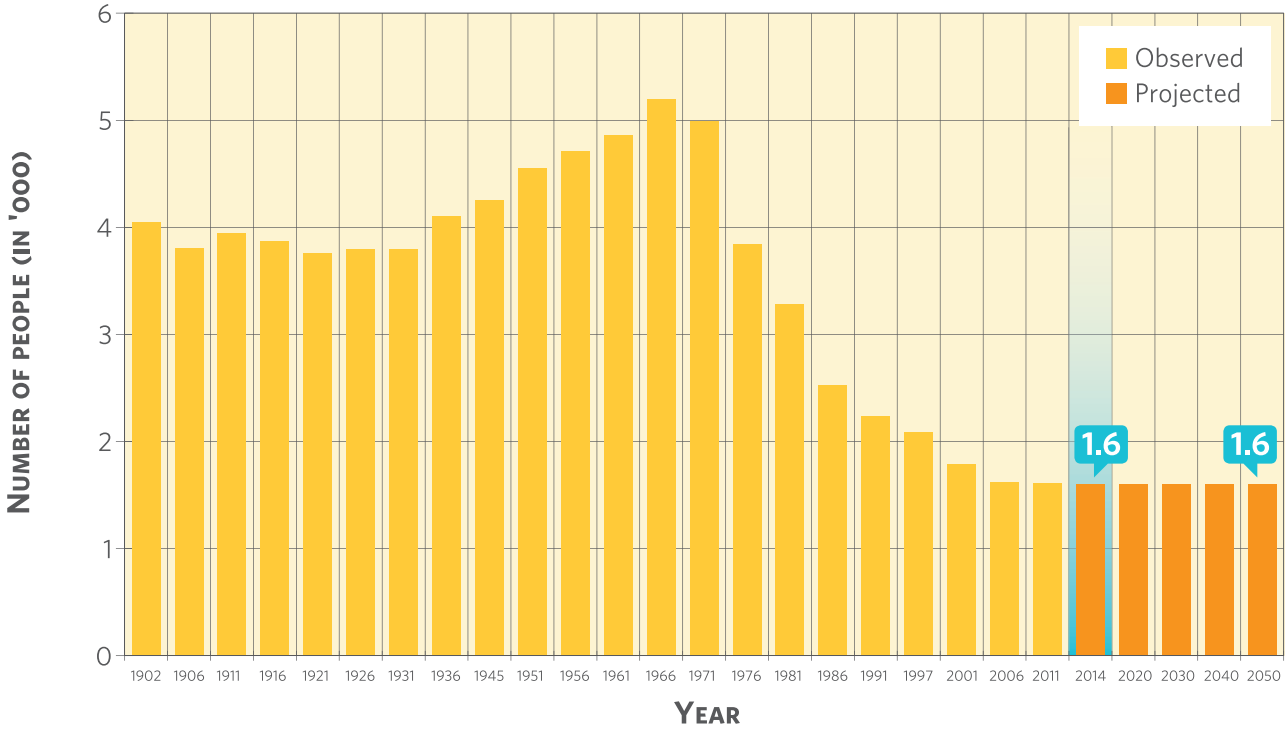
Ageing is clearly the most pressing issue in Niue as the proportion of elderly continues to rise. Health care services and social protection arrangements will need to re-orient towards the needs of the elderly. The provision of health services and long-term care for the old or persons with a disability and their families' needs to be established. A framework for a policy to address ageing as has been developed in Fiji might serve as a guideline.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	1,611	2011
Current population estimate[2]	1,600	2014
Estimated growth rate (annual %)[2]	0.0	2014
Rate of natural increase (%)[2]	0.3	2014
Net migration rate (%)[2]	-0.3	2014
Total fertility rate, TFR (total/urban/rural)[1]	2.2/na/na	2006-11
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	17/na/na	2006-11
Infant mortality rate (IMR)[1]	10.2	2006-11
Life expectancy at birth (M/F)[1]	72.5/75.2	2006-11
Age composition		
Population 0-14 (%)[2]	24	2014
Population 15-24 (%)[2]	14	2014
Population 25-59 (%)[2]	44	2014
Population 60 and older (%)[2]	18	2014
Median age[2]	34.9	2014
Population geography		
Land area (sq km)	259	
Total population density (persons per sq km)[2]	6	2014
Urban population (%)[1]	40	2011
Economy		
Gross National Income (GNI) per capita ($)[3]	na	2011
Employment–Population Ratio (%)[1]	61	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.0	2011
Chlamydia Prevalence Rate among all tested (%)[5]	15	2011
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	0.0	1991-06
Skilled attendant at delivery (%)[6]	100	1991-06
Contraceptive Prevalence Rate (%)[6]	22.6	2001
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education[7]	100	2011
Gender parity index in secondary education[7]	86	2011
Gender parity index in tertiary education[7]	517	2011
Women in non-agricultural sector (%)[7]	46	2011
Seats held by women in parliament (%)[8]	15	2012

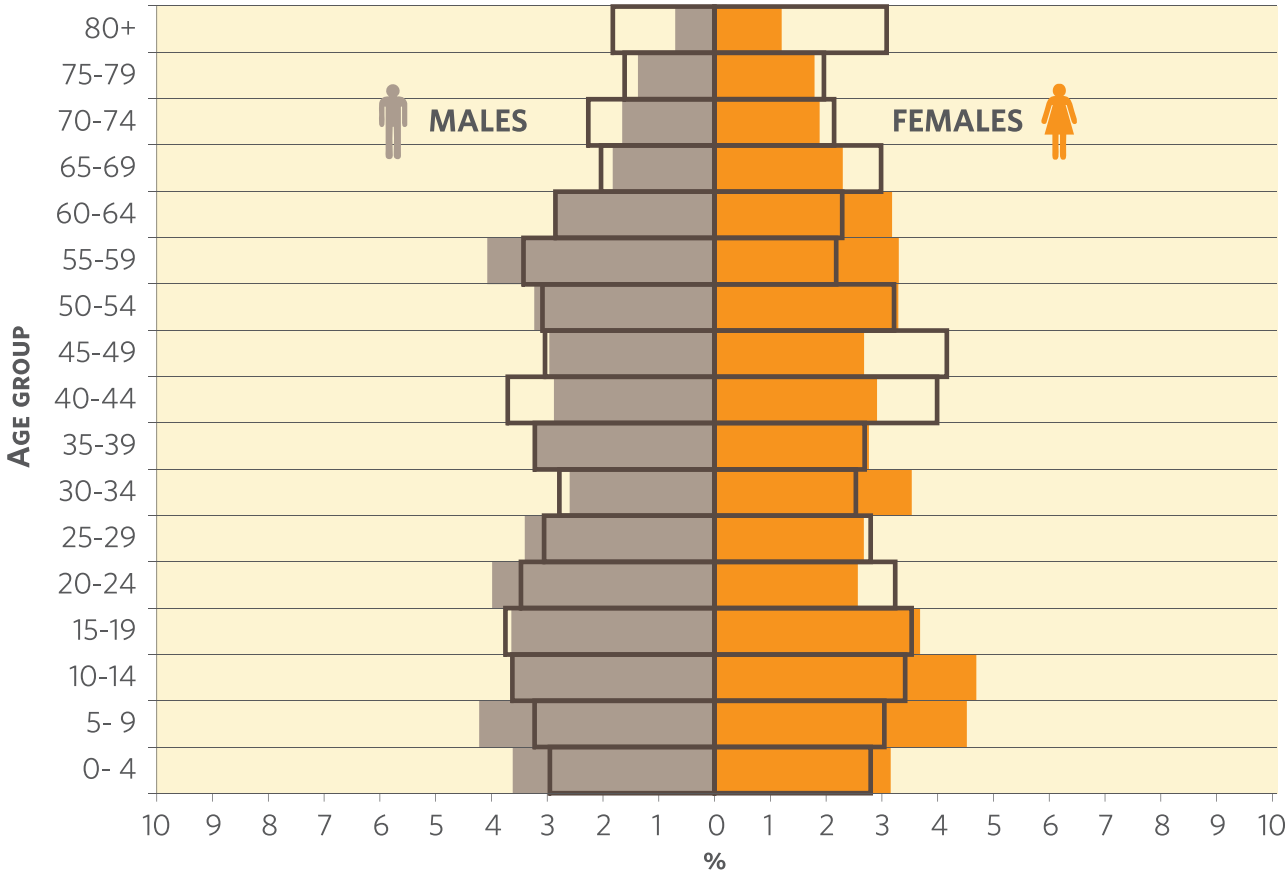
Sources: (1) Niue Census of Population and Households 2011, Statistics Niue; (2) UNFPA PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2011, Secretariat of the Pacific Community (SPC); (6) Niue MDG 2006 Report; (7) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (8) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Palau

Palau

OVERVIEW

The Republic of Palau consists of 340 islands, of which eight are inhabited. The most important islands are Angaur, Babeldaob, Peleliu and Koror. After three decades as part of the UN Trust Territory of the Pacific under US administration, Palau opted for independent status in 1978 rather than join the Federated States of Micronesia. The Republic of Palau adopted its own constitution in 1980 and has been an independent country since October 1994, the same year it entered into a Compact of Free Association with the United States.

The Palauan culture revolves around such fundamental values as respect for all things living and non-living, consideration for the well-being of others, and striving for knowledge and education. These intrinsic cultural values together with high levels of GDP provide a strong foundation for realizing the MDGs. Beyond this, Palau has well-developed health and education infrastructures and in recent years has created a strong environmental protection infrastructure.

Palau's population reached just under 20,000 at the time of the 2005 census and has shown a dramatic decrease since then. During the 2012 mini census only 17,501 people were counted – caused by massive emigration during the period 2005-2012. It is not yet known what has caused these significant migration flows. However, in the absence of any further migration since 2012, the current growth rate is estimated to be 0.5 percent per annum which is entirely due to natural increase. However, Palau has been subject to considerable international migration flows in the past. The 2005 census reported that 21 percent of the population was born in Asia, the majority in the Philippines. Palauans have also emigrated to Guam and the United States. The low rate of natural increase (based on a low birth rate of 13.6 per 1000 and a moderately high death rate of 8.5 per 1000) indicates that Palau has virtually completed the demographic transition. This is further indicated by a median age of 36 years, together with Niue the oldest population in the Pacific region.

Fertility peaked in Palau during the early 1960s when the TFR reached 9 children per woman—probably the highest TFR at the national level in the Pacific at that time. Fertility decline was rapid between 1965 and 1980, during which period the TFR dropped from 9 to 3. The decline from a TFR of 3 to 2 took place over the subsequent 20 years, but this was assisted by the in-flow of migrants from Asia. Native-born Palauan women have a higher TFR, possibly around 3 in 2005. This would suggest that the fertility transition for native Palauans levelled-off and stalled around 1990.

Palau's teenage fertility rate is the lowest in the region other than Niue, which has even lower rates. The contrast with other Micronesian countries such as the Marshall Islands and Nauru is striking.

Palau's contraceptive prevalence rate is reported as 22.3 percent. This is not consistent with a TFR of 2 so either the CPR or the TFR is understated. Possibly the CPR refers to government sources only and omits private doctors or pharmacies as a source of contraceptive supplies. Data are not available on the unmet need for family planning.

General mortality is not as low as might be expected in a population with such low fertility. Male life expectancy was only 66 years in 2005, lower than in FSM or Vanuatu, countries with much lower per capita incomes. Female life expectancy is 72 years. While no maternal deaths were reported between 1990 and 2008, 1 maternal death occurred in 2009.

Palau's age structure reflects the decline in fertility with only 20 percent of the population under age 15. The population 60 and older stands at 12 percent of the total. Palau probably has the highest percentage of its population in the working-age group of any Pacific Island country, but this is in part a function of the in-migration of workers from Asia. This age structure is favourable for economic development because the dependency ratio is as low as it is likely to be. There is still scope for life expectancy to increase by several years, especially among males, which will further increase the elderly population resulting in a gradual rise in the dependency ratio.

Urbanization has progressed quite far in Palau with 77 percent of the population classified as urban in 2005. There is probably little scope for further urban concentration.

Palau has a stable political structure with state representation and representative congressional system. Although Palau is a matrilineal country, historically, women's representation in the national Congress has been limited. Prior to 2008, Palau had no female members of Congress. Since the 2008 elections, the Palau Congress has had three women members, elected to the Senate (PACWIP).

Matrilineal social structures led by traditional women leaders, has opposed ratifying CEDAW (which was signed in 2011) as it is misunderstood to potentially weaken the women's dominant social position.

Palau is on track to achieving the MDGs related to promoting gender equality & empowerment of women, and achieving universal primary education.

POPULATION AND DEVELOPMENT CHALLENGES

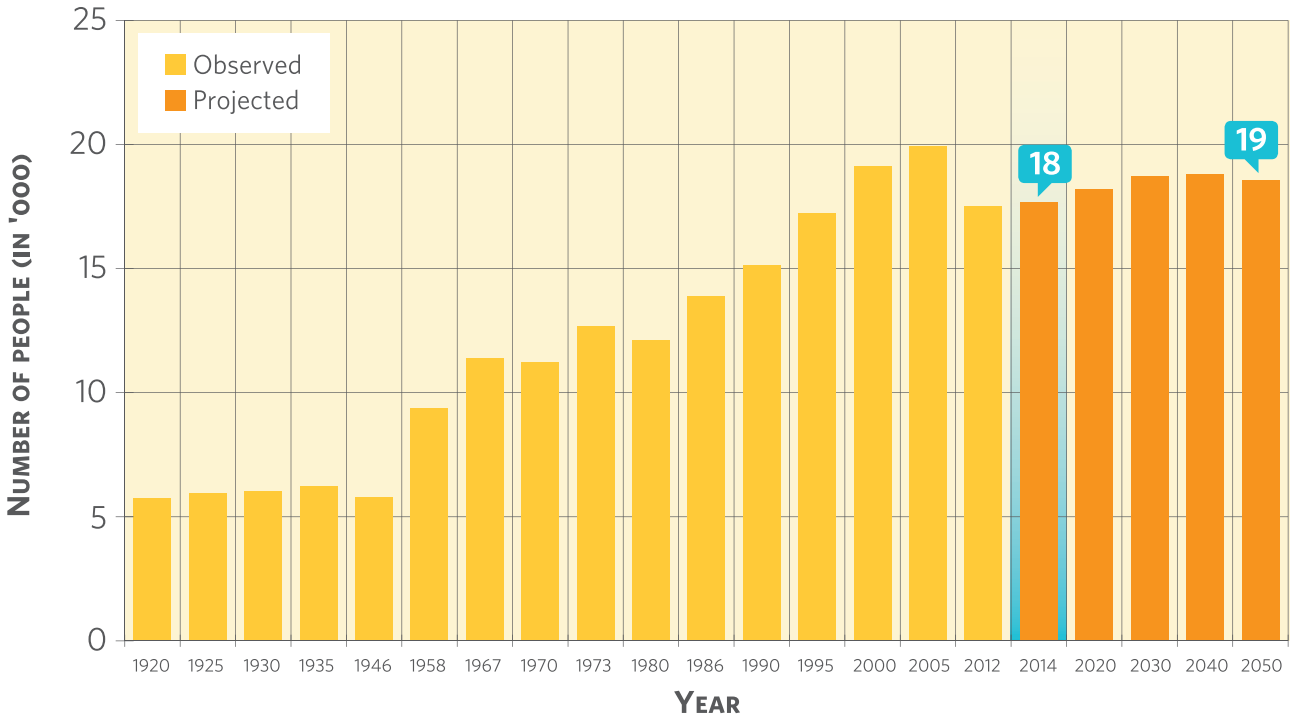
Ageing is likely to emerge as an issue in Palau in the coming years as the proportion of elderly continues to rise. Health care services and social protection arrangements will need to re-orient towards the needs of the elderly.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	17,501	2012
Current population estimate[2]	17,700	2014
Current growth rate (%)[2]	0.5	2014
Rate of natural increase (%)[2]	0.5	2014
Net migration rate (%)[2]	0.0	2014
Total fertility rate, TFR (total/urban/rural)[3]	2.0/na/na	2003-05
Adolescent fertility rate, per ‰ (total/ urban/rural)[3]	29/na/na	2003-05
Infant mortality rate (IMR)[4]	13.0	2009-11
Life expectancy at birth (M/F)[3]	66.3/72.1	2005
Age composition		
Population 0-14 (%)[2]	20	2014
Population 15-24 (%)[2]	15	2014
Population 25-59 (%)[2]	53	2014
Population 60 and older (%)[2]	12	2014
Median age[2]	35.9	2014
Population geography		
Land area (sq km)	444	
Total population density (persons per sq km)[2]	40	2014
Urban population (%)[3]	77	2005
Economy		
Gross National Income (GNI) per capita ($)[5]	9,240	2011
Employment–Population Ratio (%)[2]	66	2005
HIV/AIDS and STI		
HIV prevalence rate (%)[6]	0.017	2011
Chlamydia Prevalence Rate among all tested (%)[7]	13	2012
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)	0.0	2010
Skilled attendant at delivery (%)[8]	100	2010
Contraceptive Prevalence Rate (%)[8]	22.3	2010
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education[9]	92	2010-11
Gender parity index in secondary education[9]	106	2010-11
Gender parity index in tertiary education[9]	204	2002
Women in non-agricultural sector (%)[9]	39.6	2000
Seats held by women in parliament (%)[10]	0	2012

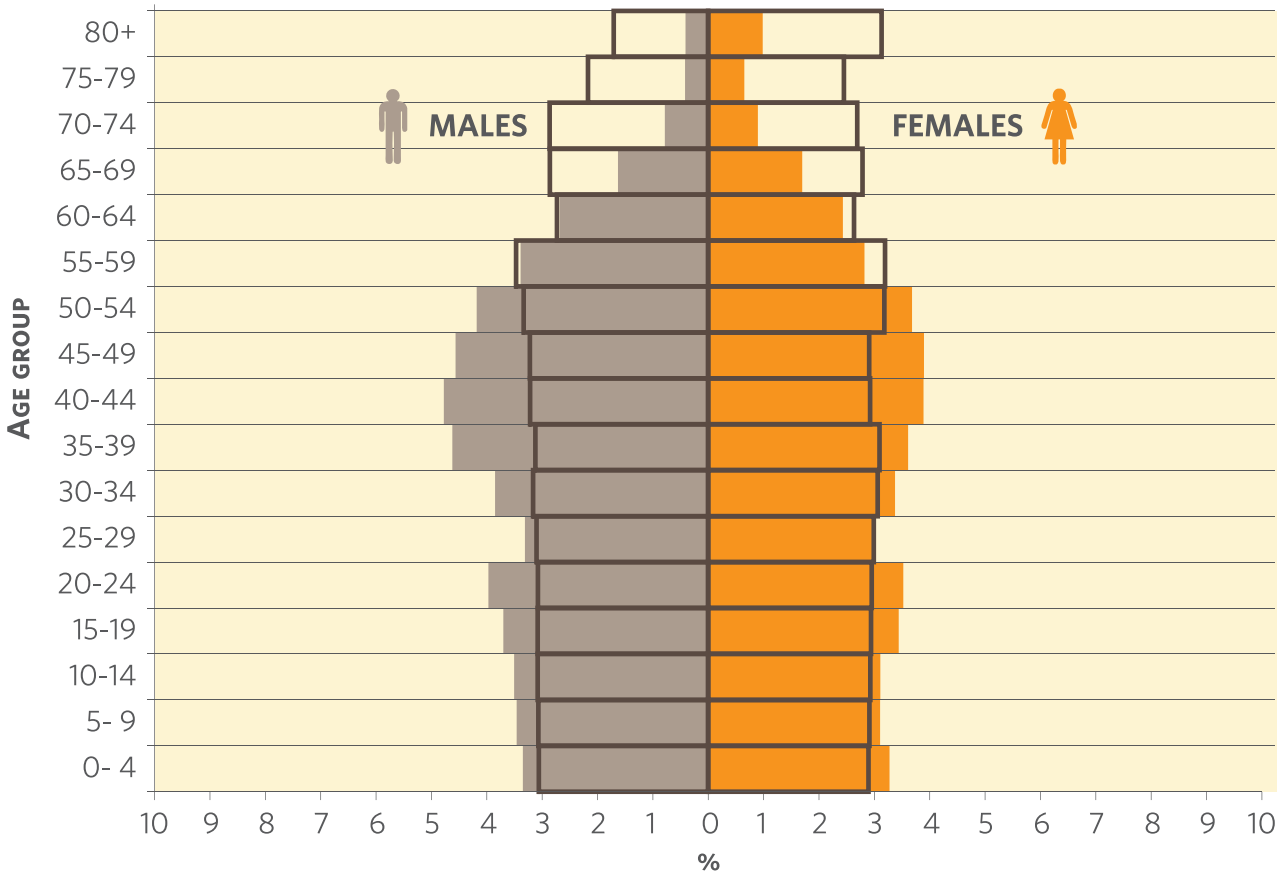
Sources: (1) Information provided by the Palau OPS on preliminary results of 2012 mini census; (2) UNFPA-PSRO estimates; (3) Republic of Palau 2005 census Volume II: Census Monograph, Population and Housing Profle (OPS); (4) 2012 Palau Statistical Yearbook, Bureau of Public Health; (5) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (6) HIV Surveillance in Pacifc Island Countries and Territories, 2011 report, Secretariat of the Pacifc Community (SPC), 2013; (7) STI Country Surveillance Data Reports 2012, Secretariat of the Pacifc Community (SPC); (8) Ministry of Health cited WHO CHIP: 2011 Revision; (9) 2013 Pacifc Regional MDGs Tracking Report, Pacifc Islands Forum Secretariat, August 2013; (10) Pacifc Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Papua New Guinea

Papua New Guinea

OVERVIEW

Papua New Guinea with its 600 associated islands is the largest nation in the South Pacific, both in land area and population. It has a total land area of 462,840 square kilometers and occupies the eastern half of mainland New Guinea. The country's geographical features are dominated by extensive mountain ranges, rainforests, coral atolls and river systems. About 50 per cent of the total land area is mountainous, and as a result many areas of the country are still inaccessible by road.

Existing cultural traditions are closely aligned to over 800 languages spoken in the country. The two main lingua franca; Tok Pisin and Motu are mostly used in daily life while English remain the main medium for administration, commerce and education. The traditional economy through subsistence farming supports 80 per cent of the population.

PNG's population reached 7.3 million according to the 2011 National Census. Between the 1980 and 1990 censuses, the average annual growth was 2.3%, while for the 20-year period 1980-2000, it was 2.7%, and between 2000 and 2011 it was 3.1%. However, it is known that the 2000 census suffered from under enumeration of at least 4%, and there is some uncertainty about the accuracy of the 2011 census. According to the estimated levels of fertility and mortality, the natural growth rate is estimated at 'only' 2.1% which – in the absence of significant international migration, should approximate the overall population growth rate. The total population of PNG has doubled over the last 20 years, and present population projections indicate a population of 10 million by 2030.

Despite increasing national wealth, human development outcomes continue to lag behind: PNG currently ranks 156 out of 187 countries on the Human Development Index (HDI). According to the 2000 census, life expectancy is 54 years and 55 years for males and females, 25 per cent of children are unable to attend school, and adult literacy is around 50 per cent.

Only seven per cent of the population has access to the electric grid and a reticulated water system, and two-fifths of health/sub-health centres and rural health posts have no electricity or essential medical equipment.

The health system has struggled for decades to provide universal access to quality services. Health indicators have declined in recent years due to the closure of many peripheral health facilities. By 2006, infant mortality had reached 57 per 1000 live births (64 in the year 2000) and maternal mortality was 733 per 100,000 live births. The challenges of distance, isolation, lack of transport and an extreme shortage of skilled birth attendants, highlight the hazards of childbirth in PNG.

The rate of malnutrition is unacceptably high and remains a significant underlying factor for morbidity and mortality particularly for children under five years. Almost half of the children aged 6 – 59 months are stunted and about a third of women of child bearing age are anemic.

Gender equality is a significant challenge and systemic violations of women's rights exist throughout the country. PNG ranks in the bottom fifteen countries of the Gender Inequality Index. Women and girls have substantially less access to health care and education services than men and boys. Violence against children and women and gender-based violence is unacceptably high, experienced by an estimated two-thirds of women.

Women are vastly under-represented at all levels of government (less than 3 per cent in the National Parliament), limiting their power to influence public policy at all levels.

POPULATION AND DEVELOPMENT CHALLENGES

The mountainous terrain, scattered small islands and limited infrastructure (air is the only link between the capital and most provinces) present major development challenges, especially in terms of growing the economy and allowing access to national and international markets for produce. PNG is generally a very expensive country for business which has resulted in the relatively limited engagement by international NGOs and civil society organizations, relative to the rest of the Pacific.

The challenges that PNG faces are numerous, and in comparison to the other Pacific Islands countries, PNG has:

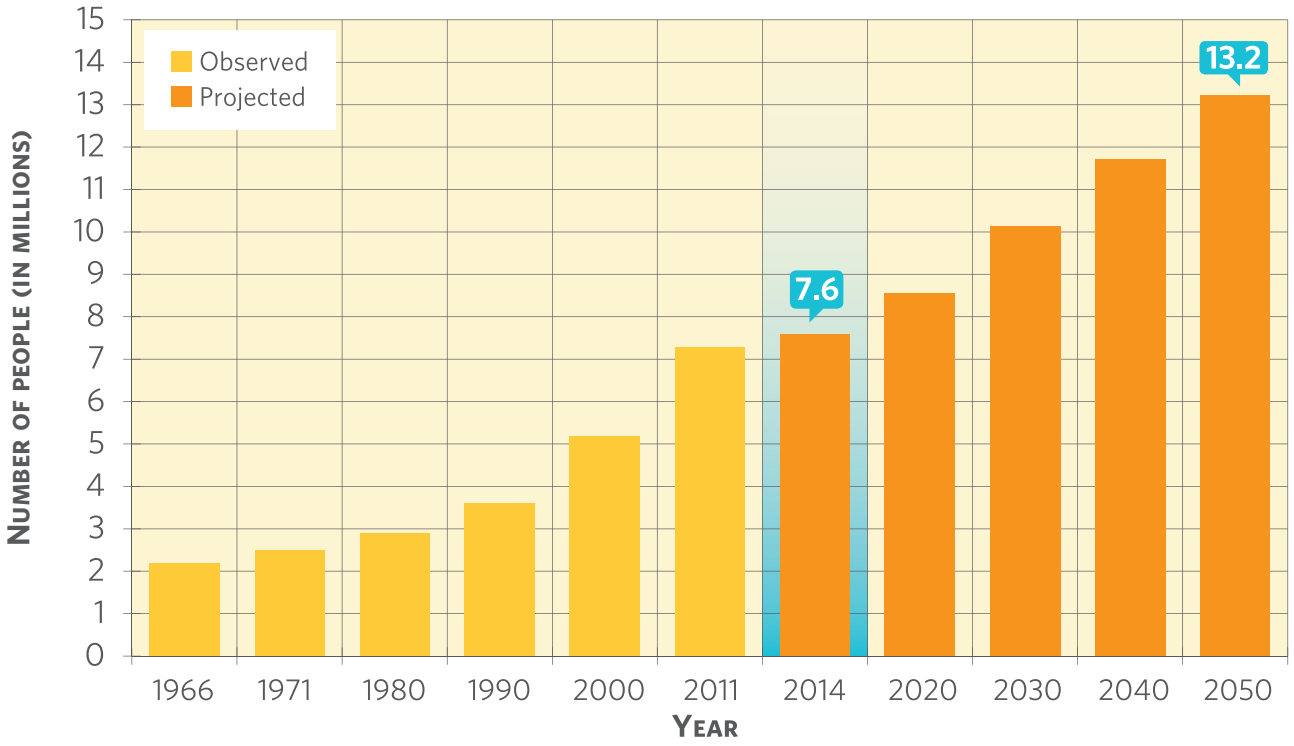
- One of the highest proportion of people aged younger than 25 years of age (58%);
- Very high overall fertility rates - accelerating the fertility transition in the context of a predominantly rural and widely dispersed population is one of the most daunting population challenges facing PNG. Family planning and reproductive health programmes need to be strengthened;
- Very high Adolescent fertility rates - Access to youth-friendly services throughout the country, particularly in rural areas. Family life education in schools would help to raise awareness of the consequences of early child-bearing;
- Highest Maternal Mortality Ratio (MMR)- targeted interventions to address the underlying causes of maternal mortality are needed. Access to safe motherhood and emergency obstetric care needs to be improved;
- Lowest proportion of births attended by skilled professional;
- Highest Infant Mortality Rate (IMR) - Some of the measures that should be undertaken to reduce infant mortality rates, is to improve infant, child and maternal health by improving primary health care programmes, improve emergency obstetric care to decrease neo natal mortality, and expand immunization programmes.;
- Highest HIV prevalence rates;
- Lowest Life expectancy at birth;
- Lowest Employment-Population Ratio (EPR);
- Very low Gender Parity Index.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	7,275,324	2011
Current population estimate[2]	7,587,200	2014
Estimated growth rate (annual %)[2]	2.1	2014
Rate of natural increase (%)[2]	2.1	2014
Net migration rate (%)[2]	0.0	2014
Total fertility rate, TFR (total/urban/rural)[4]	4.4/3.6/4.5	2006
Adolescent fertility rate, per ‰ (total/ urban/rural)[4]	65/55/67	2006
Infant mortality rate (IMR)[4]	56.7	2006
Life expectancy at birth (M/F)[3]	53.7/54.8	2000
Age composition		
Population 0-14 (%)[2]	38	2014
Population 15-24 (%)[2]	20	2014
Population 25-59 (%)[2]	38	2014
Population 60 and older (%)[2]	4	2014
Median age[2]	21.1	2014
Population geography		
Land area (sq km)	462,840	
Total population density (persons per sq km)[2]	16	2014
Urban population (%)[3]	13	2000
Economy		
Gross National Income (GNI) per capita ($)[5]	1,480	2011
Employment–Population Ratio (%)[3]	21	2000
HIV/AIDS and STI		
HIV prevalence rate (%)[6]	0.5	2011
Chlamydia Prevalence Rate among all tested (%)	na	
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[4]	733	2006
Skilled attendant at delivery (%)[4]	53.0	2006
Contraceptive Prevalence Rate (%)[4]	31.2	2006
Unmet Need for contraception (%)[4]	27.4	2006
Gender		
Gender parity index in primary education[7]	86	2010
Gender parity index in secondary education[7]	71	2009
Gender parity index in tertiary education[7]	55	1999
Women in non-agricultural sector (%)[7]	32.1	2000
Seats held by women in parliament (%)[8]	2.7	2012

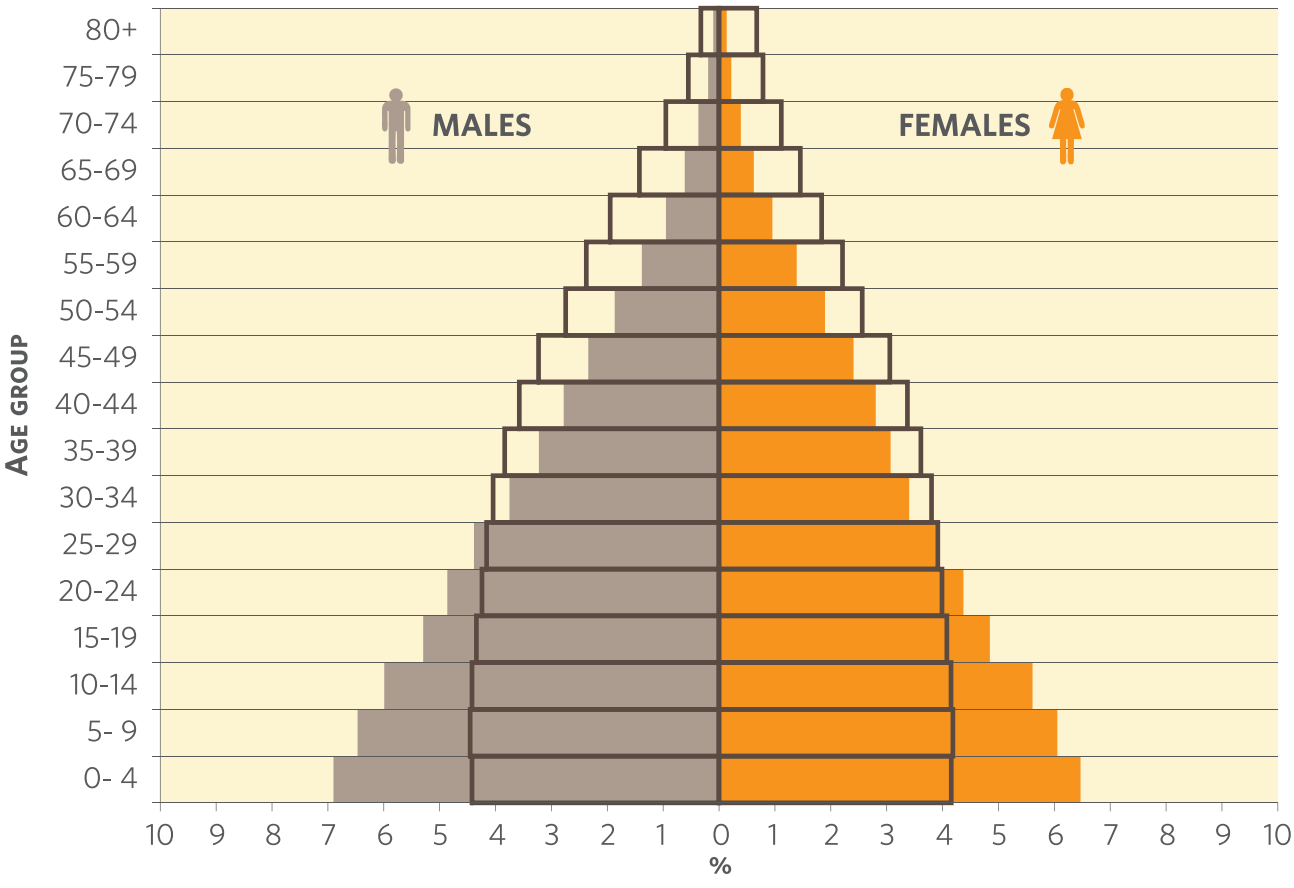
Sources: (1) 2011 Population and Housing Census of Papua New Guinea – Final Figures, National Statistics Office, PNG; (2) UNFPA-PSRO estimates; (3) National Statistics Office, 2000 Census, PNG; (4) Papua New Guinea Demographic and Health Survey 2006, National Report, National Statistics Office, PNG (May 2009); (5) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (6) HIV Surveillance in Pacific Island Countries and Territories, 2012 report, Secretariat of the Pacific Community (SPC), 2013; (7) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (8) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Samoa

Samoa

OVERVIEW

The Independent State of Samoa consists of ten islands of which four are inhabited namely: Upolu, Savaii, Manono and Apolima. Other islands are: Namu'a, Nu'utele, Nu'ulua, Nu'usafee, Nu'ulopa and Fanuatapu.

Samoa is situated in the centre of the Pacific region and as such is prone to natural disasters. The country was the site of a devastating tsunami in September 2009 that hit the coastal areas of the south-eastern part of the island of Upolu and claimed 147 lives.

Samoa's economy, society and demography are significantly affected by external migration patterns. Since about 40 years, Samoa's population growth rate averaged 0.6 percent, similar to that of the Cook Islands and Tonga (also high emigration countries). This low rate of population growth can be attributed to net emigration rather than a low rate of natural increase.

The rate of natural increase is currently estimated at 2.3 percent a year while net emigration is -1.7 percent. The natural growth rate is therefore as high as that of Vanuatu and the Solomon Islands. The high emigration rate is acting as a "safety valve" for population growth, and the vast majority of migrants move to New Zealand. Samoa's high natural increase is sustained by high fertility, as reflected in a current total fertility rate of 4.7, and with this has the highest TFR in the Pacific region.

Fertility trends in Samoa are similar to those found in Vanuatu, Kiribati and Tonga, namely a steady decline from a peak TFR of 7-8 in the 1960s and 1970s followed by a levelling-off as the TFR dropped below 5. In Samoa's case the TFR has remained between 4 and 5 for the past 20 years. In the rural island of Savaii, a TFR of 5 was reported in the 2009 DHS. Underlying Samoa's high fertility is a low contraceptive prevalence rate, most recently estimated at 28.7 percent of currently married women (modern methods). Among married women, 71.3 percent were not using any form of contraception in 2009. The reluctance to use contraception is at least partially to do with a preference for a large family, particularly among men.

In contrast to fertility, mortality has continued to decline, with the infant mortality rate reported as 15.6 per 1,000 in the 2011 census. Mortality in other age groups has also declined with life expectancy in 2011 estimated at 73 years for males and 76 years for females. This is despite the significant rates of NCDs in the country.

Samoa's age structure shows the effects of high fertility, emigration and increasing life expectancy. While 39 percent of the population is under 15 years of age, 7 percent is aged 60 and over. Population ageing can be expected to accelerate in the coming years. At 20.3 years the median age is still relatively low but this can be expected to rise steadily in the future.

The official level of urbanization in Samoa is low at 20 percent in 2011. This understates the proportion of the population having access to urban-based services as most of the main island has easy access to the capital city. The second island of Savaii is predominantly rural.

Samoa has a stable political structure with strong sub-national traditional leadership systems. Women participation in government (two currently and reduced from four in the last Parliament before the 2011 elections) is strong relative to others in the region and there is a long history of women holding chiefly titles. In addition, Sustainable Village Development Plans (SVDPs) encourage the participation of women and youth within villages. In 2013, the government of Samoa Government passed a Constitution Amendment to introduce a 10 percent quota of women representatives into the national Legislative Assembly.

Samoa is on track for achieving the MDGs related to achieving universal primary education, and has mixed results on promoting gender equality & empowerment of women.

POPULATION AND DEVELOPMENT CHALLENGES

- Samoa's fertility transition has stalled at a level sufficient to double the population every generation. This is the principle population challenge facing Samoa. More study of the factors contributing to the low contraceptive prevalence rate is required;

- Teenage fertility, as in several other Pacific Islands countries, is significantly higher in rural as compared with urban areas. The issue of adolescent sexual and reproductive health services for rural youth needs to be addressed;

- Migrant remittances play a crucial role in the economy of Samoa and therefore should be monitored carefully. Temporary labour migration is an emerging form of population movement and its impact on rural development in particular should be assessed;

- The pace of ageing is likely to accelerate in the coming years and policy measures to address ageing needs to be developed;

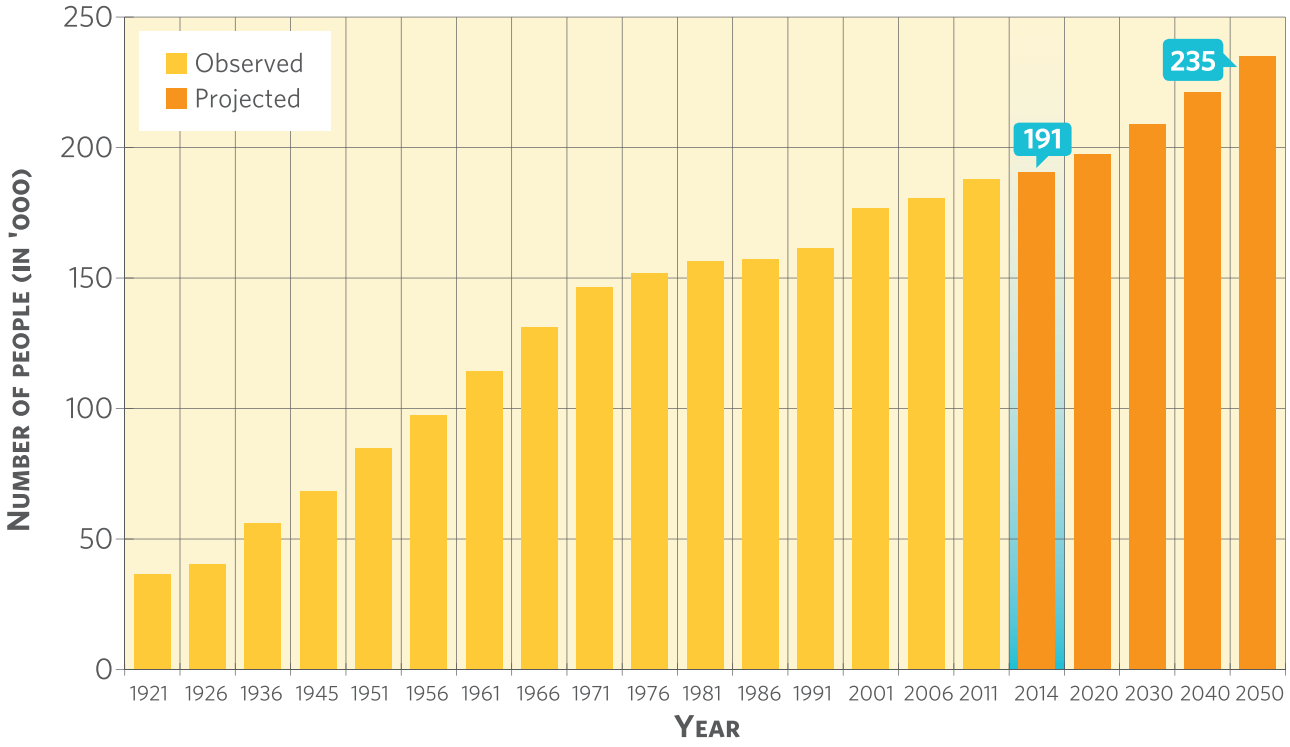
- The Family Health and Safety Study on VAW prevalence found that overall, 46.4 percent of respondents had experienced some form of partner abuse, of whom 37.6 percent had experienced physical abuse, 18.6 percent emotional abuse and 19.6 percent sexual abuse. Overall, 62 percent of total respondents reported having been physically abused by someone other than their partner, including parents and teachers.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	187,820	2011
Current population estimate[2]	190,700	2014
Estimated growth rate (annual %)[2]	0.6	2014
Rate of natural increase (%)[2]	2.3	2014
Net migration rate (%)[2]	-1.7	2014
Total fertility rate, TFR (total/ urban/rural)[1]	4.7/4.0/4.9	2011
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	39/30/42	2011
Infant mortality rate (IMR)[1]	15.6	2011
Life expectancy at birth (M/F)[1]	72.7/75.6	2011
Age composition		
Population 0-14 (%)[2]	39	2014
Population 15-24 (%)[2]	19	2014
Population 25-59 (%)[2]	35	2014
Population 60 and older (%)[2]	7	2014
Median age[2]	20.3	2014
Population geography		
Land area (sq km)	2,935	
Total population density (persons per sq km)[2]	65	2014
Urban population (%)[1]	20	2011
Economy		
Gross National Income (GNI) per capita ($)[3]	2,970	2011
Employment–Population Ratio (%)[1]	25	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.015	2011
Chlamydia Prevalence Rate among all tested (%)[5]	25	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	46.0	2002-06
Skilled attendant at delivery (%)[7]	97.0	2009
Contraceptive Prevalence Rate (%)[7]	28.7	2009
Unmet Need for contraception (%)[7]	45.6	2009
Gender		
Gender parity index in primary education[8]	103	2012
Gender parity index in secondary education[8]	113	2012
Gender parity index in tertiary education[8]	156	2009
Women in non-agricultural sector (%)[8]	39	2011
Seats held by women in parliament (%)[9]	4.1	2012

Sources: (1) Population and Housing Census 2011, Analytical report (SBS); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (6) Government of Samoa, MDG, Second Progress Report 2010; (7) Samoa 2009 Demographic and Health Survey (DHS); (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



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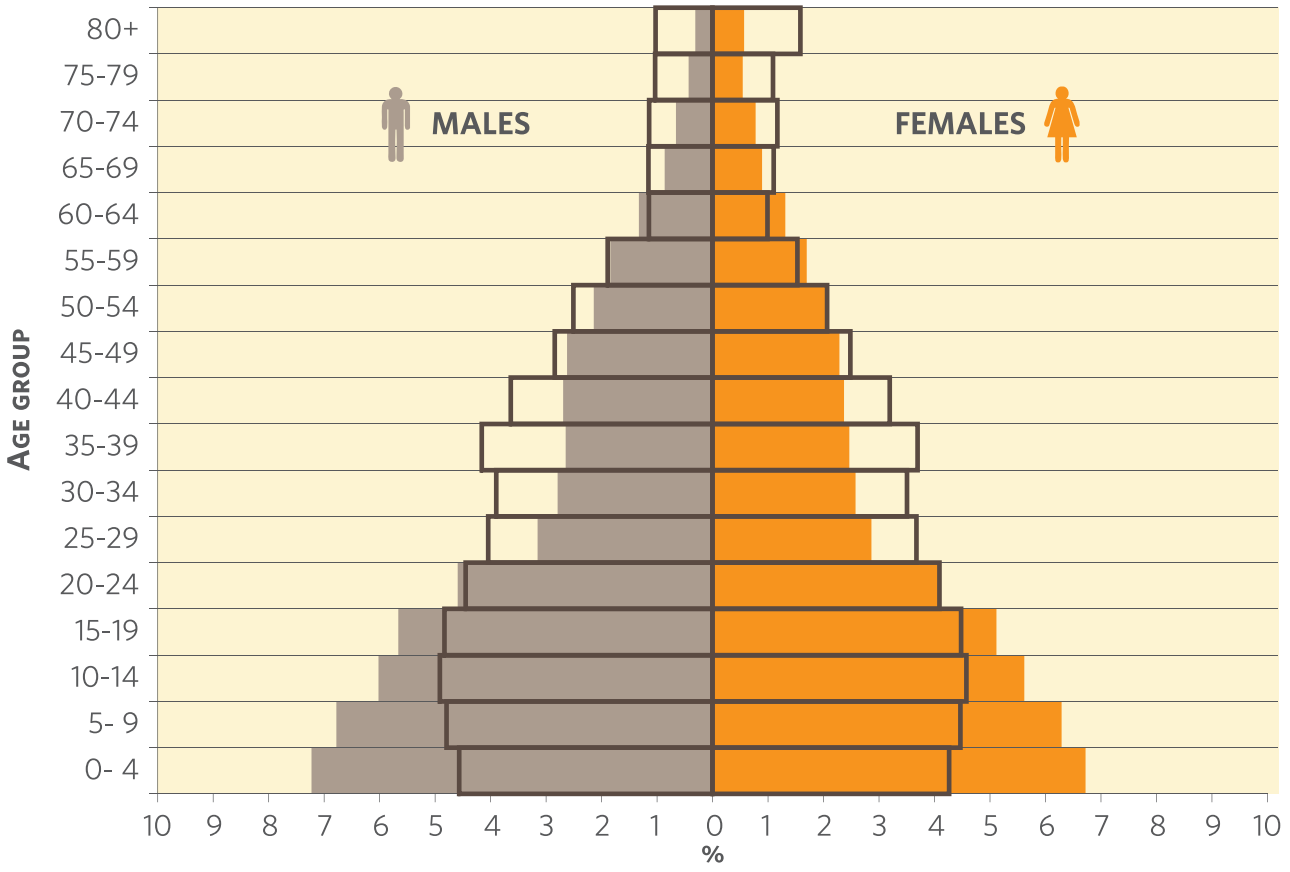
POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Solomon Islands

Solomon Islands

OVERVIEW

The Solomon Islands is located in the Melanesian sub-region of the South Pacific Ocean and is an archipelago nation consisting of close to 1000 islands. The country currently ranks 143 on the Human Development Index, and is one of the poorest in the region.

The population of the Solomon Islands is with 612 thousand the third largest among the 15 UN programme countries in the Pacific after PNG and Fiji, and is expected to surpass Fiji in about 2035 when its population size is projected to exceed 900 thousand.

The Solomon Islands shares with other Melanesian populations the characteristic of a very slow demographic transition resulting in a persistently high population growth rate over the past two decades. In the most recent estimated rate of natural increase for the current year remains at 2.3 percent which is about the same as that of Vanuatu.

The main reason for Solomon Islands high growth is its high fertility level. While the TFR is 3.0 in urban areas, it is 4.5 in the rural sector, resulting in an overall TFR of 4.1—among the highest in the Pacific. Teenage fertility is particularly high in rural areas.

Progress towards the achievement of MDG 5B – universal access to reproductive health – has been slow. In particular, available data shows access to quality family planning services could be significantly improved. The modern CPR is only 27.3% – less than half the average of less developed countries – with a further 7.3% using traditional methods. Available data suggests unmet need for family planning is 11%. The ideal family size and the wanted fertility rate is around 3.5 children, or about one child less than the actual total fertility rate. The contraceptive prevalence rate would most likely rise considerably if women's reluctance to use contraception could be addressed.

The population of the Solomon Islands remains one of the youngest in the region with 39 percent under 15 and a median age of 20.6 years. Incorporating youth into the productive labour force is consequently a major challenge. The elderly (60 and over) comprise only 6 percent of the population but this proportion is likely to rise with improved life expectancy. Recent figures on life expectancy based on the 2009 census show life expectancies of 66.1 years and 72.7 years for males and females, similar to that of Vanuatu.

Infant and child mortality are with 23 and 29 not particularly high relative to other Pacific countries. It is therefore likely that low life expectancy is a result of high adult mortality. There is uncertainty about the level of maternal mortality. The estimated Maternal Mortality Rate (MMR) of 162 per 100,000 needs to be reduced substantially by improving access to safe motherhood and emergency obstetric care.

Urbanization is low with only 20 percent of the population classified as urban. However, the urban growth rate was 4.7 percent annually during the 1999-2009 intercensal period—one of the highest urban growth rate in the Pacific region.

The Parliamentary system is based heavily on traditional chiefly and provincial structures with 50 members elected on four year terms. The electoral system uses a first-past-the-post system, which has made it very difficult for women to get elected. Since Independence, only two women MPs have ever been elected to the Solomon Islands Parliament. One woman currently serves at the national level of government and six at the sub-national level. Delayed CEDAW reporting and advocacy Temporary Special Measures have faced strong opposition in government, however, CEDAW report was recently endorsed by cabinet and is being finalized for submission. Solomon Islands acceded to CEDAW in 2002.

Solomon Islands is off track for the MDGs related promoting gender equality and the empowerment of women, and is reporting mixed results on achieving universal primary education.

POPULATION AND DEVELOPMENT CHALLENGES

The fertility transition in Solomon Islands is lagging behind other countries in the region, including other Melanesian countries. Accelerating the fertility transition in the context of a predominantly rural and widely dispersed population is one of the most daunting population challenges facing Solomon Islands. Although fertility preferences in a rural village setting are likely to be high, it appears that there is a gap between preferred and actual fertility that could be narrowed with improved family planning and reproductive health programmes;

There is a significant gap between teenage fertility rates in urban and rural areas, with rural rates much higher than urban. Socio-cultural factors no doubt play a role in this but the lack of services addressing adolescent reproductive health is also important;

Maternal mortality remains a significant public health issue. Improved data are needed to verify the level and the circumstances contributing to maternal deaths. The aim should be to eliminate avoidable maternal deaths and achieve the ICPD target as soon as possible;

The high urban growth rate is a cause for concern given urban instability in the past. It is important to monitor rural-urban migration patterns to ensure that these are contributing to, rather than detracting from, national development goals;

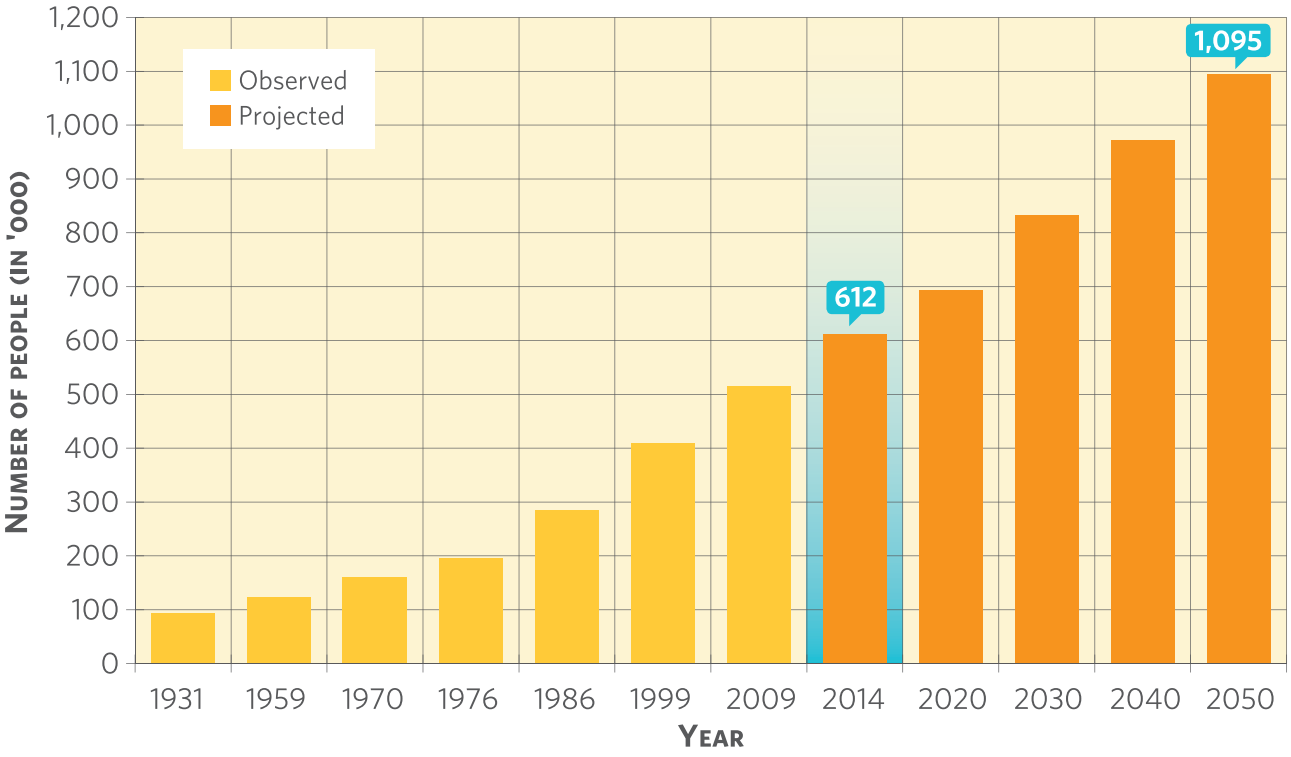
In 2009, a national prevalence study of VAW found that 64 percent of ever-partnered women aged 15-49 reported physical and/or sexual violence by an intimate partner; 42 percent of women reported physical and/or sexual partner violence in the 12 months prior to the survey, and high levels of severe violence. Seventy percent of women who had experienced violence had never sought help, and only 17 percent had sought help from formal services. The study found that children who witness or experience violence are more likely to end up in violent relationships later in life. The 2012 study on HIV/AIDS found that 38 percent of sexually active youth had experienced forced sex.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	515,870	2009
Current population estimate[2]	611,500	2014
Estimated growth rate (annual %)[2]	2.3	2014
Rate of natural increase (%)[2]	2.3	2014
Net migration rate (%)[2]	0	2014
Total fertility rate, TFR (total/urban/rural)[2]	4.1/3.0/4.5	2009
Adolescent fertility rate, per ‰ (total/ urban/rural)[2]	62/34/70	2009
Infant mortality rate (IMR)[2]	23	2009
Life expectancy at birth (M/F)[2]	66.1/72.7	1999
Age composition		
Population 0-14 (%)[2]	39	2014
Population 15-24 (%)[2]	19	2014
Population 25-59 (%)[2]	36	2014
Population 60 and older (%)[2]	6	2014
Median age[2]	20.6	2014
Population geography		
Land area (sq km)	30,407	
Total population density (persons per sq km)[2]	20	2014
Urban population (%)[1]	20	2009
Economy		
Gross National Income (GNI) per capita ($)[3]	1,120	2011
Employment-Population Ratio (%)[1]	24	2009
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.004	2011
Chlamydia Prevalence Rate among all tested (%)[5]	21	2012
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[1]	162	2009
Skilled attendant at delivery (%)[6]	85.5	2007
Contraceptive Prevalence Rate (%)[6]	27.3	2007
Unmet Need for contraception (%)[6]	11.1	2007
Gender		
Gender parity index in primary education[7]	91	2010
Gender parity index in secondary education[7]	66	2010
Gender parity index in tertiary education[7]	30	2000
Women in non-agricultural sector (%)[7]	30.8	1999
Seats held by women in parliament (%)[8]	2.0	2012

Sources: (1) 2009 Population and Housing Census Report (SINSO); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2012, Secretariat of the Pacific Community (SPC); (6) Solomon Islands 2007 Demographic and Health Survey (DHS); (7) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (8) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



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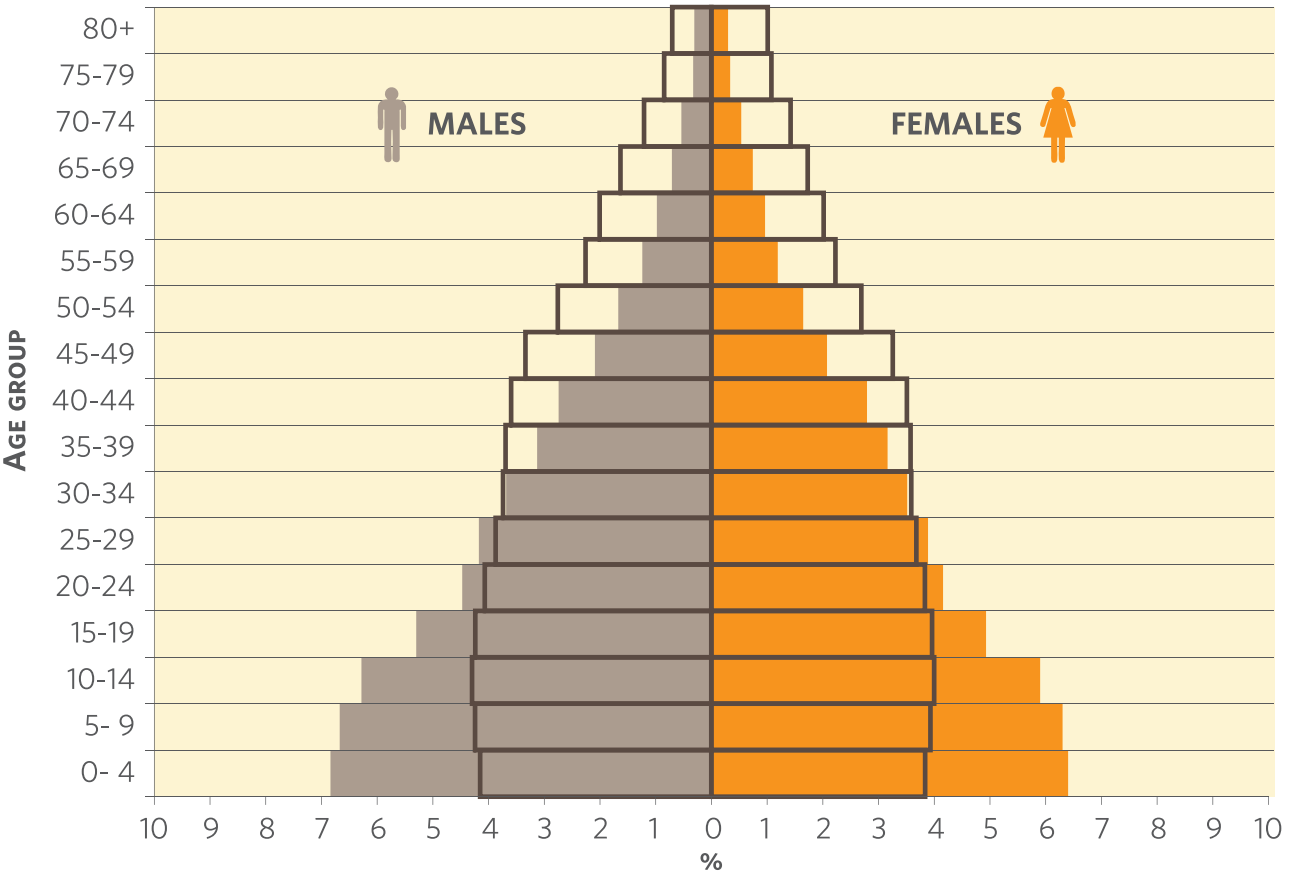



Tokelau

Tokelau

OVERVIEW

Tokelau is made up of three small coral atolls. The northern-most atoll, Atafu, lies 92 km north-west of the central atoll Nukunonu. The third atoll, Fakaofo, is 64 km south-east of Nukunonu. Tokelau has strong ties with its nearest significant neighbour, Samoa. Supplies are shipped fortnightly from Apia in Samoa, and the Tokelau Public Service office is based in Apia. Tokelau does not have an airfield and can only be reached by boat.

Except for Fakaofo (which has two villages), the population of each atoll is concentrated in a single village on the western shore, close to a small natural pass into the central lagoon. This allows canoes and smaller boats to transport passengers and cargo from larger ships docked in the deeper open sea.

The low fertility of the coral-sand 'soil' means that only a few food crops can be supported in the Tokelau environment (coconut, breadfruit, pandanus, giant swamp taro, taamu, and banana). Each atoll is responsible for its own public administration; and, since 2003, Tokelau has been responsible for administering its own budget. New Zealand and Tokelau approved the draft text of a Treaty of Free Association and a Tokelau Constitution in 2005.

At the time of New Zealand's 2006 Census of Population and Dwellings, over 6,800 people identifying with the Tokelauan ethnic group were living in New Zealand – further displaying the countries' close relationship.

Tokelau has the smallest economy in the Pacific, and possibly the world. Because of the small size of the country, and the nature of its economy, it is not meaningful to calculate the normal range of economic indicators. Employment is largely in administration and services, the provision of which is supported by New Zealand government grants. Tokelau is also building up a trust fund that will help support the budget in future years.

The population of Tokelau can be described in pure de-facto terms or on a de jure basis. The figure cited of 1,205 is based on the de facto population in the 2011 census, comprising 1,143 usual residents plus 62 visitors (persons usually resident elsewhere). The usually resident and actually present population is used as the basis for calculating demographic characteristics and rates. However, the Tokelau census of 2011 also counted 268 persons who are considered usually resident in Tokelau but were temporarily absent on census night. These persons include students studying abroad, medical patients receiving treatment, government officials based in Samoa, and persons visiting relatives overseas. It is apparent that a proportion of Tokelau's population is always "in-transit", so a definite count of the population of Tokelau will always be somewhat elusive.

It is also the case that the calculation of various demographic measures or the measurement of trends is not feasible due to the small size of the population and its transitory patterns. Accordingly, most of the MDG indicators cannot be measured, either because the data are not available or because random fluctuation would prevent an assessment of trends. However, some demographic indicators are available and give an indication of demographic conditions.

Based on broad measurements on the number of children ever born from the 2011 census, Tokelau's fertility pattern shows similarities with Samoa. It is therefore assumed that the overall demographic dynamics resemble that of neighbouring Samoa.

The rate of natural increase is 2 percent, based upon a current birth rate (CBR) of 27.2 and a death rate of 7.4 per 1000. Actual population growth is estimated to be zero based on an expected out migration rate of -2 percent. However, migration flows are irregular and the actual flow may be different from what is presently projected.

Because of its relatively high fertility, Tokelau's population remains young with 34 percent of the population under 15 and a median age of 23 years. The proportion of the population aged 60 and over is 12 percent—quite high for Pacific countries but lower than in Niue where ageing has proceeded further.

Figures on maternal deaths and other reproductive health indicators are not available for Tokelau but data are available on some social indicators. In education, for example, gender parity has been achieved at primary, secondary and tertiary levels.

POPULATION AND DEVELOPMENT CHALLENGES

- International migration is a challenge in the sense that further population decline would raise the per capita cost of providing public services. There is also a possibility that social and cultural life would be undermined;

- Based on data from the 2011 census, Tokelau's fertility level is still very high (such as Samoa's). This is not an issue of population-resource balance but more an issue of women's aspirations and freedom of choice. The possibility of emigration will ensure that "over-population" will not occur, but it is also possible that women would prefer to have fewer children to pursue other life-goals. A study to determine the level of unmet need for family planning might shed light on this;

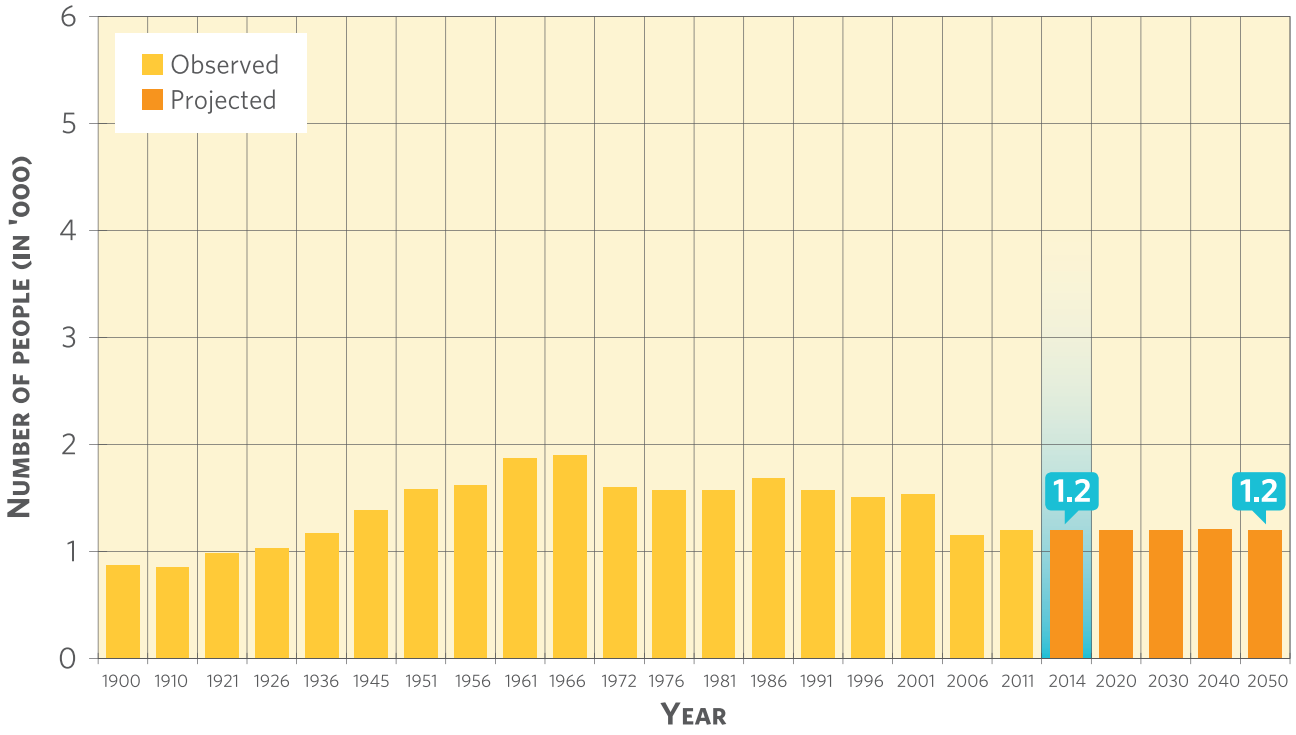
- Ageing is clearly underway in Tokelau with 12 percent of the population aged 60 and over. Improvements in life expectancy and expected decline in fertility will ensure that this proportion increases. It will be important to ensure that appropriate services are available to support the needs of the elderly.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	1,205	2011
Current population estimate[2]	1,200	2014
Estimated growth rate (%)[2]	0.0	2014
Rate of natural increase (%)[2]	2.0	2014
Net migration rate (%)[2]	-2.0	2014
Total fertility rate, TFR (total/urban/rural)[3]	4.7/--/4.7	2011
Adolescent fertility rate, per ‰ (total/ urban/rural)[3]	39/--/39	2011
Infant mortality rate (IMR)[3]	15.6	2011
Life expectancy at birth (M/F)[3]	72.7/75.6	2011
Age composition		
Population 0-14 (%)[2]	34	2014
Population 15-24 (%)[2]	19	2014
Population 25-59 (%)[2]	35	2014
Population 60 and older (%)[2]	12	2014
Median age[2]	23.3	2014
Population geography		
Land area (sq km)	12	
Total population density (persons per sq km)[2]	100	2014
Urban population (%)[1]	0	2011
Economy		
Gross National Income (GNI) per capita ($)[4]	na	2011
Employment–Population Ratio (%)[1]	52	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[5]	0.0	2011
Chlamydia Prevalence Rate among all tested (%)	na	
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	0.0	2008-12
Skilled attendant at delivery (%)[6]	100	2008-12
Contraceptive Prevalence Rate (%)	na	
Unmet Need for contraception (%)	na	
Gender		
Gender parity index in primary education	na	
Gender parity index in secondary education	na	
Gender parity index in tertiary education	na	
Women in non-agricultural sector (%)	na	
Seats held by women in parliament (%)	na	

Sources: (1) Profle of Tokelau Ata o Tokelau: 2011 Tokelau Census of Population and Dwellings (Tokelau Statistics Office and Statistics New Zealand); (2) UNFPA-PSRO estimates; (3) In the absence of reliable data and methodologies to estimate these indicators, it is assumed to be the same as Samoa; (4) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (5) HIV Surveillance in Pacifc Island Countries and Territories, 2011 report, Secretariat of the Pacifc Community (SPC), 2013; (6) Tokelau Health Department, Tokelau MDG Report 2012.

POPULATION TREND



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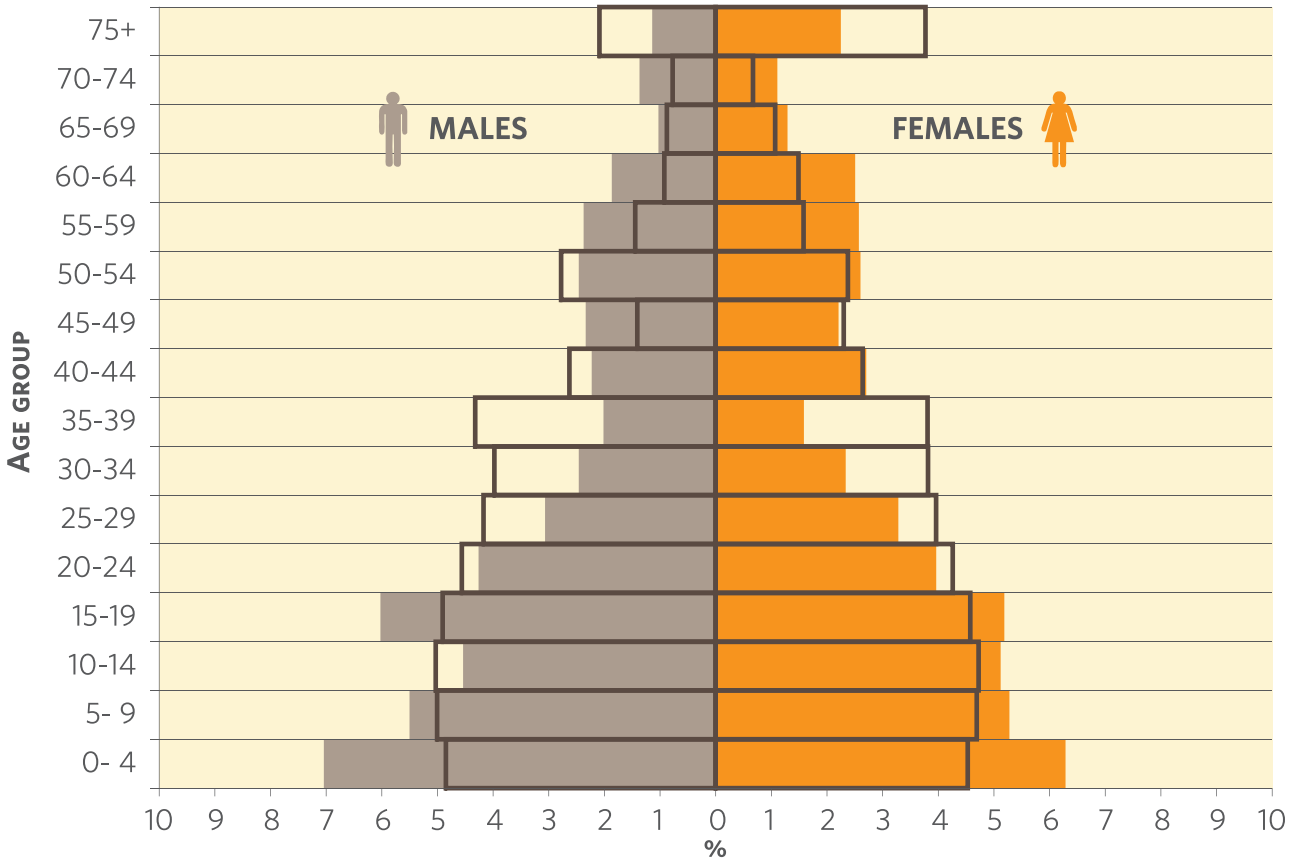


Tonga

Tonga

OVERVIEW

Tonga consists of five administrative divisions of islands: Tongatapu, Vava'u, Ha'apai, 'Eua, and Ongo Niua, spread over an area of 360,000 km2 in the South Pacific with a total land area of 650 km2. It includes 171 islands, of which about 40 are permanently inhabited. Nuku'alofa, the capital, is located on the island of Tongatapu and is the most populous island division (Vava'u is second).

Tonga is situated on the *Ring of Fire* - a twenty-five thousand square mile area of high geological activity that encompasses the Pacific Rim - and as such is prone to natural disasters.

The country was the site of a devastating tsunami in September 2009 that hit the Niua islands. The waves had a maximum flow height of 16.9 metres and penetration of over 1km inland. As much as 46 percent of the island was inundated resulting in the deaths of nine people and damages estimated at about US$10 million. Of a total of about 255 private houses on the island, 85 were totally destroyed and 56 partially damaged by the tsunami. Most of the public utilities and government buildings were completely destroyed, along with the water and sanitation system.

In January 2014, the category 5 cyclone Ian hit the island group of Ha'apai, leaving one person dead and more than a thousand buildings destroyed.

The World Bank classifies Tonga as a lower middle income country, and its economy is still agricultural-based, with a narrow export base.

The economy is traditionally redistributive in Tonga, and is based on three core values: 'ofa (love), faka'apa'apa (respect) and fuakavenga (responsibility). Family groups rely on traditional economic cooperation to raise money for important occasions such as weddings and funerals.

Tongans who migrate overseas (a Diaspora of over 150,000 people living in New Zealand, Australia, and the United States) regularly remit money to family members in Tonga. Family and community ties are still a dominant cultural and societal trait today.

The demographic transition has proceeded at a relatively slow pace in Tonga, as its TFR has changed little over the past decade. The current TFR of 3.9 is a reflection of a low contraceptive prevalence rate of 28 percent. The current rate of population growth is estimated at 0.3 percent annually. This is based on its natural increase of 1.9 percent off-set by its net emigration of -1.6 percent.

The reported teenage fertility of 30 is one of the lowest of any country in the Pacific and less than half the rate observed in Vanuatu and the Solomon Islands.

Overall mortality in Tonga is somewhat higher than in Samoa, although infant and child mortality rates are similar, which leads to the conclusion that the higher mortality rates are caused by higher adult mortality in Tonga than in Samoa.

The rate of urbanization in Tonga is low at 23 percent. The fact that over three-quarters of Tonga's population remains rural helps to explain its population dynamics—particularly its high fertility rate. The combination of high fertility, high net emigration and rising life expectancy results in a population in which 37 percent is below 15 years of age and 9 percent is aged 60 and over. The labour force is proportionally small (54 percent) creating a high dependency ratio. As in several other Pacific countries, the population is ageing and the pace of ageing is likely to accelerate in coming decades.

Tonga is the only constitutional monarchy in the Pacific. The first elections for the Legislative Assembly were held in 2010. No women were elected however, the King appointed two members, including one woman (PACWIP). Tonga has not ratified CEDAW.

Tonga is showing a mixed record on promoting gender equality and empowerment of women and is on track with regard to achieving universal primary education.

POPULATION AND DEVELOPMENT CHALLENGES

- The slow fertility transition is the central demographic issue in Tonga. Policy formulation in this area needs to be based on a thorough analysis of the 2012 DHS results;

- The reported maternal mortality ratio is 37.1 per 100,000 live births. Although this rate is based on a small number of deaths, there is still scope to eliminate avoidable maternal deaths;

- International migration plays a major role in Tonga's economy and it is therefore important that migration trends and patterns are monitored and assessed in terms of their impact on development. This includes temporary labour migration. The role of international migration in reducing poverty needs to be assessed. Although the formal unemployment rate is low, there is probably much disguised unemployment and underemployment in Tonga that could potentially make use of new overseas employment opportunities;

- With 9 percent of the population already aged 60 and over, ageing will become an increasingly important issue in Tonga;

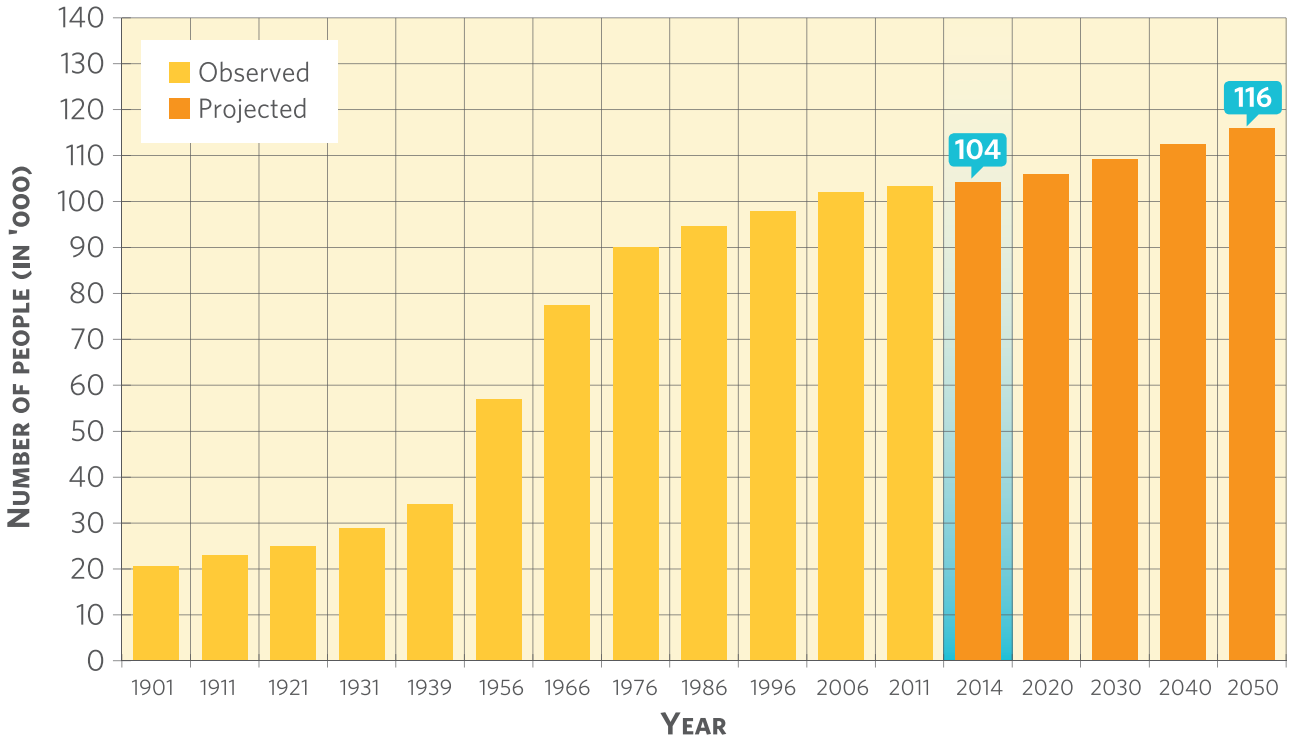
- The National Study on Domestic Violence against Women carried out by NOFO 'A KAINGA Ma`a Fafine mo e Famili Inc. (MFF), in Tonga, revealed that 45 percent of ever-partnered women reported at least one of these three types of violence (physical, sexual and emotional violence) in her lifetime, with half (22% of ever-partnered women) reporting multiple types of violence by her partner. Two out of every three (68%) of women in Tonga reported that they had experienced physical violence by someone other than a partner since they were 15 years old.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	103,252	2011
Current population estimate[2]	104,200	2014
Population growth rate (annual %)[2]	0.3	2014
Rate of natural increase (%)[2]	1.9	2014
Net migration rate (%)[2]	-1.6	2014
Total fertility rate, TFR (total/urban/rural)[1]	3.9/3.5/4.1	2011
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	30/29/30	2011
Infant mortality rate (IMR)[1]	17	2011
Life expectancy at birth (M/F)[1]	69.3/73.1	2011
Age composition		
Population 0-14 (%)[2]	37	2014
Population 15-24 (%)[2]	19	2014
Population 25-59 (%)[2]	35	2014
Population 60 and older (%)[2]	9	2014
Median age[2]	21.1	2014
Population geography		
Land area (sq km)	650	
Total population density (persons per sq km)[2]	160	2014
Urban population (%)[1]	23	2011
Economy		
Gross National Income (GNI) per capita ($)[3]	3,800	2011
Employment-Population Ratio (%)[1]	37	2011
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.002	2011
Chlamydia Prevalence Rate among all tested (%)[5]	22	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	37.1	2010
Skilled attendant at delivery (%)[7]	98.0	2012
Contraceptive Prevalence Rate (%)[7]	28.4	2012
Unmet Need for contraception (%)[7]	25.2	2012
Gender		
Gender parity index in primary education[8]	96	2011
Gender parity index in secondary education[8]	99	2011
Gender parity index in tertiary education[8]	99	2005
Women in non-agricultural sector (%)[8]	39.2	2006
Seats held by women in parliament (%)[9]	3.6	2012

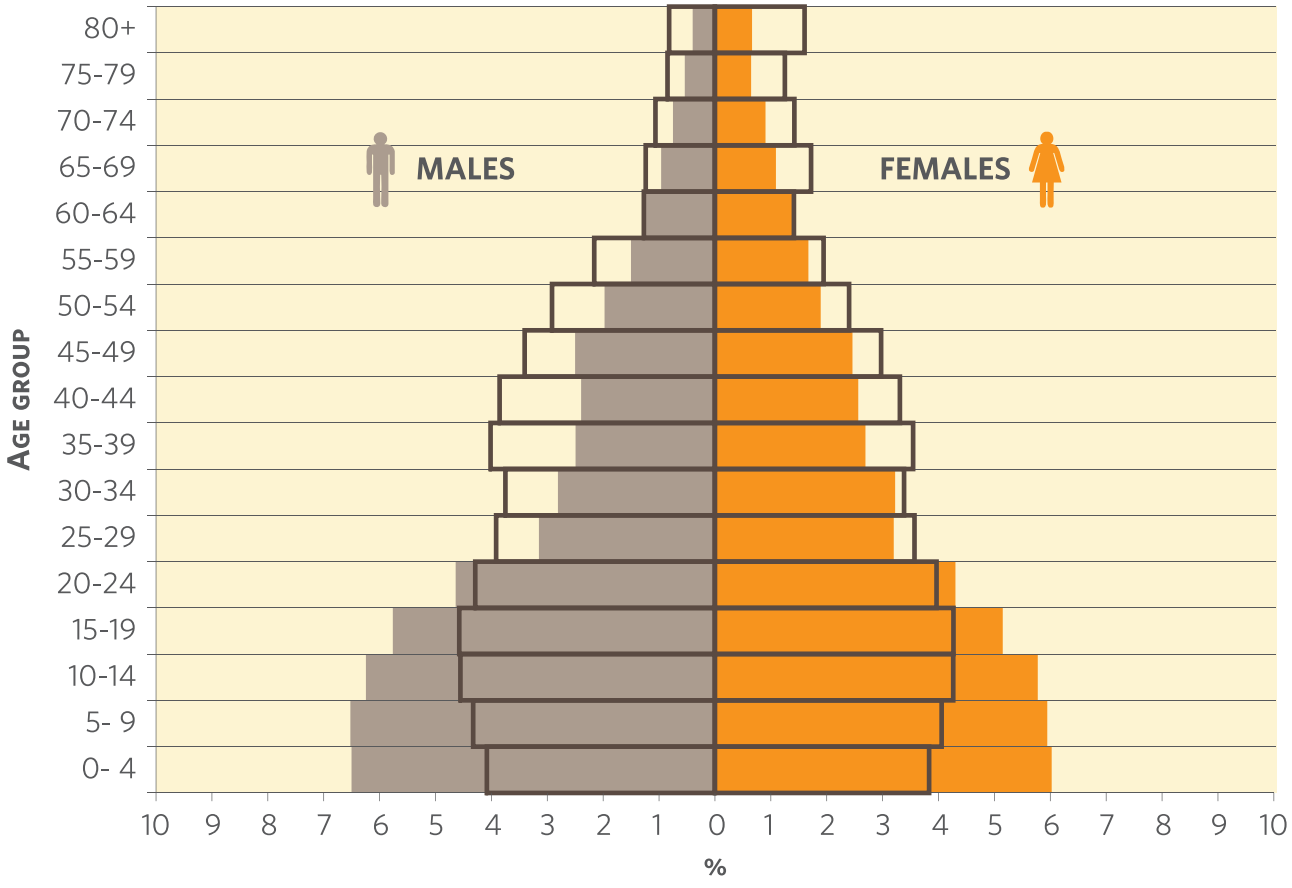
Sources: (1) Tonga 2011 Census of Population and Housing, Volume 2: Analytical Report (Tonga Department of Statistics; (2) UNFPA-PSRO estimate; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (6) Tonga Ministry of Health, Annual Report 2010; (7) Tonga 2012 Demographic and Health Survey; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Tuvalu

Tuvalu

OVERVIEW

Tuvalu's nine islands are scattered over 1.2 million square kilometers of the Pacific Ocean stretching in a North-South direction between latitudes 5 and 11 degrees south and over longitudes 176 and 180 degrees east.

The total land area is 25.6 square kilometers. Tuvalu is formed of nine low lying coral islands seldom rising no more than four metres above sea level. Five of the islands (Nukufetau, Nanumea, Nui, Funafuti and Nukulaelae) are true coral atolls, with a reef platform surrounding a central lagoon while Nanumaga, Niutao and Niulakita are single islets composed of sand and coral materials thrown up by wind and wave action. Only Vaitupu has the character of both an atoll and reef island.

The atoll physical land formation of Tuvalu imposes special ecological constraints to crop production. The limited land in Tuvalu is generally of a low quality with poor fertility. With sea levels rising due to climate change and global warming, Tuvalu's main constraint is the high concentration of salt in the soil. The range of plant species which can survive in such habitat is limited to pandanus, breadfruit and bananas. Root crops such as pulaka and taro are common in the Outer islands. Cash is becoming an increasingly important adjunct to the islands economy. With the growth in cash incomes from overseas remittances and relatives from Funafuti, there is a growing tendency for imports to replace local products.

Working on foreign vessels as seamen provides employment for Tuvaluan men. However, these employment opportunities are at minimum level recently due to poor discipline, alcohol abuse and high transportation costs (airfares).

With an estimated 2014 population of 11 thousand, Tuvalu has one of the smallest populations in the Pacific ahead of Tokelau (1,200), Niue (1,600) and Nauru (10,600). Over the 2002-2012 intercensal period the average annual growth rate was 1.2 percent, a significant increase from the 0.5 percent growth recorded in the previous intercensal period (1991-2002). However, the relatively high growth rate of the period 2002-2012 was caused by the return of hundreds of migrant workers who were employed in the phosphate industry in Nauru, which collapsed in 2005-2006. Without the return of these workers, the population growth rate would have been closer to 0.5 percent, the same as for the period 1991-2002. However, some of these returnees might have taken advantage of the New Zealand visa access agreement (Pacific Access Category Ballot) allowing up to 75 citizens of Tuvalu to be granted residence in New Zealand each year, or they found temporary employment under the 'Recognized Seasonal Employers Scheme (RSE) in New Zealand'.

The infant mortality rate of 31 per 1,000 in the 2003-07 period places Tuvalu toward the upper one-third of Pacific countries for this indicator (above the Solomon Islands, a much poorer country).

Fertility remains high, and seems to have even increased from 3.9 as measured in the 2007 DHS, to a preliminary estimate of 4.1 in 2012. A relatively low contraceptive prevalence rate (22.4 percent for currently married women using modern methods) contributes to the high TFR.

Outer islands age structures show significant reductions in the population of labour force age due to the lack of local employment opportunities. Tuvalu's population has been urbanizing since the 1970s with more than half (57%) living on the capital island of Funafuti in 2012.

Almost all births are attended by skilled health personnel. However, the unmet need for family planning is significant at 24.2 percent of married women.

Gender equality has been achieved in education but not in the labour force or in political participation. Women also experience domestic violence, condoned to some extent by cultural norms and values.

Since independence, there have been only two woman elected to the national Parliament with no women were elected in 2010, but following a bye-election due to the death of a members of parliament, one woman was elected to a seat in Parliament. Women are increasingly active at the local level of government, including at Falekaupule Assemblies and serving on various development committees in the Kaupule (Council) for each island (PACWIP). Tuvalu acceded to CEDAW in 1999.

Tuvalu is showing a mixed record on promoting gender equality and empowerment of women and is on track with regard to achieving universal primary education

POPULATION AND DEVELOPMENT CHALLENGES

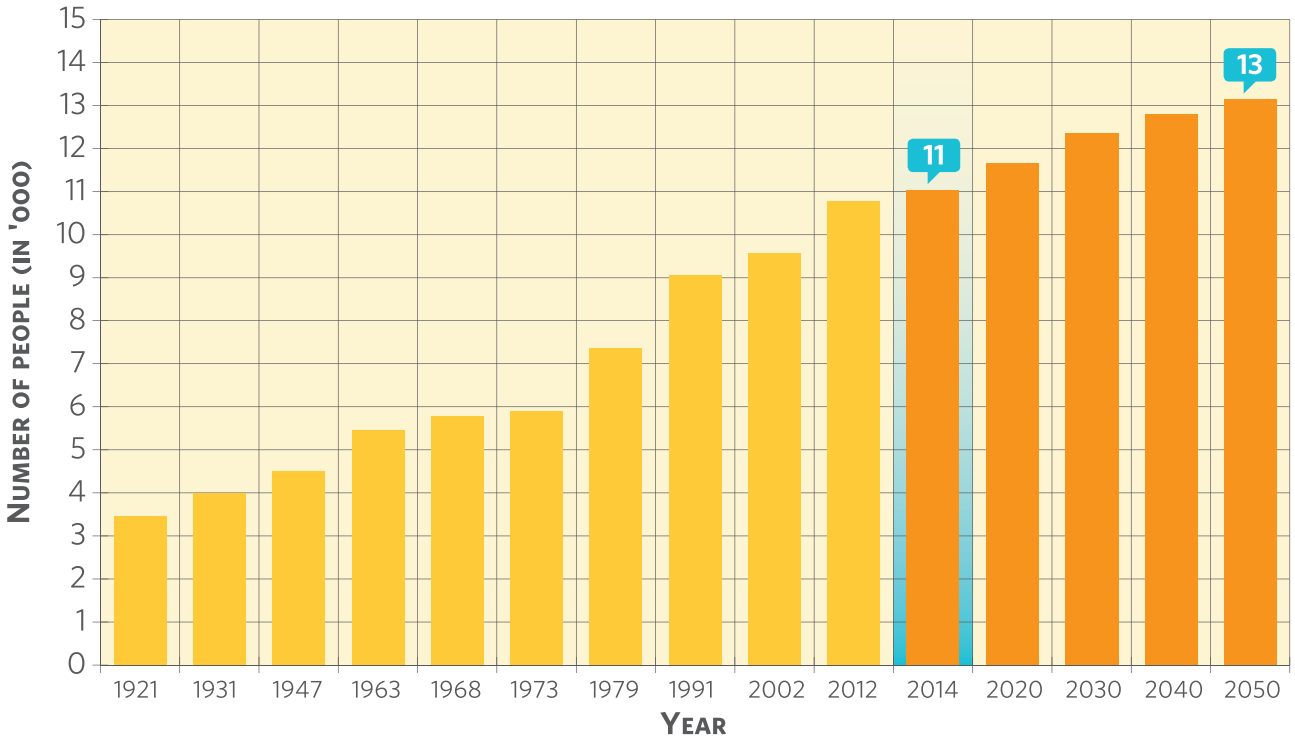
- Managing international migration and addressing its consequences;
- Addressing outer islands depopulation and rural development;
- Urban over-crowding and environmental management;
- Accelerating mortality decline, especially infant and child mortality;
- Accelerating the fertility transition and reducing teenage fertility;
- Reducing the unmet need for family planning;
- Improving the quality and timeliness of population data;
- Improving women's participation in politics.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	10,782	2012
Current population estimate[2]	11,000	2014
Estimated growth rate (annual %)[2]	1.1	2014
Rate of natural increase (%)[2]	2.0	2014
Net migration rate (%)[2]	-0.9	2014
Total fertility rate, TFR (total/urban/rural)[2]	4.1/na/na	2012
Adolescent fertility rate, per ‰ (total/ urban/rural)[2]	44/na/na	2012
Infant mortality rate (IMR)[3]	31	2003-07
Life expectancy at birth (M/F)[2,3]	65.3/71.1	2003-07
Age composition		
Population 0-14 (%)[2]	33	2014
Population 15-24 (%)[2]	19	2014
Population 25-59 (%)[2]	39	2014
Population 60 and older (%)[2]	9	2014
Median age[2]	24.1	2014
Population geography		
Land area (sq km)	26	
Total population density (persons per sq km)[2]	424	2014
Urban population (%)[1]	57	2012
Economy		
Gross National Income (GNI) per capita ($)[4]	4,960	2011
Employment–Population Ratio (%)[1]	36	2012
HIV/AIDS and STI		
HIV prevalence rate (%)[5]	0.018	2011
Chlamydia Prevalence Rate among all tested (%)[6]	20	2013
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[7]	65.7	1990-09
Skilled attendant at delivery (%)[3]	97.0	2007
Contraceptive Prevalence Rate (%)[3]	22.4	2007
Unmet Need for contraception (%)[3]	24.2	2007
Gender		
Gender parity index in primary education[8]	100	2011
Gender parity index in secondary education[8]	152	2011
Gender parity index in tertiary education[8]	172	2009
Women in non-agricultural sector (%)[8]	36	2007
Seats held by women in parliament (%)[9]	6.7	2012

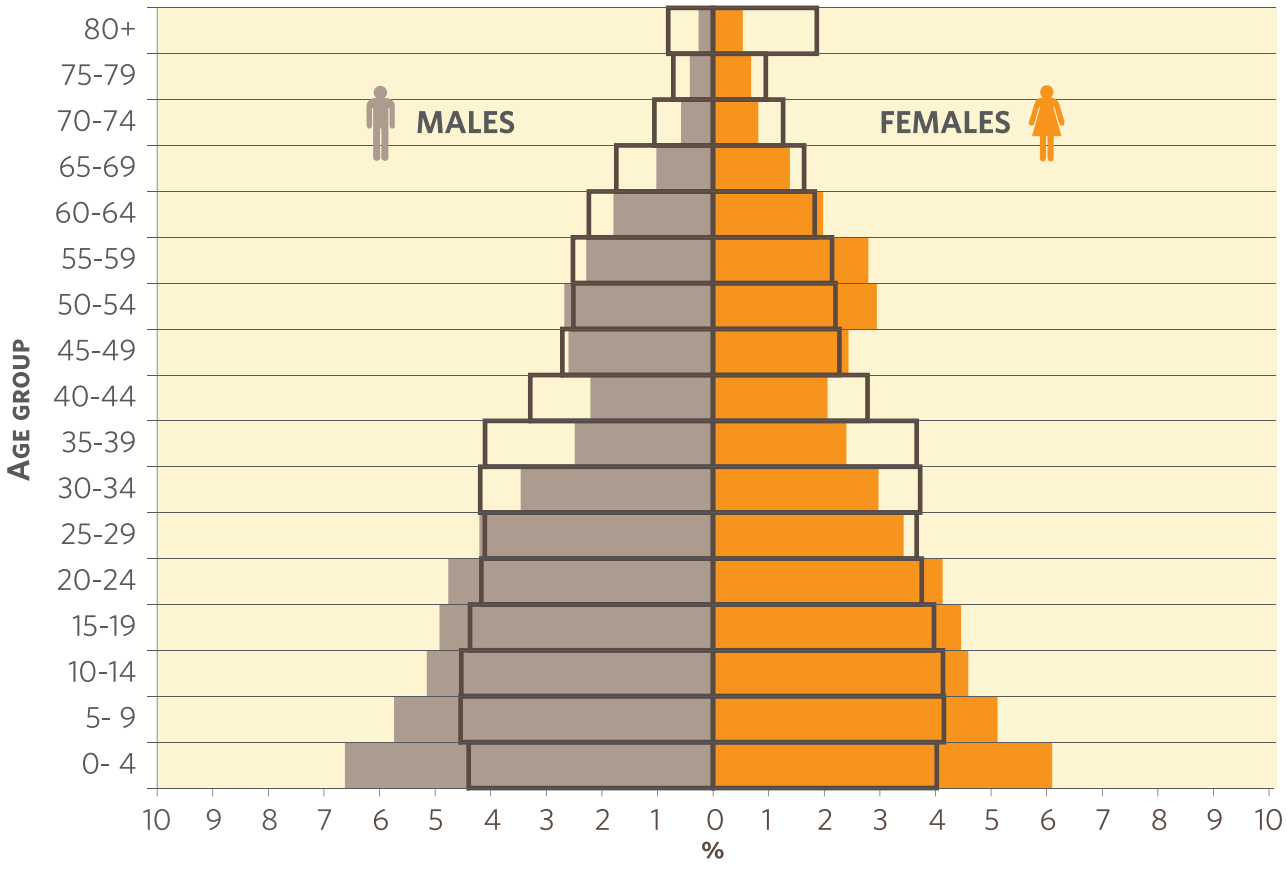
Sources: (1) Tuvalu 2012 Population and Housing Census, Volume 1 – Analytical Report; (2) UNFPA-PSRO estimate; (3) Tuvalu Demographic and Health Survey, 2007 DHS; (4) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (5) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (6) STI Country Surveillance Data Reports 2013, Secretariat of the Pacific Community (SPC); (7) Tuvalu MDG Progress Report 2010/2011; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Vanuatu

Vanuatu

OVERVIEW

The Republic of Vanuatu is an archipelago nation of more than 80 islands spread across 612,300km2 of the South Pacific. Vanuatu ranks 124th on the Human Development Index, and is among the poorest countries in the region. However, according to the ADB, Vanuatu's economy has outperformed most of the other Pacific island countries over the past decade due to implementation of structural reforms. Growth has been driven by the services, tourism, and construction sectors.

The current estimated population of 271 thousand is predominantly rural, with around a quarter living in urban areas of Port Vila and Luganville. Annual urban growth rate, however, is relatively high (3.5%) and the total urban population has doubled in the last two decades—an indication of continuing rural-urban migration.

Typical of the region, Vanuatu has a young population, with 57% aged under 25 years.

Vanuatu has experienced considerable improvement in health indicators over the last several decades, with declining mortality and increasing access to essential services.

According to the 2009 census data, infant mortality has fallen from 45 deaths per 1000 live births in 1989 to 21 in 2009, with similar declines in child mortality. Life expectancy has also reached relatively high levels—70 years for males and 73 years for females.

The maternal mortality ratio (MMR) is reported as 86 per 100,000 but there are doubts about the completeness of data on maternal deaths.

The total fertility rate has fallen significantly from 7.0 in the 1960s, but has stalled in the last decade with only a moderate decline from 4.6 in 1999 to 4.1 in 2009. Adolescent fertility remains relatively high at 66 births per 1000 women aged 15-19 years.

Available data suggest that contraceptive prevalence has steadily increased from 28% in the 1990s to 38% in 2007, although there is considerable variation between provinces. Use of contraception is lowest among rural, poor and less educated women as well as adolescents and women over the age of 40 years. The majority of users rely on modern methods, particularly short-acting hormonal methods. Analysis of family planning survey data in 1998 provides the only national estimate of unmet need for family planning, indicating that 30% of women aged 15-49 who are married or in union want to avoid pregnancy but are not using a method of contraception. These women risk unintended pregnancy, with smaller surveys in 2008 estimating that as many as 60% of pregnancies are mistimed or unwanted. Based on current contraceptive prevalence and unmet need, there is a considerable demand for family planning in Vanuatu. Almost 67% of women married or in union have a need for contraception, and around half of this need is not being met. An additional 2% are using traditional methods. Even if unmet need was to remain constant, the expected growth in the number of women of reproductive age will result in a significant increase in the number of women using contraception and therefore requiring services.

With a current population of approximately 271 thousand, Vanuatu shares with neighbouring Solomon Islands the distinction of having one of the highest rates of population growth in the Pacific (2.4 and 2.3 percent annual growth, respectively).

Only five women have been elected to Parliament since independence and there is only 1 woman MP in the current parliament (PACWIP). The Vanuatu Priority Actions Agenda calls for a quota of 30 per cent women in Parliament. Vanuatu acceded to CEDAW 1995.

POPULATION AND DEVELOPMENT CHALLENGES

The underlying challenge for Vanuatu is to implement the approved national population policy, which addresses the issues described above. The following need particular attention:

- Accelerating the fertility transition, which appears to have stalled, in the context of a predominantly rural and widely dispersed population is daunting population challenge facing Vanuatu. Family planning and reproductive health programmes needs strengthening;

- Verifying maternal deaths and improving the reliability and completeness of data collection by strengthening the vital statistics systems, including the health information system;

- Improving access to safe motherhood and emergency obstetric care;

- Investigating and addressing increased infant mortality in urban areas;

- Addressing high teenage fertility by improving access to youth-friendly services throughout the country, particularly in rural areas. Family life education in schools would help to raise awareness of the consequences of early child-bearing;

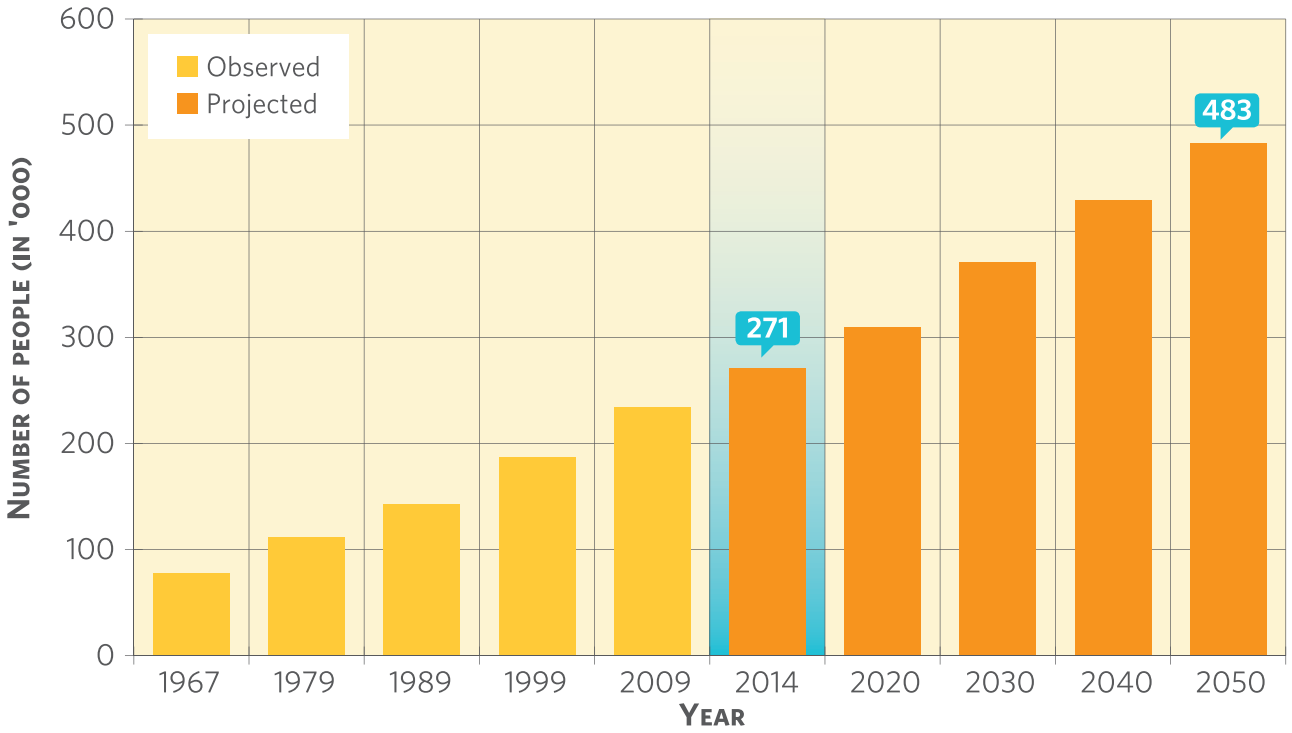
- A national VAW prevalence study was carried out by Vanuatu National Survey on Women's Lives and Family Relationships: Vanuatu Women's Centre in partnership with the Vanuatu National Statistics Office. Among women who have ever been married, lived with a man, or had an intimate sexual relationship with a partner, 3 in 5 (60%) experienced physical and/or sexual violence in their lifetime; more than 2 in 3 (68%) experienced emotional violence; more than 1 in 4 (28%) was subjected to several forms of control by their husband or partner, more than 2 in 3 (69%) experienced at least one form of coercive control, and most of these were living with physical and sexual violence.

POPULATION AND DEVELOPMENT INDICATORS

Indicator	Value	Year
Demographic dynamics		
Population last census[1]	234,023	2009
Current population estimate[2]	271,100	2014
Estimated growth rate (annual %)[2]	2.4	2014
Rate of natural increase (%)[2]	2.4	2014
Net migration rate (%)[2]	0	2014
Total fertility rate, TFR (total/urban/rural)[1]	4.1/3.2/4.4	2009
Adolescent fertility rate, per ‰ (total/ urban/rural)[1]	66/40/77	2009
Infant mortality rate (IMR)[1]	21	2009
Life expectancy at birth (M/F)[1]	69.6/72.7	2009
Age composition		
Population 0-14 (%)[2]	37	2014
Population 15-24 (%)[2]	20	2014
Population 25-59 (%)[2]	37	2014
Population 60 and older (%)[2]	6	2014
Median age[2]	21.6	2014
Population geography		
Land area (sq km)	12,281	
Total population density (persons per sq km)[2]	22	2014
Urban population (%)[1]	24	2009
Economy		
Gross National Income (GNI) per capita ($)[3]	2,870	2011
Employment–Population Ratio (%) [1]	30	2009
HIV/AIDS and STI		
HIV prevalence rate (%)[4]	0.002	2011
Chlamydia Prevalence Rate among all tested (%)[5]	22	2012
Reproductive health		
Maternal Mortality Ratio (per 100,000 births)[6]	86.0	2007
Skilled attendant at delivery (%)[6]	74.0	2007
Contraceptive Prevalence Rate (%)[6]	38.4	2007
Unmet Need for contraception (%)[7]	30.0	1998
Gender		
Gender parity index in primary education[8]	97	2011
Gender parity index in secondary education[8]	110	2011
Gender parity index in tertiary education[8]	85	2008
Women in non-agricultural sector (%)[8]	38.9	2008
Seats held by women in parliament (%)[9]	0	2012

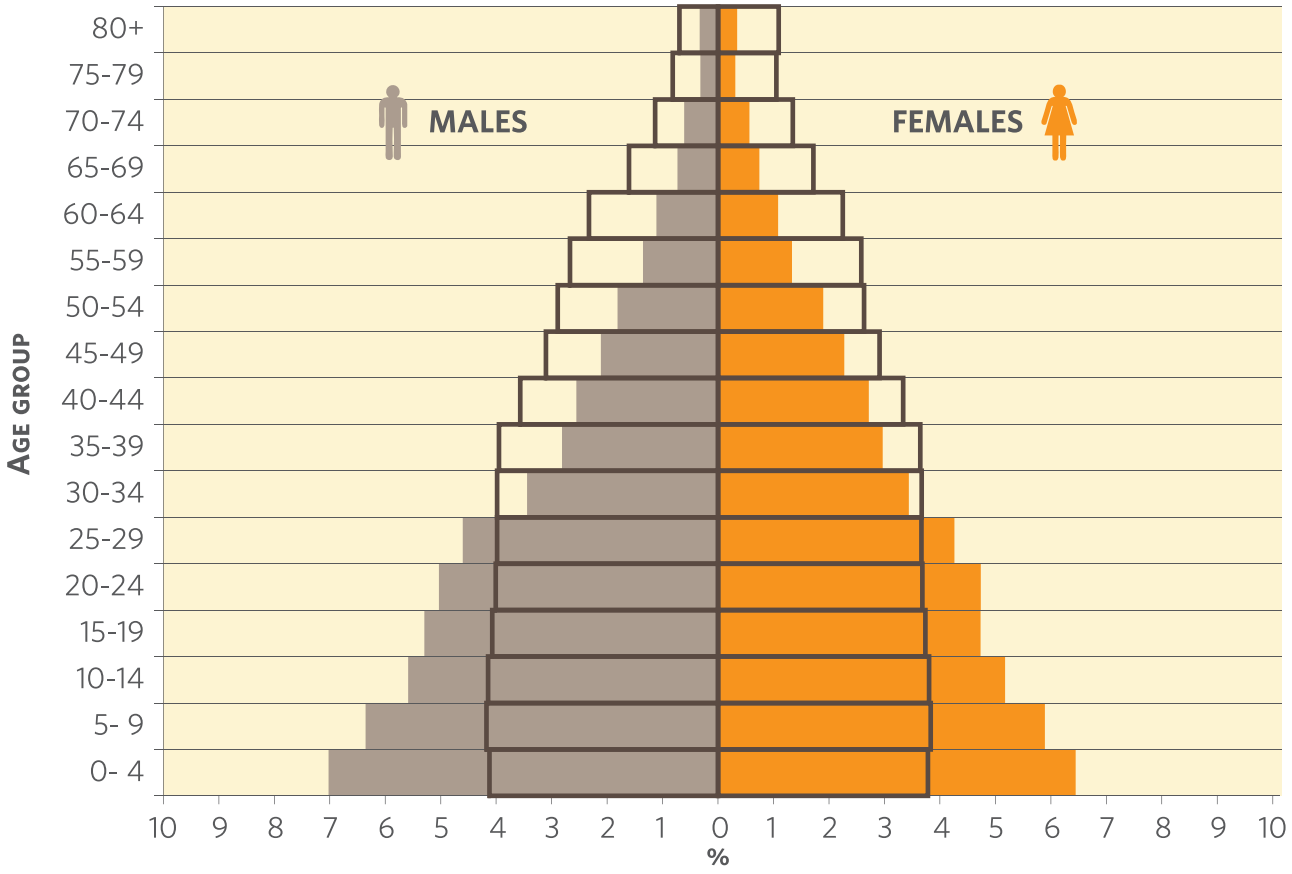
Sources: (1) 2009 National population census report (VNSO); (2) UNFPA-PSRO estimates; (3) Asian Development Bank, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics; (4) HIV Surveillance in Pacific Island Countries and Territories, 2011 report, Secretariat of the Pacific Community (SPC), 2013; (5) STI Country Surveillance Data Reports 2012, Secretariat of the Pacific Community (SPC); (6) Vanuatu Multi Indicator Cluster Survey 2007, Ministry of Health, Vanuatu and MDG 2010 Report for Vanuatu, Prime Minister's Office, Vanuatu; (7) The case for investing in family planning in Vanuatu, , Burnet Institute and Family Planning International on behalf of Compass: the Women's and Children's Health Knowledge Hub. Melbourne, Australia. 2012; (8) 2013 Pacific Regional MDGs Tracking Report, Pacific Islands Forum Secretariat, August 2013; (9) Pacific Women in Politics (PACWIP) http://www.pacwip.org/women-mps/national-women-mps/.

POPULATION TREND



NOTE: for an explanation on projection methodology, refer to Annex 1

POPULATION BY AGE AND SEX: 2015 (SHADED AREA) AND 2050 (OUTLINED)



Pacific Island Countries ranked by Indicator

Number of women aged 15-49 years, PIC: 2014

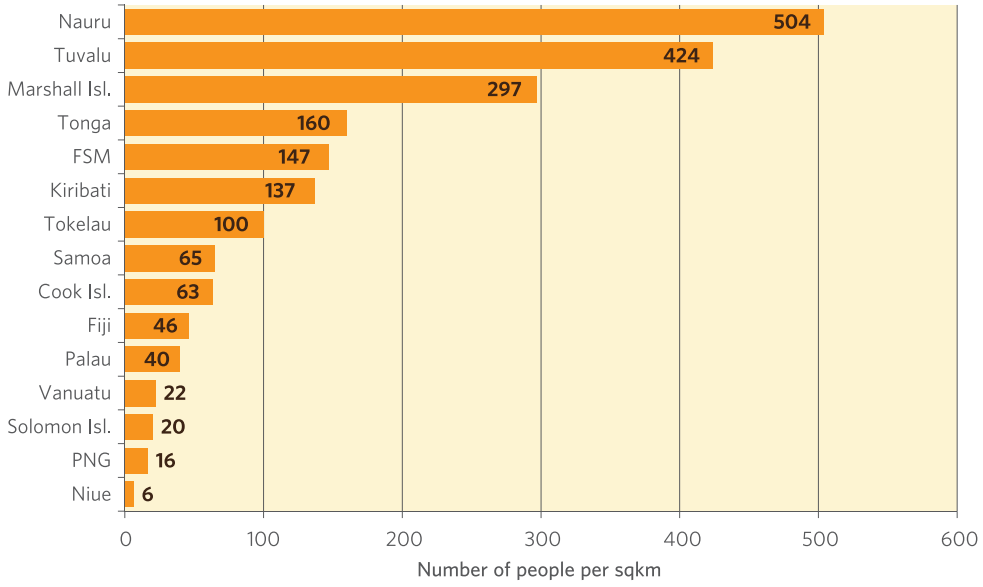
Country	Number of women ('000)
PNG	1,885.3
Fiji	214.1
Solomon Islands	149.1
Vanuatu	68.2
Samoa	41.8
Kiribati	29.2
Tonga	25.4
FSM	24.6
Marshall Islands	12.6
Palau	4.4
Cook Islands	3.5
Tuvalu	2.6
Nauru	2.4
Niue	0.3
Tokelau	0.3
TOTAL	**2,464**

Source: UNFPA-PSRO estimates

The estimated number of **women aged 15-49 years** for the year 2014 is based on a cohort-component projection for each country using the most recent census population as the base population for projections, and estimated levels and trends of fertility, mortality and migration based on latest information available. The projection methodology of the UN Population Divisions serves as a general guideline for the projections (Annex 1). Obviously the number of women aged 15-49 is highest in countries with the overall highest population size. The estimated number of women of reproductive age (15-49 years) serves as a guide to measure demand for reproductive health commodities.

The **Population Density** is the number of people per square kilometer. While the large Melanesian countries like the Solomon Islands and Vanuatu are sparsely populated, despite their large populations, small island countries such as Nauru, Tuvalu and the Marshall Islands are densely populated because their small land area in relation to their population size.

Population density

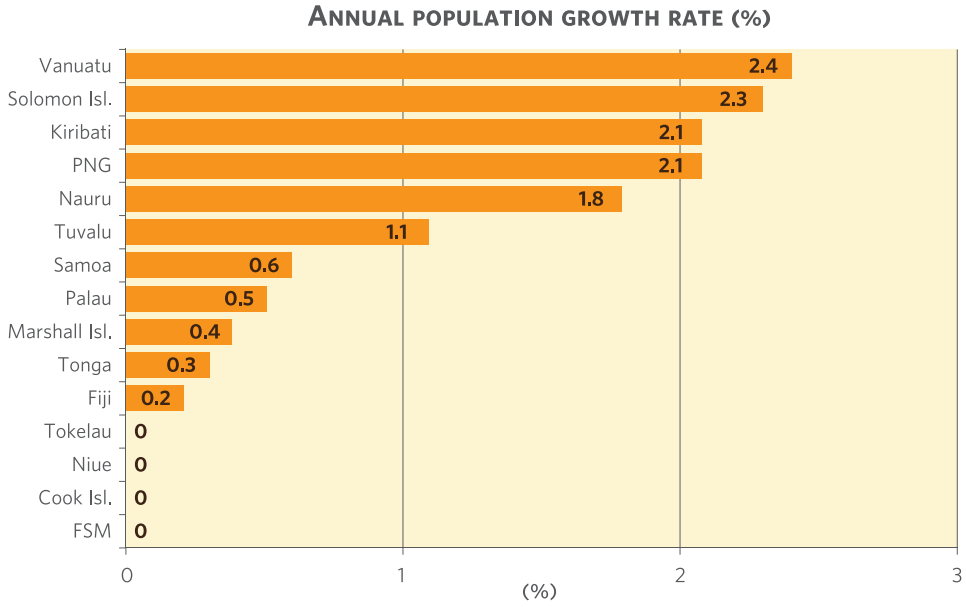


Source: latest available population census

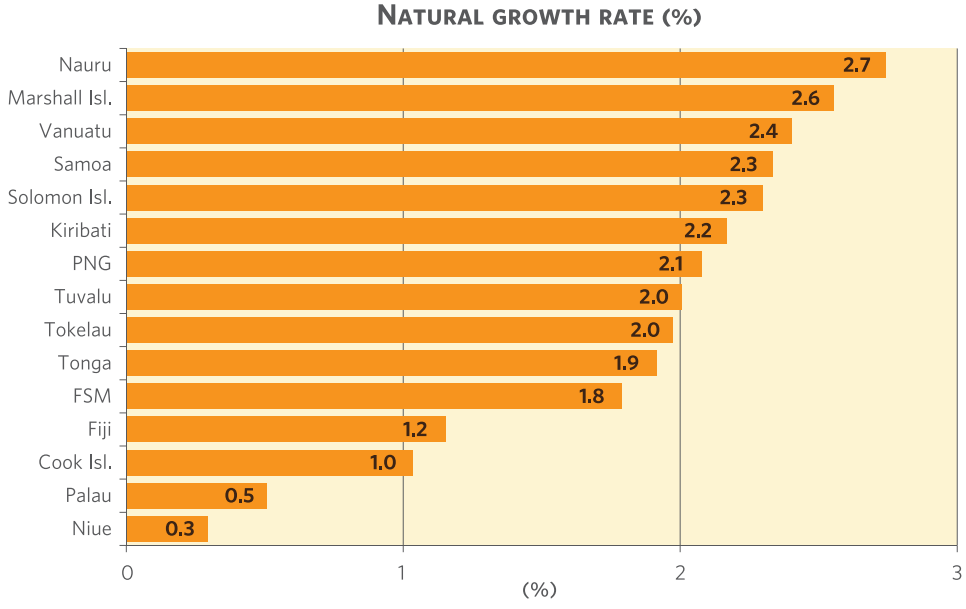
The **population growth rate** is the sum of births rates, death rates, and migration rates. Countries such as Niue, the Cook Islands, the Federated States of Micronesia, and Tokelau are subject to high emigration rates, which results in very low or zero population growth. On the other hand, countries with a high growth rate have a high natural growth rate (birth rate), and are subject to little international migration such as Vanuatu, the Solomon Islands, and Kiribati.

The **natural growth rate** is the difference between birth rates and death rates. It is not affected my migration. Countries with high natural growth are characterized by high fertility rates – a high number of children per woman. Countries with low natural growth not only have low fertility rates, but also high death rates because they have a relatively large proportion of elderly people.

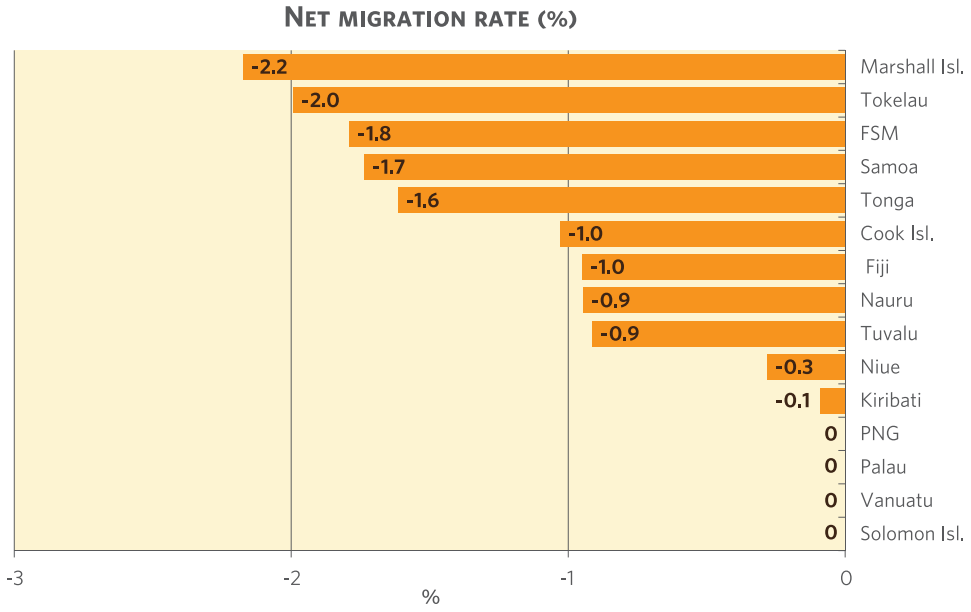
The **net migration rate** is the difference between arrivals (immigrants) and departures (emigrants). Almost all Pacific Island countries are subject to negative migration rates, meaning that more people leave the country than arrive during a certain time period. High negative migration rates often counterbalance high natural growth rates such as in the Marshall Islands, Samoa and Tonga.



Source: UNFPA-PSRO estimates

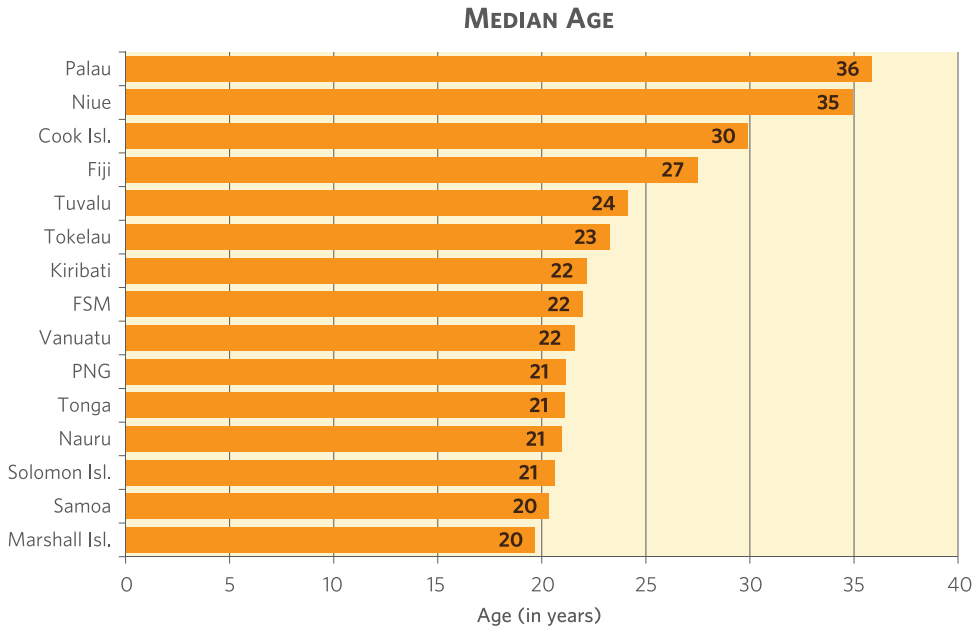


Source: UNFPA-PSRO estimates



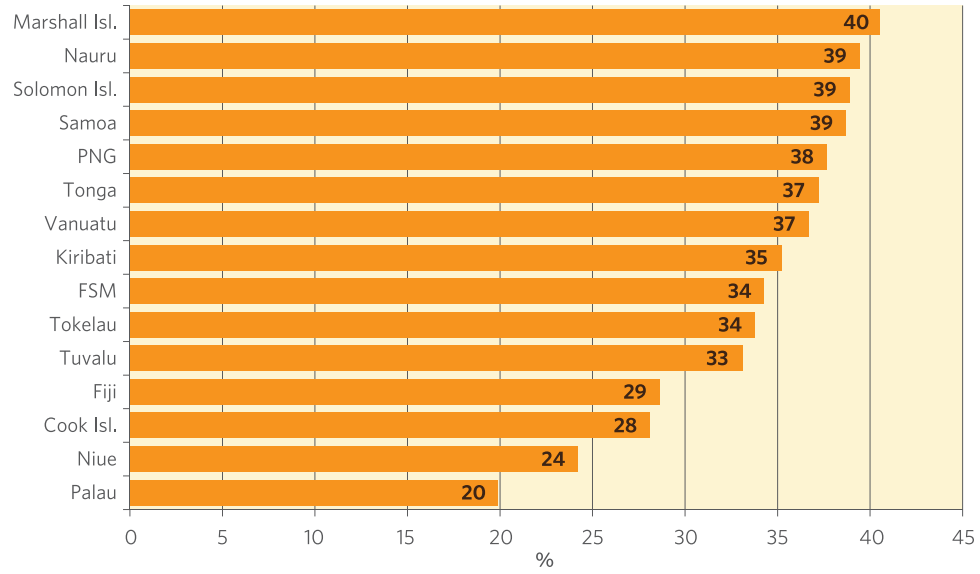
Source: UNFPA-PSRO estimates

The **Median Age** is the age at which exactly half the population is older and half is younger. Populations with a high median age usually have a high proportion of older people, and a low fertility rate (number of children per woman). Populations with a low Median Age are usually characterized by a high proportion of children and high fertility rates.



Source: latest available population census

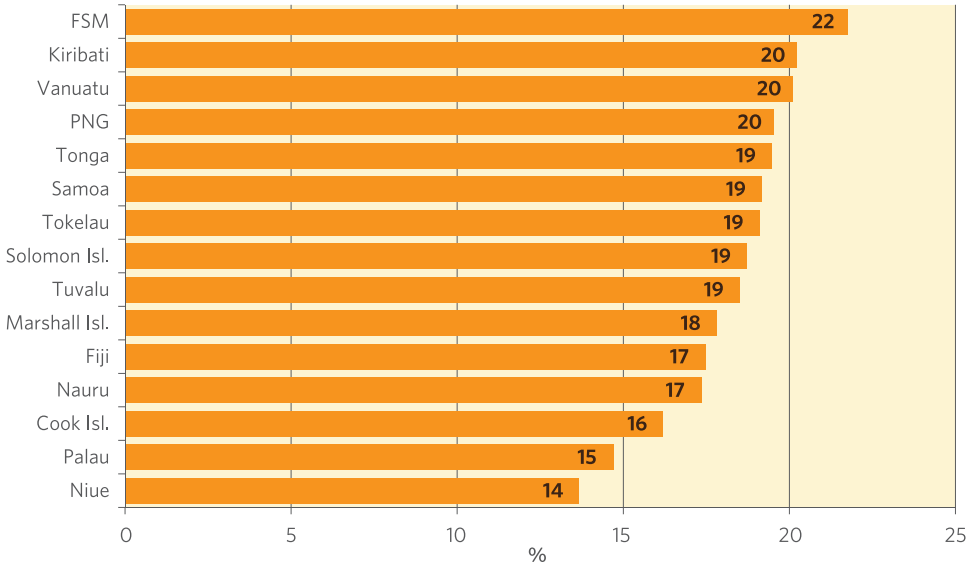
PROPORTION OF POPULATION YOUNGER THAN 15 YEARS OF AGE (%)



Source: latest available population census

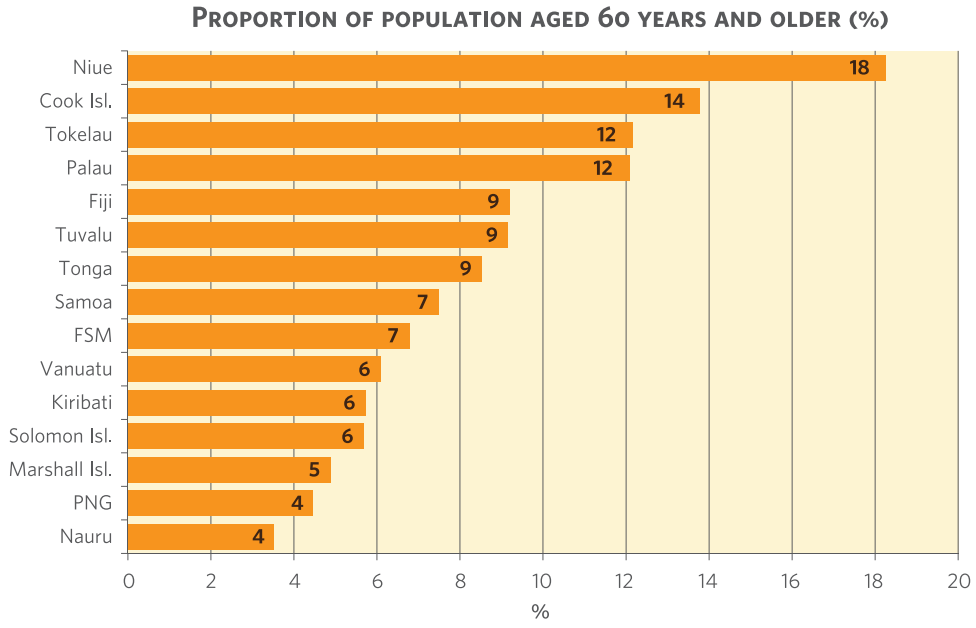
High **proportions of young people** in a population are the direct result of high fertility rates; the high the number of children born per woman, the higher the proportion of children in the population. A young population has a high population growth potential, because these young people will grow older and will have children on their own. Because of their large numbers, they will produce even more children even if fertility levels decline *(refer to population momentum).*

YOUTH POPULATION AGED 15-24 YEARS AS PROPORTION OF TOTAL POPULATION (%)



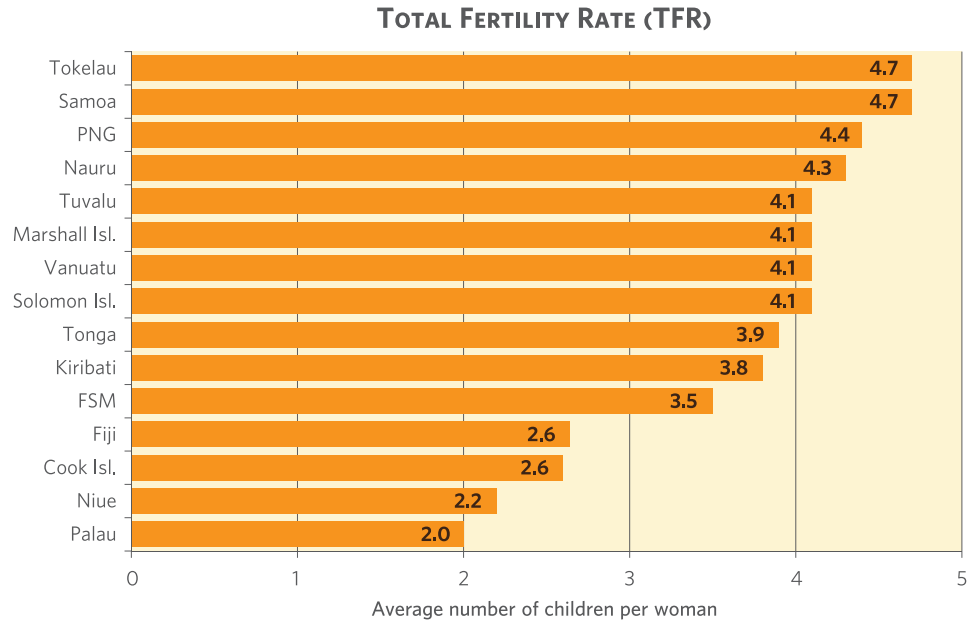
Source: latest available population census

A **high proportion of a youth population aged 15-24 years** – the so-called **youth bulge** – is the result of past and or current high fertility rates. Even if fertility levels recently declined, proportion of the youth population can still be high due to past high levels of fertility. This is often referred to as the *population momentum*, where a population continues to grow despite low fertility rates because of the relatively high concentration of people in the young age groups.



Source: latest available population census

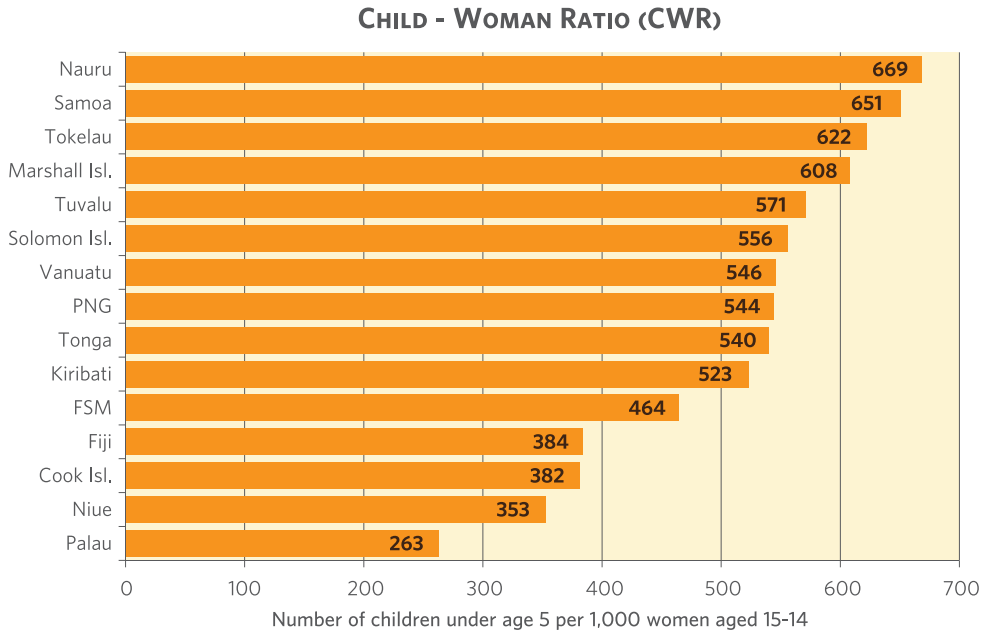
The **proportion of the elderly population aged 60 years and older** increases world-wide – also in the Pacific, which is referred to as the *ageing* of the population. Proportions of the elderly are especially high in countries with relatively low birth (fertility) rates. It can also be caused by the return of people to their country of birth once they retire from working life from a country other than their birth-country. This is particularly so for countries such as the Cook Islands, Tokelau and Niue, where retirees return from New Zealand.



NOTE: for reference year, please refer to country-specific table on Population and development indicators

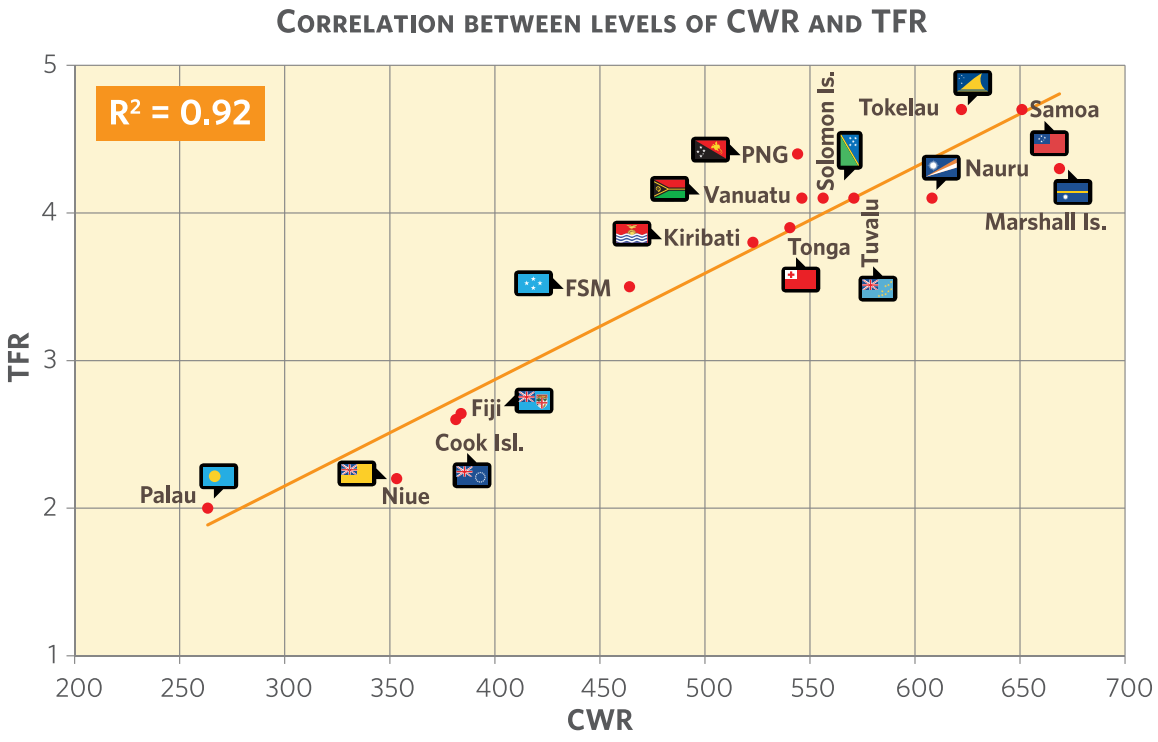
The **Total Fertility Rate (TFR)** is the average number of children born per woman. The Pacific Island countries are characterized by a wide range of fertility levels; from as low as 2 children per woman in Palau and Niue, to almost 5 in Samoa (and Tokelau). There are a number of reasons why fertility rates remain high in some countries, and they vary.

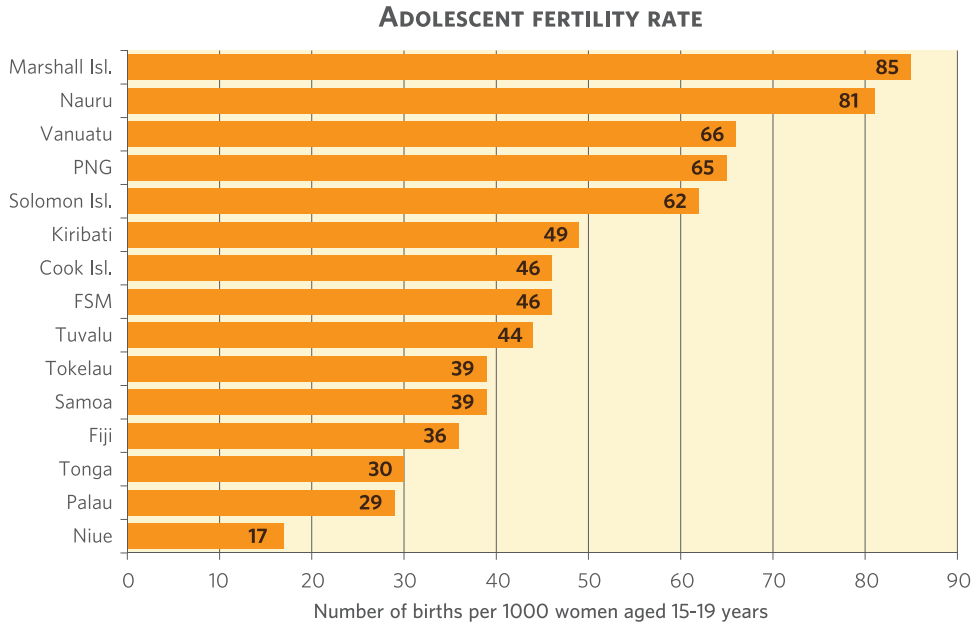
Often high fertility rates are associated with low use and/or access to contraceptives, lower educational levels of women, and/or lower involvement of women in the work force. It can also be caused by the absence of a pension system were people have to rely on the support and care from their children at old age. High fertility rates are often associated with low levels of urbanization and exposer to 'modern life'. Cultural values and believes also play a crucial role.



Source: latest available population census

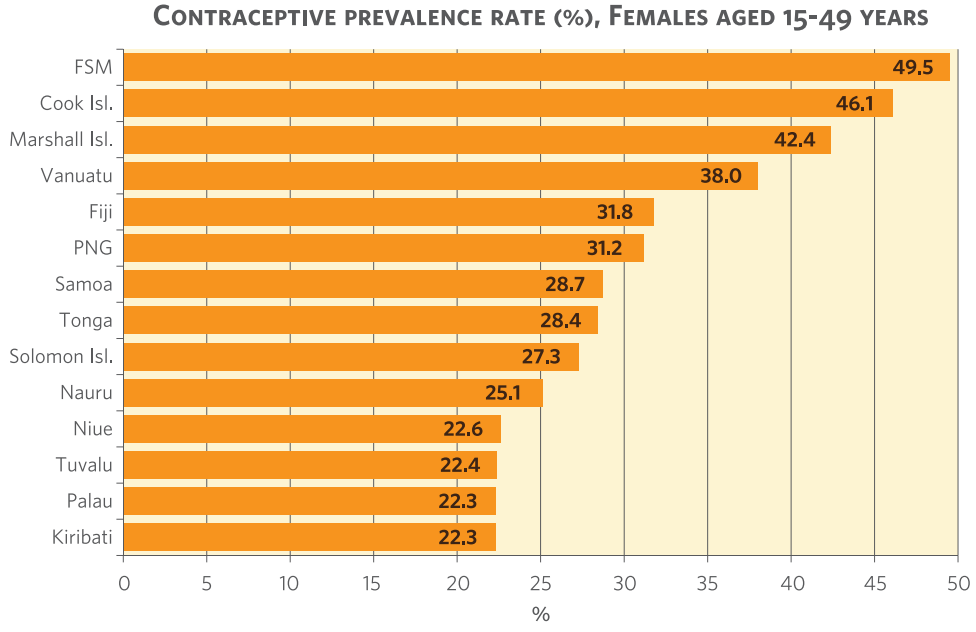
The **Child-Woman Ratio (CWR)** is the number of children younger than 5 years of age per 1000 women aged 15-49 years. It can be directly calculated from an available population age structure. The CWR is closely linked to the Total Fertility rate (TFR), although it is not as refined as the TFR. However, the CWR is a robust indicator of the level of fertility in the absence of more precise data as there is a near perfect correlation between the CWR and the TFR (see graph below).





NOTE: for reference year, please refer to country-specific table on Population and development indicators

The **Adolescent (or Teenage) Fertility Rate** is defined as the number of births per 1000 women aged 15-19 years of age. The adolescent fertility rate is highly useful in the planning of reproductive health services to improve the health and well-being of adolescent mothers and their children. Motherhood at a very young age entails a risk of maternal mortality that far exceeds the average, and the children of young mothers tend to have higher levels of morbidity and mortality. Because adolescents are physiologically and socially immature, health risks associated with their pregnancies and childbearing tend to be more pronounced than are those among older women. Adolescent women also face increased risks during pregnancy and childbirth because they tend to have less information and access to prenatal, delivery and postpartum care as compared with older women. In this regard, more needs to be done to avoid teenage pregnancies especially in the Marshall Islands, Nauru, Vanuatu, PNG, and the Solomon Islands.

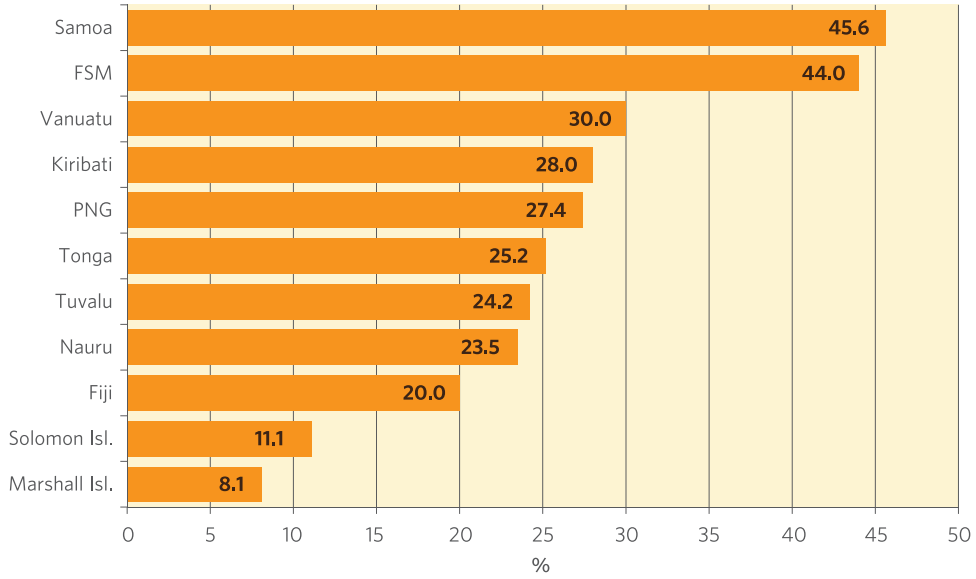


NOTE: for reference year, please refer to country-specific table on Population and development indicators

The **Contraceptive prevalence rate** is defined as the proportion of women of reproductive age (15-49 years) using any method of contraception at a given point in time. The measure indicates the extent of people's conscious efforts and capabilities to control their fertility

A woman is considered to have an **unmet need for family planning** if she is of reproductive age and able to become pregnant, is married or in consensual union, wants no more children or wants to delay pregnancy by two years or more, and is not using any method of contraception.

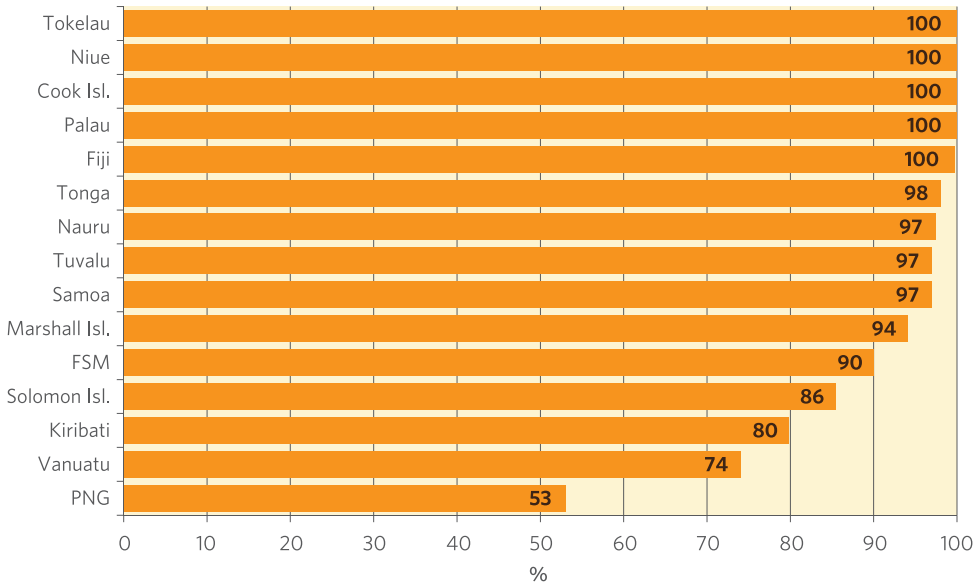
Unmet need among women aged 15-49 years for contraceptives



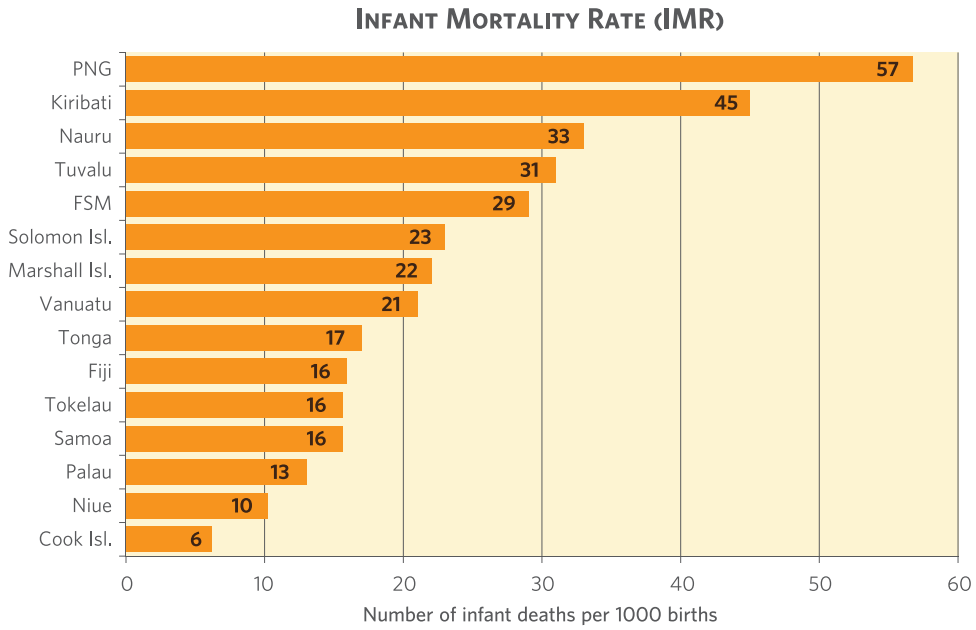
NOTE: for reference year, please refer to country-specific table on Population and development indicators

A **Skilled Birth Attendant** is an accredited health professional - such as a midwife, doctor or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. Traditional birth attendants, trained or not, are excluded from the category of skilled attendant.

Proportion of births attended by a skilled professional



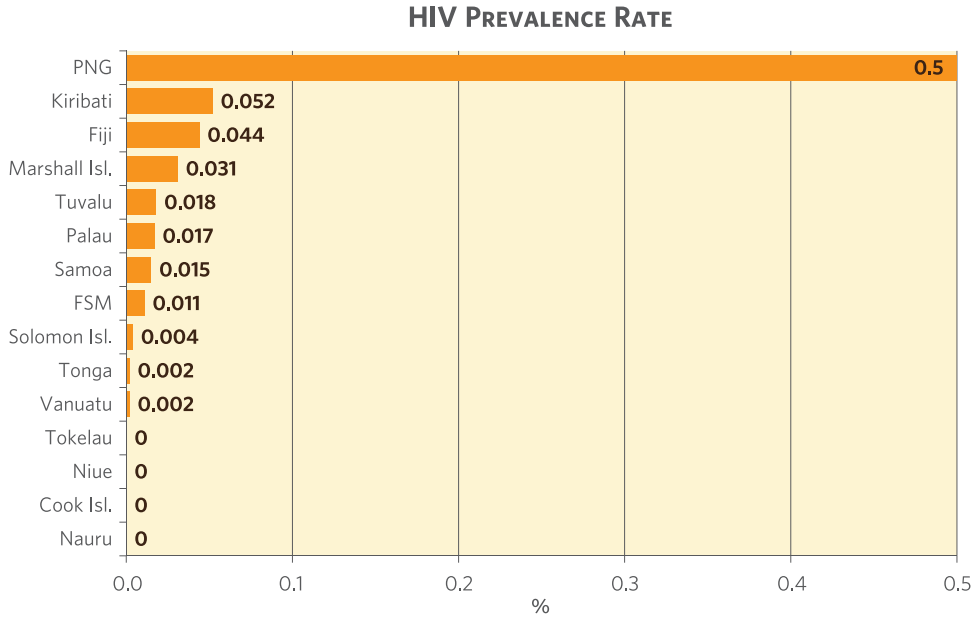
NOTE: for reference year, please refer to country-specific table on Population and development indicators



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The death of a baby before his or her first birthday is called infant mortality. The **Infant Mortality Rate (IMR)** is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants. Common causes of infant deaths include babies born with a serious birth defect, born too small and/or too early, are victims of Sudden Infant Death Syndrome, are affected by maternal complications of pregnancy, or are victims of injuries. In general high infant mortality rates are also a reflection of poor reproductive health care systems.

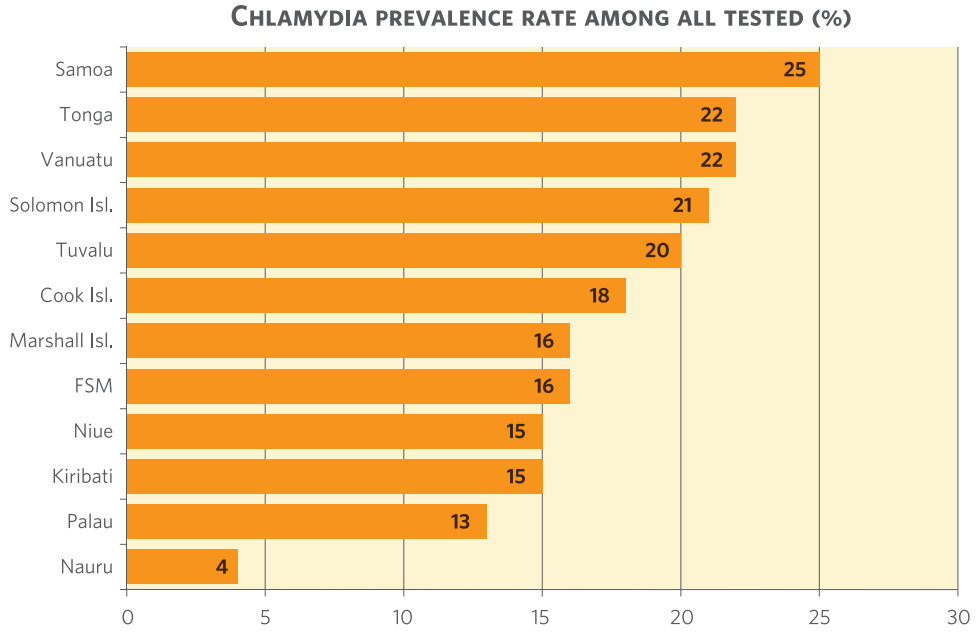
Some of the measures that should be undertaken to reduce infant mortality rates, is to improve infant, child and maternal health by improving primary health care programmes, improve emergency obstetric care to decrease neo natal mortality, and expand immunization programmes. In view of the very high IMR in PNG and Kiribati, it is urgent to address the issues mentioned above.



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The **HIV prevalence rate** is the percentage of people ages 15-49 who are infected with Human Immunodeficiency Virus (HIV).

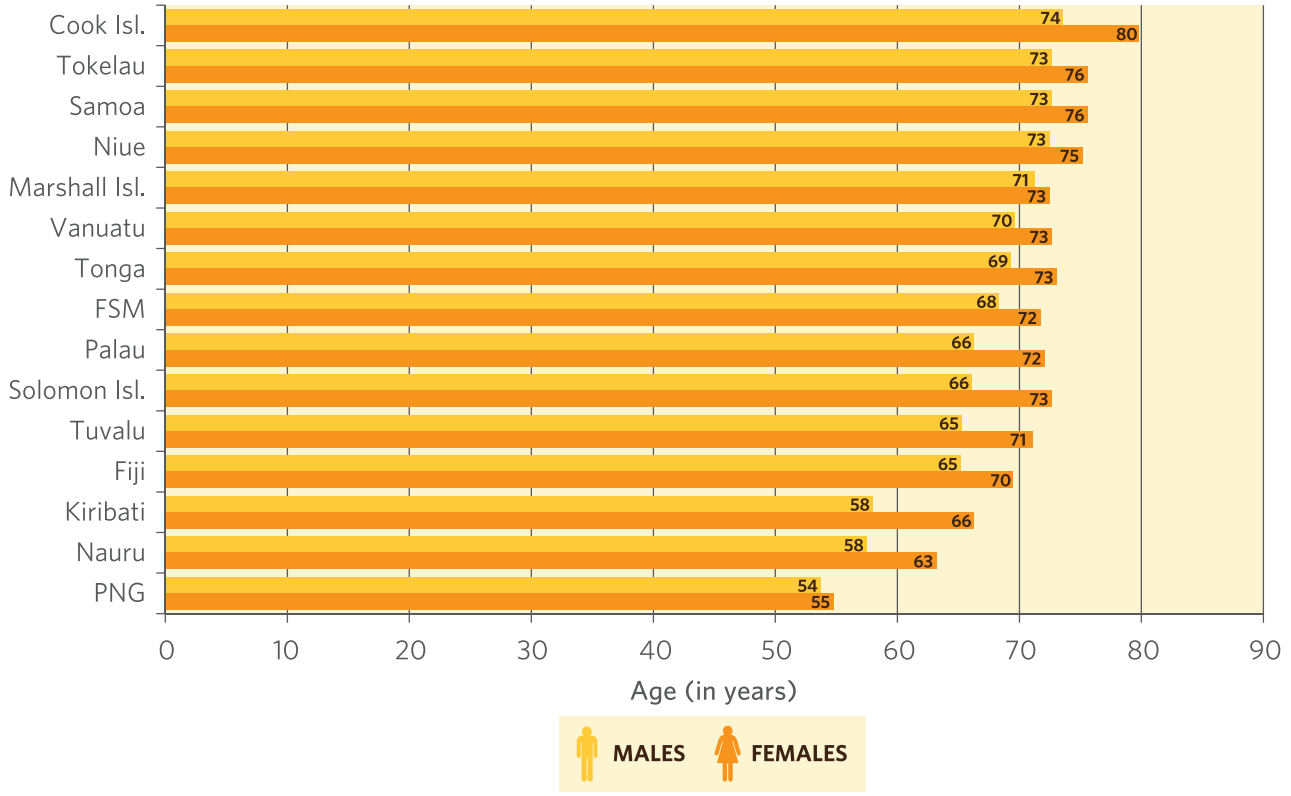
The Pacific (excluding PNG) is experiencing a low level HIV epidemic, across all countries and subpopulation groups. A low-level epidemic is an epidemic where HIV prevalence has consistently not exceeded 1% in the general population nationally, nor 5% in any sub-population. Five Pacific Island countries and territories (PICTs), (Cook Islands, Nauru, Niue, Pitcairn and Tokelau) had no people living with HIV at the end of 2012. The estimated prevalence among adults aged between 15 and 49 years in the 16 PICTS that reported people living with HIV at the end of December 2012 was less than 0.1%. The estimated prevalence in PNG at the end of December 2010 at selected sentinel urban antenatal clinics (ANC) sites was 0.7% and 0.5% at selected rural ANC sites (HIV Surveillance in Pacific Island Countries and Territories, 2012 report, Public Health Division, SPC).



Source: STI Country Surveillance Data Reports, Secretariat of the Pacific Community (SPC)

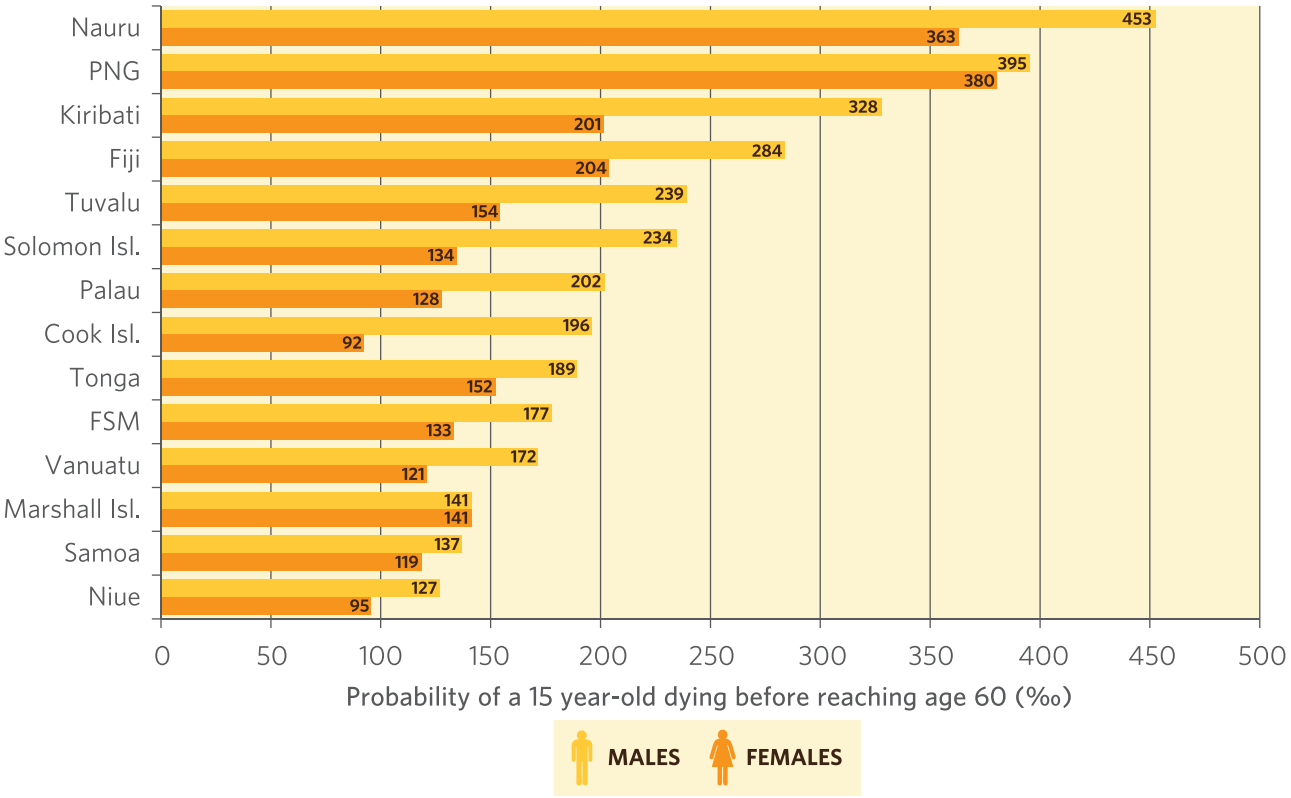
The main findings of STI surveys and testing undertaken in the PIC show **high prevalence of STIs;** limited knowledge of modes of HIV transmission; low rates of condom use, particularly among young people; a high number of people with multiple sexual partners; and the common occurrence of commercial sex activities in most countries surveyed. Apart from the risks posed through the high prevalence of other STIs, common risk factors in the Pacific Islands region include a significant amount of travel into, out of, and within the region; and practices such as tattooing and polygamy. Further challenges are the uneven levels of development, the inequalities faced by women in all aspects of their lives, the increasing levels of violence against women, and the variable accessibility of health services (both preventive and curative). Large rural populations add to the difficulty of providing access to services and information.

Life Expectancy at Birth, (E(0)): Males and Females



NOTE: for reference year, please refer to country-specific table on Population and development indicators

Adult Mortality Rate (45q15)



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The **Life expectancy at birth** is the average number of years a newborn baby can expect to live on average. The **Adult mortality rate (45q15)** is the probability of dying between the ages of 15 and 60 years of age (percentage of 15 year olds who die before 60th birthday). Both measure are inversely related to each other, and are derived from a life table, which in turn is calculated based on the number of registered or estimated number of deaths by age group. Life tables are usually calculated for males and females separately. A life table is used to simulate the lifetime mortality experience of a population.

The life expectancy at birth is possibly the most important development indicator as it measures the overall health status of a population. Improved mortality rates mean that healthier people live longer lives. Life expectancies in the Pacific compare with 78.8 and 82.7 years for males and females in New Zealand. Life expectancy at birth in France is 78.1 and 84.8 years for males and females, and in Australia it is 79.3 and 83.9 years. Therefore an average person in New Zealand, France or Australia lives about 10 years longer than a person in Vanuatu, and about 20 years longer than a person in Nauru or Kiribati.

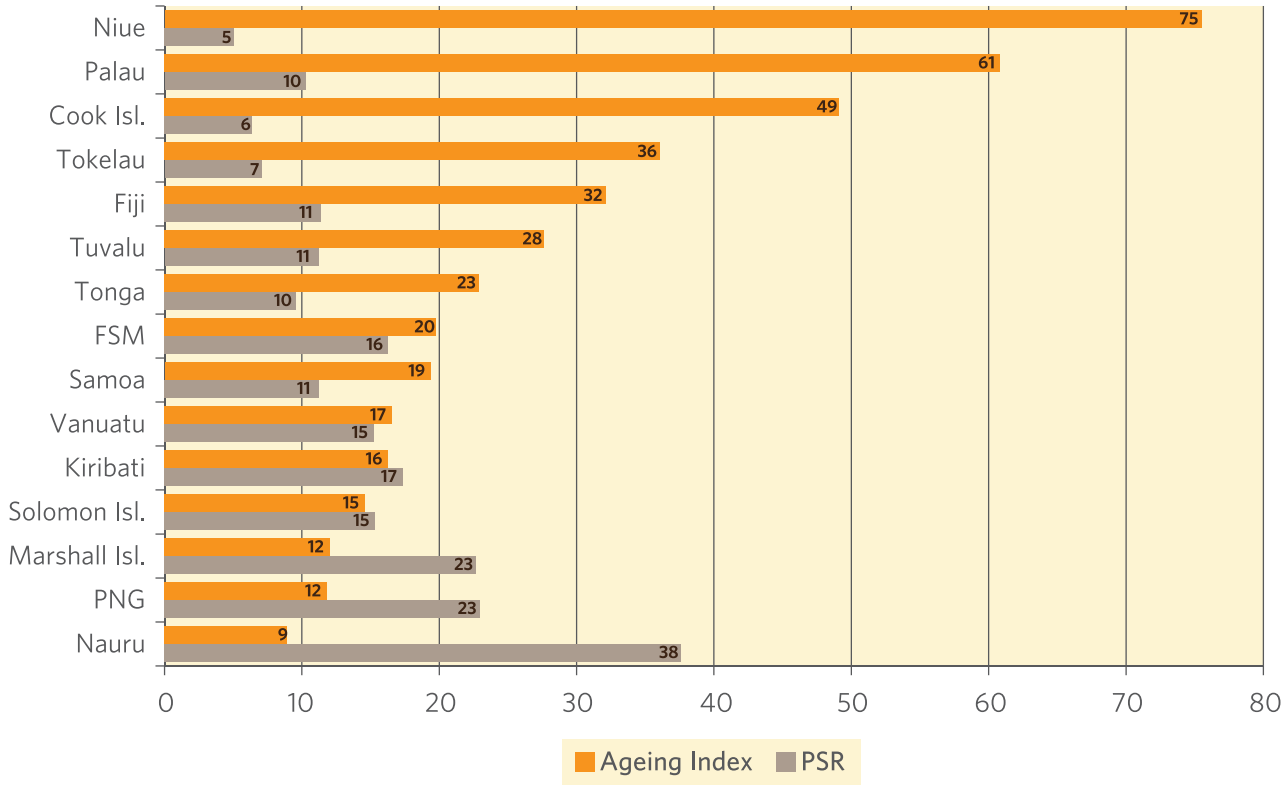
Generally world-wide, women live longer lives than males. This is also the case in the Pacific. Already at birth, a male infant has a higher risk of dying than a female infant, which is expressed in higher male than female infant mortality rates. In addition, male adult mortality rates are significantly higher than that of females, and the probability of a 15 year old male to die before reaching age 60 is much higher than that of a female, resulting in lower male life expectancies than females.

The low life expectancy at birth in PNG, Nauru and Kiribati is linked to the high Infant Mortality Rates (IMR), and high adult mortality rates in these two countries.

The health status of each individual and his/her family members is probably one of the most important concerns people have. Therefore, the availability, use and affordability of quality health care and medical services are major issues of concern. Government and health officials need to address the challenges of health services and the health care system. In working towards a healthier population, the following efforts should be made:

- Improve infant, child and maternal health by improving primary health care programmes;
- Improve emergency obstetric care to decrease neo natal mortality
- Expand immunization programmes;
- Prevent HIV and AIDS, and other STIs:
- Address the increasing occurrence of Non Communicable Diseases (NCDs);
- Combat the prevalence of diabetes and heart disease;
- Promote healthy eating habits and food nutrition programmes;
- Advocate a general healthy life style including regular physical exercise;
- Discourage smoking and excessive alcohol consumption;
- Provide a hygienic and safe living environment;
- Improve the quality of drinking water;
- Distribute bednets as a way of combating malaria.

Ageing Index and PSR



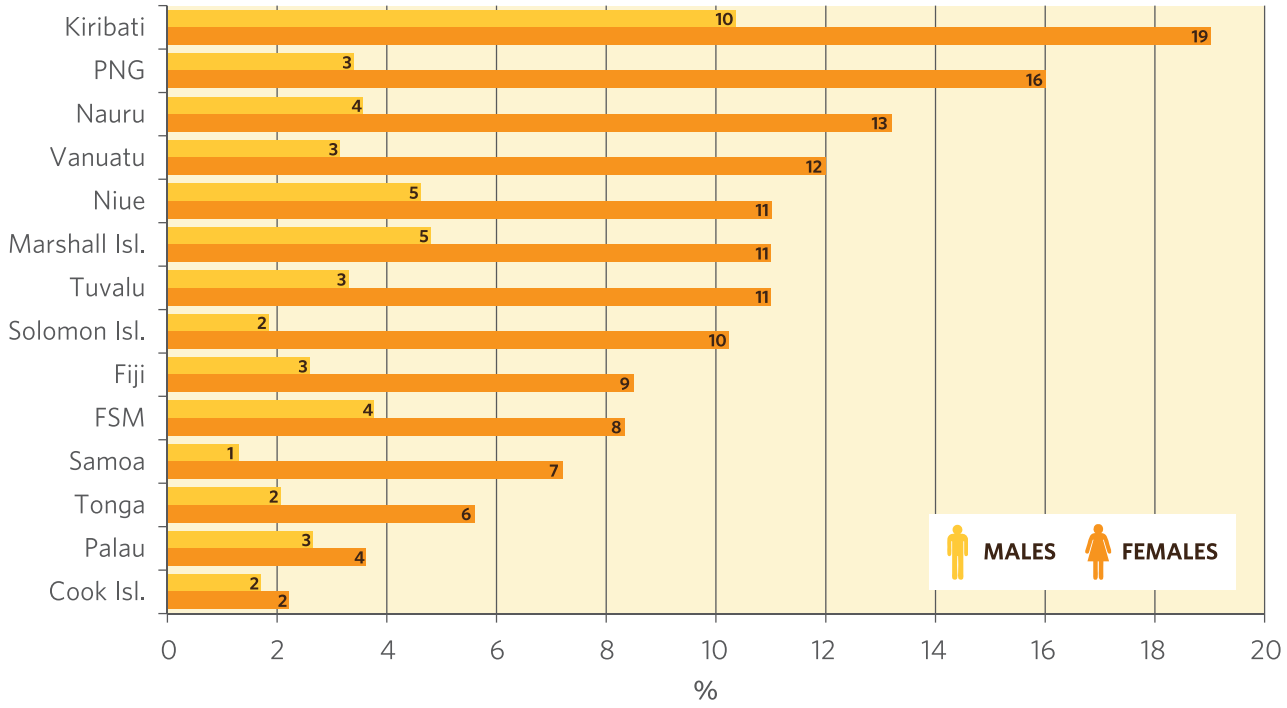
Source: latest available population census

The **Ageing Index** refers to the number of persons aged 60 years and older per 100 persons under the age of 15. An index of 100 means that the number of persons over 60 is equal to the number of children aged 0-14. An index above 100 means that there are more older persons in the population than there are children.

The **Potential Support Ratio (PSR)** is inversely related to the Ageing Index and refers to the ratio of population aged 15-64 to the population aged 65 and over. The PSR is a measure of the degree to which the population that is presumably no longer working is supported by the population that is working. A ratio of 1 means that 1 person of working age needs to support on average one elderly person. A falling PSR indicates that the population not working and aged 65 and over is rising relative to the population aged 15-64, thus increasing the "burden" on the working population.

In countries were the Ageing Index is high, the PSR is low, and vice versa. Countries with a high Ageing Index have a high proportion of elderly people, and a high Median Age. Addressing the needs of a rapidly ageing population will present major challenges for Pacific Island governments, communities and families. The provision of health services and long-term care for the old or disabled will be particularly difficult, especially in rural areas and outer islands. Many countries face the dual challenge of a resurgence of infectious disease and a growing burden of degenerative disease.

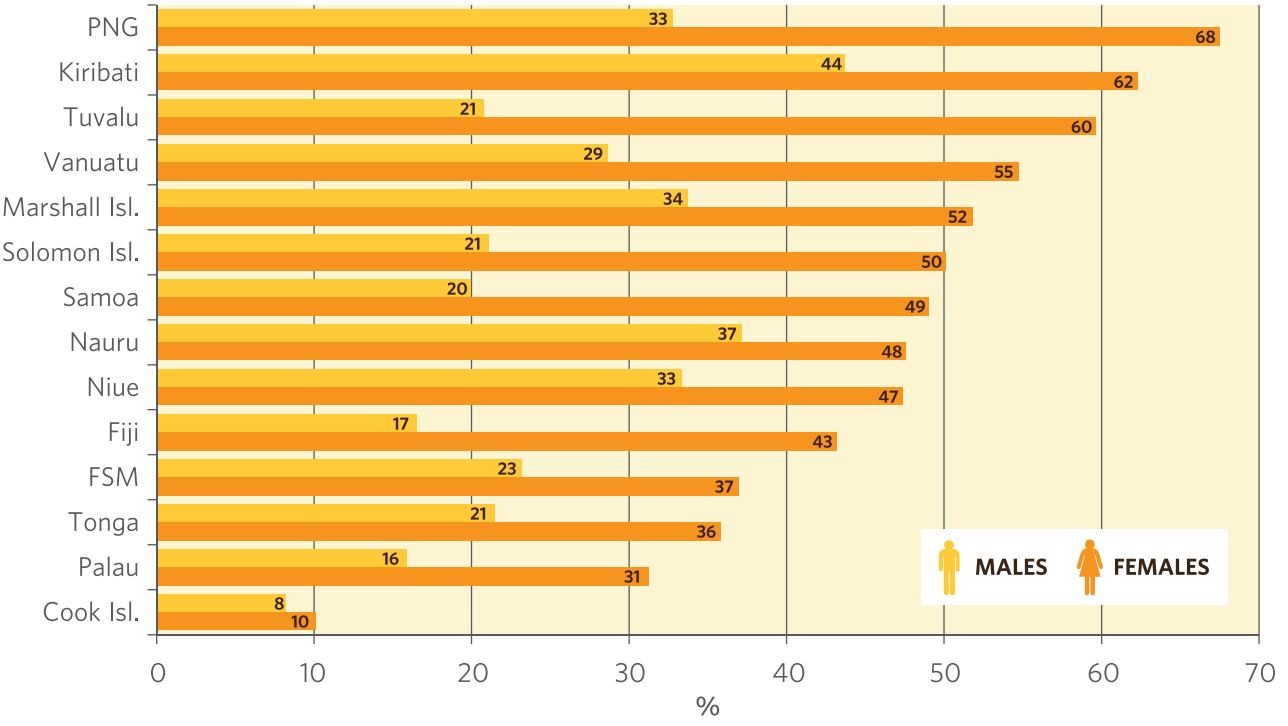
Proportion of males and females married at age 15-19 years



Source: latest available population census

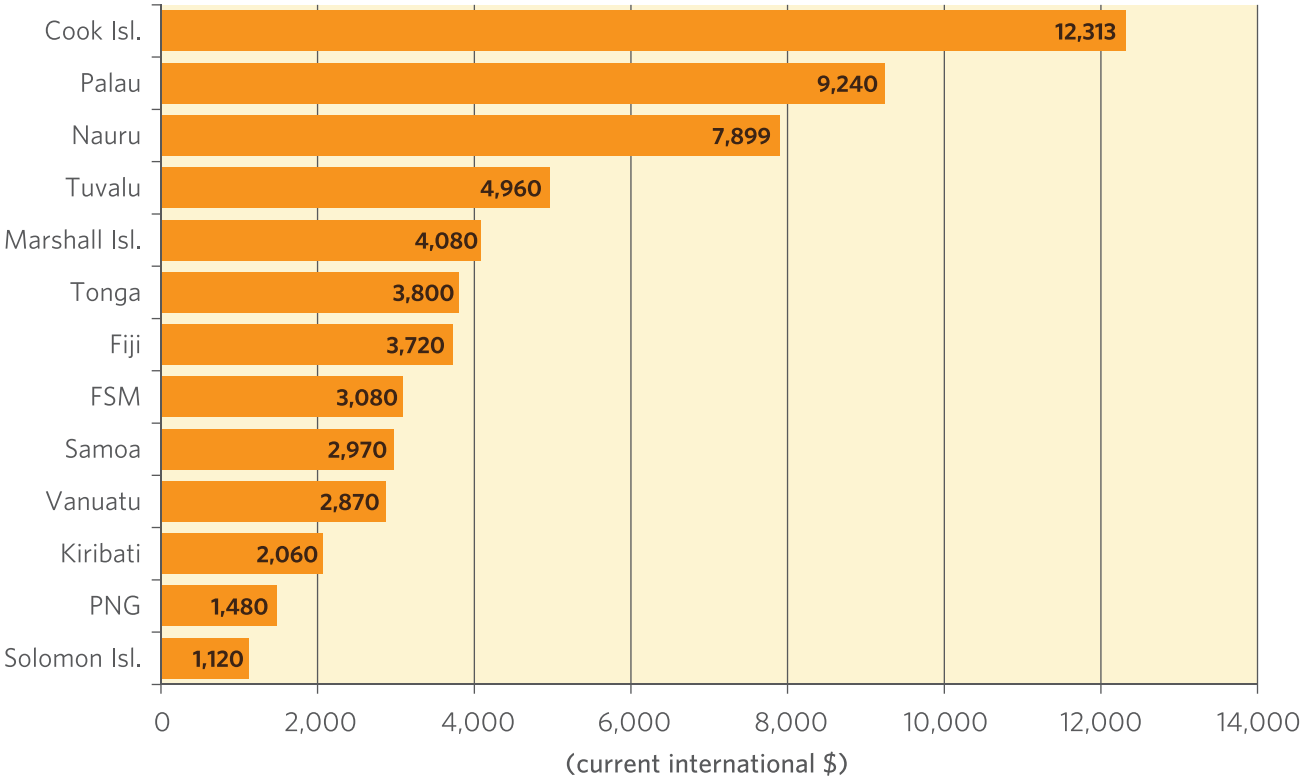
The **age at marriage** is an important indicator of exposure of women to the risk of pregnancy. In most societies, marriage sanctions childbearing and married women are exposed to a greater probability of becoming pregnant than unmarried women. Thus, women in populations in which age at marriage is low tend to start childbearing early and often have more children.

Proportion of males and females married at age 20-24 years



Source: latest available population census

Gross National Income (GNI) per capita: 2011



Source: ADB, ERD Development Indicators and Policy Research Division, Basic 2013 Statistics

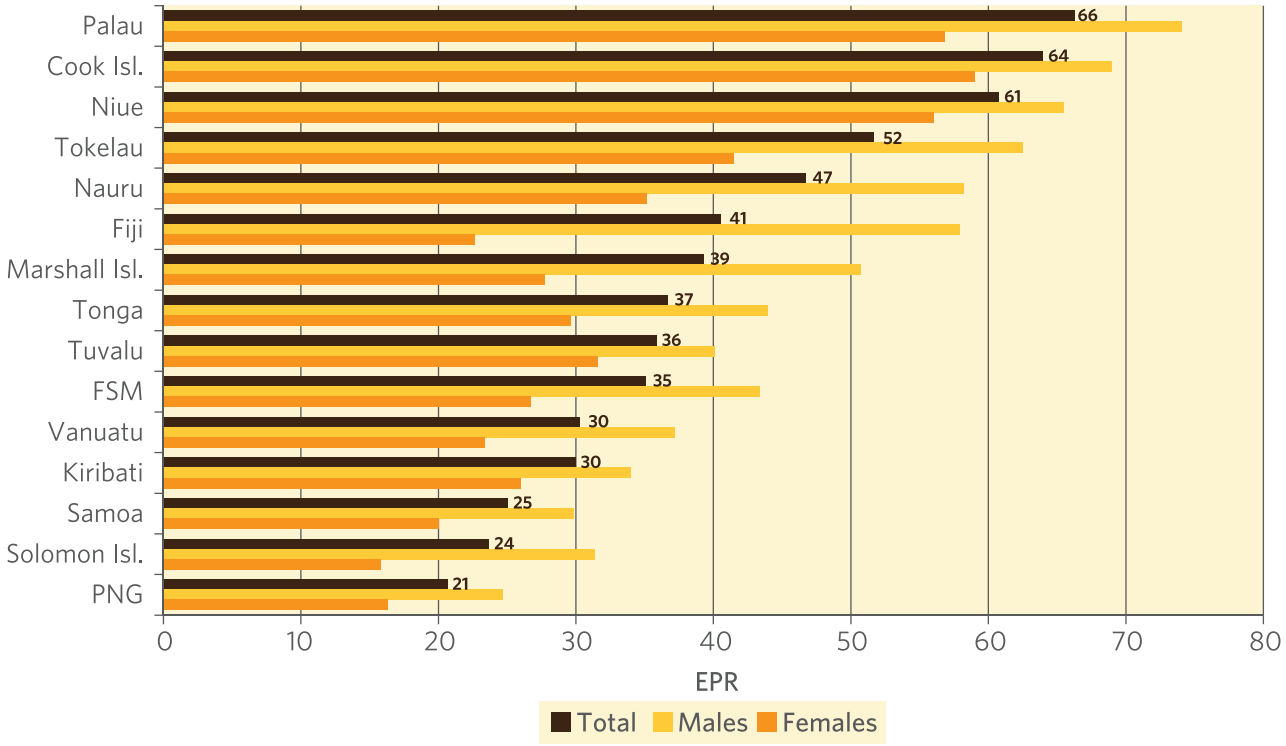
The **GNI per capita** is based on purchasing power parity (PPP). PPP GNI is gross national income (GNI) converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States. GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current international dollars.

In 2011, the Cook Islands clearly led the ranking of PIC in terms of GNI, and had with $12.3 thousand a value 11 times higher than that of the Solomon Islands ($1.1 thousand). Most PIC had a GNI in the range of $3-5 thousand. As a comparison, New Zealand and Australia had a GNI of $31,000 and $50,000 respectively.

The **Employment-Population Ratio (EPR)** is the number of people employed in cash work, divided by the corresponding total population 15 years and older, multiplied by 100.

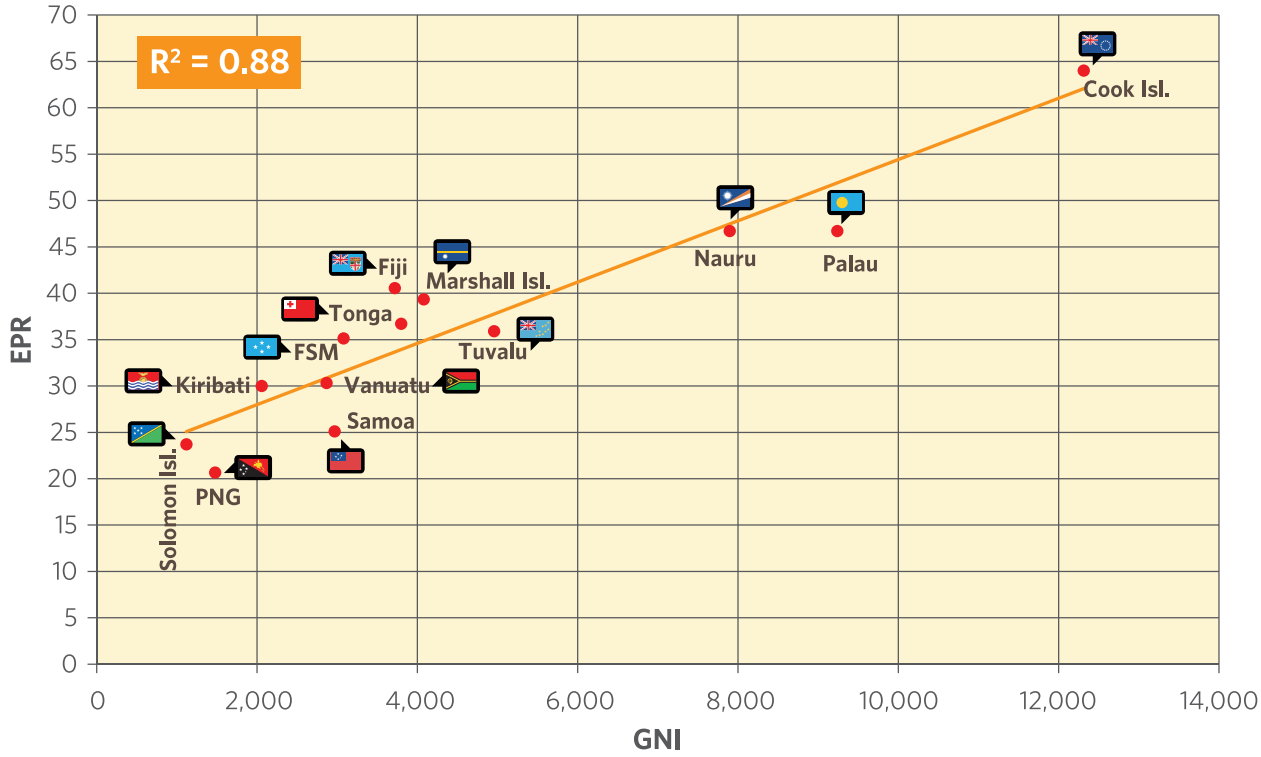
The EPR strongly correlates with the GNI per capita: the higher the EPR, the higher is also the GNI per capita. The two graphs above clearly illustrate this relationship. The Cook Islands and Palau have the highest GNI per capita in the region, and also the highest proportion of people employed in the money economy, while the Solomon Islands and PNG have both the lowest GNI per capita and the lowest proportion of its population employed in cash work.

Employment-Population Ratio (EPR)

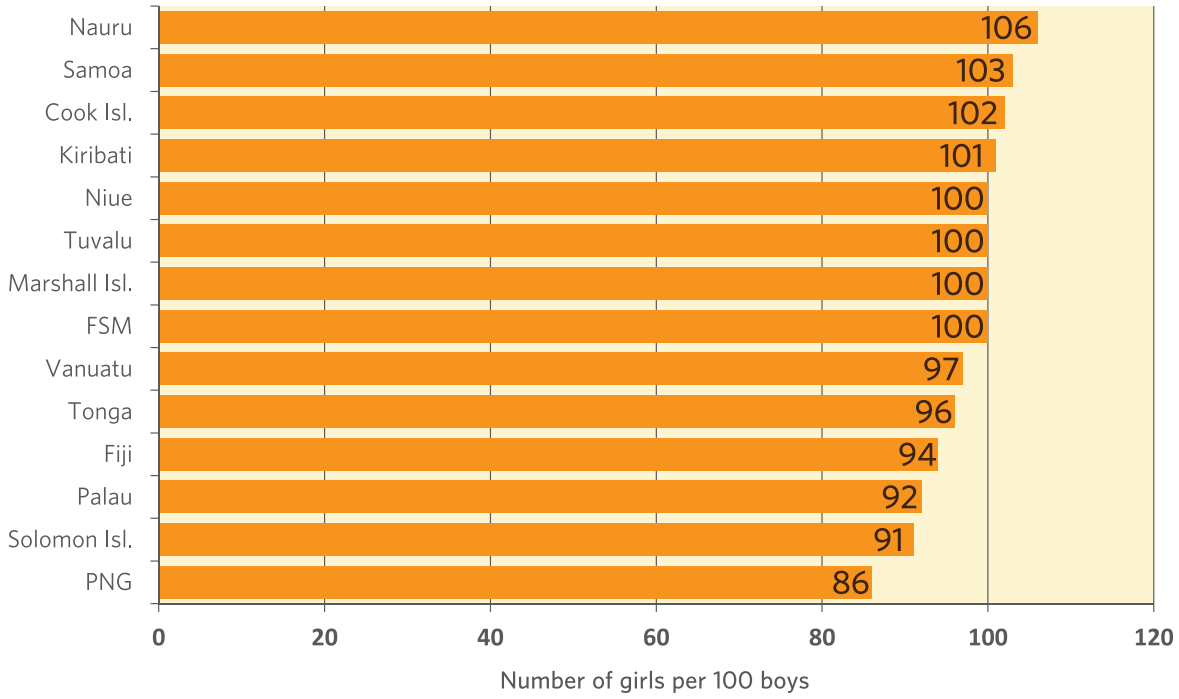


NOTE: for reference year, please refer to country-specific table on Population and development indicators

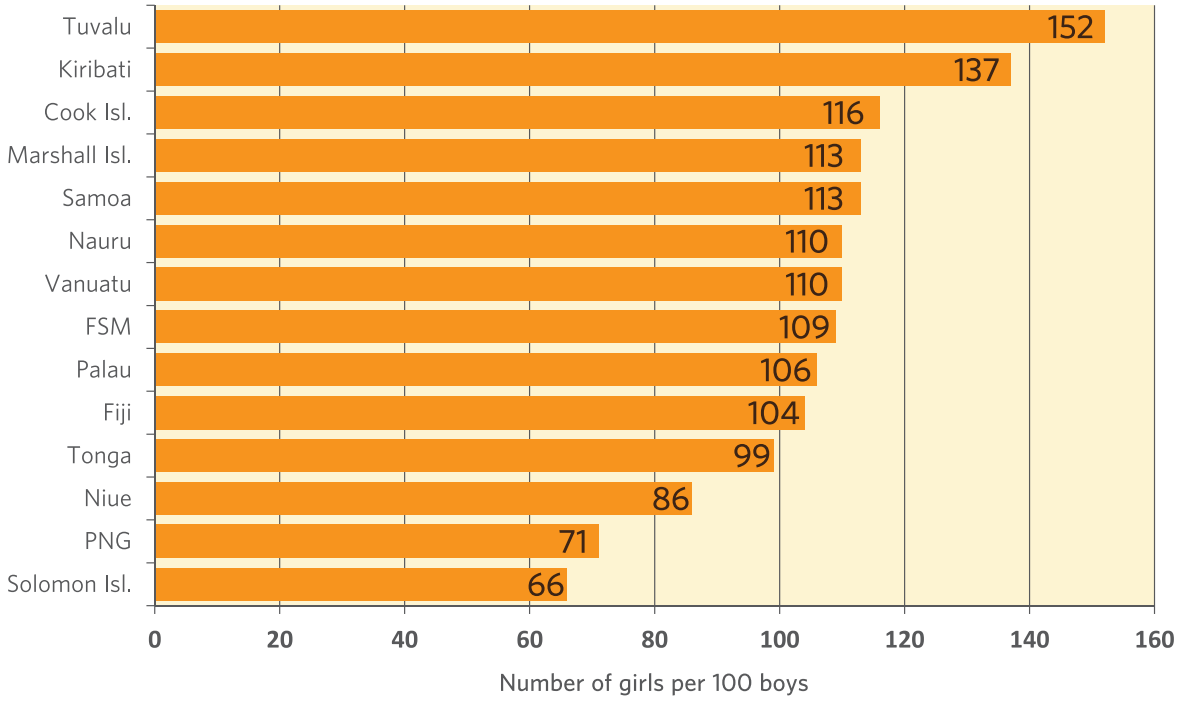
Correlation between EPR and GNI



Gender parity index in primary education



Gender parity index in secondary education



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The **Gender Parity Index (GPI)** is the ratio of girls to boys in primary, secondary and tertiary education. It is the ratio of the number of female students enrolled at an educational level of education to the number of 100 male students in the same level.

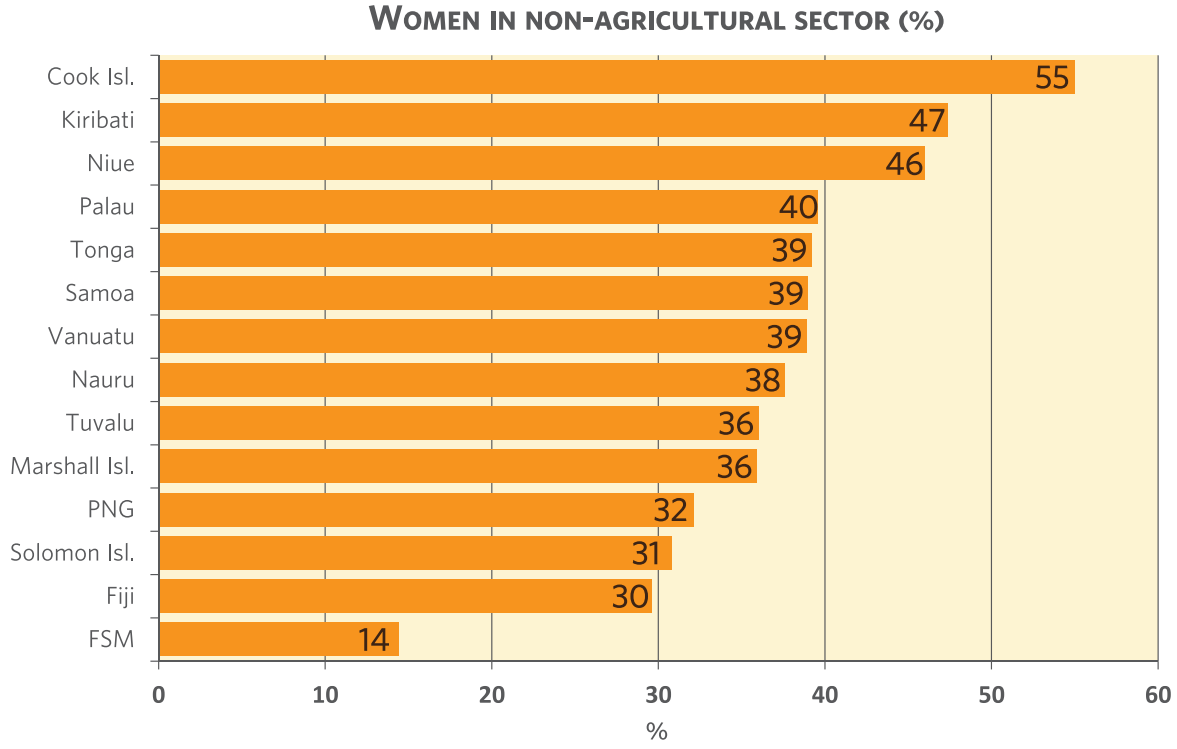
Education is widely acknowledged as critical, not only for women's empowerment, but also for the enormous benefits it brings to their families, communities and national economies. Women with higher levels of education tend to have higher incomes resulting in an improved standard of living for the family, marry later, and have fewer, well-nourished and better educated children. More highly

educated women make more effective use of health services for themselves and their children, have better sexual and reproductive health outcomes, and lower rates of STIs and HIV. The benefits of education for girls are therefore multigenerational.

Successful completion of primary school is the crucial first step towards higher levels of education. Majority of PICs have achieved gender parity in primary education, recording a gender parity index (GPI) of 97 or higher. The GPI value of 97 falls within the plus-or minus 3-point margin of 100 percent, the accepted measure of parity. Only a handful of countries are not within the range of actual gender parity in primary education – PNG, Tonga, Solomon Islands and Palau.

At secondary level, progress for girls has been encouraging, with majority of PICs achieving gender parity in education. Solomon Islands, PNG, Niue and Tonga, though, are not within the 3 percent range of achieving gender parity. Enrolling girls at the secondary level has been an ongoing problem in Solomon Islands and PNG, while Niue and Tonga have recently regressed on this indicator.

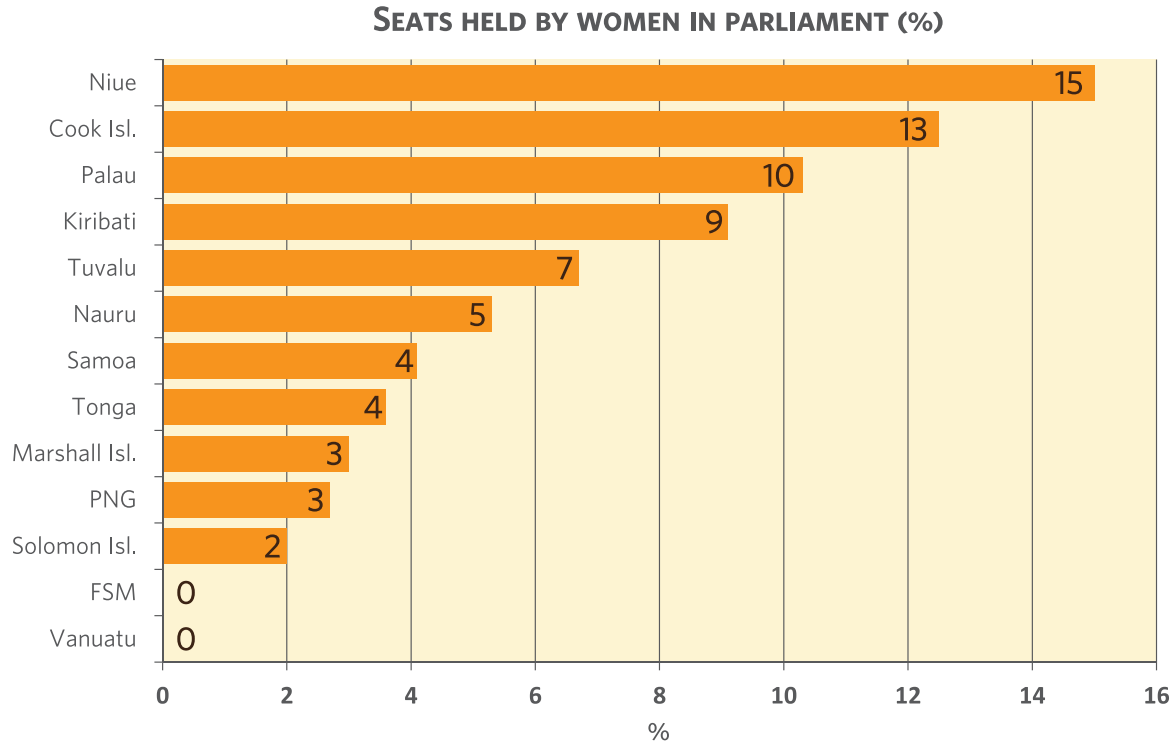
Factors which may affect the enrolment and retention rates of girls are pregnancy, early marriage, travel risks, lack of secure toilet blocks and facilities for changing menstrual pads, and sexual assault and harassment from male teachers and students. In PNG, which has a generalised HIV epidemic, it is likely that girls stay home to look after sick family members, and the National HIV Strategy includes activities intended to reduce this possibility.



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The share of **women in wage employment in the non-agricultural sector** is the share of female workers in wage employment in the non-agricultural sector expressed as a percentage of total wage employment in that same sector.

Investing in women's economic empowerment not only contributes to national economic growth, but has a multiplier effect, as women's earnings are usually directly reinvested in food, clothing, schooling, health care and other essentials for family wellbeing. Earning an income gives women more bargaining power in the family and leads to improved outcomes in children's education, health and nutrition, and to poverty reduction.



NOTE: for reference year, please refer to country-specific table on Population and development indicators

The proportion of seats held by women in national parliaments is the number of seats held by women members in single or lower chambers of national parliaments, expressed as a percentage of all occupied seats.

Women's representation in parliaments is one aspect of women's opportunities in political and public life, thus linked to women's empowerment. Representation of women in parliament in the Pacific (excluding the French territories) is the lowest of any region in the world. FSM and Vanuatu currently have no women in their parliaments. FSM remains one of the three countries in the world, which have never elected a woman to national political office.

In the Pacific context, the election of women to parliament is difficult to achieve without strong pro-active measures. The 'first past the post' system is unfavorable to women candidates, and in most PICs, women face entrenched opposition from traditional leaders and lack of support from political parties. Electioneering is a costly business and many women simply do not have the resources. It is also daunting for women to face the smear campaigns and intimidation, which mark many elections. In some areas, it is physically dangerous for women to travel around the constituency. Even when women are elected to Pacific parliaments, they are in such small numbers that they are unable to influence parliament in favour of gender equality without support from the male majority. Therefore, strong affirmative action from male leaders themselves is essential. Without a cohort of women in leadership and decision making roles, many issues that directly affect the wellbeing of women – and therefore of families, communities and society in general – remain unattended.

Glossary

Indicator	Definition
Adolescent (Teenage) fertility rate	Number of births per 1000 women aged 15–19 years
Adult mortality rate (45q15)	Probability of dying between the ages of 15 and 60 years of age (percentage of 15 year olds who die before 60th birthday)
Age-dependency ratio	Number of people in the "dependent" age category (population younger than 15 years plus population 60 years and older) per 100 in the "economically productive ages" 15–59 years
Ageing Index	Refers to the number of persons aged 60 years and older per 100 persons under the age of 15. An index of 100 means that the number of persons over 60 is equal to the number of children aged 0-14. An index above 100 means that there are more older persons in the population than there are children.
Average age at (first) marriage (SMAM)	Approximation of average age at marriage, based on proportion of population never married (single)
Child-woman ratio (CWR)	Number of children under age 5 per 1,000 women aged 15-49
Child mortality rate (1q5)	The probability of dying between age 1 and age 5
Contraceptive Prevalence Rate (CPR)	Proportion of women of reproductive age (15-49 years) using any method of contraception at a given point in time. The measure indicates the extent of people's conscious efforts and capabilities to control their fertility
Crude birth rate (CBR)	Estimated number of births per 1,000 population
Crude death rate (CDR)	Estimated number of deaths per 1,000 population
Crude net migration rate	Rate of growth minus rate of natural increase
Employment-Population Ratio (EPR)	Number of people employed in cash work (by sex), divided by the corresponding total population 15 years and older, multiplied by 100.
Gender Parity Index	Ratio of girls to boys in primary, secondary and tertiary education (number of girls per 100 boys)
General fertility rate	Annual number of births per 1,000 women of childbearing age (15-49)
HIV	Human Immunodeficiency Virus

HIV prevalence rate	The percentage of people ages 15-49 who are infected with HIV
Infant mortality rate (IMR)	Number of infant deaths (children younger than 1 year) per 1,000 births
Intercensal period	Time period between two censuses
Life expectancy at birth	Number of years a newborn baby can expect to live on average
Life expectancy at age 20	Number of additional years a 20 year old can expect to live on average
Literacy rate	Proportion of the population aged 15 years and older or 15-24 years, who are able to read and write a simple sentence in any language
Maternal mortality rate	Number of maternal deaths per 1,000 women
Maternal mortality ratio	Number of maternal deaths per 100,000 live births
Median age	The age at which exactly half the population is older and half is younger
Population momentum	The tendency for population growth to continue beyond the time that replacement-level fertility has been achieved because of the relatively high concentration of people in the childbearing years.
Potential Support Ratio (PSR)	Refers to the ratio of population aged 15-64 to the population aged 65 and over. The PSR is a measure of the degree to which the population that is presumably no longer working is supported by the population that is working. A ratio of 1 means that 1 person of working age needs to support on average one elderly person. A falling PSR indicates that the population not working and aged 65 and over is rising relative to the population aged 15-64, thus increasing the "burden" on the working population.
Rate of growth (%)	Average annual growth rate during a given period
Rate of natural increase	Crude birth rate (CBR) minus crude death rate (CDR)
Sex ratio	Number of males per 100 females
Singulate Mean Age at Marriage (SMAM)	An approximation of the average age at first marriage.
Total fertility rate (TFR)	Average number of children per woman
Under 5 mortality (q5)	The probability of dying between birth and age 5
Unmet need for contraception	A woman is considered to have an unmet need for family planning if she is of reproductive age and able to become pregnant, is married or in consensual union, wants no more children or wants to delay pregnancy by two years or more, and is not using any method of contraception.

ANNEX 1: UNFPA Population projections: A note on Methodology

The method used for the country specific projection is the cohort-component method. This is a procedure that simulates population changes as a result of changes in the components of growth: fertility, mortality and migration. Based on past information, assumptions are made about future trends in these components of change.

The assumed rates are applied to the age and sex structure of the population which is the latest available census population, in a simulation that takes into account that

1) people die according to their sex and age,

2) women have children, and

3) some people change their residence.

The cohort-component method of projecting a population follows each cohort of people of the same age and sex throughout their lifetime according to their exposure to fertility, mortality and migration.

The key to making meaningful projections lies in the choice of assumptions about future population developments. These assumptions concern possible future birth, death and migration rates. In general, the broad assumptions employed are based on those used by the UN Population Division, Estimates and Projections Section. Furthermore, the assumptions are based on the **theory of demographic transition** (Annex 2). According to this theory, over time all countries will undergo change from high rates of births and deaths to low rates of births and deaths. This transition process is usually closely associated with economic, social and scientific developments.

In the case of fertility, the target level is assumed to reach a TFR of 2.0 which is about the average level of the populations of present day Australia, France, New Zealand and the USA (see Figure below). Starting from a country's current estimated level of fertility, a TFR of 2.0 will be reached depending on its recent past trend of fertility (by means of extrapolation). In some cases this date was well beyond the end year of the projection period 2050.

The reason for choosing the fertility level of countries such as Australia, France, New Zealand and the United States of America as the target level is twofold:

1) They are regarded as the metropolitan focal points of Pacific Island countries.

2) These countries have completed the demographic transition. The graph below shows that the TFR of these four countries has been more or less stable throughout the last 35 years (1975–2012).

In the case of mortality, it is assumed that under normal circumstances (meaning the absence of catastrophes such as wars, epidemics and major natural disasters), the health situation and mortality levels in each country will continuously improve throughout the projection period.

Starting with the current estimated level of mortality [life expectancy at birth E0)], and based on the recent past pace of mortality improvement, future levels of E(0) are calculated according to Table Vi.6. below.

Levels of migration in general are based on last intercensal estimates of migration, and/or information on most recent arrivals and departure data if available. Otherwise it is estimated to be consistent with last intercensal overall growth rate considering known levels of fertility and mortality.

Migration patterns (age and sex structure) are based on empirical data if available. Otherwise a model migration pattern was used such as "Family migration" model of the UN Population Division.

It should be noted that for these projections only one set of assumptions has been employed.

The computer programme employed was MORTPAK4.1.

Level of TFR of Australia, France, New Zealand, and the USA since 1975

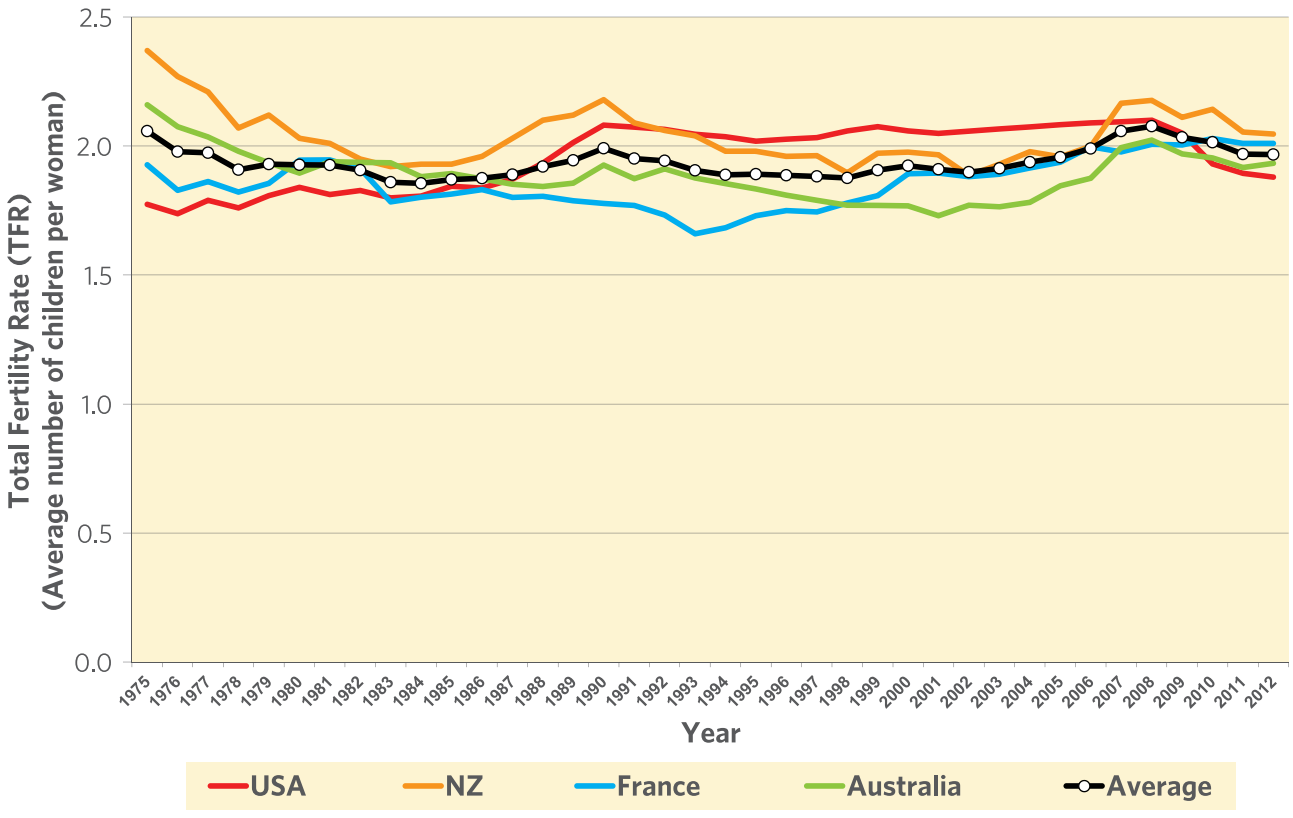


TABLE VI.6.: MODELS FOR MORTALITY IMPROVEMENT. QUINQUENNIAL GAINS IN LIFE EXPECTANCY AT BIRTH ACCORDING TO INITIAL LEVEL OF LIFE EXPECTANCY (p.125)

Pace of Mortality Improvement										
Initial life expectancy level (years)	Very fast		Fast		Medium		Slow		Very slow	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
40.0 - 42.5	2.5	2.6	2.1	2.3	1.9	2.0	1.3	1.4	1.1	1.1
42.5 - 45.0	2.8	3.0	2.4	2.5	2.0	2.1	1.4	1.5	1.1	1.2
45.0 - 47.5	3.0	3.1	2.5	2.6	2.1	2.2	1.8	1.9	1.2	1.3
47.5 - 50.0	3.0	3.2	2.6	2.7	2.2	2.3	1.8	1.9	1.3	1.4
50.0 - 52.5	3.2	3.4	2.7	2.9	2.3	2.4	1.9	2.0	1.4	1.5
52.5 - 55.0	3.6	3.7	2.7	3.0	2.4	2.6	2.0	2.0	1.5	1.7
55.0 - 57.5	3.7	3.7	2.6	3.0	2.4	2.6	2.0	2.0	1.5	1.8
57.5 - 60.0	3.8	4.0	2.6	3.0	2.4	2.6	2.0	2.0	1.5	1.8
60.0 - 62.5	3.4	3.8	2.5	3.0	2.2	2.6	1.7	2.0	1.0	1.7
62.5 - 65.0	3.2	3.6	2.3	2.8	1.9	2.4	1.5	2.0	0.9	1.5
65.0 -67.5	3.2	3.5	2.0	2.6	1.6	2.3	1.0	1.8	0.7	1.0
67.5 - 70.0	2.0	3.3	1.5	2.6	1.2	2.1	1.0	1.5	0.6	1.0
70.0 - 72.5	1.5	3.0	1.2	2.0	1.0	1.8	0.8	1.2	0.5	0.8
72.5 - 75.0	1.3	2.0	1.0	1.5	0.9	1.2	0.8	0.9	0.5	0.8
75.0 - 77.5	1.1	1.8	0.8	1.2	0.6	1.0	0.5	0.8	0.5	0.7
77.5 - 80.0	1.0	1.6	0.5	1.0	0.5	0.9	0.4	0.7	0.4	0.5
80.0 - 82.5	0.9	1.4	0.5	0.8	0.5	0.6	0.4	0.5	0.4	0.5
82.5 - 85.0	0.8	1.3	0.5	0.5	0.5	0.5	0.4	0.4	0.3	0.4
85.0 - 87.5	0.7	1.3	0.5	0.5	0.4	0.4	0.3	0.3	0.2	0.2
87.5 - 90.0	0.6	1.2	0.5	0.5	0.4	0.4	0.3	0.3	0.2	0.2
90.0 - 92.5	0.6	0.8	0.5	0.5	0.4	0.4	0.3	0.3	0.2	0.2

ANNEX 2: The Demographic Transition

According to the theory of demographic transition, over time all countries will undergo change from high rates of births and deaths to low rates of births and deaths. This transition process is usually closely associated with economic, social and scientific developments. This is assumed to happen in four distinct stages:

STAGE 1: High birth rate, high death rate	▶ little or no population growth
STAGE 2: High birth rate, falling death rate	▶ high growth
STAGE 3: Declining birth rate, relatively low death rate	▶ slowed growth
STAGE 4: Low birth rate, low death rate	▶ very low growth

Historically, high levels of births and deaths kept most populations from growing rapidly through time. In fact, many populations not only failed to grow but also completely died out when birth rates did not compensate for high death rates **(stage 1)**. There are few populations/communities left today at stage 1.

Death rates eventually fell as living conditions, nutrition and public health improved. The decline in mortality usually preceded the decline in fertility, resulting in population growth during the transition period **(stage 2)**. In Europe and other industrialised countries, death rates fell slowly. With the added benefit of medical advances, death rates fell more rapidly in the countries that began the transition in the 20th century. These are/were primarily developing countries. Their death rates often fell much faster than in European countries because they benefited from Western inventions and innovations.

In general, fertility rates fell neither as quickly nor as dramatically as death rates, and thus populations grew rapidly.

Stage 3 is characterized by falling birth rates, which occur for many reasons and vary from country to country and population to population. A decrease in birth rates may result from: a transition from a non-monetary to a monetary economy, urbanization, a change in values from a community emphasis to individualism, increasing emphasis on consumerism, improved education, availability of (modern) family planning methods (i.e. contraceptives), greater involvement of women in the workplace, rising cost of living, rising cost of raising children, and preferences in how people want to spend their time.

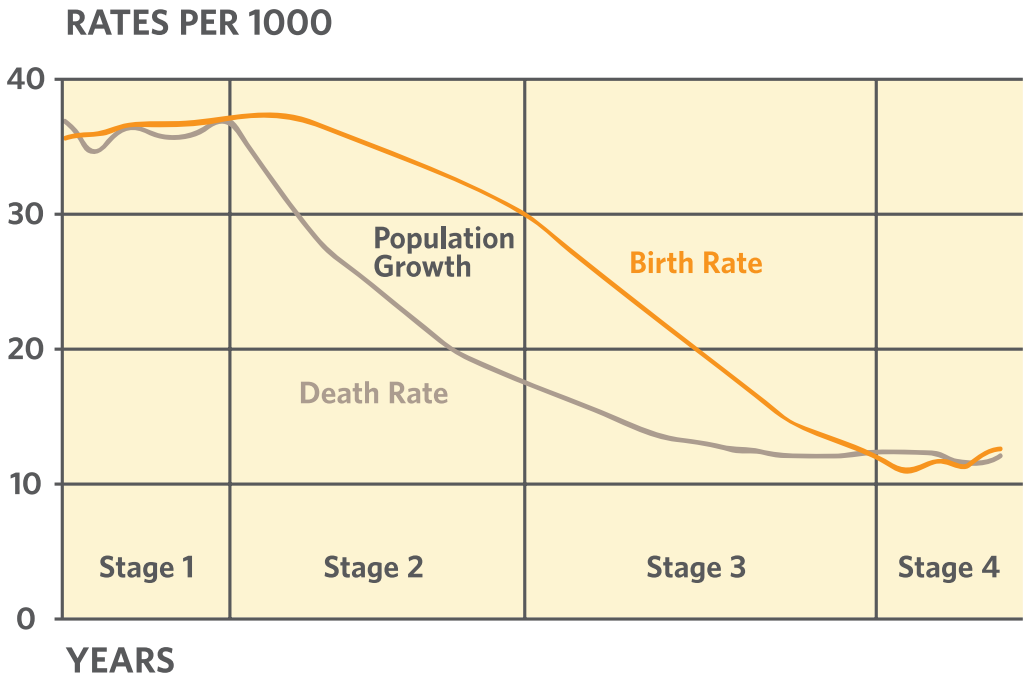
The demographic transition is regarded as completed when both birth and death rates have reached a low and stable level **(stage 4).** As a result, population growth is very low.

Originally, the theory of demographic transition included only the four stages described above. There is now another stage, the **post-transition period** (although it is uncertain whether all countries will reach this stage).

POST-TRANSITION PERIOD: Very low birth rate, low death rate ▶ negative growth

When fertility falls to very low levels and stays there for a protracted period, a slow rate of population growth can turn into a negative one, resulting in a population decrease. Many countries in Europe and some in Asia now have TFRs well below two children per woman. The TFRs of the Republic of Korea, Ukraine, Czech Republic, Slovakia, Slovenia, Republic of Moldova, Bulgaria, and Belarus — all about 1.2 — are among the world's lowest, and those of several other countries were not far behind. The TFRs of Macao and Hong Kong were even less than 1 child per woman on average. Many of the factors that lowered fertility in the first place — greater involvement of women in the workplace, rising cost of living, and preferences in how people want to spend their time — appear to be keeping fertility rates very low.

While the theory of demographic transition describes the population history of Western Europe quite well, for many reasons developing countries do not always exhibit the same patterns of change. In some cases early contact with outside societies resulted in local epidemics, as groups succumbed to diseases against which they had no natural immunity, resulting in increased death rates. When health conditions improved as a result of the application of new and efficient disease control technologies, death rates declined, while birth rates sometimes increased. This combination of factors produced population growth rates in today's developing countries that are much higher than ever experienced in pre-industrial Western Europe.



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Notes

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