



# British Virgin Islands

MILLENNIUM DEVELOPMENT GOALS  
(MDGS)

A Plan of Action for Localising and  
Achieving the Millennium  
Development Goals (MDGs)



# **Organisation of Eastern Caribbean States**

## **United Nations Development Programme**

### **BVI: A Plan of Action for Localising and Achieving the Millennium Development Goals (MDGs).**

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## ACKNOWLEDGEMENT

The OECS Secretariat is pleased to present Volume Five in the MDG Series - *The British Virgin Islands Millennium Development Goals: A Plan of Action for Localising and Achieving the Millennium Development Goals (MDGs)*.

Thus far, this series has comprised one volume (Volume One) that provides a framework for a regionalisation process and four volumes dedicated to specific Member States. We have no doubt that the MDG Series will serve as an essential tool in Social Development research in our Member States.

We wish to extend our sincere appreciation to the United Nations Development Programme, Sub-Regional Office for Barbados and the OECS (UNDP SRO), our partners in Social Development and our direct supporters in this process of localisation of the Millennium Development Goals (MDGs) in the OECS Member States.

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## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BTL	Bitubal Ligation
BVI	British Virgin Islands
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CDB	Caribbean Development Bank
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CCH	Caribbean Co-operation in Health
CNCD	Chronic Non-Communicable Disease
CPA	Country Poverty Assessment
CSME	CARICOM Single Market and Economy
DDM	Department of Disaster Management
DFID	(UK) Department for International Development
DPU	Development Planning Unit
EIA	Environmental Impact Assessment
FfD	Financing for Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technologies
IPCC	Intergovernmental Panel on Climate Change
IUCD	Intrauterine Contraceptive Devices
MDG	Millennium Development Goal
NIDS	National Integrated Development Strategy
NIDP	National Integrated Development Plan
OECS	Organisation of Eastern Caribbean States
PAHO	Pan-American Health Organisation
PMTCT	Prevention-of-Mother-To-Child-Transmission
SGD	St. George's Declaration of Principles for Environmental Management in the OECS
SIDS	Small Island Developing States
SPARC	Support to Poverty Assessment and Reduction in the Caribbean
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United National Population Fund
UNIFEM	United Nations Development Fund for Women
US	United States (of America)
VCT	Voluntary Counselling and Testing

## Executive Summary

Although the Millennium Development Goals (MDGs) relate broadly to the social development agenda of the British Virgin Islands (BVI), the territory has not articulated a specific MDG agenda, nor have the goals and targets been explicitly integrated into national or sectoral planning frameworks. But there is now growing appreciation in the BVI of the MDGs' instrumental function as a means of addressing key developmental needs as well as of how a process to develop a local agenda that is based on the global one can serve national objectives.

After the start of this localisation review project, which is supported by the Organisation of Eastern Caribbean States (OECS) Secretariat, the BVI, through the Department of Social Development, decided to embark on a Social Sector Analysis in 2008 to review issues and concerns in 14 priority areas, including incorporation of the MDGs into the national social development agenda. This augurs well for the localisation process.

### ***Benefits of a localised MDG agenda***

The MDG agenda does not bring new thematic issues to the territory, but the localisation process presents an opportunity to put in place a focussed, time-bound and comprehensive framework that can be used to scale up actions and measure progress.

Some BVI observers note that although the country is doing well economically, there remains much to be done in the social sector. A targeted and measurable social development agenda can help the BVI ensure that the benefits of its robust economic growth are equitably distributed throughout the society.

In the absence of an overarching national development strategy or plan, a localised MDG agenda could be a useful tool for:

- coordinating existing work and activities;

- framing national goals and targets and putting them in a coherent and rationalised framework;
- facilitating action towards meeting other international commitments, such as those on gender; and
- facilitating and informing social development planning.

Additionally, a flexible and responsive process could help pinpoint where particular action is needed to improve delivery of social development programmes.

### ***Selected overarching socio-economic and policy issues in the BVI***

The BVI are classified as a middle income country (MIC), based on levels of per capita income. However, income is distributed unevenly across the society and its middle income status masks the development challenges faced by the territory. Some of these challenges stem from the inherent economic, ecological and social vulnerabilities of being a small island developing state (SIDS). Other challenges are particular, but not unique, to the BVI. These include changing demographics due to the steady influx of foreign workers to satisfy labour market needs; the vulnerability to exploitation and discrimination that certain categories of foreign workers face in the territory; a comparatively small but growing level of crime; antisocial behaviour among youth; and the weakening of traditional social structures.

The social development policy context is not guided by an overarching framework. There are sectoral policies, strategies and master plans, but these do not link back to a current national plan. Another important consideration for the BVI is the coherence between economic and social policies and how the former affects the latter, particularly where economic policies (such as a dual minimum wage system) perpetuate inequality or create or exacerbate vulnerability to lapsing into poverty.

The social development plan that will emerge from the Social Sector Analysis will provide an important framework for moving forward, but if it is not part of a broader integrated vision for national development it risks being limited in its effectiveness.

### ***Summary of progress on the global MDG agenda***

Like many other Caribbean and middle income countries, the BVI measures up quite well against several of the global MDG targets and indicators. Levels of poverty and unemployment are low. The most recent available data put the incidence of poverty among households at 16 per cent and the adult unemployment rate at 3.1 per cent. The territory has achieved universal access to primary and secondary education and in 2006, the government expanded access to tertiary education through a tuition fee waiver for BVI Islanders attending the local community college. Literacy levels are high. There is a high level of female participation in the labour force and the labour market is very open to women in the service sector.

The infant mortality rate was 1.91 in 2006 and no maternal deaths have been recorded in the territory since 1994. Levels of immunisation are high (100 per cent for MMR) and infectious diseases do not pose a huge threat to the BVI. The territory has improved surveillance of, and reporting on, HIV/AIDS and all residents with HIV who are known to the Department of Health receive medical care and treatment, through financial support provided a local NGO.

The goal where the BVI shows the least progress is perhaps MDG 7, ensure environmental sustainability. Development concerns continue to override environmental ones and although a proposed 13 to 16 per cent of the BVI land mass will enjoy some form of protection once the BVI Protected Area System Plan 2007 – 2017 is approved and implemented, there is little evidence of integration of

sustainable development principles into national planning.

### ***Where a local agenda fits in***

Notwithstanding the many positive social development indicators, there are several areas where the BVI could build on its achievements to improve the well-being of all residents.

For example, although absolute poverty as defined by survival on less than US\$1 per day is not an issue in the BVI, vulnerability, inadequate income and lack of well being are. Most of the BVI poor are in employment and there is little indigence. What exists, however, is some level of vulnerability to slipping into future poverty, even among those who are currently not poor, because of the territory's high cost of living and inadequate wages in some sectors.

But that is not the only area of vulnerability. The poor are more vulnerable to natural hazards, poor health and lower educational outcomes than the general population. More poor households (29 per cent) have someone suffering from a chronic disease like diabetes or hypertension than non-poor households (20 per cent). Even though more BVI and mixed households than immigrant households are represented among the poor, low wage, semi-skilled and unskilled immigrant workers are vulnerable to sub-standard living conditions as well as to exploitation in the workplace and unequal treatment by the courts and social services.

Although overall unemployment is low, youth unemployment is twice the national rate and there are concerns about biases against women in the workplace.

The MDGs emphasise access to education but quality, notably standards for educators is a bigger concern in the BVI, as is meeting the needs of special populations. Readiness for primary schooling is another area where educators are beginning to notice

deficiencies that need to be addressed at the early childhood level.

Notwithstanding the high level of female participation in the labour force, women earn 1.13 times less than men and their participation in electoral politics lags behind that of men. Gender issues have not been mainstreamed in the public sector. Violence against women and the vulnerability of female immigrant workers to exploitation and abuse are key concerns.

The global MDG concern about female access to education does not obtain in the BVI; rather there appears to be a growing problem with boys dropping out of secondary education.

Maternal mortality reporting in the BVI is perhaps in need of some investigation. This is a notoriously difficult area to measure accurately and in many countries, misclassification and underreporting of maternal deaths is a persistent problem. Teenage pregnancy has been identified as a key reproductive health issue which needs to be addressed in the territory. Nine per cent of the 262 births in 2006 were to females between 15 and 19 years old.

The Caribbean Epidemiological Centre (CAREC) estimates that the HIV prevalence rate is 1.5 per cent, which suggests there could be as many as 375 infected people in the territory. The epidemic is considered to be still blooming in the BVI and this makes a strong case for intensifying treatment and prevention efforts. The immigrant population is currently not specifically targeted by the National AIDS Programme, even though they account for a large segment of the workforce. Not targeting this group, and the various sub-groups therein, could have significant consequences in the long term.

The leading causes of death in the BVI are cancers, heart disease and chronic non-communicable diseases (CNCDs), such as diabetes and hypertensive disorders. Their treatment also represents a large and

growing burden to the health system. Although these diseases are not part of the MDG agenda, prevention and reducing the burden of CNCDs has to be a priority for the BVI.

Although the MDGs do not include specific reference to disaster risk reduction, this is an area that cannot be ignored by the BVI. Similarly, climate change adaptation and mitigation have to be part of the environmental management strategy of the territory. Climate change is one of the pressing environmental issues the world over and, as with all environmental issues, impacts and consequences come together in an interconnected web that includes social and economic dimensions. Climate change presents a particular challenge to small island states like the BVI. The Intergovernmental Panel on Climate Change (IPCC) expects that small islands will experience some of the most severe impacts of increasing temperatures. One of the possible consequences of climate change for the territory could be an increase in vector borne diseases, like dengue fever or even malaria, which is currently not a threat in the BVI. Climate change also has implications for biodiversity conservation and natural resource management in the territory. Increases in the average temperature of the Caribbean Sea could prompt coral bleaching episodes that would affect local fisheries as well as the tourism industry. Sea level rise could result in loss of land mass on low-lying Anegada. Failure to deal proactively with climate change impacts in the BVI could prove costly in the medium to long-term and could reduce resources available for social spending.

MDG 8, partnership for development, is a difficult goal to assess at national level because of its focus on global partnership, but it offers the BVI an opportunity to look at domestic multi-sector partnerships for development, as well as to assess its role in, and the impact of, regional and international partnerships.



Improving the well-being of BVI residents requires action in each of the areas above. The BVI is not starting with a blank slate, however. The territory is part of many regional fora and groupings that have used the MDGs as a starting point for developing targets and indicators. One such example is the Pan-American Health Organisation's Caribbean Cooperation in Health III, which is developing family health priorities and is looking at integrating HI/AIDS with sexual and reproductive health as a priority area towards meeting the MDGs. Another is the revised St. George's Declaration on Principles of Environmental Sustainability in the OECS, which has integrated the MDG targets and indicators, and developed additional region-specific ones. In addition, the BVI have their own national targets to draw on, and while they may not always be articulated in measurable terms, they provide a useful entry point.

Table ES1 below provides a snapshot of progress towards the global MDG agenda, identifies key gaps and challenges for each of the MDGs and suggests areas in which BVI-specific targets and indicators could be developed.

Table ES 1. The British Virgin Islands and the MDGs: Progress and Potential Areas for BVI-Specific Targets

TARGET	PROGRESS/STATUS [SOURCE]	COMMENTS	AREAS FOR BVI-SPECIFIC TARGETS
<b>Goal 1: Eradicate extreme poverty and hunger</b>			
<b>Target 1:</b> Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day (US\$1).	Target not appropriate to the BVI as worded.  Incidence of poverty households: 16% Incidence of poverty General pop.: 22 per cent [2003 County Poverty Assessment]  Poverty gap ratio: 4.1 [BVI DPU]	The targets under this goal could be made more relevant and specific to the BVI.  The 2003 CPA identifies reduction of income and non-income poverty as a key imperative. The Caribbean Development Bank (CDB) has proposed reformulating this target to make it more appropriate to the Caribbean. <i>"Eliminate the proportion of persons who fall below the indigence line or halve the proportion of persons who fall below the poverty line, whichever is greater."</i>	The BVI's Social Welfare Policy has set out objectives for addressing poverty in the territory, particularly among vulnerable groups. These could be translated into measurable poverty reduction targets, with indicators, that would be consistent with a local MDG agenda that is appropriate to conditions in the BVI  Halving the proportion of people who fall below the poverty line ( per CDB recommendation)  Reducing vulnerability to future poverty
<b>Target 2:</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	The 2003 CPA indicates that less than 0.5% of families cannot satisfy their basic food needs.	Nutrition and eating habits, particularly those of children, are a concern, given the increasing incidence of chronic disease conditions associated with diet and lifestyle.  Although a small number of families cannot satisfy their basic food needs, in a small country like the BVI this cannot be ignored.	Improving nutrition and eating habits, especially of children, with a view to reducing CNCDs
<b>Additional target:</b> Achieve full and productive employment and decent work for all, including women and young people	Unemployment rate: 3.1% (2006) [BVI DPU]  Youth unemployment rate 6.23% (2001) [BVI DPU]	Local concerns about biases against women in the workplace are consistent with this MDG target.  Efforts are currently being made to increase skills training and job-market readiness of young people. However, there are concerns about anti-social behaviour and delinquency among young males.	Increasing access to opportunity and productive assets for vulnerable groups (youth, women, immigrants, the elderly, in particular)  Addressing biases against women in the workplace  Reducing youth unemployment rate

TARGET	PROGRESS/STATUS [SOURCE]	COMMENTS	AREAS FOR BVI-SPECIFIC TARGETS
<b>Goal 2: Achieve universal primary education</b>			
<b>Target 3:</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<p>High levels of primary and secondary school enrolment</p> <p>Net primary school enrolment ratio: 97.6 (2005) Primary school completion rate: 98.9 (2005) [<i>www.unstats.un.org Data updated 30 July 2007</i>]</p> <p>Adult literacy 98.2%(2004) [<i>BVI DPU</i>]</p>	<p>Quality of education and meeting the needs of specific populations are concerns for the BVI.</p> <p>Universal early childhood education has been identified as a priority in order to improve readiness for learning and overall educational outcomes throughout life.</p>	<p>Increasing access to early childhood education/universal early childhood education</p> <p>Improving readiness for primary schooling</p> <p>Increasing capacity to meet special needs</p> <p>Improving teaching standards</p>
<b>Goal 3: Promote gender equality and empower women</b>			
<b>Target 4:</b> Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.	<p>Gender Parity Index – primary level: .96 (2005)</p> <p>Gender Parity Index – secondary level: 1.18 (2005)</p> <p>Gender parity index - tertiary level: 2.28 (2005) [<i>www.unstats.un.org Data updated 30 July 2007</i>]</p> <p>Women employed in the non-agricultural sector: 50.08 (2006) [<i>BVI DPU</i>]</p> <p>Proportion of seats held by women in national parliament: .15 (2006) [<i>BVI DPU</i>]</p>	<p>The MDG focus is on increasing female participation in education, but this is not an issue in the BVI, where there is near parity in enrolment at the primary level and a slight disparity in favour of girls at the secondary and tertiary levels. Poor achievement of boys and the growing drop-out rate of boys, particularly at the secondary level is an area of concern. Countries throughout the Caribbean report problems with male underachievement in the formal education system. What is needed is a better understanding of this Caribbean-wide phenomenon. More appropriate indicators are needed for the BVI.</p> <p>Of particular relevance to the BVI is mainstreaming gender in the development process, increasing women's political and economic empowerment and addressing gender-based violence.</p>	<p>Gender mainstreaming</p> <p>Reducing gender violence</p> <p>Addressing male performance in secondary school and reducing the drop-out rate of boys</p>

TARGET	PROGRESS/STATUS [SOURCE]	COMMENTS	AREAS FOR BVI-SPECIFIC TARGETS
<b>Goal 4: Reduce child mortality</b>			
<b>Target 5:</b> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<p>Infant mortality is low in the BVI and there is high rate of immunisation, attesting to the good coverage and quality of child health care. Under five mortality rate: 0 (2006) [BVI DPU]</p> <p>Infant mortality rate: 1.91 (2006) [BVI DPU]</p> <p>MMR immunisation: 100% (2004) [BVI DPU]</p>	<p>A proportional reduction in child and infant mortality is not useful for the BVI, with their already low mortality rates. Other targets and indicators are being developed under the Family Health priority area of CCH III.</p>	<p>Adoption of relevant CCH III targets and indicators</p>
<b>Goal 5: Improve maternal health</b>			
<b>Target 6:</b> Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<p>Maternal mortality is low.</p> <p>Maternal mortality ratio: 0 (2006) [BVI DPU]</p> <p>Proportion of births attended by skilled personnel: 100 (2006) [BVI DPU]</p> <p>Percentage of women attending clinics who use contraceptives: 68% (2004) [BVI DPU] Data</p>	<p>A proportional reduction in maternal mortality is not useful for the BVI, with their already low mortality rates. Other targets and indicators are being developed under the Family Health priority area of CCH III.</p> <p>Although the data point to no maternal mortality, there is some question about how data are collected, as measuring maternal mortality accurately is very difficult. In many countries underreporting and misclassification of maternal deaths is a persistent problem and there needs to be some investigation to ascertain if this is the case in the BVI.</p>	<p>[Investigation into maternal mortality reporting needed]</p> <p>Reducing the adolescent birth rate</p> <p>Adoption of relevant CCH III targets and indicators</p>

TARGET	PROGRESS/STATUS [SOURCE]	COMMENTS	AREAS FOR BVI-SPECIFIC TARGETS
<b>Additional target:</b> Achieve by 2015 universal access to reproductive health	<p>Antenatal care is provided free of charge through the public health system.</p> <p>Sexual health promotion programmes are offered through the National AIDS Programme.</p> <p>Reproductive health services are offered through the public health system at minimal charge.</p>	<p>There are no data available about HIV/AIDS prevalence among mothers.</p> <p>Teenage pregnancy is a concern.</p>	
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>			
<b>Target 7:</b> Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	<p>Surveillance of and reporting on HIV/AIDS have improved significantly since the National AIDS Programme was re-established in 2003</p> <p>HIV prevalence among 15 – 24 year olds: 0.03 (2006) [BVI DPU]</p>	<p>The total number of people infected with HIV/AIDS in the territory is not known, as some individuals seek medical attention overseas, including in the US Virgin Islands.</p> <p>A decision has recently been taken to mainstream the National HIV/AIDS Programme and integrate it into the national health programme. All aspects of care including medical care, counselling and other patient support will be provided and managed by the BVI Health Services Authority.</p>	<p>Expanding outreach and HIV/AIDS programmes to marginal groups in society.</p> <p>Mainstreaming HIV/AIDS (in poverty reduction, social sector analysis and the gender policy)</p> <p>Reducing of the burden of CNCDs</p>
<b>Additional target:</b> Achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it	<p>All known HIV/AIDS patients in the territory (n = 57, as at Sept 07) receive medical care and treatment through a non-profit organisation.</p>	<p>Malaria is not a threat to the BVI and most communicable diseases are under control in the BVI, due to the high level of immunisation.</p> <p>While malaria is not currently a threat to the BVI, the role of climate change in the outbreak and spread of vector borne diseases must be noted.</p> <p>The leading causes of death in the BVI are cancers, heart disease, and chronic non-communicable diseases (CNCDs), such</p>	

TARGET	PROGRESS/STATUS [SOURCE]	COMMENTS	AREAS FOR BVI-SPECIFIC TARGETS
<b>Target 8:</b> Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	Malaria – Not currently relevant to the BVI	as diabetes and its complications and hypertensive disorders. Reducing the burden of CNCDs is a priority under CCH III.	
<b>Goal 7: Ensure environmental sustainability</b>			
<b>Target 9:</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources		A proposed 12 – 26 per cent of the BVI land mass will enjoy some form of protection under the BVI Protected Area System Plan 2007 – 2017.  Environmental targets and indicators are set out in the regional St. George's Declaration of Principles for Environmental Sustainability in the OECS, to which the BVI are a signatory.	Adoption of OECS SGD targets and indicators  Disaster risk reduction  Climate change adaptation, including explicit linkages to biodiversity conservation and physical planning processes
<b>Additional target:</b> Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss			
<b>Target 10:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Percentage of households with access to safe drinking water from public or private sources: 95% [BVI DPU]		
<b>Target 11:</b> By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Not relevant to the BVI as stated	There are growing concerns about overcrowding and the standard of accommodation available to immigrant workers. Poor living conditions and sanitation are a potential public health problem and create additional vulnerabilities to disaster risk.	
<b>Goal 8: Develop a global partnership for development*</b>			
<b>Target 12:</b> Develop and open, rules-based, predictable, non-discriminatory trading and financial system	There is potential to use this goal at national level to stimulate a framework for partnerships for development. There are currently a few service delivery partnerships in place for the delivery of social services in the BVI. However, these appear to be discrete arrangements for certain aspects of service delivery rather than formal institutional partnerships. The spirit of Target 12 includes a commitment to good governance, development and poverty reduction – both nationally and internationally	Monitoring and assessment of domestic multi-sector partnerships for development  Assessment of contribution to and impact of regional and international partnerships  Assessment of good governance – transparency, stakeholder participation, and partnerships between the state, the private sector, and civil society.	

\*Selected targets shown

## ***Moving forward***

### ***An opportunity for increased social development coherence***

A well managed local MDG process that draws on existing sectoral priorities and targets could be an opportunity to increase the coherence of work that is already being done in the social development sector and address some of the systemic constraints in the BVI. In addition to informing short-term planning, the monitoring and evaluation process associated with a localised MDG agenda could usefully inform any future national initiatives to develop a comprehensive medium-term social development framework for the territory.

### ***Leadership***

The level and quality of leadership is one of the factors that will play an important role in determining the outcome of the localisation initiative. The process must be owned and driven by a central and influential ministry and a designated individual must have specific responsibility for animating the process.

***Recommendation:*** An appropriate and adequately resourced institutional “driver” should be appointed to take the localisation process forward. As the BVI moves towards developing a strategic action plan out of the Social Sector Analysis, it will be important for the MDG localisation process to be embedded in the resulting planning and implementation framework (of the strategic action plan).

It will also be important for the process to have a high level and influential champion to publicly advocate on the goals and the localisation process. The champion could play an important role in bringing along the political directorate and high level technocrats and securing their support for the process.

### ***National Committee***

As part of the localisation process, an informal group of government agency stakeholders has been meeting periodically

since March 2007 to look at priority areas that might form the basis of a BVI-specific MDG agenda. This group has identified the need to formally establish a committee to take forward the localisation process and monitor its implementation.

***Recommendation:*** Formalisation of the MDG committee is important for taking the process forward and the initiative by the stakeholder group should be supported.

### ***Composition***

The committee should include senior government and civil society leaders selected from agencies and organisations that work on the range of thematic areas that the MDGs cover. The committee should be expanded beyond the original grouping to include representatives from civil society, the reproductive health, natural resource management and disaster management sectors.

### ***Mandate***

Its mandate should include:

- Leading the process to identify and confirm the targets and indicators of the local agenda;
- Developing an implementation schedule in pursuit of the goals;
- Coordinating interagency activities related to MDG 1, in particular;
- Supporting data collection and taking the lead in analysis;
- Tracking progress and preparing national status reports and presenting them to the Cabinet;
- Promoting and facilitating broad stakeholder buy-in and participation in the process, including that of civil society and the private sector; and
- Developing a communication strategy to facilitate dissemination of information

The informal grouping has identified the steps that need to be taken to formalise the localisation process and the working committee. It is important for these actions to be taken in a timely manner to avoid losing the momentum that has been gained in the previous months and to begin to create synergies between the localisation process and the annual planning process.

### **Priorities**

In national stakeholder meetings, the following were identified as priority goals for the BVI:

Goal 2            Achieve universal primary education

Goal 3            Promote gender equality and empower women

Goal 6            Combat HIV/AIDS, malaria and other diseases

Goal 7            Environmental sustainability

**Recommendation:** Based on the issues and concerns related to the broad MDG agenda that have been identified, as well as pre-existing sectoral objectives, the BVI should articulate targets and indicators for all the goals. While the level of effort and intensity may differ from goal to goal, the interconnected nature of the goals means there is benefit to be derived from supporting action on all eight. Additionally, using the full MDG agenda will better maximise the instrumental function of the goals in support of greater national coherence in the social development sector.

### **National Targets and Indicators**

The establishment of specific and measurable targets is an imperative for a localised MDG agenda and makes good sense for broader national monitoring and evaluation of social development progress and planning. Where the BVI have agreed to meet targets as a result of having signed

on to international instruments, such as CEDAW, CCH and SGD, these should be incorporated into the national MDG agenda to avoid duplication and to maximise efforts.

**Recommendation:** The articulation of specific targets prior to the comprehensive Social Sector Analysis would be premature; additionally, the process to develop indicators and targets must be consensual and nationally driven.

In order to provide consistency with the time frames adopted by the international community, the option of developing short-term (2010) and medium-term (2015) targets should be considered.

While the National Steering Committee should lead the process to develop national targets and negotiate their acceptance, it should be supported by sectoral working groups. The process to develop the targets should be transparent, inclusive and participatory.

### **Public Awareness and Communication**

Increased awareness and appreciation of the usefulness of the MDGs to the BVI's national development will be a critical component of the localisation process. The goals are not widely known in the BVI, and how they can make a contribution to national development is not well understood, neither within the public service nor among general audiences.

**Recommendation:** The institutional driver for the process, once identified, should work together with the National Steering Committee to prepare a communication strategy aimed at increasing general awareness and understanding of the MDGs and their relevance to the BVI.

An important element of the communication strategy will be building the capacity of public servants and development workers to integrate the localised MDGs into their programmes and



not perceive it as an additional burden or an agenda that goes beyond their sectoral priorities. Mechanisms such as training and the preparation of a handbook could be useful in this regard.

### **Reporting**

One of the benefits of a national MDG report is that it provides an overview of national development concerns and identifies where action is needed. In the absence of any such regular comprehensive reporting instrument in the BVI, the MDG report could be a very useful tool in serving the broader objective of improved economic and social policies.

**Recommendation:** Compiling and preparing national reports should be a responsibility of the national steering committee, with statistical support from the DPU.

Rapid national assessment reports should be prepared on an annual basis, and in time to inform the annual planning process. More detailed national reports should be prepared for important international benchmarks (2010 and 2015).

In addition to providing an overview of progress, the reports should highlight the indicators that pose the greatest challenges over the reporting period.

Given the challenges the DPU faces in collecting data from line ministries and organisations outside of government, it will be important for those expected to provide the data to have a clear understanding of how the data will be used and for data collection processes to be rationalised. The DPU and the steering committee, could consider, offering sensitisation and data collecting training seminars for relevant governmental and non-governmental personnel.

### **Adapting and Reporting on MDG 8**

Primary responsibility for Goal 8 is generally attributed to donor countries and the international community as a whole; this along with its eclectic combination of targets and indicators makes it difficult for countries like the BVI to both apply it to their national context and report on it. This goal could, however, provide useful parameters for assessing progress towards the BVI's good governance agenda as well as for measuring and stimulating the contribution of national partnerships to development. Goal 8 also offers the BVI a framework for international and bilateral advocacy around the issues and priorities of the territory and other SIDS.

**Recommendation:** It could therefore be useful for small Caribbean countries, including the BVI, to structure the reporting on MDG8 from five perspectives:

1. Domestic partnerships: how have domestic partnerships between government, civil society and the private sector contributed to development and how has the government created an enabling environment for this to happen?
2. Global (or regional) partnerships: what role has the country played, or is the country playing, in building, strengthening and activating these partnerships?
3. What has been the impact of global (or regional) partnerships on the country?
4. How has the country performed with respect to the other internationally agreed targets established under MDG8?
5. What progress has been made towards the stated national good governance agenda?

## 1. Overview

The decision to embark on a process to localise the Millennium Development Goals (MDGs) in the British Virgin Islands (BVI) was taken in response to an Organisation of Eastern Caribbean States (OECS) Secretariat offer to support work that would give impetus to developing a national MDG agenda. The project aims to:

- summarise the BVI's achievement of the MDGs to date;
- highlight those MDGs that are directly relevant to the BVI and which must take priority on the national development agenda;
- recommend an approach to the achievement of the goals and select appropriate targets and indicators; and
- recommend a framework for reporting and monitoring and evaluation of the MDGs.

The MDGs are the international community's time-bound and quantified plan of action for improving the lives of the poorest and most disadvantaged globally and within nations. The goals are drawn from the United Nations (UN) summits and conferences of the 1990s and the principles, objectives, priorities and actions contained in the Millennium Declaration, which was adopted by 189 nations and signed by 147 heads of state and government during the UN Millennium Summit in September 2000. The eight MDGs have been translated into time-bound targets, with corresponding indicators, to assess progress towards meeting them by 2015. The British Virgin Islands' administering power, the United Kingdom, is one of the signatories of the MDGs and this British overseas territory is part of the community of Caribbean nations that is working towards achieving the goals. The BVI are associate members of the OECS and the Caribbean Community (CARICOM), both of which have developed programmes in support of achieving the MDGs.

The OECS Secretariat is supporting localisation processes in Member States, with support from the United Nations Development Programme (UNDP), as part of a project entitled *Strengthening Poverty and Social Sector Development*. This study is part of that project, which has supported similar initiatives in the Commonwealth of Dominica and St. Kitts and Nevis. A parallel process is taking place in St. Lucia. The experience of the four pilot countries will be used to inform similar processes in other OECS Member States.

This undertaking is complemented by the Support Programme for Poverty Assessment and Reduction in the Caribbean (SPARC) which is supported by Caribbean Development Bank (CDB), the UK Department for International Development (DFID), the Inter American Development Bank, UNDP, and the World Bank. SPARC aims to: build capacity within the region for the development of national strategies for poverty assessment and the development and evaluation of poverty reduction strategies; strengthen capacities of national statistical offices to enable them to collect and analyse poverty related data; and develop capacity, human and institutional, to make use of the data and develop effective responses (Brown *et al.*, 2006).

The CARCIOM Secretariat is supporting its Member States' efforts to meet the MDGs through the Programme on Strengthening Capacity in the Compilation of Social, Gender and Environment Statistics and Indicators as well as through its own thematic programming, notably in the area of gender. As part of the programme on Social, Gender and Environment Statistics, Social Indicator and Millennium Development Goals Committees have been set up in CARICOM Member States. This project is a joint initiative of the United Nations Statistical Division and CARICOM and is supported by UNDP and other organisations. Additionally, the social, demographic and environmental statistics and indicators for monitoring the achievement of the

objectives of the Caribbean Single Market and Economy (CSME) include many of the MDG indicators.

UNDP, through its regional office for Barbados and the Eastern Caribbean, is supporting the development of policy frameworks for the MDGs in the sub-region and other macro-level initiatives, including the work of CARICOM and the OECS.

The eight MDGs are as follows:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

Each goal has associated targets and indicators. At the 2005 World Summit to review progress on the implementation of the MDGs, four new targets were added to the original list developed out of the Millennium Declaration. This report uses the revised targets and indicators, as recommended by the Inter-Agency and Expert Group on MDG indicators in fulfilment of the 2005 commitment by world leaders. The complete list of goals, targets and indicators appears in Appendix 1.

This report summarises key findings with a view to laying the groundwork for the development of a national plan to localise and achieve the MDGs. It does not attempt to pre-empt national processes to take social development issues forward in the BVI by prescribing specific national targets and indicators. Rather it suggests areas in which the territory could consider developing targets and indicators and an approach to doing so. The report is expected to inform the preparation of the 2008 OECS Human Development Report as well as the BVI Social Sector Analysis, which will be conducted in 2008 under the auspices of the Social Development Department, and which is described in brief below.

This report has been prepared on the basis of a review of selected policy documents and stakeholder interviews and feedback gathered during field visits to the BVI in April and October 2007, as well as from telephone interviews and email correspondence (see Appendix 2 for a list of people interviewed). Most of the data used have been provided by the BVI Development Planning Unit; some statistics have been taken from the UN MDG Indicators web site (<http://unstats.un.org>). Where data are missing in tables it is because they were not available at the time of writing. The contribution of those who willingly agreed to be interviewed for this report is gratefully acknowledged, as is the effort of the staff of the Development Planning Unit.

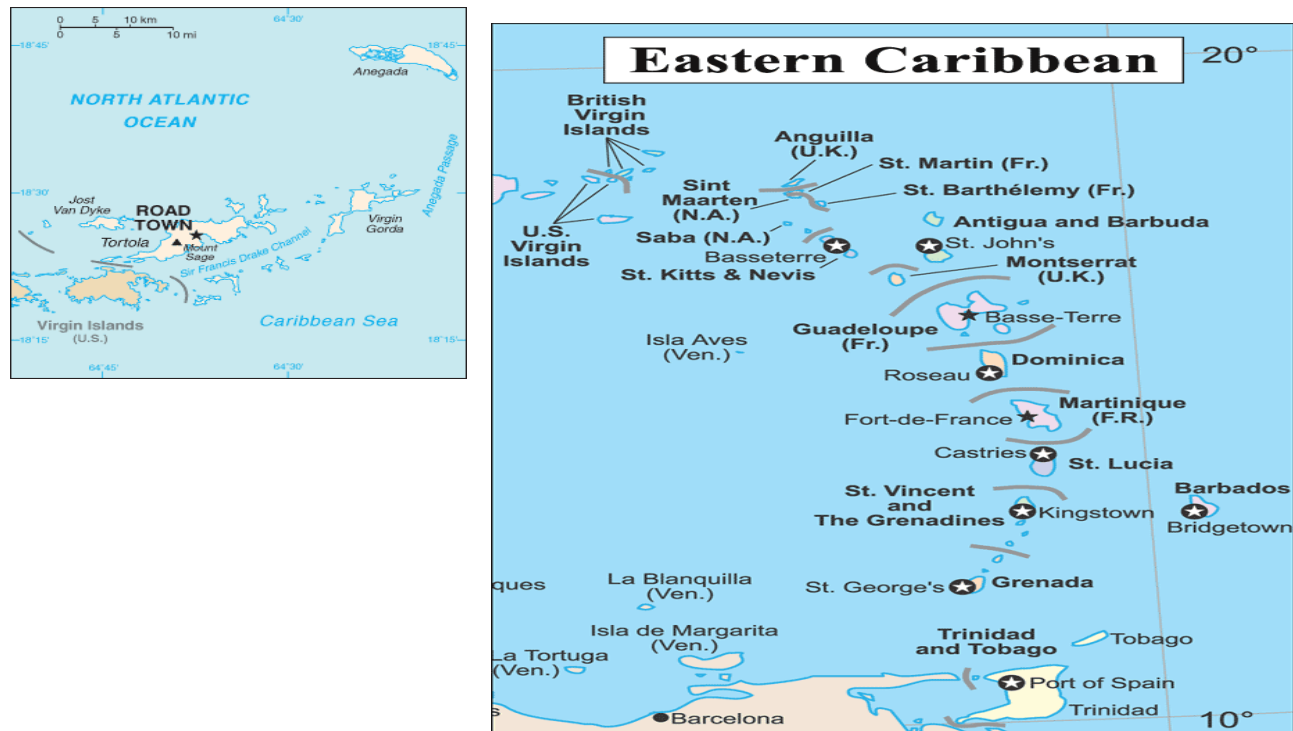
After the start of this project, the BVI, through the Department of Social Development, decided to embark on a Social Sector Analysis in 2008 to review issues and concerns in 14 priority areas. These include: the growth of the local economy and implications for the social sector; social and economic policy incoherence; the absence of a population growth policy; the service needs of an ageing population and how to incorporate the MDGs into the national social development agenda. It is hoped that a national social development plan will result from the research findings. It is noteworthy that the BVI have included incorporation of the MDGs into the national social development agenda as one of the priority areas for the Social Sector Analysis. This augurs well for the localisation process.

## 2. National Context

### Overview of the British Virgin Islands

The BVI are an archipelago made up of more than 40 islands and cays, located in the north-eastern Caribbean, neighbouring the US Virgin Islands and 60 miles to east of Puerto Rico (Figure 1). Sixteen of the islands are inhabited, the four largest being Tortola (56km<sup>2</sup>), Anegada (39km<sup>2</sup>), Virgin Gorda (22km<sup>2</sup>) and Jost Van Dyke (8km<sup>2</sup>). The capital, Road Town, is located on the island of Tortola.

Figure 1



Source: [www.caribseek.com](http://www.caribseek.com)

### Population

In 2007, the population totalled 27,518 inhabitants, of this number 13,699 were males and 13,814 females. Children 18 years and younger accounted for just under a quarter of the population and adults 65 years and older for approximately 5 per cent. The BVI rely on immigrant labour in almost all areas and expatriates make up approximately 60 per cent of the workforce.

In 2004, life expectancy was 69.9 years for men (down from 78.9 the previous year) and 78.5 years for women (PAHO, 2007). In 1991, the total fertility rate per woman averaged 1.9 children and in 2007 it was 1.2.

### Government

The BVI are one of the United Kingdom's fourteen overseas territories. The territory is self-governing and enjoys a high level of autonomy. The Governor is the appointed representative of the British Crown and is responsible for external affairs, defence and internal security, the public service and the administration of the courts. The head of government is the Premier and the

Parliament or Legislative Council comprises thirteen representatives elected for four-year terms. An Executive Council, comprising the Premier, up to three Ministers, and the Attorney General as an Ex Officio member, is responsible for the general direction and control of the Government of the Virgin Islands. A new constitution was adopted in 2007.

### ***Economy***

The BVI have been experiencing steady, dynamic economic growth since the 1980s. In 2005, for example, Gross Domestic Product (GDP) increased by more than 11 per cent and per capita income was approximately US\$37,000 (Smith, 2006). According to DPU statistics, the 2006 estimated GDP per capita is US\$37,461 – one of the highest in the sub-region. The tourism, financial services and construction sectors are currently the mainstays of the economy.

## **The Millennium Development Goals and the British Virgin Islands**

### ***Limited early engagement***

The UNDP/OECS MDG localisation initiative has catalysed a core of public sector stakeholder interest in, and preliminary action around, the MDGs in the BVI. While the MDGs relate broadly to the social development agenda of the BVI, the territory has not articulated a specific MDG agenda, nor have the goals and targets been explicitly integrated into national or sectoral planning frameworks. Attempts to establish an MDG committee to prepare the 2005 national progress report were unsuccessful as the goals were perceived as having little relevance to the territory. Indeed, like many other islands in the Caribbean, the territory's level of social development means that several of the specific targets and indicators set out in the global agenda have already been met or even surpassed.

### ***Growing appreciation***

But there is now growing appreciation in the BVI of the MDGs' instrumental function as a means of addressing key developmental needs as well as of how a process to develop a local agenda that is based on the global one can serve national objectives.

### ***Benefits of a localised MDG agenda***

Although the international community has passed the half-way mark to the 2015 target date for meeting the MDGs, there is still time for the BVI to localise the MDGs and indeed there is value for the territory in doing so. The MDG agenda does not bring new thematic issues to the territory, but the localisation process presents an opportunity to put in place a focussed, time-bound and comprehensive framework that can be used to scale up actions and measure progress. Other middle-income countries (MICs) have used the MDGs as a floor for articulating a development agenda, rather than dismiss it as ceiling with no relevance to them. The MDGs have been used by some MICs as part of a strategy for focusing on reducing poverty among vulnerable groups and in marginalised regions and bringing renewed attention to critical issues, such as HIV/AIDS. Others have gone outside the international framework to include issues related to the main themes that are of more relevance to their countries.

Some BVI observers note that while the country is doing very well economically, there remains much to be done in the social sector. A targeted and measurable social development agenda can help the BVI ensure that the benefits of its robust economic growth are equitably distributed throughout the society and that no one is left behind in the development process.

In the absence of an overarching national development strategy or plan, a localised MDG agenda could be a useful tool for:

- coordinating existing work and activities;
- framing national goals and targets and putting them in a coherent and rationalised framework;
- facilitating action towards meeting other international commitments, such as those on gender; and
- facilitating and informing social development planning.

Additionally, a flexible and responsive process could help pinpoint where particular action is needed to improve delivery of social development programmes.

The usefulness and success of any programme to adapt the MDGs to the BVI's situation will be largely dependent on political will and technical commitment.

## Socio-economic Issues

### *Middle-income status masks challenges*

The BVI are classified as a MIC, based on levels of per capita income. However, information received suggests income distribution is uneven. Data from the DPU show that approximately 64 per cent of the population earn US\$20,000 or less per year and slightly more than one third earn US\$10,000 or less (Table 1).

GDP is skewed by the financial services sector, where wages are higher than in other sectors. The sector contributed approximately 17 per cent to GDP in 2006, and when this is taken out, the GDP per capita is US\$30,724. Five per cent of those employed in the BVI work in financial services, where the estimated per capita GDP for 2006 is US\$211,378. This points to significant income disparity in the BVI. There is also a disparity among minimum wage earners: the hourly wage of those in the public sector is US\$8.00, compared to US\$4.00 in the private sector.

Table 1 Number of Employees by Grouped Income(US\$)

Annual Salary (\$US)	2005		2006		2007(p)		2008(p)		2009(p)		2010(p)	
	Persons	%	Persons	%	Persons	%	Persons	%	Persons	%	Persons	%
1 - 10,000	5,514	33.97	5,780	34.12	5,662	32.88	5,477	32.88	5,479	29.99	5,481	29.16
10,000 - 20,000	5,115	31.51	5,043	29.77	5,129	29.79	5,279	29.79	5,376	29.42	5,472	29.11
20,000 - 30,000	2,670	16.45	2,961	17.48	3,013	17.50	3,118	17.50	3,251	17.79	3,384	18.00
30,000 - 40,000	1,432	8.82	1,488	8.78	1,597	9.28	1,787	9.28	1,898	10.39	2,009	10.69
40,000 - 50,000	723	4.45	789	4.66	872	5.07	1,018	5.07	1,107	6.06	1,197	6.37
Over 50,000	778	4.79	878	5.18	945	5.49	1,065	5.49	1,159	6.34	1,253	6.67
<b>Total</b>	<b>16,232</b>	<b>100.00</b>	<b>16,939</b>	<b>100.00</b>	<b>17,218</b>	<b>100.00</b>	<b>17,744</b>	<b>100.00</b>	<b>18,270</b>	<b>100.00</b>	<b>18,796</b>	<b>100.00</b>

Source: BVI Social Security Board and Development Planning Unit

Note: 2007 to 2010 are projections <sup>(p)</sup>

Notwithstanding the territory's middle income status, it faces development challenges. Some of these challenges stem from the inherent economic, ecological and social vulnerabilities of being a small island developing state (SIDS). These include factors such as:

- the small size of its economy, making it difficult to realise gains from economies of scale;
- a high level of openness to shocks from the international economy;
- lack of economic diversification;
- high dependence on imports, including energy and industrial supplies;
- high communication and transportation costs (Briguglio, 1999 and Witter, 2003 cited in Brown *et al.*, 2007); and
- vulnerability to natural hazards and the effects of changing climate patterns (Brown *et al.*, 2007).

Other challenges are particular, but not unique, to the BVI and these are described in brief below.

Most financing for social development is mobilised from central government sources. The BVI's middle income and dependent territory status excludes it from accessing development assistance from some bi- and multilateral agencies. The BVI receive some assistance from the United Kingdom through the Foreign and Commonwealth Office's Overseas Territories Programme Fund, primarily for capacity building support to law enforcement agencies, including the prison service and the police (Foreign and Commonwealth Office, 2007). Unlike Anguilla, Montserrat and the Turks and Caicos Islands, the BVI do not receive development assistance through DFID.

### ***Changing demographics***

The pace of economic expansion in the BVI has been faster than population growth, prompting the territory to bring in workers to meet labour force needs and sustain economic growth. Approximately 1,000 work permits are issued annually.

The current wave of immigrant worker inflow dates back to the 1980s<sup>1</sup> (Government of the BVI, 1999a) and over the years this has changed the demographic profile of the territory: whereas the 2002 Survey of Living Conditions identified a 56 per cent to 44 per cent split between BVI nationals and non-nationals (cited in Halcrow Group Ltd., 2003a), the DPU estimates that non-nationals now outnumber BVI Islanders, accounting for approximately 60 per cent of the total population. DPU employment statistics show foreigners accounting for 60.5 per cent of the employed in 2006, up from 55.9 per cent in 2000. Notably, however, among the individuals interviewed as part of this project, the perception of the proportion of foreigners varies significantly, with some people estimating that non-BVI Islanders make up as much as 70 per cent of the total population.

Among BVI Islanders there appears to be concern about the social and cultural impact of the large and growing immigrant community, which seems to be perceived as not fully understanding and respecting local culture. Complicated and long residency requirements mean, however, that few foreign workers go on to become BVI permanent residents or citizens. As more children are born to non-nationals in the BVI and grow up in the territory, however, the concept of what it means to be a BVI Islander is changing. This will challenge legislation and policy and will have to be faced head on.

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<sup>1</sup> Foreign labour has been a feature of the BVI landscape from as early as the 1960s.

There are a number of issues related to the well-being of immigrants, including domestic violence against women, residency and nationality rights of children born to immigrant parents in the BVI when they reach majority age, and the vulnerability of semi and unskilled workers to discrimination and exploitation in the workplace (Halcrow Group Ltd, 2003a:69 – 70). Expatriates predominate in manual and low-skilled occupations, including construction, and domestic and hotel service. Workers in elementary occupations<sup>2</sup> make up the largest single category of non-national workers in the territory (Table 2). In 2000, non-nationals in elementary occupations accounted for 17.8 per cent of the immigrant workforce and just under 10 per cent of the total workforce. In 2006, they accounted for approximately 17 per cent and 10 per cent respectively. Most expatriates work in the private sector (where the statutory minimum wage is lower than in the private sector).

There is growing concern about the housing conditions of some immigrant workers, where overcrowding, inadequate sanitary infrastructure and poor upkeep of properties by landlords are seen as potential public health hazards. Poor infrastructure and lack of maintenance contribute to vulnerability to natural hazards. Some immigrant workers at the lower end of the economic scale live in areas that are prone to flooding and other natural hazards. One such area is Crabbe Lot in Road Town, where the Department of Disaster Management (DDM) is currently implementing a risk reduction programme with support from the OECS Secretariat through UNDP funding.

The DDM has also identified five low income communities with significant immigrant populations for designation as Specially Vulnerable Areas. Such designation would trigger actions to reduce the vulnerability of residents in these areas by either relocating them and declaring the areas green spaces or introducing remedial actions and management measures to address underlying problems. A paper was submitted to the Executive Council prior to the 2007 General Elections, but to date no decision has been taken on the matter.

Table 2 Numbers and Percentages of Non-Nationals (Expatriates) by Occupational Groups, 2000 and 2006

. 2000					
Grouped Occupation	Status of Residents			Total	% Foreign Residents
	BVI Islander	Expatriates	Not Stated		
Legislators Senior Officials and Managers	146	268	201	615	64.73
Professionals	110	355	108	573	76.34
Technicians and Associate Professionals	382	751	343	1,476	66.28
Clerks	956	953	282	2,191	49.92
Service Workers and Shop Market Sales Workers	159	867	215	1,241	84.50
Skilled Agricultural and Fishery Workers	23	105	33	161	82.03
Craft and Related Trades Workers	138	838	201	1,177	85.86

<sup>2</sup> The International Standard Classification of Occupations (ISCO-88) defines elementary occupations as those which require the knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand-held tools and in some cases considerable physical effort, and, with few exceptions, only limited personal initiative or judgment. Such occupations include selling goods in the streets, door-keeping and property watching, as well as cleaning, washing, pressing, and working as labourers in mining, agriculture and fishing, construction and manufacturing. In the BVI, elementary workers include street vendors, domestic helpers, messengers, porters, and garbage collectors.



Plant and Machine Operators and Assemblers	45	119	30	194	72.56
Elementary Workers	443	1,361	411	2,215	75.44
Not Stated	1,303	2,013	478	3,794	60.71
<b>Total</b>	<b>3,705</b>	<b>7,630</b>	<b>2,302</b>	<b>13,637</b>	
<b>2006</b>					
Grouped Occupation	Status of Residents			Total	% Foreign Residents
	BVI Islander	Expatriates	Not Stated		
Legislators Senior Officials and Managers	127	318	177	622	71.46
Professionals	132	489	176	797	78.74
Technicians and Associate Professionals	413	985	382	1,780	70.46
Clerks	1,518	1,610	329	3,457	51.47
Service Workers and Shop Market Sales Workers	161	1,192	222	1,575	88.10
Skilled Agricultural and Fishery Workers	23	129	26	178	84.87
Craft and Related Trades Workers	131	1,076	154	1,361	89.15
Plant and Machine Operators and Assemblers	50	141	27	218	73.82
Elementary Workers	463	1,707	375	2,545	78.66
Not Stated	1,299	2,617	490	4,406	66.83
<b>Total</b>	<b>4,317</b>	<b>10,264</b>	<b>2,358</b>	<b>16,939</b>	

Source: BVI Development Planning Unit

The BVI's changing demographic profile includes an ageing population. This is occurring in a context of weakening traditional social structures (see below) and placing new demands on the state to provide services to meet their needs.

### **Crime**

Whereas the 2003 Country Poverty Assessment (CPA) Report indicated that levels of crime were low in the BVI (Halcrow Group Ltd., 2003a), by 2007, crime appeared to be on the increase. Although the incidence of crime may still be comparatively low when placed in a regional context, it is perceived as a pressing social problem in the BVI, particularly as it relates to youth. Like other Caribbean countries, the BVI are a transshipment point in the narcotics trade and some of the criminal activity in the territory is likely linked to this. The introduction of a visa requirement for some Caribbean nationals has been a policy response to the increase in crime.

### **Youth**

There is growing concern about anti-social behaviour, substance abuse and crime among adolescents and young men, particularly those who have dropped out of school or have low levels of educational attainment. Youth aged 15 to 24 years accounted for just over 13 per cent of the total population in 2007. Despite an increasing number of programmes targeting in- and out of school youth, there is a small but growing segment of the youth population that requires more aggressive forms of intervention in order to arrest negative behavioural tendencies, such as substance abuse and criminal activity. Strategies and measures to be taken are now under discussion.

### ***Weakening of social institutions***

The BVI are experiencing a weakening of traditional social structures. This includes changes in family life, community life and social mores. With more parents working for longer hours outside the home, children now have less parental contact than previous generations. And whereas in the past the extended family played an important role in child care and child rearing, this is decreasing. Immigrant workers who have no support system or extended family in the BVI are forced to rely on commercial child minding services or where cost is prohibitive, as is the case for many low income workers, leave their children unattended.

There are concerns that this has affected how children are socialised and there is a seemingly widespread feeling that parents need to improve their parenting skills to help address the breakdown in traditional values. The Department of Social Development has responded to this by introducing programmes to enhance parenting skills and marital relationships as part of its community education outreach work. This includes quarterly seminars that focus on a range of parenting issues as well as programmes that are offered with and through churches and other faith-based organisations.

### **Policy Context**

The BVI currently have no overarching policy framework. There are a number of sectoral policies, strategies and master plans, but these do not link back to a current national plan. However, the BVI's level and pace of development now demand a national plan and the territory can no longer afford to be without one.

The social development plan that will emerge from the Social Sector Analysis will provide an important framework for moving forward, but if it is not part of a broader integrated vision for national development it risks being limited in its effectiveness.

### ***National Integrated Development Strategy and Plan***

The National Integrated Development Plan (NIDP) 1999 – 2003 was the territory's first formal attempt at national planning (Government of the BVI, 1999a). The National Integrated Development Strategy (NIDS), which the plan operationalised, provided a framework for strengthening and diversifying the economy, as well as for improving standards and services in the following areas: environment; infrastructure; governance; human resources development; spatial development; law and order; social welfare and social security. The NIDS was prepared through an extensive consultation process involving key stakeholders. It appears to have been perceived as relevant and appropriate, and the process to prepare it is generally remembered as a positive experience in participatory planning.

In 2007, some four years after the end of the period that the NIDS was intended to cover, it is often referred to, and some sectors still take their cue from that document. But it seems the NIDS did not become a 'living' document for all officers/departments in the public service. Further, it appears that due to personnel changes shortly after the NIDS was developed, the energy and commitment of the planning process dissipated and the strategy did not benefit from having a centrally placed and influential champion within the public sector. The plan has not been reviewed or assessed and it does not appear that a process is in train to update the NIDP or replace it with a new master plan. In the absence of a structured process for monitoring and evaluating the plan it is difficult to measure how effective it has been. Given the initial enthusiasm with which the NIDS and NIDP were received it appears an opportunity for building national consensus and working to a common agenda was lost.

### ***Legislative Agenda***

The Legislative Agenda, Medium Term Economic Strategy, and Public Sector Investment Programme effectively set the territory's development agenda (Gardner, 2007).

In the absence of an overall national plan, the previous government's Legislative Agenda 2003 - 2007 was instrumental in providing the framework for sectoral plans, many of which are annual plans. The Legislative Agenda was, however, based on the former ruling party's manifesto and was more a list of projects than an overarching strategic framework to guide planning. The three-tiered agenda included strengthening the social infrastructure and a number of activities have been undertaken in this regard (Government of the BVI, 2003).

### ***Sectoral policies relevant to the MDGs***

There are a number of sector-specific policy statements and instruments that have direct relevance to the achievement of the MDGs. Although some are in draft form, they are used to inform annual work plans. The sectoral policy instruments include:

▪ Social Welfare Policy	Goal 1, 3, 4, 5
▪ Education Act (2004)	Goal 2
▪ Draft Education Strategy 2003 - 2008	Goal 2
▪ Public Health Act (1976)	Goals 4, 5, 6
▪ Draft BVI HIV/AIDS/STI National Strategic Plan 2004 – 2007	Goal 6
▪ Draft BVI National Environmental Action Plan	Goal 7
▪ UK – Overseas territory Environment Charter	Goal 7
▪ Physical Planning Act (2004)	Goal 7
▪ Fisheries Act (1997)	Goal 7
▪ BVI Physical Development Plan	Goal 7

A National Youth Policy (Goal 1) and a Health Policy (Goals 4, 5, 6) are currently in advanced stages of development. The development of a Gender Policy (Goal 3) will begin in March 2008.

Some of the plans listed above have remained in draft form for the duration of their life-span, which raises questions about the level of commitment to these documents and their sustainability.

### ***Local processes linked to international processes and agreements informed by the MDGs***

The work of some departments is informed by regional and international agreements and conventions that take the MDGs into account. And while the departments may not make explicit reference to the MDGs in their plans and programmes, their work is supporting, or has the potential to support, the MDG agenda to the extent that they take their cues from these external commitments.

- The work of the Department of Health, for example, is being informed by the MDG agenda through its participation in the Pan American Health Organisation's (PAHO) Caribbean Co-operation in Health (CCH) initiative. Phase III of the initiative, which is being developed by PAHO Member States, includes implementation of the MDGs as one of its guiding principles. CCH III has also identified integrating HIV/AIDS with sexual and reproductive health programmes as a priority area that is key to meeting a number of the MDGs (Roses-Periago, 2007). Acting on a recommendation of the 2005 Caribbean Commission on Health and Development report, CCH III is considering setting a minimum of 6 per cent of GDP to be allocated to government expenditure on health.

- There is potential for the Office of Gender Affairs to incorporate a stronger MDG orientation through implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) agenda, the main international convention that informs the work of the Office. CEDAW established a Task Force on Gender Equality and the MDGs in 2003, but it appears this group's work has not had a strong bearing on the work of the Office to date. The Office of Gender Affairs currently does not collaborate with DFID, the United Nations Development Fund for Women (UNIFEM) or the United National Population Fund (UNFPA).
- Within the Department of Conservation and Fisheries there is potential for closer alliance with the MDG agenda through its implementation of the regional St. George's Declaration of Principles for Environmental Management in the OECS (SGD). The recently revised SGD, which was accepted by OECS Member States in November 2006, is informed by the MDGs: the review process sought to make linkages with the MDGs and ensure consistency between the global environmental goal (7) and the SGD. "The revised SGD has retained approximately half of the environmental indicators originally developed for the MDGs, and developed additional ones that were considered more relevant and applicable to the situation of the region" (Geoghegan *et al.*, 2006:7). It includes targets to be achieved regionally and nationally, regional indicators, and specific areas in which individual countries will identify nationally relevant indicators.

Among civil society organisations, the directorate of the Christian Council is familiar with the MDG agenda because the Anglican Diocese of the Virgin Islands has adopted the MDGs as the framework for its education work through the schools it operates in the BVI.

### 3. National Performance on the Global MDG Agenda

#### Summary of Progress and Issues

Table 3 summarises national performance and concerns vis-à-vis the global MDG agenda. These issues are explored in the discussion that follows.

Although the issues below are presented by theme, the MDG agenda has to be seen as an integrated whole. This is particularly important for the BVI, where a rapid assessment based on the minimum global standards could suggest that the goals are not entirely relevant to the territory. But if seen as a holistic framework for a social development agenda grounded in equity, its usefulness becomes more apparent. The MDGs can be an entry point for reinforcing linkages across sectors and a tool for ensuring that the needs of the most vulnerable groups in BVI society are met and that the benefits the territory's economic growth are equitably distributed. Additionally, the BVI can use the MDG framework to advocate for support in international fora, including forging partnerships to address critical social development issues. It is also an opportunity for the BVI to explore innovative Financing for Development (FfD) mechanisms, such as the mobilisation of domestic financial resources for development and foreign direct investment and private flows, in keeping with the 2002 Monterrey Consensus of the International Conference on Financing for Development.

While recognising that the MDGs have limitations, it is important to understand that the goals are interconnected and lack of achievement in one area may erode gains in another.

Table 3. The British Virgin Islands and the MDG Targets

TARGET	PROGRESS/ STATUS [SOURCE]	COMMENTS
<b>Goal 1: Eradicate extreme poverty and hunger</b>		
<b>Target 1:</b> Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.	Target not appropriate to the BVI as worded.  Incidence of poverty households: 16% Incidence of poverty General pop.: 22 per cent [2003 County Poverty Assessment]  Poverty gap ratio: 4.1 [BVI DPU]	The targets under this goal could be made more relevant and specific to the BVI.  The 2003 CPA identifies reduction of income and non-income poverty as a key imperative.  The Caribbean Development Bank (CDB) has proposed reformulating this target to make it more appropriate to the Caribbean. <i>"Eliminate the proportion of persons who fall below the indigence line or halve the proportion of persons who fall below the poverty line, whichever is greater."</i>
<b>Target 2:</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	The 2003 CPA indicates that less than 0.5% of families cannot satisfy their basic food needs.	Nutrition and eating habits, particularly those of children, are a concern, given the increasing incidence of chronic disease conditions associated with diet and lifestyle.  Although a small number of families cannot satisfy their basic food needs, in a small country like the BVI this cannot be ignored.
<b>Additional target:</b> Achieve full and productive employment and decent work for all, including women and young people	Unemployment rate: 3.1% (2006) [BVI DPU]	Local concerns about biases against women in the workplace are consistent with this MDG target.

TARGET	PROGRESS/ STATUS [SOURCE]	COMMENTS
	Youth unemployment rate 6.23% (2001) [BVI DPU]	Efforts are currently being made to increase skills training and job-market readiness of young people. However, there are concerns about anti-social behaviour and delinquency among young males.
<b>Goal 2: Achieve universal primary education</b>		
<b>Target 3:</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<p>High levels of primary and secondary school enrolment</p> <p>Net primary school enrolment ratio: 97.6 (2005)</p> <p>Primary school completion rate: 98.9 (2005) [<i>www.unstats.un.org Data updated 30 July 2007</i>]</p> <p>Adult literacy 98.2%(2004) [BVI DPU]</p>	<p>Quality of education and meeting the needs of specific populations are concerns for the BVI.</p> <p>Universal early childhood education has been identified as a priority in order to improve readiness for learning and overall educational outcomes throughout life.</p>
<b>Goal 3: Promote gender equality and empower women</b>		
<b>Target 4:</b> Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.	<p>Gender Parity Index – primary level: .96 (2005)</p> <p>Gender Parity Index – secondary level: 1.18 (2005)</p> <p>Gender parity index - tertiary level: 2.28 (2005) [<i>www.unstats.un.org Data updated 30 July 2007</i>]</p> <p>Women employed in the non-agricultural sector: 50.08 (2006) [BVI DPU]</p> <p>Proportion of seats held by women in national parliament: .15 (2006) [BVI DPU]</p>	<p>The MDG focus is on increasing female participation in education, but this is not an issue in the BVI, where there is near parity in enrolment at the primary level and a slight disparity in favour of girls at the secondary and tertiary levels. Poor achievement of boys and the growing drop-out rate of boys, particularly at the secondary level is an area of concern. Countries throughout the Caribbean report problems with male underachievement in the formal education system. What is needed is a better understanding of this Caribbean-wide phenomenon. More appropriate indicators are needed for the BVI.</p> <p>Of particular relevance to the BVI is mainstreaming gender in the development process, increasing women's political and economic empowerment and addressing gender-based violence.</p>
<b>Goal 4: Reduce child mortality</b>		
<b>Target 5:</b> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Infant mortality is low in the BVI and there is high rate of	A proportional reduction in child and infant mortality is not useful for the BVI, with their

TARGET	PROGRESS/ STATUS [SOURCE]	COMMENTS
	<p>immunisation, attesting to the good coverage and quality of child health care. Under five mortality rate: 0 (2006) [BVI DPU]</p> <p>Infant mortality rate: 1.91 (2006) [BVI DPU]</p> <p>MMR immunisation: 100% (2004) [BVI DPU]</p>	already low mortality rates. Other targets and indicators are being developed under the Family Health priority area of CCH III.
<b>Goal 5: Improve maternal health</b>		
<b>Target 6:</b> Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<p>Maternal mortality is low.</p> <p>Maternal mortality ratio: 0 (2006) [BVI DPU]</p> <p>Proportion of births attended by skilled personnel: 100 (2006) [BVI DPU]</p> <p>Percentage of women attending clinics who use contraceptives: 68% (2004) [BVI DPU]</p>	<p>A proportional reduction in maternal mortality is not useful for the BVI, with their already low mortality rates. Other targets and indicators are being developed under the Family Health priority area of CCH III.</p> <p>Although the data point to no maternal mortality, there is some question about how data are collected, as measuring maternal mortality accurately is very difficult. In many countries underreporting and misclassification of maternal deaths is a persistent problem and there needs to be some investigation to ascertain if this is the case in the BVI.</p>
<b>Additional target:</b> Achieve by 2015 universal access to reproductive health	<p>Antenatal care is provided free of charge through the public health system.</p> <p>Sexual health promotion programmes are offered through the National AIDS Programme.</p> <p>Reproductive health services are offered through the public health system at minimal charge.</p>	<p>There are no data available about HIV/AIDS prevalence among mothers.</p> <p>Teenage pregnancy is a concern.</p>
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>		
<b>Target 7:</b> Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	Surveillance of and reporting on HIV/AIDS have	<p>.</p> <p>The total number of people infected with</p>

TARGET	PROGRESS/ STATUS [SOURCE]	COMMENTS
	<p>improved significantly since the National AIDS Programme was re-established in 2003</p> <p>HIV prevalence among 15 – 24 year olds: 0.03 (2006) [BVI DPU]</p>	<p>HIV/AIDS in the territory is not known , as some individuals seek medical attention overseas, including in the US Virgin Islands.</p> <p>A decision has recently been taken to mainstream the National HIV/AIDS Programme and integrate it into national health programme. All aspects of care including medical care, counselling and other patient support will be provided and managed by the BVI Health Services Authority.</p>
<b>Additional target:</b> Achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it	All known HIV/AIDS patients in the territory (n = 57, as at Sept 07) receive medical care and treatment through a non-profit organisation.	Malaria is not a threat to the BVI and most communicable diseases are under control in the BVI, due to the high level of immunisation. While malaria is not currently a threat to the BVI, the role of climate change in the outbreak and spread of vector borne diseases must be noted.
<b>Target 8:</b> Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	Malaria – Not currently relevant to the BVI	The leading causes of death in the BVI are cancers, heart disease, and chronic non-communicable diseases (CNCDs), such as diabetes and its complications and hypertensive disorders. Reducing the burden of CNCDs is a priority under CCH III.
<b>Goal 7: Ensure environmental sustainability</b>		
<b>Target 9:</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources		A proposed 12 – 26 per cent of the BVI land mass will enjoy some form of protection under the BVI Protected Area System Plan 2007 – 2017.
<b>Additional target:</b> Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss		Environmental targets and indicators are set out in the regional St. George's Declaration of Principles for Environmental Sustainability in the OECS, to which the BVI are a signatory.
<b>Target 10:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Percentage of households with access to safe drinking water from public or private sources: 95% [BVI DPU]	
<b>Target 11:</b> By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Not relevant to the BVI as stated	There are growing concerns about overcrowding and the standard of accommodation available to immigrant workers. Poor living conditions and sanitation are a potential public health problem and create additional vulnerabilities to disaster risk.
<b>Goal 8: Develop a global partnership for development*</b>		
<b>Target 12:</b> Develop and open, rules-based, predictable, non-discriminatory trading and	There is potential to use this goal at national level to stimulate a framework for partnerships for development. There are currently a few service delivery	



TARGET	PROGRESS/ STATUS [SOURCE]	COMMENTS
financial system	partnerships in place for the delivery of social services in the BVI. However, these appear to be discrete arrangements for certain aspects of service delivery rather than formal institutional partnerships.  The spirit of Target 12 includes a commitment to good governance, development and poverty reduction – both nationally and internationally	
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Telephones per household: 1.32 (2001)  Computers per household 2.59 (2001)  Internet connections per household: 3.38 (2001) [BVI DPU]	

\*Selected targets shown

## Thematic Areas

Key issues related to the thematic areas of the MDGs are summarised below. Each section includes available data related to the global target and indicators.

## Poverty

Table 4 Millennium Development Goal 1: Eradicate Extreme Poverty and Hunger

Targets	Indicators for monitoring progress
<b>Target 1:</b> Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below US\$1 per day 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
<b>Target 2:</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under-five years of age) 5. Proportion of population below minimum level of dietary energy consumption
<b>New target</b> Achieve full and productive employment and decent work for all, including women and young people	<ul style="list-style-type: none"> <li>• Growth rate of GDP per person employed</li> <li>• Employment to population ratio</li> <li>• Proportion of employed people living below \$1 (PPP) per day</li> <li>• Proportion of own account and contributing family workers in total employment</li> </ul>

## Benefits of economic growth do not reach vulnerable groups

With its high per capita income and steady economic expansion, the challenge for the BVI is to ensure that the benefits of growth are equitably distributed throughout the population, notably reaching such vulnerable groups as the elderly, single-parent households, immigrants and persons with disabilities. The Social Welfare Policy sets out strategies for meeting the needs of these groups (Government of the BVI n.d.b).

## Poverty rate

The BVI's poverty rate is relatively low compared to other countries in the Caribbean (Table 5) (Halcrow Group Ltd, 2003a). Data from the 2003 CPA show a 16 per cent incidence of poverty among BVI households and 22 per cent in the general population. The poverty gap is 4.1 (Table 6) and the child poverty rate is 34 per cent.

**Box 1. Policy and Planning Framework: Poverty**

- 2003 CPA refers to the NIDS/NIDP as a poverty reduction strategy paper in all but name (Halcrow Group Ltd, 2003a).
- Social Welfare Policy

**Lack of well being**

The 2003 CPA cites a very low incidence of indigence in the territory: less than 0.5 per cent of households cannot satisfy their basic food needs. In the BVI, poverty is commonly thought to be synonymous with indigence and is therefore not perceived as a key concern. However, the 2003 CPA noted that poverty is due to lack of well being, not just lack of income and identified reduction of income and non-income poverty as a key imperative for the BVI.

The context suggests a Core Welfare Indicators Questionnaire (CWIQ) could be useful to the territory given its focus on household well-being using indicators of access, utilisation and satisfaction with community and other basic services.

Table 5 Incidence of Poverty in Selected Caribbean Countries (%)

Poverty	Antigua and Barbuda (2005/06)	BVI (2002)	Dominica (2002)	St Kitts and Nevis (2000)	St Lucia (2004)
Household	13.4	16	29	22.2	21.4
Population	18.3	22	39	31.2	28.8

Sources: Antigua – Kairi Consultants Ltd., 2007; BVI- Halcrow Group Ltd., 2003a; Dominica – Halcrow Group Ltd., 2003b; St. Kitts – 2001 CPA cited in Daniel, 2006; St. Lucia – Kairi Consultants Ltd., 2006

Table 6 Poverty Gap Ratio 1990 - 2006

	1999	2000	2001	2002	2003	2004	2005	2006
Poverty gap ratio				4.1				

Source: BVI Development Planning Unit

Note: The poverty gap is a measure of the extent to which incomes of poor households fall below the poverty line

**Inadequate income**

The BVI have a high cost of living, “as evidenced by the adult poverty line of \$6,300 per annum” (Halcrow Group Ltd., 2003a:59).<sup>3</sup> Inadequate income or low wages rather than lack of employment is the primary issue for the poor in the BVI, most of whom are in employment. More than 80 per cent of BVI households have at least one person working. In more than half of these households there are at least two people working. Approximately one in seven poor households has someone who is unemployed (Halcrow Group Ltd., 2003a: 58).

**Poverty and vulnerability**

The linkages between poverty and vulnerability cannot be ignored in the territory. Poverty increases vulnerability to poor health and lower educational outcomes, for example. Despite the popular perception that chronic disease conditions or so called “lifestyles diseases” are related to affluence; generally the poor are disproportionately affected. Data from 2002 show 29 per

<sup>3</sup> The indigence line is \$1,700.00

cent of poor households in the BVI had diabetic or hypertensive individuals, compared with 20 per cent of non-poor households (Halcrow Group Ltd., 2003a). Twice as many non-poor households (38 per cent) had someone with a post secondary or tertiary level education than poor households (17 per cent).

Poverty also affects the resilience of households to withstand shocks, whether they are household specific, such as death or the loss of a job, or covariant, as in the case of a natural hazard or rising prices. Vulnerability to natural hazards because of poor housing stock and living conditions is higher among poor households.

Although poverty exacerbates vulnerability there are other factors that contribute to vulnerability. In the BVI context, there are particular concerns related to equity and vulnerability. While poverty among immigrant households in the BVI is lower than in mixed and BVI households, 10 per cent in the former compared to approximately 20 per cent in the latter, there are nonetheless specific vulnerabilities that immigrants (particularly low wage earners) face. These include vulnerability to poor housing and living conditions, as previously mentioned, as well as to exploitation in the workplace, and unequal treatment in the areas of access to labour complaints procedures, the courts and general welfare services (Halcrow Group Ltd., 2003a:84). A key concern for the BVI is, therefore, equity and the need to put in place safeguards to ensure that all BVI residents, regardless of nationality, enjoy the same rights and protection.<sup>4</sup>

Another important consideration for the BVI is the coherence between economic and social policies and how the former affects the latter, particularly where economic policies (such as a dual minimum wage system) perpetuate inequality or create or exacerbate vulnerability to lapsing into poverty. The Social Sector Analysis is expected to examine this issue.

This report does not include data that measure the probability of households, whether currently poor or not, finding themselves poor in the future, but anecdotal evidence suggests this is a concern for many in the territory. It is believed that many non-poor households, including single parent households and the elderly living on their own, have a limited ability to withstand household specific shocks.

### ***Employment***

The national unemployment rate is low, but that of young people is twice the national rate (Table 7).

There are particular concerns in the territory about biases against women in the workplace and their political and economic empowerment, as discussed in the section on gender below. There are also concerns about the readiness of youth for the workplace, which is being addressed through the introduction of skills training and personal development programmes for in and out of school youth. This suggests there may be a need for curriculum reform to ensure that the

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<sup>4</sup> The following human rights conventions have been extended to the BVI: the European Convention on Human Rights (ECHR); International Covenant on Economic and Social Rights (ICESCR); International Covenant on Civil and Political Rights (ICCPR); UN Convention against Torture (UNCAT); UN Convention on the Rights of the Child (UNCRC); UN Convention on the Elimination of Racial Discrimination (CERD) and UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The United Kingdom became a signatory to new Convention of the Rights of Persons with Disabilities in March 2007, but it does not appear this human rights convention has been extended to the BVI as yet.

educational system is preparing workers with the skills and competencies needed in the labour market.

Table 7 Employment

	1999	2000	2001	2002	2003	2004	2005	2006
<b>Employment by Sex</b>								
Male	6,297	6,841	7,151	7,143	7,318	7,648	7,978	8,460
Females	6,476	6,793	7,133	7,253	7,461	7,847	8,215	8,460
Not Stated	1	3	6	44	36	23	39	19
<b>Total</b>	<b>12,774</b>	<b>13,637</b>	<b>14,290</b>	<b>14,440</b>	<b>14,815</b>	<b>15,518</b>	<b>16,232</b>	<b>16,939</b>
<b>Origin</b>								
B V Islanders	3,582	3,705	3,765	3,818	3,971	4,086	4,252	4,317
Foreigners	7,492	7,630	8,195	8,286	9,252	9,878	10,469	10,264
Not Stated	1,700	2,302	2,330	2,336	1,592	1,554	1,511	2,358
<b>Total</b>	<b>12,774</b>	<b>13,637</b>	<b>14,290</b>	<b>14,440</b>	<b>14,815</b>	<b>15,518</b>	<b>16,232</b>	<b>16,939</b>
<b>Total Labour Force</b>	<b>13,251</b>	<b>14,146</b>	<b>14,747</b>	<b>14,902</b>	<b>15,289</b>	<b>16,014</b>	<b>16,751</b>	<b>17,481</b>
Employed	12,774	13,637	14,290	14,440	14,815	15,518	16,232	16,939
Unemployed	477	509	457	462	474	496	519	542
<b>Unemployment Rate</b>	<b>3.6</b>	<b>3.6</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>
<b>Unemployment Rate for 15 - 24 year-olds</b>		...	6.23	...	...	...	...	...
Male		...	7.07	...	...	...	...	...
Female		...	5.35	...	...	...	...	...

Source: BVI Development Planning Unit

## Education

Table 8 Millennium Development Goal 2: Achieve Universal Primary Education

Targets	Indicators for monitoring progress
<b>Target 3:</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<b>6.</b> Net enrolment ratio in primary education <b>7.</b> Proportion of pupils starting grade 1 who reach grade 5 <b>8.</b> Literacy rate of 15-24 year olds

The MDGs emphasise access to education, but quality of education, notably standards for educators, and meeting the needs of specific populations are the particular areas of concern for the BVI. Both these issues are discussed in brief below.

The first five-year education plan was developed and passed by the Cabinet in 1990. A comprehensive review was done in 2000, with support from the Caribbean Development Bank (CDB). Approval has recently been granted to have another comprehensive review in 2007-08.

### *Box 2 Policy and Planning Framework: Education*

- The Education Act (2004)
- Draft Education Strategy 2003 – 2008
- Targets set in annual work plans
- Five-year education plan (1990)

Data on education in the BVI are incomplete. The DPU aims, however, to work with the Ministry of Education and Culture and the Department of Education to rectify the existing data deficiencies.

### **Universal primary and secondary education**

The territory has achieved universal primary and secondary education and in 2006 the government expanded access to tertiary education through a tuition fee waiver for BVI Islanders attending the H. Lavity Stout Community College. The territory has high levels of primary and secondary school enrolment and a high primary school completion rate (Tables 9 and 10). At 97.8 per cent in 2001, the BVI's literacy rate is high (Table 11). (Data for secondary school enrolment are not available at this time. The DPU is working with the Ministry of Education and Culture and the Department of Education to address current data deficiencies.)

Table 9 Net Enrolment Ratio in Primary Education

	1990	1999	2000	2001	2002	2003	2004	2005	2006
Both sexes		95.6	94.9	92.5	91.0	93.7	94.7	97.6	
Girls		96.7	96.8	92.7	90.2	92.9	94.6	97.4	
Boys		94.5	93.0	92.4	91.9	94.5	94.7	97.7	

Source: Millennium Development Goals Indicators <http://unstats.un.org> Data updated: 30 July 2007

Note: National population data were used to calculate enrolment ratios.

Table 10 Primary School Completion Rate

	1990	1999	2000	2001	2002	2003	2004	2005	2006
Both sexes		106.0	107.6	105.1	105.8	97.8	104.3	98.9	
Girls		103.0	102.9	101.1	113.1	99.5	105.9	104.8	

Boys		109.0	112.3	109.0	98.4	96.2	102.7	93.2	
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Source: Millennium Development Goals Indicators <http://unstats.un.org> Data updated: 15 August 2007

Note: Primary Completion, Gross Intake Ratio to Last Grade of primary education - The Gross Intake Ratio to Last Grade of primary reports on the current primary access to last grade stemming from previous years of schooling and past education policies on entrance to primary education. It is a measure of first-time completion of primary education as it excludes pupils repeating the last grade. A high Gross Intake Ratio to Last Grade denotes a high degree of completion of primary education. As this calculation includes all new entrants to last grade (regardless of age), the Gross Intake Ratio may exceed 100%, due to over-aged or under-aged pupils entering the last grade of primary school for the first time. It is not inflated by pupils repeating the grade.

### **Early childhood education**

Teachers have begun to observe increasing numbers of children starting primary school who are not ready to learn because of an inadequate early learning foundation. Some advocates have begun to call for compulsory, free early childhood education. (Most early childhood education institutions are privately owned; the sector is regulated under the Education Act (2004) and draft Regulations specific to the sector are being prepared.)

Table 11 Youth and Adult Literacy

	1999	2000	2001	2002	2003	2004	2005	2006
Literacy rates 15 – 24 year old – both sexes								
Female								
Male								
Adult Literacy Rate			97.7					
Female			98.1					
Male			97.4					

Source: BVI Development Planning Unit

Note: Adult Literacy Rate is the total population 15+ years who have attained more than five years of formal schooling.

### **Special education**

More options and services are necessary for the special education needs in the territory. Special needs education is currently geared towards children with obvious physical or mental impairments. It is recognised, however, that more provisions are needed for children with learning disabilities or those who are gifted. Although there is an Educational Psychologist within the Department of Education who helps diagnose learning disabilities, more classroom support is needed, particularly in the form of teachers with a knowledge of special education needs and how to provide for these children in the mainstream classroom. Improving special education requires a three-pronged approach that includes ongoing training for teachers, early diagnosis and intervention and remediation. Additionally, more emphasis must be placed on the physical infrastructure of mainstream schools to facilitate access for children with physical impairments. The facilities of the territory's single special education school are also in need of upgrading. The Ministry of Education and Culture and the Department of Education are making a concerted effort to address these critical areas.

### **Standards for educators**

The majority of the teachers in the system are formally trained, but this is not always reflected in the quality of teaching; there is a need for greater supervision and accountability of teachers. A special unit, the National Curriculum Redesign Project, has been established within the Ministry of Education and Culture to address accountability within the school system. This unit is also responsible for reviewing standards in order to make the teaching/learning process more

effective and relevant, and to ensure that it is in keeping with international good practice standards.

***Additional needs***

The drop-out rate among boys at secondary school level is increasing and some educators feel programmes that specifically target boys are needed. No data on the drop-out rate were available for this report, but the gender parity enrolment data in Table 13 support the anecdotal evidence of male attrition in secondary school. The slight disparity in favour of males at the primary level shifts in favour of females at the secondary level. Various measures are being considered to address this problem. For example, in 2006 the Ministry of Education and Culture established a Technical/Vocational Apprenticeship Programme at the H. Lavity Stout Community College. The aim is to offer skills training that would enable participants to function in the job market while becoming proficient at a particular skill. The programme initially offered training in woodworking, plumbing, house-wiring, and small engine repairs but has now expanded to include computers/office skills and hotel/restaurant skills and basic culinary arts. Thus far the programme is proving to be quite successful, as it is attracting an increasing number of young people who have dropped out of school.

## Gender

Table 12 Millennium Development Goal 3: Promote Gender Equality and Empower Women

Targets	Indicators for monitoring progress
<b>Target 4:</b> Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<b>9.</b> Ratio of girls to boys in primary, secondary and tertiary education <b>10.</b> Ratio of literate females to males of 15-24 year olds <b>11.</b> Share of women in wage employment in the non-agricultural sector <b>12.</b> Proportion of seats held by women in national parliament

### Male performance in the educational system

Like elsewhere in the Caribbean the underperformance of boys is a critical concern in education, rather than the disparity in male and female enrolment, as is the focus of the MDGs. In many developing country regions, girls are more likely than boys to suffer from limited access to education, especially in rural areas (United Nations Development Group, 2003:24) and female enrolment and achievement is below that of males. But in the Caribbean, where there is widespread acceptance of, and provision for, basic education and high levels of enrolment, this is not the situation. Table 13 shows a slight disparity in favour of females at the secondary level but a larger gap between males and females at the tertiary level, again in favour of females.

While some commentators point to male marginalisation as an underlying problem, the phenomenon is not fully understood and needs to be more thoroughly investigated. A new OECS project has begun to examine the phenomenon in the region.

#### Box 3. Policy and Planning Framework: Gender

- No Gender Policy – policy development process set to start in 2008.
- Social Welfare Policy

Table 13 Gender Parity in Primary, Secondary and Tertiary Enrolment

	1999	2000	2001	2002	2003	2004	2005
Gender Parity Index in primary level enrolment	.97	1.00	1.00	.98	.94	.96	.96
Gender Parity Index in secondary level enrolment	.91	1.04	1.06	1.02	1.16	1.06	1.18
Gender Parity Index in tertiary level enrolment	2.40	2.68	2.80	2.34	2.65	2.33	2.28

Source: Millennium Development Goals Indicators <http://unstats.un.org> Data updated: 27 July 2007

Note: GPI of 1 indicates parity between the sexes; a GPI that varies between 0 and 1 typically means a disparity in favour of males; whereas a GPI greater than 1 indicates a disparity in favour of females.

### Female participation in the labour force

There is a high level of female participation in the labour force in the BVI and the labour market is very open to women in the service sector. There is, however, a disparity between men's and women's wages, with women earning 1.13 times less than their male counterparts. Female immigrant workers, most of whom are in the service sector, are susceptible to abuse and exploitation and have few channels of recourse.



**Table 14 Women in the Non- agricultural and Agricultural Sectors**

	1990	1999	2000	2001	2002	2003	2004	2005	2006
Women in the non-agricultural sector	...	50.72	49.86	49.98	50.43	50.52	50.69	50.83	50.08
Women in the agricultural sector	...	45.00	36.36	36.17	37.74	40.00	38.81	30.77	34.12

*Source: BVI Development Planning Unit*

### ***Female participation in politics***

Women's participation in electoral politics lags behind that of men, and between 1995 and 2006 there was no change in the proportion of seats held by women in the Legislative Council and in the proportion of female ministers. But at the administrative level there has been a change: in 2006, four, or two-thirds, of the six permanent secretaries were women, up from two or one-third in 1991 (Table 15).

**Table 15 Women in Government**

	1991	1995	2000	2001	2002	2003	2004	2005	2006
<b>Legislative Council</b>									
Total number of seats	9	13	13	13	13	12	13	13	13
Number of seats held by women	0	2	2	2	2	2	2	2	2
Number of seats held by men	9	11	11	11	11	11	11	11	11
Proportion of ministers who are women	0	.15	.15	.15	.15	.15	.15	.15	.15
<b>Permanent Secretaries</b>									
Total number of Permanent Secretaries	6	6	6	6	6	6	6	6	6
Female Permanent Secretaries	2	...	...	...	...	...	...	4	4
Male Permanent Secretaries	4	...	...	...	...	...	...	2	2
Proportion of Permanent Secretaries who are women	.33	...	...	...	...	...	...	.67	.67

*Source: BVI Development Planning Unit*

### ***Limited gender mainstreaming***

Despite attempts made in the 1990s, the BVI have no gender policy and there has been no systematic attempt at gender mainstreaming within the public sector. The Women's Desk was upgraded to the Office of Gender Affairs in 2001, but this new status appears not to have been matched with enabling factors such as a policy framework and human resources. The work of the Office of Gender Affairs is currently focussed on programmatic social development interventions, rather than on policy issues. However, plans are in train to begin a policy development process in March 2008.

### ***Operational challenges***

In addition to having no overarching gender policy, the Office is challenged by: lack of gender policies and commitment by other agencies and departments; lack of statistics and baseline data for planning purposes; and inadequate staffing. Perceptions of gender as a marginal issue continue to challenge the Office, even as it is preparing to embark on the policy development process. Subtle forms of resistance are perhaps an indicator of the need for gender issues to become more prominent in social and economic development discourses, and for greater sensitisation and advocacy based on data and research.

***Women's economic and political empowerment***

High levels of female education and labour force participation have not translated into political and economic equality and equity. The Office of Gender Affairs has identified women's economic empowerment and women's political empowerment as two strategic areas for action. The two are closely linked. The way in which political life is conducted in the BVI (and elsewhere) makes female participation difficult. Younger women with children, for example, find it difficult to devote time and money to the kind of campaigning that is the common practice.

***Additional needs and concerns***

Other key concerns in the territory include domestic violence (there has been no gender-based violence programme in place for the past 10 years) and the provision of social service schemes that meet women's needs, such as access to advisory legal services and unemployment insurance. Although the BVI have a legal aid scheme, it appears that more men than women have benefited to date. The Office of Gender Affairs is also concerned about chronic diseases, or lifestyle diseases, that affect women's health, notably diabetes and obesity.

## Health (including HIV/AIDS)

Table 16 The Health Millennium Development Goals

Millennium Development Goal 4: Reduce child mortality	
Targets	Indicators
<b>Target 5:</b> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<b>13.</b> Under-five mortality rate <b>14.</b> Infant mortality rate <b>15.</b> Proportion of 1 year old children immunised against measles
Millennium Development Goal 5: Improve maternal health	
<b>Target 6:</b> Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<b>16.</b> Maternal mortality ratio <b>17.</b> Proportion of births attended by skilled health personnel
<b>Additional target:</b> Achieve by 2015, universal access to reproductive health	<ul style="list-style-type: none"> <li>• Adolescent birth rate</li> <li>• Antenatal care coverage</li> <li>• Unmet need for family planning</li> </ul>
Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases	
<b>Target 7:</b> Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	<b>18.</b> HIV prevalence among 15-24 year old pregnant women <b>19.</b> Contraceptive prevalence rate <b>20.</b> Number of children orphaned by HIV/AIDS
<b>Additional target:</b> Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	<ul style="list-style-type: none"> <li>• Proportion of the population with advanced HIV infection with access to antiretroviral drugs</li> </ul>
<b>Target 8:</b> Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	<b>21.</b> Prevalence and death rates associated with malaria <b>22.</b> Proportion of population in malaria risk areas using effective malaria prevention and treatment measures <b>23.</b> Prevalence and death rates associated with tuberculosis <b>24.</b> Proportion of TB cases detected and cured under DOTS

### Child and maternal mortality

The global MDG agenda uses child mortality rates as a measure of child survival, which in turn reflects the “social, economic and environmental conditions in which children (and others in society) live, including their health care” (United Nations Development Group, 2003:34). The immunisation indicator is a measure of “the coverage and the quality of the child health-care system in [a] country” (United Nations Development Group, 2003:34).

#### Box 4. Policy and Planning Framework: Health

- Health Policy being developed
- No health plans in place
- Draft British Virgin Islands HIV/AIDS/STI National Strategic Plan 2004 – 2007
- No national AIDS policy

The BVI have low child and maternal mortality rates (Tables 17 and 18). Antenatal health care is provided free of charge in the public health system, as is health care for children. All births in the territory now take place in a hospital (Table 19) although several women give birth in the neighbouring US Territories so that their children might be entitled to US citizenship. Immunisation coverage is high, with 100 per cent inoculation for measles, mumps, rubella and tuberculosis in 2004 and 90 per cent and 91 per cent for polio and diphtheria, and pertussis and tetanus respectively.

Table 17 Child Mortality

	1991	1999	2000	2001	2002	2003	2004	2005	2006
Mid -year population	16,710	21,689	20,254	23,161	23,689	24,296	24,997	25,822	26,726
Total population 1 year old	...	...	...	407	416	427	439	453	470
Number of deaths under five	7	3	2	3	8	4	6	1	0
<b>Under Five Mortality Rate</b>	<b>2.31</b>	<b>0.95</b>	<b>0.62</b>	<b>0.96</b>	<b>3.16</b>	<b>1.49</b>	<b>1.90</b>	<b>0.35</b>	<b>0.00</b>
Number of deaths less than 1 year	7	3	1	3	0	5	3	4	5
<b>Infant Mortality Rate</b>	<b>2.31</b>	<b>0.95</b>	<b>0.31</b>	<b>0.96</b>	<b>0.00</b>	<b>1.86</b>	<b>0.95</b>	<b>1.41</b>	<b>1.91</b>

Source: BVI Development Planning Unit

### Maternal mortality reporting

The data (Table 18) suggest there have been no maternal deaths in the territory since 1994. However, this statistic is questionable. Measuring maternal mortality accurately is very difficult (United Nations Development Group, 2003). In many countries underreporting and misclassification of maternal deaths is a persistent problem and there needs to be some investigation to ascertain if this is the case in the BVI.

Table 18 Maternal Mortality

	1991	1993	1994	1999	2000	2001	2002	2003	2004	2005	2006
Number of maternal deaths	0	1	1	0	0	0	0	0	0	0	0
Number of live births	303	319	298	315	325	314	253	269	316	283	262
<b>Maternal Mortality Ratio</b>	<b>0</b>	<b>0.31</b>	<b>0.34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: BVI Development Planning Unit

Table 19 Number and Proportion of Births Attended by Skilled Health Personnel

	1991	1999	2000	2001	2002	2003	2004	2005	2006
Number of births at hospital	303	315	325	314	253	269	316	283	262
<b>Proportion of Births Attended by Skilled Health Personnel</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: BVI Development Planning Unit

### Reproductive health services

Reproductive health services are offered through the public health system at a minimal charge. Hormonal contraception is offered below cost and condoms are distributed free of charge at public health clinics. Condoms are readily available relatively inexpensively throughout the private sector and intrauterine contraceptive devices (IUCDs) and bitubal ligations (BTL) are subsidised below cost in the public sector.

Table 20 Contraceptive Prevalence

	1991	1999	2000	2001	2002	2003	2004	2005	2006
Number of women attending clinics	517	212	288	246	...	148	180	161	...
Number of women who use contraceptives	...	206	207	208	...	104	123	...	...
Number of women who use condoms	...	2	4	0	...	2	5	...	...
Population of women 15-49 years	4,843	6,097	6,266	7,016	7,141	7,270	7,401	7,530	7,658
<b>Contraceptive prevalence</b>	...	<b>3.38</b>	<b>3.30</b>	<b>2.96</b>	...	<b>1.43</b>	<b>1.66</b>	...	...
<b>Condom use rate of contraceptive prevalence rate</b>	...	<b>0.97</b>	<b>1.93</b>	<b>0.00</b>	...	<b>1.92</b>	<b>4.07</b>	...	...

Source: BVI Development Planning Unit

Note: Contraceptive Prevalence is the percentage of women between 15 - 49 years who obtain contraceptives from clinics. In calculating the contraceptive prevalence and condom use rates, it is assumed that the women attending clinics are within the 15 - 49 years age group.

### Teenage pregnancy

Teenage pregnancy has been identified as a key reproductive health issue in the territory, not least because early pregnancy and motherhood have implications for female health, overall educational outcomes, and vulnerability to poverty. In 1991, 29 or 9.5 per cent of the 303 births in the territory were to females between the ages of 15 and 19 years, in 2006, 24 of the 262 births were to girls in this age group.

### HIV/AIDS prevalence

Since 2003, the National AIDS Programme has improved surveillance of, and reporting on, HIV and AIDS in the territory. There are 57 BVI residents living with HIV who are known to the Department of Health (some residents seek treatment overseas for confidentiality reasons). Of this number, 29 people have AIDS (16 women and 13 men) and 28 are HIV positive (15 women and 13 men). The first case of HIV/AIDS was identified in 1985 and by February 2007, a total of 85 people had tested positive for HIV in the territory. However, the Caribbean Epidemiology Centre (CAREC) estimates that the prevalence rate for HIV infection in the BVI is 1.5 per cent. This suggests there could be as many as 375 infected people in the territory.<sup>5</sup> The data indicate that HIV prevalence among 15 - 24 year olds is low (Table 21). However, there are little data available for children under the age of 16 years, as they are not tested without parental consent.

Table 21 HIV Prevalence among 15 - 24 Year Olds

	1991	1999	2000	2001	2002	2003	2004	2005	2006
Total population, 15+ years	12,162	15,897	16,469	17,668	18,134	18,637	19,155	19,701	20,263
Male	6,269	8,240	8,534	8,742	8,988	9,249	9,516	9,800	10,094
Female	5,894	7,656	7,935	8,926	9,146	9,388	9,639	9,901	10,169
Population 15 - 24 years old	2,829	3,146	3,252	3,280	3,333	3,407	3,488	3,572	3,652
Male	1,395	1,606	1,662	1,639	1,670	1,704	1,736	1,768	1,798
Female	1,434	1,540	1,590	1,641	1,663	1,703	1,752	1,804	1,854
Number of HIV positive 15 - 24 year olds	...	...	0	0	0	0	0	0	1
Male	...	...	0	0	0	0	0	0	0
Female	...	...	0	0	0	0	0	0	1
<b>HIV prevalence among 15-24 year-olds</b>	...	...	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.03</b>
<b>Male</b>	...	...	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Female</b>	...	...	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Number of pregnant 15 - 24 years women	120	107	109	108	96	103	129	103	78
HIV positive pregnant 15 - 24	0	0	0	0	0	0	0	0	0

<sup>5</sup> This figure calculated based on use of 25,000 as the total BVI population, thus 25,000 x 1.5% = 375

	1991	1999	2000	2001	2002	2003	2004	2005	2006
years women									
HIV prevalence among 15-24 year old pregnant Women	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

*Source: BVI Development Planning Unit*

### **Mode of transmission**

Like other countries in the Caribbean, transmission is primarily through heterosexual sex. Heterosexual men and women account for approximately 80 per cent of all HIV infected persons. Fifteen per cent is made up of men who have sex with men and also have sex with women. Approximately 5 per cent of people with HIV infection are sexually active homosexual men.

### **PMTCT and VCT**

The BVI introduced a Prevention-of-Mother-To-Child-Transmission (PMTCT) programme in March 2004 and there is now related voluntary counselling and testing (VCT) in place. There is some concern that the cost of testing is prohibitive to some pregnant women, and although a local non-profit organisation, the BVI HIV/AIDS Foundation, has been instrumental in providing funding for women who cannot afford the cost of screening, it is felt that free testing should be made available to pregnant women.

### **Access to treatment**

All public and private medical services in the BVI are based on a fee for service system. There is no direct financial support for people living with HIV/AIDS from the government. However, all known HIV/AIDS patients receive medical care and treatment, including routine dental care and treatment for opportunistic infection, through financial support provided by the HIV/AIDS Foundation.

### **Challenges in addressing HIV/AIDS**

In the BVI, the epidemic is considered to be still increasing, or blooming, and systematic monitoring and data collection has only been in place since 2003. The National AIDS Programme is underfinanced (not having had a budgetary increase in 10 years) and understaffed.

The recent decision to mainstream and integrate the HIV/AIDS Programme into the national health programme suggests HIV/AIDS may be framed primarily as a public health issue in the BVI. It will be important for the territory to not lose sight of the fact that the pandemic is also a development issue and to ensure that strategies to address HIV/AIDS place it squarely on the development agenda and not just on the health agenda. Mainstreaming could, however, be an opportunity for the BVI, if it also includes integrating the programme in poverty reduction efforts, social policy analysis as well as the new gender policy.

The immigrant population is not specifically targeted in HIV/AIDS outreach and prevention programmes, even though this group accounts for a large percentage of the workforce. A small country like the BVI can ill-afford to ignore certain groups in the society. Given that non-nationals make up such a large proportion of the BVI population, not targeting this group and the various sub-groups therein could have significant consequences, particularly since the epidemic is thought to be still increasing in the territory. Reaching out to non-national groups will require an ability for multi-language service delivery and cultural sensitivity. Outreach efforts must also target undocumented workers, as their marginal position in society puts them at particular risk.

### Chronic disease conditions

The 2003 CPA identified the major health problems facing the BVI as chronic non-communicable diseases (CNCDs) such as diabetes, hypertension and obesity, along with depression and substance abuse (Halcrow Group Ltd., 2003a) and the situation has remained the same (Table 22). In 2004, the top three causes of death were cancers, hypertensive disorders and coronary artery disease (Table 23). Although the MDGs focus on selected communicable and infectious diseases, some countries, like Dominica, have used the agenda to address CNCDs, or lifestyle diseases, which now pose a greater threat to population health than infectious diseases.

Table 22 Incidence of Communicable Non-Communicable Diseases, 2000 - 2006

Grouped Type of Disease	2000	2001	2002	2003	2004	2005	2006
Communicable	333	309	266	311	294	284	389
Non-Communicable	1,876	1,879	1,848	1,817	1,980	1,737	1,901
Cancer	91	68	83	76	93	98	83
Heart Disease	96	70	62	65	82	70	72
Hyper-tension	23	29	24	20	22	21	25
Diabetes	52	41	27	40	34	30	31
Influenza and Pneumonia	88	56	55	79	50	56	71
Not Stated	18	15	17	12	16	20	14
<b>TOTAL</b>	<b>2,227</b>	<b>2,203</b>	<b>2,131</b>	<b>2,140</b>	<b>2,290</b>	<b>2,041</b>	<b>2,304</b>

Source: BVI Development Planning Unit

Table 23 Causes of Death 2004

2004			
Cause of Death	Female	Male	Total
<b>Communicable Diseases</b>	<b>2</b>	<b>2</b>	<b>4</b>
Intestinal infectious diseases	1	0	1
Other bacterial diseases	0	2	2
Human immunodeficiency virus disease HIV	1	0	1
<b>Non-Communicable Diseases</b>	<b>45</b>	<b>71</b>	<b>116</b>
<b>Cancers</b>	<b>12</b>	<b>17</b>	<b>29</b>
Haemolytic anaemia	0	1	1
Disorders of thyroid gland	1	0	1
<b>Diabetes mellitus</b>	<b>1</b>	<b>3</b>	<b>4</b>
Mental and behavioural disorders due to psychoactive substances	1	1	2
Systemic atrophies primarily affecting the central nervous system	0	1	1
Other disorders of the nervous system	1	0	1
Hypertensive diseases	12	9	21
<b>Heart</b>	<b>5</b>	<b>14</b>	<b>19</b>
Ischemic heart diseases	2	10	12
Other forms of heart disease	3	4	7
<b>Influenza and pneumonia</b>	<b>0</b>	<b>2</b>	<b>2</b>
Chronic lower respiratory diseases	1	1	2
Diseases of liver	0	1	1
Disorders of gallbladder biliary tract and pancreas	1	0	1

2004			
Cause of Death	Female	Male	Total
Renal failure	0	2	2
Foetus and newborn affected by maternal factors and by complications	1	2	3
Other disorders originating in the perinatal period	2	1	3
Ill defined and unknown causes of mortality	2	1	3
Injuries to the abdomen lower back lumbar spine and pelvis	0	1	1
Burns and corrosions of multiple and unspecified body region	0	2	2
Exposure to inanimate mechanical forces	0	1	1
Accidental drowning and submersion	2	3	5
Assault	1	3	4
Event of undetermined intent	1	5	6
Not Stated	1	0	1
<b>Total</b>	<b>47</b>	<b>73</b>	<b>120</b>

*Source: BVI Development Planning Unit*

Complications from CNCDs are placing new demands on health and social welfare services. The growing number of diabetic amputees means, for example, that a range of psychosocial services are now required to meet their needs, and accessibility concerns are being brought to the fore.

### **Cost of health care**

While there is good access to basic health service, cost can be prohibitive and facilities are not always at the standard desired. A National Health Insurance Scheme is being developed to address the cost barrier to health care.



## Natural Resources and Environmental Management

Table 24 Millennium Development Goal 7: Ensure environmental sustainability

Targets	Indicators
<b>Target 9:</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<b>25.</b> Proportion of land area covered by forest <b>27.</b> [GDP per unit of energy use (as proxy for energy efficiency)] Dropped <b>28.</b> Carbon dioxide emissions, total, per capita and per \$1 GDP (PPP) and consumption of ozone-depleting substances <b>29.</b> [Proportion of population with sustainable access to an improved water source] Dropped
<b>Additional target:</b> Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	<b>26.</b> Proportion of terrestrial and marine area protected Proportion of species threatened with extinction <ul style="list-style-type: none"> <li>Land area protected to maintain biological diversity</li> </ul>
<b>Target 10:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water	<b>30.</b> Proportion of population using an improved drinking water source <b>31.</b> Proportion of population using an improved sanitation facility
<b>Target 11:</b> By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	<b>32.</b> Proportion of urban population living in slums

### Advances in the policy and planning context

There is no overarching environmental strategy, other than that provided by the NIDS, which is still being used by environmental management agencies as it is seen as relevant and appropriate to the current BVI context.

The BVI Protected Area System Plan 2007 – 2017 was completed in early 2007 and a related framework for managing protected areas will be developed once the plan has been accepted by the Legislative Council. A proposed 13 to 26 per cent of the BVI land mass will enjoy some sort of protected status and it is anticipated that implementation of the System Plan will increase land area covered by forest and biodiversity protection as set out in MDG indicators 25 and 26.

#### Box 5. Policy and Planning Framework: Environment

- NIDS
- St George's Declaration
- BVI National Environmental Action Plan (Draft)
- UK - Overseas territory Environment Charter
- Physical Planning Act (2004)
- Fisheries Act (1997)
- BVI Physical Development Plan

A process to develop overarching environmental legislation is in train. The new legislation will rationalise and harmonise existing legislation and institutional arrangements, with a view to establishing an environmental commission or central regulatory and decision-making body.

### Challenges to environmental management

There is a lack of political will for environmental protection and economic development imperatives appear to take precedence over environmental concerns.

There are no standards in place to guide the large scale development that is taking place in the BVI. Mangrove conversion, reef siltation and habitat destruction are some of the problems

associated with unchecked development and uncontrolled commercial use of protected areas and sensitive sites.

Development planning is not encouraged to take on environmental controls and although the Physical Planning Act (2004) now includes an environmental impact assessment (EIA) requirement, capacity to conduct EIAs is limited. Limited capacity also affects enforcement of controls and planning permission conditions. In addition to limited capacity for enforcement, resource management institutions are constrained by limited capacity for their planning, monitoring, and maintenance functions. Their management capability is also hampered by inadequate financial resources (Gardner, 2007).

There is fragmentation in institutional arrangements for natural resource management, particularly in the management of protected areas, but it is expected that this will be addressed through some of the proposals of the System Plan and the new comprehensive environmental legislation.

### **Air quality**

Air quality is not measured systematically in the BVI but anecdotal evidence points to a growing problem of auto emissions. There is also an exchange of air-borne pollutants between the BVI and neighbouring islands, which affects air quality.

### **Access to water**

Slightly more than 95 per cent of BVI households enjoy access to safe sources of water (Table 25).

Table 25 Access to Safe Supplies of Water

	1991	1999	2000	2001	2002	2003	2004	2005	2006
Total Population	16,710	21,689	22,408	23,161	23,689	24,296	24,997	25,802	26,726
Total Number of Households	5,533	7,709	8,038	8,386	8,851	9,184	9,562	9,988	10,472
Households with access to public water supply	1,412	...	...	4,062	...	...	...	...	...
Households with private water supply	3,856	...	...	3,917	...	...	...	...	...
Proportion of households with access to public water	25.52	...	...	48.44	...	...	...	...	...
Proportion of households with access to private water	69.69	...	...	46.71	...	...	...	...	...

Source: BVI Development Planning Unit

### **Disaster risk reduction**

Although the MDGs do not include explicit reference to disaster risk reduction, this is an area that cannot be ignored by SIDS like the BVI. There are the clear links between disaster risk, the vulnerability of households and communities and implications for poverty and well being, as discussed earlier in the section of poverty. But more broadly, disasters and natural hazards can set back social development gains the areas covered by the MDGs, thus development policies that reduce disaster risk can make an important contribution towards achievement of the MDGs (United Nations Development Programme, 2004:10). It is therefore important to ensure that efforts to meet the MDGs do not inadvertently increase vulnerability in the BVI. The territory has an extensive disaster management programme that is now well articulated with the physical planning process and provides data that are used in physical planning decision-making. Less developed, however, is the interaction between disaster management and social development decision-making processes.

### ***Climate change***

Climate change is another issue that cannot be ignored by the BVI in the context of social development, and even though it too is not explicitly included in the MDG agenda, strengthening infrastructure and ecosystems to withstand climate-induced change ought to be factored into development and planning strategies. The economic cost of extreme weather events could have implications for social development. The cost of recovering from intense hurricanes, storm surges and flooding could, for example, divert resources away from social spending. Vulnerable groups in society could be adversely affected by climate change impacts, particularly those related to extreme weather events.

A study by the United Nations Economic Commission on Latin America and the Caribbean (ECLAC) of the economic impact of the 2004 hurricane season in six Caribbean countries,<sup>6</sup> found that 76 per cent of the total impact was made up of actual physical damage to assets (houses, businesses, roads and bridges, utilities, schools, hospitals and clinics, etc.) (Zapata Martí, 2005). Most of the damage affected the social sectors (47.5 per cent). Damage and losses to infrastructure and utilities such as electricity, water and sanitation, and transport accounted for 15.6 per cent, and the direct environmental impact was calculated at 1.3 per cent since most of natural resources were expected to recuperate (Zapata Martí, 2005:42). The longer-term costs of declining production in key sectors – agriculture and fisheries and potentially tourism, as well as the cost of loss of ecosystem services also have to be taken into account (Brown, 2008).

There is some uncertainty about future impacts of climate change because it is difficult to predict future climate scenarios with complete accuracy. However, scientific evidence points to a strong warming trend over the past 60 to 100 years, and all indications are that this will continue for some time to come and at a much faster rate than originally expected. During the 20<sup>th</sup> century, global average surface temperature increased by about 6°C and sea levels around the world increased between 10cm and 20cm. The Intergovernmental Panel on Climate Change (IPCC) warned in their 2007 assessment report that average global surface temperatures could increase between 1.4°C and 5.8°C by the end of this century. This projection is significantly larger than the panel's 1996 prediction, which suggested temperatures could increase between 1°C and 3.5°C by 2100. As a result of this warming, the IPCC has projected that the global mean sea level could rise between 9 cm and 88 cm between 1990 and 2100.

According to the Mainstreaming Adaptation to Climate Change (MACC) Project in the Caribbean, temperature increases are expected to be between 2.0° and 2.8°C for the 2050s and 3.1° to 4.3°C for the 2080s. Marginal increases in rainfall are expected, and rainfall patterns could change, but it is not yet known how. MACC reports that sea level is expected to rise by about 38 cm between 1990 and 2080. Over time, higher sea levels are likely to change the size and distribution of coastal wetlands and increase the risk of flooding (Wall, 1998 and Nicholas *et al.*, 1999 cited in Sear *et al.*, 2001). In the BVI, this could mean flooding, loss of land in low-lying areas like Anegada, contamination of groundwater with saltwater, and the destruction of wetlands and coastal ecosystems.

Warming also brings changes in precipitation patterns. A 2001 study of recent global changes in precipitation found that conditions in the Eastern Caribbean have been slightly drier (New *et al.*, 2001 cited in Sear *et al.*, 2001). The Caribbean region has also been experiencing an

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<sup>6</sup> The Bahamas, the Cayman Islands, Dominican Republic, Grenada, Haiti and Jamaica.

increase in hurricane intensity. The number of hurricanes in the North Atlantic has been above normal in nine of the past 11 years, including the record-breaking 2005 season (IPCC, 2007). Ongoing warming could result in continuation of this trend.

Higher temperatures and variability in water supplies in the Caribbean could translate into a greater incidence of vector borne diseases, such as dengue and malaria (Chen *et al.*, 2006 cited in Brown, 2008). Drier conditions often give rise to the need for water storage, which provides breeding habitats for the *Aedes aegypti* mosquito that transmits dengue. Breeding habitats also increase after heavy rains, such as tropical cyclones. Warmer temperatures hasten the larval stage of mosquitoes, causing them to be smaller and to need to feed more frequently. Higher temperatures also reduce the incubation period for the parasite that causes dengue. At 30° C, dengue type 2 has an incubation period of 12 days, but only 7 days at 32-35° C. The projected 2°C increase in temperature by the 2050s could lead to a three-fold increase in the rate of dengue fever in the Caribbean (Chen *et al.*, 2006 cited in Brown, 2008). While this is not yet a threat in the BVI, the situation merits ongoing surveillance.

Other concerns about climate change in the Caribbean include effects on coral health, marine and coastal ecosystems and biodiversity. The region's coral reefs are already threatened by over fishing, disease, pollution and run-off from agriculture, industry and human settlements in the coastal zone. However, the intensity of hurricanes is also placing stress on corals. The region's reefs have experienced a massive decline from approximately 50 per cent coral cover to less than 10 per cent (Jones, 2004 cited in Brown, 2008). Reefs across the region, including the BVI, are likely to be affected by a higher incidence of bleaching and die-out due to higher water temperatures. Additionally, changes in ocean chemistry that are the result of higher levels of carbon dioxide in the atmosphere are contributing to the weakening of coral skeletons (Jones, 2004 cited in Brown, 2008).

A 0.5 m increase in sea level is expected to result in the loss of just over one third of marine turtle nesting sites in the Caribbean (Fish *et al.*, 2005, cited in Mimura *et al.*, 2007). This is not the only potential threat to turtles. Sea level rise, increases in water temperature, storminess and rainfall could also damage reefs and sea grass beds, the foraging habitats of sea turtles. Temperature also plays a role in determining turtle sex: eggs incubated in warmer waters produce females and those nurtured in cooler temperatures produce males. According to the Marine Conservation Society in the UK, natural sex ratios and reproduction could be affected if marine turtles do not change their nesting seasons (Marine Conservation Society, 2008 cited in Brown, 2008).

Commercially valuable fish species such as tuna (*Thunnus albacares*), and dolphin (*Coryphaena hippurus*) and parrotfish (*Scaridae pp*), would not survive a 1°C rise in Caribbean Sea temperature and would migrate further north as formerly frigid waters become milder. Loss of the parrotfish would affect coral reef health as well as fisheries. This favourite on Caribbean tables plays an important role in keeping corals free of algae. Without it, unchecked algae could smother the reefs and cause them to die (Moxam, 2008 cited in Brown, 2008).

Climate change is expected to have long-term impacts on biodiversity in the Caribbean and the BVI. It is not the only threat to biodiversity, but it intensifies the effects of other threats and vulnerabilities. However, proper management of biodiversity resources can reduce the impacts of climate change and strengthen the territory's resilience to its natural climate conditions and human degradation, as well as the more extreme events that are a result of climate change. Failure to address climate change in the context of a local MDG agenda could undermine progress towards MDG7 in the BVI.

## Partnership for Development

Table 26 Goal 8: Develop a Global Partnership for Development

Targets (selected)	Indicators
Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.	Includes a commitment to good governance, development and poverty reduction – both nationally and internationally
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47a. Telephone lines per 100 population ** 47b. Cellular subscribers per 100 population** 48. Internet users per 100 population**

This goal is difficult to assess at national level because of its focus on global partnership, but it offers the BVI an entry point for looking at domestic multi-sectoral partnerships for development as well as for examining its role in, and the impact of, regional and international partnerships for development (these points are explored further in section 4).

There is some experience of government - civil society partnership for social service delivery in the BVI, but there is potential for this to be developed further and for the interaction to go beyond the provision of services to include informing decision-making processes, as part of a broader good governance agenda, which is also an element of this goal.

The Departments of Health and Social development have collaborative arrangements in place with non-governmental and faith-based organisations, such as the Red Cross, the Family Life Association, the Christian Council and the BVI HIV/ADS Foundation, among others. However, these appear to be ad hoc arrangements rather than formalised partnership agreements governed by memoranda of understanding or other framework for collaboration.

### Good governance

The spirit of Target 12 includes national and international commitments to good governance, development and poverty reduction. The NIDS included a commitment to good governance as part of the strategy to improve the standard of living in the territory and support economic growth (Government of the BVI, 199b). Good governance and "Government in the Sunshine" were among the stated aims of the former government's Legislative Agenda, which included several related activities, such as the introduction of campaign finance legislation (Government of the BVI, 2003).

### ICT Access

Access to information and communication technologies (ICTs) is monitored as part of MDG 8 because of the role of ICTs in facilitating participation in the development process. ICTs can help improve service delivery. They can also help make governments more transparent and facilitate citizen participation in the development process (United Nations Development Group, 2003). Just under three-quarters of BVI households have telephone access and approximately a quarter have Internet connectivity (Table 27).

Table 27 Access to Information and Communication Technology

	1991	2000	2001	2002	2003	2004	2005	2006
Number of Telephones	3,696		6,258					
Number of Telephones per household	1.50		1.32					

Number of Cell phones	...	3,573					
<b>Number of Cell phones per household</b>	...	<b>2.27</b>					
Number of Telephone Lines	...	...					
<b>Number of Telephone Lines per household</b>	...	...					
Number of Computers	...	3,176					
<b>Number of Computers per household</b>	...	<b>2.59</b>					
Number of Households with internet connection	...	2,067					
Total number of households	5,533	8,386					
<b>Internet Connection per Household</b>	...	<b>3.38</b>					

*Source: BVI Development Planning Unit*

#### **4. Towards a Localised Agenda and Process for the BVI**

The impetus for developing a localised MDG agenda for the BVI has come from the UNDP/OECS initiative, but there appears to be growing interest in using a local MDG framework to further sectoral objectives, as evidenced by the decision to include an assessment as part of the Social Sector Analysis of how the MDGs will fit into national development priorities. However, a local MDG agenda for the BVI requires more than the identification of national priorities and tailor-made targets and indicators. A successful localisation process is:

- owned by key stakeholders;
- part of the national development agenda and is incorporated into policy and planning processes; and
- supported by institutional arrangements that allow for monitoring and evaluation

##### ***Constraints to social development planning and programming***

Social development planning and programme implementation in the BVI are affected by governance constraints, some of which are a result of not having a national strategic vision and planning framework. In putting in place a local framework for the MDGs, it will be important to ensure that it is not hampered by these systematic weaknesses, including those listed below.

- In the absence of an overarching national development framework, budgetary submissions (and decisions) are not assessed against the backdrop of an overall national plan and common vision.
- Sector plans are developed in isolation of each other and there is no cohesion when the plans are looked at as a whole. Additionally, several plans remain in draft form for extended periods.
- There appears to be many parallel programmes in place and it is not clear how they link into or complement each other.
- Planning is weak and where planning does take place, it is focussed on economic development and very little is invested in planning for social development.
- Departmental planning and implementation occurs in 'silos' with little cross-fertilisation. There are several artificial barriers to cross-sectoral collaboration. While this situation is by no means unique to the public sector in the BVI, it undermines the potential gains of cooperation and collaboration.

##### ***An opportunity for increased social development coherence***

For the localisation process to take root and be meaningful in the BVI, the agenda must not become another initiative that is imposed on departments and agencies; rather it must be integrated into existing work and add value.

A major challenge for the BVI is to put in place a localised agenda in the absence of an overarching national development framework. However, a well managed local MDG process that draws on existing sectoral priorities and targets could be an opportunity to increase the coherence of work that is already being done in the social development sector and address some the constraints listed above. In addition to informing short-term planning, the monitoring

and evaluation process associated with a localised MDG agenda could usefully inform any future national initiatives to develop a comprehensive medium-term social development framework for the territory.

## **Guiding Principles**

It is suggested that the localisation process should be guided by the following principles:

*Transparency:* There must be a clear process and framework for taking the localisation initiative forward and this should be made public. Information about the process should be readily and widely accessible through the government's web site and other communication channels. It is important for the information to be accurate and timely.

*Participation:* Broad stakeholder participation in development planning helps ensure effectiveness and sustainability. Achieving maximum stakeholder buy-in is particularly important for the BVI, given the potential for the MDG agenda to play a role in helping define a national development framework. To date, discussions on MDG localisation have been confined to a relatively small group within the public sector. For the initiative to be fully integrated into the BVI's development agenda, the process has to be opened up to a wider group of stakeholders, both within and outside the government. Participation can occur at different levels and in different forms.

*Collaboration:* Inter-agency/inter-department collaboration should be a hallmark of the localisation process. A cross-sector approach is essential for meeting the goals, which are interlinked. Progress on MDG 1, for example, requires action in all; this in turn calls for coherent and complementary contributions from all sectors. MDG 3 similarly requires inputs and actions across sectors and agencies, including health, education and gender affairs. Sectors are defined here as thematic areas (health, education, environment, poverty reduction etc.) as well as social partners (government, private sector, and civil society).

*Complementarity:* The localisation initiative should dovetail with, and complement, existing programmes and should not be burdensome to ministries and departments.

*Flexibility and responsiveness:* The process to develop the MDG agenda has to be flexible and responsible to local conditions and need. It should serve the BVI rather than be served by the territory. The targets and indicators from the global agenda that are relevant to the BVI (such as some of those in MDG 7), should be retained. Where they are not applicable, BVI-specific ones should be used. Similarly the time-frame for meeting the BVI specific targets should be modified to meet the local context. While the MDGs are to be met by 2015, for example, some of the targets have earlier or later deadlines. The BVI can similarly accelerate or decelerate deadlines.

## **Leadership**

The level and quality of leadership is one of the factors that will play an important role in determining the outcome of the localisation initiative. The process must be owned and driven by a central and influential ministry and a designated individual must have specific responsibility for animating the process. Strong leadership and commitment to the process from the highest political levels will translate into commitment and action at the technical levels.

To date the localisation process has been driven by the OECS Social Policy Unit's Focal Point in the Ministry of Health and Social Development, with support from personnel in the



International Affairs Secretariat. However, there was consensus among the persons interviewed that the process should be managed out of the Chief Minister's Office.

**Recommendation:** An appropriate and adequately resourced institutional “driver” should be appointed to take the localisation process forward. As the BVI moves towards developing a strategic action plan out of the Social Sector Analysis, it will be important for the MDG localisation process to be embedded in the resulting planning and implementation framework.

It will also be important for the process to have a high level and influential champion to publicly advocate on the goals and the localisation process. The champion could play an important role in bringing along the political directorate and high level technocrats and securing their support for the process.

### **National Committee**

As part of the localisation process, an informal group of government agency stakeholders has been meeting periodically since March 2007 to look at priority areas that might form the basis of a BVI-specific MDG agenda. This group has identified the need to formally establish a committee to take forward the localisation process and monitor its implementation.

**Recommendation:** Formalisation of the MDG committee is important for taking the process forward and the initiative by the stakeholder group should be supported.

#### Composition

The committee should include senior government and civil society leaders selected from agencies and organisations that work on the range of thematic areas that the MDGs cover. The committee should be expanded beyond the original grouping to include representatives from civil society, the reproductive health, natural resource management and disaster management sectors.

#### Mandate

Its mandate should include:

- Leading the process to identify and confirm the targets and indicators of the local agenda;
- Developing an implementation schedule in pursuit of the goals;
- Co-ordinating interagency activities related to MDG 1, in particular;
- Supporting data collection and taking the lead in analysis;
- Tracking progress and preparing national status reports and presenting them to the Cabinet;
- Promoting and facilitating broad stakeholder buy-in and participation in the process, including that of civil society and the private sector; and
- Developing a communication strategy to facilitate dissemination of information.

The informal grouping has identified the steps that need to be taken to formalise the localisation process and the working committee. It is important for these actions to be taken in a timely manner to avoid losing the momentum that has been gained in the previous months and to begin to create synergies between the localisation process and the annual planning process.

## Priorities

In national stakeholder meetings, the following were identified as priority goals for the BVI:

- Goal 2                      Achieve universal primary education
- Goal 3                      Promote gender equality and empower women
- Goal 6                      Combat HIV/AIDS, malaria and other diseases
- Goal 7                      Environmental sustainability

**Recommendation:** Based on the issues and concerns related to the broad MDG agenda that have been identified, as well as pre-existing sectoral objectives, the BVI should articulate targets and indicators for all the goals. While the level of effort and intensity may differ from goal to goal, the interconnected nature of the goals means there is benefit to be derived from supporting action on all eight. Additionally, using the full MDG agenda will better maximise the instrumental function of the goals in support of greater national coherence in the social development sector.

## National Targets and Indicators

The establishment of specific and measurable targets is an imperative for a localised MDG agenda and makes good sense for broader national monitoring and evaluation of social development progress and planning.

Efforts to identify for this report specific, pre-existing, measurable national targets and indicators in all the areas related to the MDGs proved unsuccessful. In some instances objectives have been articulated in national documents and instruments, but they are not measurable. Where the BVI have agreed to meet targets as a result of having signed on to international instruments, such as CEDAW, CCH and SGD, these should be incorporated into the national MDG agenda to avoid duplication and to maximise efforts.

**Recommendation:** The articulation of specific targets prior to the comprehensive Social Sector Analysis would be premature; additionally, the process to develop indicators and targets must be consensual and nationally driven. However, suggested below (Table 28) are broad areas in which the BVI may wish to consider developing localised targets and indicators. (The list below does not include the existing MDG targets and indicators that are relevant to the BVI.)

In order to provide consistency with the time frames adopted by the international community, the option of developing short-term (2010) and medium-term (2015) targets should be considered.

While the National Steering Committee should lead the process to develop national targets and negotiate their acceptance, it should be supported by sectoral working groups. The process to develop the targets should be transparent, inclusive and participatory.

Table 28 Potential Areas for BVI-specific Targets and Indicators

International Goals and Targets	Areas for BVI-specific Targets and Indicators
<b>Goal 1: Eradicate extreme poverty and hunger</b>	
<ul style="list-style-type: none"> <li>• Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</li> <li>• Halve, between 1990 and 2015, the proportion of people who suffer from hunger</li> <li>• Achieve full and productive employment and decent work for all, including women and young people</li> </ul>	<ul style="list-style-type: none"> <li>• The Social Welfare Policy has set out objectives for addressing poverty in the BVI, particularly among vulnerable groups. These could be translated into measurable poverty reduction targets, with indicators, that would be consistent with a local MDG agenda that is appropriate to conditions in the BVI.</li> <li>• Halving the proportion of people who fall below the poverty line ( per CDB recommendation)</li> <li>• Reducing vulnerability to future poverty</li> <li>• Increasing access to opportunity and productive assets for vulnerable groups (youth, women, immigrants, the elderly, in particular)</li> <li>• Improving nutrition and eating habits, especially of children, with a view to reducing CNCDs</li> <li>• Addressing biases against women in the workplace</li> <li>• Reducing youth unemployment rate</li> </ul>
<b>Goal 2: Achieve universal primary education</b>	
<ul style="list-style-type: none"> <li>• Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing access to early childhood education/universal early childhood education</li> <li>• Improving readiness for primary schooling</li> <li>• Increasing capacity to meet special needs</li> <li>• Improving teaching standards</li> </ul>
<b>Goal 3: Promote gender equality and empower women</b>	
<ul style="list-style-type: none"> <li>• Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Gender mainstreaming</li> <li>• Reducing gender violence</li> <li>• Addressing male performance in secondary school and reducing the drop-out rate of boys</li> </ul>
<b>Goal 4: Reduce child mortality</b>	
<ul style="list-style-type: none"> <li>• Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption of relevant CCH III targets and indicators</li> </ul>
<b>Goal 5: Improve maternal health</b>	

International Goals and Targets	Areas for BVI-specific Targets and Indicators
<ul style="list-style-type: none"> <li>• Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</li> <li>• Achieve, by 2015, universal access to reproductive health</li> </ul>	<p>[Investigation into maternal mortality reporting needed]</p> <ul style="list-style-type: none"> <li>• Adolescent birth rate</li> <li>• Adoption of relevant CCH III targets and indicators</li> </ul>
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	
<ul style="list-style-type: none"> <li>• Have halted by 2015 and begun to reverse the spread of HIV/AIDS</li> <li>• Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</li> <li>• Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Expanding outreach and HIV/AIDS programmes to marginal groups in society.</li> <li>• Mainstreaming HIV/AIDS (in poverty reduction, social sector analysis and the gender policy)</li> <li>• Reducing of the burden of CNCDs</li> </ul>
<b>Goal 7: Ensure environmental sustainability</b>	
<ul style="list-style-type: none"> <li>• Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</li> <li>• Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</li> <li>• Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</li> <li>• By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption of OECS SGD targets and indicators</li> <li>• Disaster risk reduction</li> <li>• Climate change adaptation, including explicit linkages to biodiversity conservation and physical planning processes</li> </ul>
<b>Goal 8: Develop a global partnership for development</b>	

International Goals and Targets	Areas for BVI-specific Targets and Indicators
<ul style="list-style-type: none"> <li>• Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</li> <li>• Includes a commitment to good governance, development and poverty reduction – both nationally and internationally</li> <li>• Address the special needs of the least developed countries</li> <li>• Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</li> <li>• Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</li> <li>• In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</li> <li>• In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and assessment of domestic multi-sector partnerships for development</li> <li>• Assessment of contribution to and impact of regional and international partnerships</li> <li>• Assessment of good governance – transparency, stakeholder participation, and partnerships between the state, the private sector, and civil society.</li> </ul>

## Public Awareness and Communication

Increased awareness and appreciation of the usefulness of the MDGs to the BVI's national development will be a critical component of the localisation process. The goals are not widely known in the BVI, and how they can make a contribution to national development is not well understood, neither within the public service nor among general audiences. They continue to be perceived, for the most part, as having little relevance to the BVI. Addressing this perception among general as well as among sectoral audiences will be important.

**Recommendation:** The institutional driver for the process, once identified, should work together with the National Steering Committee to prepare a communication strategy aimed at increasing general awareness and understanding of the MDGs and their relevance to the BVI.

An important element of the communication strategy will be building the capacity of public servants and development workers to integrate the localised MDGs into their programmes and not perceive it as an additional burden or an agenda that goes beyond their sectoral priorities. Mechanisms such as training and the preparation of a handbook could be useful in this regard.

## Reporting

A national report on the MDGs was prepared for the 14 to 16 September 2005 UN Millennium+5 Summit in response to the UN's reporting requirement. However, it appears the report was not widely distributed until the start of the localisation process and it is not clear how useful this report was in providing a synopsis of national development issues. Indeed, one of the benefits of a national MDG report is that it provides an overview of national development concerns and

identifies where action is needed. In the absence of any such regular comprehensive reporting instrument in the BVI, the MDG report could be a very useful tool in serving the broader objective of improved economic and social policies. Reports should use accessible language and should be made available in print and electronic formats. Key findings should be made public through the mass media.

***Recommendation:***

- Compiling and preparing national reports should be a responsibility of the national steering committee, with statistical support from the DPU.
- Rapid national assessment reports should be prepared on an annual basis, and in time to inform the annual planning process. More detailed national reports should be prepared for important international benchmarks (2010 and 2015).
- In addition to providing an overview of progress, the reports should highlight the indicators that pose the greatest challenges over the reporting period.
- Given the challenges the DPU faces in collecting data from line ministries and organisations outside of government, it will be important for those expected to provide the data to have a clear understanding of how the data will be used and for data collection processes to be rationalised. The DPU and the steering committee, could consider, offering sensitisation and data collecting training seminars for relevant governmental and non-governmental personnel.

**Adapting and Reporting on MDG 8**

Primary responsibility for Goal 8 is generally attributed to donor countries and the international community as a whole; this along with its eclectic combination of targets and indicators makes it difficult for countries like the BVI to both apply it to their national context and report on it. This goal could, however, provide useful parameters for assessing progress towards the BVI's good governance agenda as well as for measuring and stimulating the contribution of national partnerships to development. Goal 8 also offers the BVI a framework for international and bilateral advocacy around the issues and priorities of the territory and other SIDS.

It could therefore be useful for small Caribbean countries, including the BVI, to structure the reporting on MDG8 from five perspectives:

- domestic partnerships: how have domestic partnerships between government, civil society and the private sector contributed to development and how has the government created an enabling environment for this to happen?
- global (or regional) partnerships: what role has the country played, or is the country playing, in building, strengthening and activating these partnerships?
- what has been the impact of global (or regional) partnerships on the country?
- how has the country performed with respect to the other internationally agreed targets established under MDG8?
- what progress has been made towards the stated national good governance agenda?

## **5. Going Forward**

Key actions to take the MDG localisation forward in the BVI include:

1. Formalise the process to localise the MDGs with the submission of the relevant papers for Executive Council approval.
2. Identify the responsible office for leading the localisation process and designate a coordinator.
3. Finalise terms of reference for the National Steering Committee and appoint members.
4. Organise briefing sessions with permanent secretaries and members of the Legislative Council to present the MDG localisation process.
5. Establish sectoral working groups to support the National Steering Committee in the process of developing national targets and indicators. The sectoral working groups should bring in a range of perspectives from the public service, civil society and the private sector.

The development of targets and indicators is a two-step process. Once the national committee has secured stakeholder buy-in and support for the targets, it should lead the process to develop specific indicators. The process of establishing targets must be rigorous and evidence-based.

6. Conduct data collection capacity audit and develop capacity building plan and training programme.
7. Prepare and implement communication strategy.
8. Work with line ministries to ensure that all MDG targets are reflected in work programmes.
9. Develop a monitoring and reporting framework.

## **6. Conclusion**

The MDGs provide a useful integrated framework for focusing development aims in the BVI. While some of the global targets and indicators are not relevant for the territory as stated, there are national level concerns in almost all of the thematic areas of the BVI that require deliberate attention to improve the well-being of all residents and ensure the equitable distribution of the benefits of current economic success.

A challenge to the localisation process in the BVI will be bringing all relevant stakeholders on board and helping them to understand exactly how the MDGs relate to the BVI and can be used as a tool to take forward the territory's social development agenda.

The plan that emerges from the Social Sector Analysis will play an important role in the MDG localisation process and it will be critical to ensure that this project is fully integrated into that plan and is seen as a complement to it and not a competing initiative.

The OECS, with UNDP support, has set a useful process in train, and as the BVI move forward with its Social Sector Analysis, the territory will have a framework within which the two organisations can continue to partner with the BVI in support of its social development aims.



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## Appendix 1      The MDGs, Targets and Indicators

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015, which have become known as the Millennium Development Goals.

The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions-income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environmental sustainability. They are also basic human rights-the rights of each person on the planet to health, education, shelter, and security.

The internationally agreed framework of goals and targets was complemented by technical indicators to measure progress towards the Millennium Development Goals. These indicators have since been adopted by a consensus of experts from the United Nations, IMF, OECD and the World Bank.

At the 2005 World Summit, world leaders committed themselves to achieving four additional targets to the ones included in the Millennium Declaration (2005 World Summit Outcome A/RES/60/1). The General Assembly at its 61<sup>st</sup> Session took note of the Report by the Secretary-General on the Work of the Organization (A/61/1) in which he recommended (paragraph 24) the inclusion of four new targets.

The technical work for the selection of the appropriate indicators for the new targets was undertaken by the Inter-Agency and Expert Group on MDG Indicators, coordinated by the United Nations Department of Economic and Social Affairs and mandated with the preparation of statistics and analysis on trends towards the Millennium Development Goals and the review of methodologies and technical issues in relation to the indicators.

The new formulation of the monitoring framework, including the new targets and corresponding indicators as recommended by the Inter-agency and Expert Group on MDG Indicators is presented below.

*Source: The Millennium Project, <http://www.unmillenniumproject.org> and the Inter-agency and Expert Group on MDG Indicators*

Millennium Development Goals (MDGs)	
Goals and Targets* (from the Millennium Declaration)	Indicators for monitoring progress**
<b>Goal 1: Eradicate extreme poverty and hunger</b>	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 (PPP) per day <sup>7</sup> 2. Poverty gap ratio 3. Share of poorest quintile in national consumption
Achieve full and productive employment and decent work for all, including women and young people	Growth rate of GDP per person employed Employment-to-population ratio Proportion of employed people living below \$1 (PPP) per day Proportion of own account and contributing family workers in total employment

<sup>7</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

Millennium Development Goals (MDGs)	
Goals and Targets* (from the Millennium Declaration)	Indicators for monitoring progress**
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children under-five years of age Proportion of population below minimum level of dietary energy consumption
<b>Goal 2: Achieve universal primary education</b>	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education Proportion of pupils starting grade 1 who reach last grade of primary** 8. Literacy rate of 15-24 year-olds, women and men**
<b>Goal 3: Promote gender equality and empower women</b>	
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	9. Ratios of girls to boys in primary, secondary and tertiary education 10. (dropped) <sup>8</sup> 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
<b>Goal 4: Reduce child mortality</b>	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year-old children immunised against measles
<b>Goal 5: Improve maternal health</b>	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel 19c. Contraceptive prevalence rate <sup>9</sup>
Achieve, by 2015, universal access to reproductive health	Adolescent birth rate Antenatal care coverage (at least one visit and at least four visits) Unmet need for family planning
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among population aged 15-24 years Condom use at last high-risk sex Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Incidence** and death rates associated with malaria Proportion of children under 5 sleeping under insecticide-treated bed nets and Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs** Incidence**, prevalence and death rates associated with tuberculosis Proportion of tuberculosis cases detected and cured under directly

<sup>8</sup> Previously: "Ratio of literate women to men, 15-24 years old".

<sup>9</sup> Moved from Goal 6.

Millennium Development Goals (MDGs)	
Goals and Targets* (from the Millennium Declaration)	Indicators for monitoring progress**
	observed treatment short course
<b>Goal 7: Ensure environmental sustainability</b>	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Proportion of land area covered by forest (dropped) <sup>10</sup> CO2 emissions, total, per capita and per \$1 GDP (PPP), and consumption of ozone-depleting substances** 29. (dropped) <sup>11</sup> Proportion of fish stocks within safe biological limits Proportion of total water resources used
Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Proportion of terrestrial and marine areas protected** Proportion of species threatened with extinction
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of population using an improved drinking water source** Proportion of population using an improved sanitation facility**
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of urban population living in slums <sup>12**</sup>
<b>Goal 8: Develop a global partnership for development</b>	
Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system  Includes a commitment to good governance, development and poverty reduction – both nationally and internationally	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.  <u>Official development assistance (ODA)</u> Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) Proportion of bilateral official development assistance of OECD/DAC donors that is untied ODA received in landlocked developing countries as a proportion of their gross national incomes ODA received in small island developing States as a proportion of their gross national incomes
Target 13: Address the special needs of the least developed countries  Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	<u>Market access</u> Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries Agricultural support estimate for OECD countries as a percentage of
Target 14: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	

<sup>10</sup> Previously: "Energy use (kg oil equivalent) per \$1 GDP (PPP)".

<sup>11</sup> Previously: "Proportion of population using solid fuels".

<sup>12</sup> The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Millennium Development Goals (MDGs)	
Goals and Targets* (from the Millennium Declaration)	Indicators for monitoring progress**
Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	their gross domestic product Proportion of ODA provided to help build trade capacity <u>Debt sustainability</u> Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) Debt relief committed under HIPC and MDRI** Initiatives Debt service as a percentage of exports of goods and services
Target 16: replaced by new target in Goal 1	(Replaced by new indicators in Goal 1) <sup>13</sup>
Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47a. Telephone lines per 100 population ** 47b. Cellular subscribers per 100 population** 48. Internet users per 100 population**

\* The numbering of the targets and indicators will be undertaken through the inter-agency process of the Inter-agency and Expert Group on MDG Indicators.

\*\* The language has been modified for technical reasons, so that the data can be more clearly reflected.

<sup>13</sup> Previously: "Unemployment rate of young people aged 15-24 years, each sex and total".

## Appendix 2 List of people interviewed

Name	Title/organisation	Email
Mr. Steve Augustine	Town and Country Planning Department	staugustine@gov.vg
Father Ronald Branch	Chairman, Christian Council	stgeorgeschurch@surfbvi.com
Ms. Sheila Braithwaite	Permanent Secretary, Ministry of Health and Social Development	snaomib@hotmail.com
Ms. Josephine Callwood	Permanent Secretary, Ministry of Natural Resources and Labour	jecallwood@hotmail.com
Mr. Robert Chalwell	Director, Youth Affairs and Sports	rchalwell@gov.vg
Ms. Najan Christopher	Assistant Secretary, External Affairs (Ag), International Affairs Secretariat, Office of the Chief Minister	nachristopher@gov.vg
Ms. Sharleen DaBreo	Director, Disaster Management	sadabreo@gov.vg
Ms. Lorna Dawn	Education Officer, Special Needs, Department of Education	lornamax@hotmail.com
Ms. Elise Donovan	Deputy Director, International Affairs Secretariat, Office of the Chief Minister	eldonovan@gov.vg
Ms. Persia Evelyn	Assistant Director, Department of Youth Affairs and Sports	visionanon@hotmail.com
Ms. Esther Georges	Deputy Director, British Virgin Islands National Parks Trust	deputydirector@bvinationalparkstrust.org
Dr. Ronald Georges	Director of Primary Health Care	
Ms. Patricia Hackett	Director, Office of Gender Affairs	phackett@gov.vg
Ms. Merlene Harrigan	Assistant Director, Development Planning Unit	mharrigan@gov.vg
Dr. Liana Jarecki	Principal Lecturer, Marine Studies Centre, H. Lavity Stout Community College	ljarecki@hlscce.edu.vg
Ms. Bernadine Louis	Deputy Permanent Secretary Ministry of Education	blouis@gov.vg
Ms. Cecily Malone	Education Officer, Early Childhood Education, Department of Education	
Ms. Annie Malone-Frett	Chief Social Development Officer, Department of Social Development	
Dr. Ronald McAnaney	National AIDS Programme Coordinator	rmcanney@gov.vg
Ms. Eugenia O'Neal	City Manager, Roadtown	citymanagerrt@yahoo.com
Dr. Francis Pappin	Special Assistant to the President, H. Lavity Stout Community College	fpappin@hlscce.edu.vg
Dr. Irad Potter	Director, Health Services	ipotter@gov.vg
Mr. Raymond Phillips	Ag. Director of Development Planning, Development Planning Unit	rphillips@bvidpu.org
Ms. Michele Richmond-	Statistician, Development	mrichmond@gov.vg



<b>Name</b>	<b>Title/organisation</b>	<b>Email</b>
Phillips	Planning Unit	
Mr. Carnell Smith	Department of Environmental Health,	
Mr .Sylvester Smith	Department of Social Development	
Ms. Tessa Smith-Claxton	Environmental Office, Department of Conservation and Fisheries	tesmith@gov.vg
Ms. Ritzia Turnbull-Smith	Deputy Permanent Secretary, Ministry of Health and Social Development	Riturnbullsmith@gov.vg
Mr. Joseph Smith-Abbot	Director, British Virgin Islands National Parks Trust	director@bvinternationalparkstrust.org