

# **TONGA**

**“Plus 5” Review of the 2002 Special Session  
on Children and World Fit for Children Plan  
of Action**

## **Country Report**

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### **1. Introduction**

The Kingdom of Tonga has accomplished many Millennium Development Goals (MDGs) and World Fit For Children (WFFC) Targets as shown in the data in Annex. However, with approximately half of the population being under the age of 20 years, Kingdom of Tonga faces complex challenges including a growing demand for social services, such as education, health, and employment opportunities. Social issues such as domestic violence, disintegration of family and kinship, early school drop-out, unemployment among young people, alcohol and substance abuse are some of the major concerns. The number of secondary school drop-outs has increased especially among males adding to youth unemployment. Despite the favorable overall performance in the development indicator, the gap exists in the part of the society, especially families living in landless communities. Approximately 23% of households were below the Basic Needs Poverty Line (BNPL) of T\$ 28.20 per person per week. Overarching issues such as political instability, lack of structural reform, inadequate capacity in Ministries and a lack of funding for programmes make a further progression towards fulfilling goals challenging.

In recent decades, Tonga has undergone rapid social, cultural and economic, political and demographic changes that have resulted in significant changes to the situation of children and young people. The effects of these changes are yet to be fully recognized by the government, in particular because of the absence of up-to-date disaggregated data. There is a need to strengthen the monitoring and evaluation system of all aspects of the government and donor programming in order to measure the effectiveness of those interventions to better inform the government policy.

Tonga enjoys a strong relationship with its Pacific partners and donor communities who assist the government to accomplish the MDG and WFFC targets. This report was collated and put together by various Tongan Ministry officers to highlight the achievements of Tonga's WFFC and MDG aspirations.

### **2. Major national actions taken for children towards the WFFC targets since 2002.**

There is no specific national plan targeting children with WFFC and MDG involved. However, The Kingdom's Strategic Development Plan Eight (SDP 8) 2006/07-2008/09 promote the private sector to generate employment opportunities for the existing labor force and cater for new entrants, and provide increased attention to

improve the situation of children and young people. Tonga has committed to achieving the MDGs, which include objectives for the advancement of children and young people.

The national importance of health to the Government of Tonga is reflected in SDP8 (Central Planning Department, 2006). It is recognized that while addressing lifestyle-related health problems presents a major challenge, preventive strategies are more cost effective than curative strategies. Six major strategies to improve the effectiveness and efficiency of the health sector are included in the Plan:

- Strategy 1: Continue to implement the National Strategy on Non-Communicable Diseases.
- Strategy 2: Redirect the health budget toward primary and preventative services, ensuring service provision at rural and regional health centers is strengthened.
- Strategy 3: Formulate standard protocols for the management of all communicable diseases and ensure adequate testing facilities and personnel are available to monitor the prevalence of communicable diseases.
- Strategy 4: Develop a protocol and undertake a survey to establish the prevalence of sexually transmitted infections.
- Strategy 5: Improve curative service delivery by completing the infrastructure redevelopment of Vaiola hospital.
- Strategy 6: Review health sector financing with a view to introducing user fees (while ensuring exemption for the poor) and voluntary health insurance schemes.

(Central Planning Department, 2006: 104-105)

The government is also committed to the achievement of universal basic education and improvement of the quality of education at both the primary and secondary levels and this objective is stated in both SDP 8 and the Tonga Education Support Programme.

### 3. Resource trends for children

Ministry	2002/2003 Actual Budget	% of Total budget	2007/2008 Budget	% of Total budget
Ministry of Health	\$10,144,818	11.6%	\$17,760,981	11.6%
Ministry of Education	\$16,431,698	18.8%	\$21,804,241	14.6%
Ministry of Justice	\$1,316,169	1.5%	\$1,763,858	1.2%
<b>Total Budget of the year</b>	<b>\$87,377,998</b>		<b>\$152,624,920</b>	

(Ministry of Health: 2007/2008 Government Budget)

Since 2000, the health budget has averaged around 12 per cent of the total national budget with an estimated per capital expenditure in 2002 of US\$ 47. Shortage of essential drugs, coupled with inappropriate use of drugs (eg. Over prescription of antibiotics) are listed as consequences of under-funding and management limitations.

The Education budget in the 2000/2001 estimate was around 14% of the total national budget. It went up in the 2002/2003 budget to around 18.8% and declined in the following year's budget to 14.6%, 14.2% the following year, to 12% in 2005/2006, moved up a bit in 2006/2007 to 14.3% and in this current financial year to 14.6%. (Source: Ministry of Finance: Government Budget, 2007/2008)

#### **4. Development and use of monitoring instruments to track WFFC/MDG targets**

MDG National Report for Tonga was prepared by the Central Planning Department in 2005. This was the first MDG national report and it has been submitted to the UN.

Line Ministries conduct their own surveys and monitor the progress of related indicators of the MDG. For example, in the area of education, the Ministry of Education tracks the children's literacy and numeracy in the primary schools using the Standard Testing of Achievement for Tonga Schools (STATS) to measure the learning achievement. In 2000, government prepared a report called "Education for All 2000 Assessment", which described the achievement in delivering primary education to all students in their first six years of schooling. The report stressed the need to focus on improving the quality of education at the primary school level.

In the area of health, Demographic Health Survey was conducted in the last half of 2006. Health survey on various diseases is ongoing and data has been submitted to the WHO. Ministry of Health recently conducted a survey on filariasis targeting children 5-6 years old. This was to determine whether the pills for filariasis taken by the population in 2001/2002 reduced this kind of disease among the people.

There has been an improvement in routine reporting systems and use of survey data in various planning processes. Tonga government has been preparing the initial report on the Convention on the Rights of the Child (CRC) in the past few years involving wide range of stakeholders. In early 2007, the Committee on the Rights of the Child, the inter-ministry committee with participation from NGOs, held a stakeholder workshop to discuss the draft initial report. The comments made during the workshop in March 2007 are incorporated into the final report and currently waiting to be submitted to the Cabinet for endorsement. The endorsed report will be widely distributed among all the stakeholders.

#### **5. Enhancing partnerships, alliances for children and participation**

All Ministries and NGOs with help of UNICEF and World Bank worked together to produce Tonga's report on the Convention on the right of the child.

World Bank, Aid NZAID, AusAID, Japanese Government, Chinese Government assisted Tonga's effort to promote quality education, promote healthy lives including combating HIV and AIDS. *The Pacific Action for Health Project*, an AusAID project implemented by the Tonga Family Health Project (TFHA) is an example of a strategy to reduce health risk behaviour among adolescents. The project targeted adolescent substance abuse and utilized a TFHA sponsored youth group, *Filitonu*, to promote reduction in substance abuse among adolescents. As substance abuse is inextricably linked with a number of other youth issues, including adolescent sexuality, family relationships and youth opportunity, this project has achieved good results by taking a holistic approach to adolescent health (Source: SPC, 2005a).

In the area of education, UNESCO, Commonwealth of Learning, SPF, NZAID (through PRIDE) assisted programme. In the area of health, UNICEF assists the government to procure and distribute the vaccination for all children in Tonga. WHO provides help to Health in 5 Components:

- (i) Local Cost – training and workshops
- (ii) Supplies & equipment
- (iii) Fellowship – scholarships for health workers
- (iv) Short term Consultancy works
- (v) Agreement of Work Reform e.g. Walk for health project, health promotion, etc.

Government is working together with the SPF and Secretariat of Pacific Community (SPC). These partnerships are very influential as they are the ones who help Tonga to realize its goals. Without their help things will be very much at a standstill or hardly moving forward

Issues or challenges in establishing or continuing partnership at the national level is difficult especially on trying to reach agreement on approaches regarding how to attain certain goals and objectives; sometimes donors and the government do not necessarily agree on the methodology or approaches to certain programme intervention.

Children's participation towards WFFC and MDG is minimal; there was no participation from the young people in any government planning except the Tonga National Youth Congress. Tonga National Youth Congress has been active in every aspect..

## **6. Achievement of WFFC Plan of Action set against related MDG targets**

### **A. Promoting Healthy Lives:**

The long term goal for the health sector as expressed in the Ministry of Health's Corporate Plan 2005/06- 2007/08 for Tonga to be 'the healthiest nation in the Pacific Rim as judged by International standards and determinants'. By the year 2020, the vision is;

*“Universal access to good quality care even for the remotest islands... Communicable diseases will be essentially eradicated, and non-communicable diseases will be minimized through screening and prevention, excellent clinical management and better co-ordination of health care services.”* (Central Planning Department, 2006: 102-103).

The adoption of Primary Health Care principle since 1978 (Alma-Ata Declaration) prompted the government to provide effective and successful primary health care programmes, including immunization, antenatal care, safe water supplies and waste disposal systems. Government has been assisting health education activities by various NGOs, government agencies, and community groups to create a better understanding of particular public health risks and appropriate preventive practices.

Many awareness materials and IEC such as brochures and videos are distributed to the children and their parents through the schools, churches, NGOs and youth associations and workshops and conferences have also been held to raise awareness to promote healthy lives.

The promotion of healthy lives does not only come under the domain of Ministry of Health but other Ministries, such as Ministry of Agriculture, and they also have their own programmes to promote food and nutrition.

Other activities by the Ministry of Health include;

- Promotion of breastfeeding with National Food and Nutrition Committee (NFNC).
- Provision of more comprehensive Maternal and Child Health (MCH) services, including family planning provided by government health facilities and NGOs such as the Tonga Family Health Association (TFHA).

## **B. Promoting quality education**

Tonga Education Support Programme is funded by NZAID and World Bank. Tonga also benefit from the Pacific Regional Initiative for the Implementation and Delivery of Basic Education (PRIDE), which has a role in improving the quality of basic education through strengthening of the education planning and implementation processes (e.g. Tonga to achieve Universal Basic Education (Year 1-8) or from the age of 6-14, Curriculum being revised to address non-academic studies.)

Teachers' College, administrative officers at the government and non-government schools are working towards providing quality education by assisting with workshops and surveys as well as production of books, leaflets, TV & radio programmes.

Health Promotion Section within the Ministry of Health also contribute to the quality education by ensuring that all the ministries inputs to the education syllabus are reflected to formulate quality curriculum on Health Studies.

NGOs also contribute by having their own promotional activities

### Policies and Strategies

The education related targets within the MDGs are incorporated into the Ministry of Education's Corporate and Strategic Plans (2003-2013), which endorsed the Government policy to improve the quality and relevance of universal basic education.

In this context, government conducted survey on poverty reduction in 2006, with the support of the USP's Institute of Education funded by NZAid.

Ministry aims to establish the curriculum for Early Childhood Education & Inclusive Education.

Ministry of Education is currently providing the Tonga Education Support Programme, of which one of the main focuses is the Universal Basic Education.

Ministry is also undertaking the revision of curriculum for the schools from Year 1 – 13.

### Legislation

Education Act 1974 and currently reviewed

Education Regulation 2002

### Programmes

Daily radio programme (1 hr) from Monday – Friday

Life at the Crossroad Programme to address not only quality education but health issues related questions, e.g. sex education, HIV Aids, non-communicable diseases

## **C. Protecting Against Abuse, Exploitation and Violence**

Ministry of Health, Women & Children's Centre, Family Health Association, Churches, Tonga Youth Congress, Women in Law Association work closely to protect children against abuse and exploitation. Activities include support development and distribution of brochures, leaflets, booklets, TV & radio programmes, seminars and workshops.

The 2003 Labour Force survey found that children are extensively involved in 'non-economic' activities within the household. Activities included cooking, cleaning, shopping, caring for the sick, minor household repairs and caring for younger children. Children aged 10-14 spent an average of 11 hours a week in total on these and other household activities, compared to the adult average of 22 hours a week.

## **D. Combating HIV/ AIDS:**

Tackling the HIV/AIDS challenge requires concerted community education programmes backed up by ready access to condom. This is not easy to achieve in a conservative society. Tonga's National AIDS Council (NAC) was established in 1988, initially as a political response to the emergence of HIV infections (Ministry of Health, 2003). Subsequently Tonga joined other Heads of Health Ministries throughout the Pacific in a collaborated effort to combat STIs and HIV/AIDS. This led to the development of the *'Strategic Plan for Responding to HIV/AIDS and STIs in the Kingdom of Tonga for the*

*years 2001-2005*'. The strategy calls for urgent attention to minimize and control the impact of STIs and HIV/AIDS on society, especially on youth and the economically active groups (Ministry of Health, 2002).

Health Promotion Section and Ministry of Health, Churches, NGOs, other government ministries are all working toward combating HIV and AIDS. Some part of the national health budget is allocated specifically to promote awareness and educate people on how to combat HIV and AIDS. Most of this fund dedicated for HIV and AIDS is covered by the assistance from the international organizations such as WHO, World Bank as well as bilateral and multilateral agreements.

The awareness raising is conducted through brochures, leaflets, booklets, TV & radio programmes, seminars and workshops.

## **7. Lessons learned**

- a. Despite the effort to promote the national capacity to development, the government is still heavily dependent on international aid assistance.
- b. Political instability has seen the erosion of children's well being. The government needs to tackle the underlining causes of the instability for the sustainable development and child wellbeing.
- c. Tonga government has not yet been fully aware of WFFC requirements. With the recent initiative of the government to prepare the initial CRC report engaging with stakeholders, it is important to keep this momentum going to put the childrens' agenda at all levels of planning; policy, legislative and programmatic levels.

## Annex 1: Achievement of WFFC Plan of Action and related MDG targets

<b>Goal: Reduce child mortality:</b> Reduction in the infant and under five mortality rate by at least one third in pursuit of the goal of reducing it by two thirds by 2015			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Infant mortality rate	13 (2000)	20 (2005)	PIC Regional MDG Goals Report 2004
Under 5 mortality rate (death per 1,000 live births)	17 (1999)	24 (2005)	ChildInfo database
Proportion of newborns with low birth weight (%)	0 <sup>1</sup> (2001)	-	Country Health Information Profile, 2002, MOH/WHO
Neo-natal mortality rate (%)	10 (2000)	-	WHO, vital registration and household survey
Proportion of one year old children immunized against measles (%)	90 (2002)	99 (2005)	National Coverage rates, WHO/UNICEF estimate, 2005, Immunization Summary 2007 edition

### Target 1: Promoting Healthy Lives

<b>Goal: Reduce maternal mortality:</b> Reduction in the maternal mortality ratio by at least 1/3 in pursuit of reducing it by ¾ by 2015			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Maternal mortality ratio (per 100,000 live births)	78.2 (2000)	“In recent years there have been no maternal deaths” (2006)	PIC Regional MDG Goals Report 2004 Tonga Situational Analysis of Children, Youth & Women
Proportion of births attended by skilled health personnel (%)	95.3 <sup>2</sup> (2001)	-	PIC Regional MDG Goals Report 2004

<b>Goal: Reduce child malnutrition:</b> Reduction of child malnutrition among children under 5 by at least 1/3, with special attention to children under 2 years, and reduction in the rate of low birth weight, weight for at least 1/3 of current rate.			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Prevalence of underweight – moderate and severe (%)	2.6% <sup>3</sup> (1997)	-	PIC Regional MDG Goals Report 2004
Prevalence of Anemia among children under 18 years old (%)	10.7% (6-12 yr old) (2002)	-	Hughes et al, Study in 2 schools, 2002
Proportion of infant less than 4 months who are exclusively breastfed (%)	62 (1999)	-	UNICEF Pacific Island Country Profile, 2000

<b>Goal: Enlarge the access to hygienic sanitation facilities and affordable and safe drinking water:</b> Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least 1/3
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<sup>1</sup> 3%, WHO 2005 Western Pacific Country Health Information Profile

<sup>2</sup> 91.3% (2002) WHO database, [www.who.int/reproductive\\_indicators/showdata.asp](http://www.who.int/reproductive_indicators/showdata.asp)

<sup>3</sup> Prevalence of children under 5 reporting to clinics that are underweight

Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Proportion of households with sustainable access to an improved water source (%)	Urban: 96.8 (1996)	Total: 100 Urban: 100 Rural: 100 (2004)	Pacific Island Regional MDG Report, 2004; WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation
Proportion of households with sustainable access to an improved sanitation (%)	Urban: 99.3 (1996)	Total: 96 Urban: 98 Rural: 96 (2004)	Pacific Island Regional MDG Report, 2004; WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation

## Target 2: Providing quality education

<b>Goal: Expand early childhood care &amp; education for children</b> Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Early childhood education	-	“Early childhood education is not compulsory: there are some Government supported early childhood centers”	Tonga Situational Analysis of Children, Youth & Women. 2006
Primary school net enrollment ratio (%)	89.4% Total (2000)	-	Pacific Regional MDG report (2004) <sup>4</sup>
Survival rate to grade 5 (Administrative data)	92.5% (2000)	-	UNESCO/UIS database
Secondary school net enrollment ratio (%)	-	Total: 67.7 Male: 61.2 Female: 75.0 (2004)	UNESCO/UIS database
Years of education that is compulsory to attend (years)	6-14 years old		Elimination of All forms of Discrimination and Violence against the Girl Child, 2006
Years of education that is free from charge	No		Same as above

<b>Goal: Eliminate illiteracy amongst adults</b> Achieve a 50% improvement in levels of adult literacy by 2015, especially for women			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Adult literacy	-	Females: 99% Males: 98.8% (2000-2004)	Elimination of All forms of Discrimination and Violence against the Girl Child, 2006; UNESCO Institute for Statistics

<sup>4</sup> Total: 90.8<sup>4</sup>, Male: 92.1, Female: 89.3(1999) UNESCO/UIS database

### Target 3: Protecting Against Abuse, Exploitation and Violence

<b>Goal 1: Protect against abuse, exploitation, and violence</b>	
CRC ratification	Ratified CRC in 1995 and National Coordinating Committee for Children (NCCC) was established in 1997. Initial report is in the process of preparation.
NACC	The Tonga National Youth Congress (TNYC) is actively promoting the rights of young people within Tonga. TNYC coordinated the First Tonga Youth Parliament in 2002 at which young people presented their views to the Tongan Parliament and also provide the Pacific Stars Life Skill program to the Tongan youth.
Measure to protect children from abuse, exploitation & violence	Criminal Offices Act s16 says that a person under 7 years of age cannot be criminally responsible and a person between the age of 7 and under 12 years will not be criminally responsible unless the Court or jury considers the person to have attained sufficient maturity of understanding to be aware that he or she was committing an offence.
<b>Goal 2: Protect children from the impact of armed conflict</b>	
OP status	Has not signed the Optional Protocol on CRC on the involvement of children in Armed Conflict.
Legislative environment to protect the children in armed conflict	Tonga Defense Service Act 1992 s 25 states that no person under the age of 16 years may enlist into the armed forces. A person between the age of 16 years and 18 years may only enlist into the armed forces with the written consent of a parent or guardian. It is current policy of the Tonga Defense Service to only recruit person over the age of 18 years.
<b>Goal 3: Fight against sexual exploitation</b>	
Measure taken to protect children from sexual abuse	Adopted the Stockholm Declaration and Agenda for Action in 1999.  There is no support service for young people involved in prostitution and no legislation to enable the police to remove a young person from harmful premises if the young person refuses to leave with police and there is no single government agency responsible for child welfare.  The Center for Women and Children, a crisis center, provides services including awareness-raising on child abuse and domestic violence, counseling for victims of CSEC. The center also provides training on issues of human rights, CEDAW and the CRC through a Legal Literacy Project, which aims to raise awareness on child abuse and CSEC through media.
<b>Goal 4: Eliminate child labour</b>	
ILO convention ratification status	There is currently no legislation that specifically prohibits child labour. However, clause 2 of the Constitution prohibits forced or bonded labor in general. The Employment Relations Bill 2006, is currently going through a process of consultations. This Bill proposes specific protections for persons under the age of 18 years including prohibition of all forms of slavery, such as the sale and traffic of children, debt bondage and any forms of forced or compulsory labor including forced or compulsory recruitment of children in armed conflict and the use, procuring or offering of a child for illicit activities, including prostitution.
<b>Goal 5: Improve the plight of millions of children who live under especially difficult circumstances</b>	
Adopted children	Adoption of children within the wider family group is very common. Guardianship Act 204 provides that under any adoption proceeding before the Supreme Court, the Court must regard the welfare of the child as the paramount consideration in any proceeding where any matter relating to the custody, guardianship or access to a child, or the administration of any property belonging to the child.
Refugee children	The law of Tonga does not provide for the granting of asylum or refugee status in accordance with the 1951 UN Convention relating to the Status of Refugees and the 1967 protocol and the government has not established a system for providing protection to refugees.  There are number of the provisions under Nationality Act that could be used for the protection of refugee children

## Target 4: Combating HIV/AIDS

<b>Goal: Time-bound national target &amp; fight against gender based discrimination in relation to HIV/AIDS</b>			
By 2003 establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2010 HIV prevalence among young men and women aged 15-24 by 25%			
<b>Indicator</b>	<b>Baseline 2002 (or most recent data available)</b>	<b>Most recent data available</b>	<b>Source of Data</b>
Status of HIV and AIDS policies and policies to fight against gender stereotypes and attitudes, and gender inequalities in relation to HIV / AIDS	13 HIV infections confirmed. No national strategy in place. No other data available.	13 HIV infections confirmed. No national strategy in place. No other data available.	UNGASS Composite Policy Index Survey (CPI) 2005; UNGASS reports; UNAIDS
Cumulative HIV cases (including AIDS)	-	13 (2005)	AIDS Section, Public Health Programme, SPC 2005
Cumulative HIV incidence-crude rate per 100,000 (99% CI)	-	13.2 (5.7 to 25.9)	AIDS Section, Public Health Programme, SPC 2005

<b>Goal: Reduce HIV vertical transmission</b>			
By 2005, reduce the proportion of infants infected with HIV by 20% and by 50% by 2010, by: ensuring that 80% of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them; Increasing the availability of and by providing access for HIV infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV infected women, including VCCT; Access to treatment, especially ART and, where appropriate, breast milk substitutes and the provision of a continuum of care			
<b>Indicator</b>	<b>Baseline 2002 (or most recent data available)</b>	<b>Most recent data available</b>	<b>Target for 2015 Source of Data</b>
Mother to child transmission cases	There is no confirmed and documented mother to child HIV transmission cases in Tonga.	There is no confirmed and documented mother to child HIV transmission cases in Tonga.	UNGASS Composite Policy Index Survey (CPI) 2005; UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.
Status of PMTCT policy	No PMTCT targets have been set.	No PMTCT targets have been set.	UNGASS Composite Policy Index Survey (CPI) 2005; UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.
Access to treatment, especially ART and, where appropriate, breast milk substitutes and the provision of a continuum of care	No data available	No data available	UNGASS Composite Policy Index Survey (CPI) 2005; UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.