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Opportunities to Improve Social Services in Kiribati

SUMMARY REPORT

Since independence in 1979, Kiribati has achieved steady improvements in social indicators, enviable social peace, and a reasonable record of economic growth. There are signs, however, that Kiribati is entering a period of increased risk. The government's ability to afford social protection programs, such as the universal elderly allowance and copra price subsidies, seems to have reached a limit. Pressures of a growing population and gradual urbanization have set in motion a number of social problems that public services have so far been unable to control or improve. And English literacy is declining precipitously even as it becomes increasingly crucial for participation in a global economy.

In view of these challenges, the government's National Development Strategy (NDS) 2004-2007 articulates five strategic priorities, and outlines an agenda that focuses on increased accountability for performance outcomes. The major issues and opportunities identified in this report, which is a summary of a 2005 World Bank study of social services in Kiribati,[1] are drawn from or inspired by the recent NDS.

The Context for Social Service Delivery in Kiribati

With a population of about 100,000 and land area of 810 square kilometers comprising 33 coral atolls, Kiribati's fragile ecology cannot support its rate of population growth, currently 4.3 percent.[2] Water supplies are shallow, precarious, and easily polluted. Sandy soil severely limits the country's agricultural potential. Overcrowding on the country's main island of South Tarawa is straining social systems.

Kiribati's geography contributes to other challenges as well. Of its 23 inhabited islands, many are thousands of kilometers from South Tarawa. Social service delivery is uneven on the widely dispersed outer islands. Five islands are home to fewer than 1,000 people each. On the other hand, weather and rainfall shocks are relatively low compared with other Pacific island countries.

Kiribati's economic structure is unusual in several respects. Its per capita Gross National Product (GNP) of A$1987 puts Kiribati among the poorest countries in the region,[3] yet flows of overseas earnings from fishing license fees, investment earnings from the well managed Revenue Equalization Reserve Fund, and remittances from seafarers, plus foreign aid, have enabled Kiribati to spend at levels above what would be expected. Per capita spending on social assistance transfer programs was A$117 in 2004,[4] government spending on health is above the World Health Organization's 2001 GDP per capita regression line for lower-income Western Pacific countries, and education funding of US$12 million in 2001 exceeds per capita levels in Fiji, Samoa, Tonga, and Vanuatu — all higher-income countries.[5]

The question that the government and donors alike have posed recently is whether Kiribati is getting the performance and impact that such abundant resources would be expected to produce.

New Challenges for Social Sector Performance

In the recent past, Kiribati has made impressive advances in core social indicators, including dramatic improvements in women's status in employment and public life. On international indicators of progress, especially the Millennium Development Goals (MDGs), Kiribati is ahead of many countries (see table 1). Kiribati is likely to achieve its

Table 1. Prospects for Reaching Millennium Development Goals by 2015[6]

Country	Net enrollment ratio in primary grades	Grade 5 survival rate	Eliminate gender disparity in primary education
Fiji	Likely	Unlikely	Likely
FSM	Likely	Unlikely	Likely
Kiribati	Likely	Likely	Likely
Palau	Unlikely	Unlikely	Likely
RMI	Unlikely	Unlikely	Likely
Samoa	Likely	Likely	Unlikely
Solomon I.	Unlikely	Unlikely	Unlikely
Tonga	Likely	Likely	Achieved
Vanuatu	Unlikely	Likely	Likely

Unlikely Likely Achieved

Source: Census data and IDB.

target for eliminating gender disparity in primary education. It is also on target for net enrollment in primary grades and grade 5 survival rates.

These achievements, impressive as they are, obscure some troubling performance issues that cross social sectors. Five pivotal issues have been identified in the NDS by Kiribati policy makers and are summarized below:

- Income inequities in Kiribati society have emerged and are visible regionally and in key indicators of social sector attainment and service access.
- Worsening English language proficiency of the general population, especially youth, is evident in declining success in post secondary training and tertiary education institutions, even as access to and enrollment in primary and junior secondary schools has expanded.
- The slow progress in reducing a high fertility rate places pressure on the environment, schools, and labor markets.
- The rise of "lifestyle" diseases that have accompanied economic growth and urbanization include not only heart disease, hypertension, and cancer, but also high rates of sickness from diabetes, hepatitis, sexually transmitted diseases, and, most ominously, the appearance of HIV/AIDS among high risk groups.
- The appearance in recent years of underemployed, disaffected youth in South Tarawa is evident in worsening indicators of young people's socially destructive behavior, including crime, alcohol abuse, and incidence of STDs.

INCOME INEQUITIES

Government policies have focused on balancing the resources and services going to the urbanized capital of South Tarawa and to the outer islands. These policies are motivated by redistribution objectives, the stagnant rural economy, and the goal of slowing rural-urban migration. As of 2000, at least, these policies seem to be well matched to regional patterns of income distribution (see figure 1). Major NDS initiatives that affect income redistribution include the new elderly allowance and a second recent rise in copra producer prices.

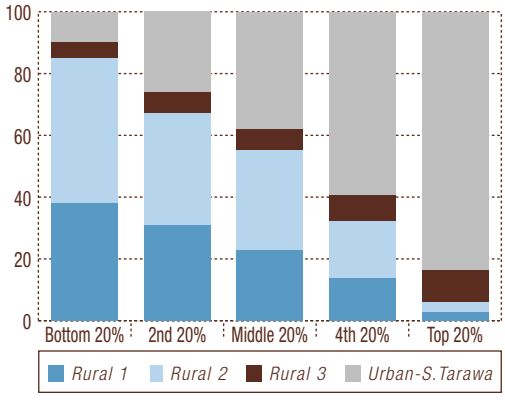
Inequities in the education system are especially evident at higher levels. The richest 20 percent of students are heavily represented in the upper secondary and tertiary education attainment group and weakly in the primary-only attainment group. The reverse is true for the poorest 20 percent of students.[7]

In the health sector, inequities are indicated by measures for child mortality and fertility; both decline as household income increases.[8] For example, fertility rates of 4.6 for the lowest wealth quintile compare with 3.8 for the highest quintile. Likewise, child mortality is 8.5 percent in the lowest quintile and 5.5 percent in the highest wealth quintile.

WORSENING ENGLISH PROFICIENCY

With roots in British colonial rule, English is the second language of Kiribati, after the vernacular I-Kiribati, and it is a vital pathway to overseas education and employment and to civil service jobs. English is the mandatory medium of instruction beginning in grade 4, yet

Figure 1. Distribution of the Population Among Regions by Income Quintile, 2000



Source: Census 2000.

compliance is anecdotally reported to be rare in primary and junior secondary schools and patchy in senior secondary schools. On the outer islands, English is rarely seen or heard. Relative to students in other Pacific island countries, the performance of Kiribati students on English literacy exams is low and not improving.[9] One measure of this crisis is the dramatically decreasing rate of primary students who are able to communicate in English: in 1992 it was 80 percent; only six years later, in 1998, it had dropped to 11 percent.[10] Literacy in the vernacular is also reported to be at low levels, suggesting pervasive quality problems even as resources for education have increased and teacher-pupil ratios have improved.

PERSISTENTLY HIGH FERTILITY RATE

Reducing Kiribati's rate of population growth has been recognized as the single most important factor under domestic control for improving the welfare of its citizens.[11] The persistently high fertility rate, estimated at 4.3 percent in 2000,[12] causes stress on the environment, schools, and labor markets. Overcrowding has led to environmental pollution in South Tarawa, where unsafe water is a major cause of illness and childhood death. An increasing number of children enter primary school every year and an ever-larger group of youth leave school and seek employment. While youth unemployment is low by Pacific standards, the social problems caused by underemployment and lack of opportunities are clearly evident in South Tarawa.

After a brief early response to family planning initiatives, population growth rates have reversed and are now increasing while contraception rates are decreasing. Annual inter-census population growth rates increased to 1.69 percent for 1995–2000 compared to 1.42 percent over the previous five years. Currently only 22 percent of women of reproductive ages (15–49) use modern contraceptives, down from 28 percent a few years ago.[13]

A new National Population Policy establishes the clear target to stabilize the population by 2020–25, but it is vague in specifying necessary measures. The population policy describes in a single page the range of contraceptive options available, including various types of "natural family planning." Over 90 percent of I-Kiribati believe that family planning information should be provided to young people,[14] even though more than half of I-Kiribati report their religion as Roman Catholic. However, only one in four Kiribati adolescents receives any sex education, and a recent study revealed that only 4 percent of youth aged 13-19 knew that coitus is the cause of pregnancy.[15]

The population policy also calls for increased permanent migration, but no options are described for achieving it. As population pressures mount in Kiribati and especially in South Tarawa, the overflow valves are limited to small-scale resettlement efforts. Kiribati residents have very limited access to permanent emigration.

"LIFESTYLE" DISEASES

Lifestyle diseases that have accompanied economic growth and urbanization are on the rise, especially diabetes, hepatitis, and sexually transmitted diseases, including HIV/AIDS. The steady growth of HIV infections, mostly among seafarers and their families, now ranks Kiribati third among the Pacific island countries in cumulative incidence, behind Papua New Guinea and Tuvalu.[16] Figure 2 shows Kiribati's rate of incidence to be the highest among the region's World Bank member countries.

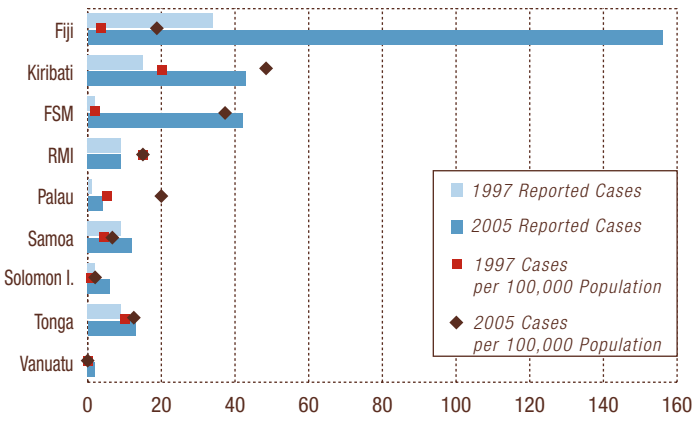
New cases of diabetes increased tenfold over the period from 1992 to 2001,[17] and new cases of hypertension almost quintupled over the same period.[18] Liver disease, related to alcohol abuse, is the leading cause of death in Kiribati, responsible for 10 percent of recorded deaths between 1999 and 2002.[19]

Clearly, lifestyle diseases, some of them highly communicable, pose a threat to public health and progress in life expectancy. Complex behavioral patterns are generating premature mortality and morbidity. In addition, the costs of treating these diseases will increasingly strain the Ministry of Health budget.

UNDEREMPLOYED, DISAFFECTED YOUTH

The rate of youth unemployment is reported at 2 to 3 percent,[20] which is much lower than in other Pacific island countries. Yet it may be that a portion of youth who are reported as participating in non-cash "village work" (see figure 3) are underemployed. Underemployment is difficult to measure in Kiribati, since village work is itself ambiguous.

Figure 2. Incidence of HIV/AIDS (1997, 2005)



Source: Secretariat of the Pacific Community, Regional MDG Report 2005.

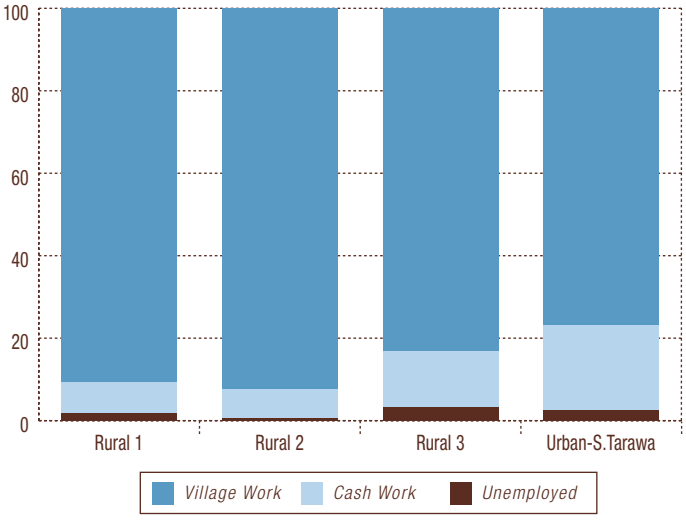
However, issues related to disaffected youth are increasing in South Tarawa according to police, even if formal statistics on youth crime and risky behavior show only a modest increase since 1999. Alcohol abuse is of particular concern, as this is closely related to other crimes and social problems. Teen pregnancy (ages 15–19) is on the rise, from 61 births per 1,000 in 1995 to 71 per 1,000 in 2000.[21]

A core issue is that the formal economy cannot absorb the school leavers entering the job market. As of 2002, about 2,000 youths leave school annually. The sources of formal employment, such as public service, public enterprises, merchant seafaring, and private sector activity in construction, transportation, and retail/wholesale, generate about 500 jobs a year.[22] This means that only one out of every four students entering the job market will find formal employment. The other 75 percent will take village work or will be unemployed.

New Approaches to Priority Issues

The five priority issues identified by Kiribati policy makers in the National Development Strategy present an enormous challenge to the social services established to deal with them. A traditional approach would be to increase the capacity of relevant ministry units; provide more budget resources; invest in civil works, goods, and training; and agree to target indicators. Indeed, the NDS contains such initiatives, but the government has also recognized the even greater promise of new incentives and explicit accountability to achieve higher performance with existing resources.

Figure 3. Youth Employment and Potential Underemployment by Region, 2000



Source: Census 2000.

Opportunities to Improve Performance in Education

With the exception of the need to continue to expand access to senior secondary school, improvements in education are related primarily to sector management and governance options affecting the quality and effectiveness of services.

INEQUITABLE ACCESS TO SENIOR SECONDARY SCHOOL

Spaces are limited in Kiribati's senior secondary schools and entry is by exam. In 2002, 1,800 junior secondary students took the exam; nearly 450 did not. Of the 2,250 total, only 60 percent advanced.[23] The pattern of who advances and who does not is a direct correlation with wealth quintile. In 2000, the percent of students in the secondary school age range (15-17) who were enrolled in school ranged from 50 percent for the two lowest wealth quintiles up to 70 percent for the highest quintile.

Ranking on the entry exam determines which students will be able to attend the three government schools, which are free. The other 12 schools are mission schools and charge fees that as of 2004 can cost from A$220-$1,200 annually.[24] Currently a small program underwrites fees for some of the very poorest students. (This issue is discussed later as a social protection opportunity.)

A Household Income and Expenditure Survey would allow the government to accurately assess the size and causes of the current inequity and could serve all agencies interested in targeting the poor. The survey could, for example, facilitate the institution of a senior secondary sliding-scale fee structure.

ENGLISH LITERACY

Because English literacy has been in decline since independence, despite expanded education resources and intensified government concern, solutions must address more than capacity and resource constraints and begin to address incentives and motivation by families, students, and teachers.

The first step might be to evaluate the problem and establish some baselines for teachers as well as students. Students already take standardized achievement tests. Teachers, however, could also be required to take tests at various points during their careers, with the results analyzed and made public, as they are for students' senior secondary exams.

In interviews, education professionals voiced a number of other proposals:

Public policy and incentives. Make literacy a national priority and convey that families and teachers must accept responsibility for improvement. Reward high-performing teachers, principals, and schools. Use satellite television for inclusive delivery of English instruction.

Teacher preparation and accountability. Raise qualifications for entry to Kiribati Teacher College and introduce new teaching techniques. Establish teacher standards and support teachers who are struggling, especially new teachers.

Community involvement. Strengthen the role of primary school parent associations and involve parents in reviewing student test results and supporting teachers (see box 1).

Opportunities to Improve Performance in Health

Kiribati ranks highest in the Pacific for public share of total health expenditure, at 98 percent. At issue is not the high share of public expenditure but the near absence of any mechanism to manage utilization, encourage preventive behavior, control overall costs, distribute subsidies more equitably, and give clients some measure of control over providers. Within an accountability framework, several strategies are available to increase performance.

INDIVIDUAL INCENTIVES

The major performance issues in the health sector — the escalating burden of lifestyle diseases, the persistently high fertility rate, and the health problems of youth — can be prevented and controlled by the actions of individuals. Incentives are a way the government can influence individuals' health behaviors.

Incentives that currently work against better health include government price regulation and informal subsidies of imported starchy foods (rice, flour, and sugar) and grants for overseas tertiary treatment that may cause people to allow their conditions to worsen to the point that such trips can be justified. Incentives in the form of excise taxes on alcohol and tobacco may be too low, considering the rapidly growing problem of alcohol abuse and the health risks of both alcohol and tobacco consumption. Youth, especially, have been shown to be sensitive to price changes in tobacco products (and also probably alcohol products).

In the area of controlling the fertility rate, incentives appear to be out of balance. Free primary and junior secondary schooling and free health services lower the cost to families of having additional children.

Box 1. Nikanau Junior Secondary Certificate Exams

On Nikanau Island in the southern Gilberts, community engagement appears to have made a difference for students taking the Junior Secondary Certificate examination. The school has no boarding facilities and many students must travel long distances daily. So that all students could prepare well for the examination, teachers and parents wanted to eliminate the burden of such commutes. The school arranged temporary accommodations for students who needed a place to stay prior to the exam, and parents supported the effort by bringing food and other necessities. The notable success of Nikanau students on the test is attributed in part to this example of community self-reliance and focused commitment. It would be worth exploring the impact of this community effort and assessing whether it might be relevant elsewhere.

In urban areas, lax enforcement of housing standards and property laws make it possible to avoid increased housing costs relative to increased family size. In rural areas, increased copra subsidies may encourage families to have more children in order to have more labor available. The effects of these incentives may outweigh the incentives in place to limit fertility — paid maternity leave (among public sector wage earners) for the first two children only and personal tax reductions for a single child.

PROVIDER INCENTIVES

Pay for health providers in Kiribati is not linked to performance. Instead, salary increments are awarded for every year of service, and annual increases are routinely provided to all civil servants. Policy makers might want to introduce incentives to assure that health providers meet established standards of public service, to reward exemplary performance, or to compensate for "hardship" assignments.

Performance among health care providers in Kiribati that interferes with improved health outcomes includes incomplete reporting of health data, failure to maintain drug stocks in outer island facilities, ignoring referral policies, and dispensing drugs from home or to patients' relatives. To make individual health providers more accountable, bonuses could be paid for accurate and timely data reporting and drug ordering; awards and prizes for exemplary service could be instituted.

Performance problems sometimes arise for staff who are posted to facilities not of their preference. For example, outer island postings may require being "on call" for 24 hours a day, instead of working the eight-hour shifts typical of a South Tarawa posting. The Ministry of Health and Medical Sciences (MHMS) has already to begun to

address this issue with additional pay for health professionals on the outer islands. Other options include varying the allowance depending on demand for the posting or hiring contract workers with salaries that reflect supply and demand.

NEW PROVIDERS

The government is for all intents and purposes the only provider of health services in Kiribati. There are fees for special "paying wards" in hospitals, but there are no private, NGO, or church-provided health services. Accountability between clients and providers is necessarily very limited.

The MHMS is moving cautiously to establish private pharmacies and is considering allowing medical doctors to open full-time private practices, but not on the outer islands. The participation of church-affiliated and NGO providers could expand health services on remote islands and could introduce market competition elsewhere. One of the greatest potential benefits from increased participation in the health sector would likely be in the area of reproductive health, particularly services targeted to adolescents. The government might consider providing subsidies to such providers, in the way that subsidies are provided to church-related senior secondary schools.

NEW SOURCES OF HEALTH FINANCING

With the government currently paying virtually all health care expenses, the introduction of user fees and health insurance could play an important role in realigning responsibilities for health care, especially those related to sustaining healthy behaviors.

The government is considering a flat fee for outpatient hospital care as a way to make the distribution of public health subsidies more equitable across islands. Outer island dispensary visits would remain free, but the more expensive hospital services that are disproportionately used by South Tarawa residents would incur a modest fee. An alternative would be to charge patients on a fee-for-service basis up to some limit and to exempt the disadvantaged and some other groups. At least part of the additional revenue could be retained by the hospitals to finance improvements and performance-based staff bonuses. Over time, user fees should free up government funding to strengthen the primary health care services in the outer islands by hiring additional staff and paying hardship allowances, for instance.

The public sector in Kiribati accounts for about two-thirds of all wage employment. If a health insurance scheme were instituted for these employees, with fees related to salary levels, government funds could be freed up to strengthen the health care system, especially in the outer islands. The government could also offer individual health insurance to all citizens to cover overseas treatment. A transparent overseas referral policy and actuarially sound premiums could lead eventually to a self-sustaining program and citizens who were better invested in their own good health.

CLIENT RESPONSIBILITY

No formal mechanisms make providers accountable to clients, nor clients accountable to providers for their own health maintenance.

Unlike many countries in the Pacific, Kiribati has no village or island health committees and the hospitals have no board of governors. Both arrangements could increase providers' accountability to clients.

In the case of client accountability — for disease-inducing behaviors such as unprotected sex and alcohol abuse — the government might provide special community grants and conditional transfers to families by way of directly engaging families and communities in the management of complex social problems.

To reduce youth health problems, jobs for youth are a proven avenue to stabilize youth behaviors and instill more responsibility. Public programs that employ youth for environmental clean-up and maintenance of roads and public places are being tried in Kiribati. In the case of teenage birth rates and high fertility rates generally, a condom promotion aimed at HIV protection might be more effective than a direct appeal for increased birth control, given the role of the Catholic Church in Kiribati.

INFORMATION

A free flow of accurate information is critical to fostering accountability in the delivery of health services. Kiribati conducts population and housing censuses twice rather than once per decade, and these provide useful information to planners about the size, geographical distribution, and characteristics of the population they are trying to serve. Similarly, annual service statistics and morbidity/mortality statistics provide important information; as noted, however, the collection of this data should be made more reliable and timely.

An important type of information that is lacking in Kiribati is reliable household-level data on knowledge, attitudes, and practices (KAP) related to key public health services. It would be important to know how effective health promotion programs are in educating the population about major health issues, such as water and sanitation, diet, tobacco and alcohol, HIV/AIDS, and family planning. Recent studies suggest, for example, that serious gaps exist in knowledge about reproductive health.[25] An option for collecting KAP information is a regional household survey with some variation in particular modules from country to country, administered every three to five years. In

addition to health data, the survey could collect information useful for education and social protection and for regional cooperation.

Social Protection Opportunities

The four social protection programs that are dominant in Kiribati — the elderly allowance, copra subsidies, school fee allowances, and two marine training programs — are designed to address income inequities or to improve employment opportunities for youth. Seafarer remittances are also an aspect of social protection since seafarer remittances play a strong role in distributing cash widely in Kiribati.

ELDERLY ALLOWANCE

An untargeted, unconditional elderly allowance for everyone over 70 years of age was introduced in 2004 in keeping with an election campaign promise. Originally estimated to provide for about 1,000 residents, the 2005 budget will serve about 2,400. The elderly are only slightly less well off than the general population, but because this is accentuated by age and age is correlated with outer island residence,[26] the program is indirectly and minimally targeted to those most in need. However, because only 46 percent of the elderly are in the two lowest wealth quintiles, a decision to limit eligibility to the outer islands and/or to those who are not retired public servants would better align the program with national priorities to reduce income inequities.

COPRA PRODUCER PRICE SUBSIDY

Historically, this subsidy operated on a break-even basis and was well targeted to the poor by means of the implicit wage rate and through formal restriction to the outer islands. However, while the program remains restricted to the outer islands, recent price increases instituted by the government have coincided with sharply increased production.[27] It may be necessary to reduce the producer price to reverse the interest of richer families in copra cutting and to ease pressures on land prices and their related accumulation in larger holdings. Increased prices have also had a large fiscal impact. The subsidy originally budgeted for A$4.5 million in 2004 had to be more than doubled to A$10 million in the supplemental midyear budget.

Recommendations for adjusting the copra program include making the Kiribati Copra Co-operative Society accountable for its costs operating the program and rewarding it for achieving profits that can be plowed back into the subsidy budget. Likewise, the government could allow the Ministry of Commerce to manage the subsidy on a more objective basis and step aside from any direct interference in price setting. This might entail a reorganization of the copra program so that it becomes a formal social welfare program, with explicit social goals that can be monitored and costs that can be more effectively controlled.

SCHOOL FEE ALLOWANCE SCHEME

The Ministry of Internal and Social Affairs administers a small, targeted program to assist families of unstable and extremely low income with the cash costs of sending their children to senior secondary school. In 2004, the program was able to aid only 70 out of 1,640 potential clients. As few as 20 percent of applicants are from the outer islands, and the program may not be well known in remote areas.

To address these limitations, the government could consider coordinating or integrating the School Fee Allowance and the much larger program of school fee subsidies to the private mission schools. For example, all families of limited means could apply to a single program, and support could be awarded on a sliding scale.

SEAFARER TRAINING AND YOUTH

Remittance flows from fewer than 1,000 seafarers benefit about 15 percent of Kiribati households — 12 percent of outer island households and 20 percent of households on South Tarawa.[28] Remittances are an important contributor to national income and growth and seafarers' relatively high earnings, an average of A$1,255 per month in 2003,[29] could be expected to attract Kiribati youth.

Young men 18 to 30 years old who want to become seafarers must be accepted at either the Marine Training Center or the smaller Fisheries Training Center, both of which are fully supported by government and donor funding. Currently about 3,500 applicants compete for 172 places a year. Graduates of the training centers join a workforce that holds steady at about 1,000 seafarers, although it is estimated that work on merchant ships could be found for 3,000.[30] The cost of seafarer training is about A$9,500 per graduate, while a seafarer's earnings over a 10-year period would range between A$100,000–150,000 — making seafarer training a good investment for the government.

By increasing the capacity of the two marine centers, and including women, the government could simultaneously provide more employment opportunities for youth and boost the economy. Given the relatively lucrative employment opportunities available to seafarers, graduates of the marine training centers could repay some of the costs of their education to help fund expanded capacity.

Endnotes

[1] World Bank. (2005). *A review of human development in the Pacific island countries: Kiribati country study.* Washington, DC: Author.

[2] Asian Development Bank. (2002). *Monetization in an atoll society: Managing economic and social change* (chapter 2, paragraph 16). Manila: Author.

[3] Ibid. GNP per capita of A$1987 in 2002 puts Kiribati just above the Solomon Islands, the poorest of the nine World Bank Pacific island member countries.

[4] World Bank staff calculations. See Asian Development Bank 2002 (chapter 1, paragraph 16).

[5] World Bank staff calculations. See Asian Development Bank 2002 (chapter 2, paragraph 15).

[6] Millennium Development Goals have a 2015 target established against 1990 baseline performance. The likelihood of achieving the target is derived from a comparison of the ideal trend line with the current trend line.

[7] Kiribati Census 2000.

[8] Kiribati Census 2000.

[9] Ministry of Education, Youth, and Sport presentation to the Kiribati Donor Meeting in August 2004 in South Tarawa.

[10] Ibid.

[11] Asian Development Bank 2002.

[12] Ministry of Finance and Economic Planning (2004). *Demographic analysis report on the 2000 census of population.*

[13] World Health Organization (2004). *WHO Kiribati country health profile.* Paris: Author.

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[17] World Health Organization 2004.

[18] Ibid.

[19] Ibid.

[20] Kiribati Census 2000.

[21] Ministry of Finance and Economic Planning 2004.

[22] Kiribati Census 2000.

[23] Ministry of Education, Youth, and Sport administrative data.

[24] World Bank (2004). *A review of human development in the Pacific island countries: Kiribati country study* (table 4). Washington, DC. Author.

[25] Seniloli 2002a & 2002b.

[26] Chamberlin, C., Brovnik, M., & Suliman, E. (2004). *Social protection sector report: Kiribati.* Washington, DC: World Bank.

[27] Ibid, figure 15.

[28] Asian Development Bank 2002b, p. 44. See also NZAID Feasibility Design Study: MTC 2003, p. 14.

[29] Dennis, J. (2003). *Pacific island seafarers: A study of the economic and social implications of seafaring on dependants and communities.* Anse Vata, New Caledonia: Secretariat of the Pacific Community.

[30] South Pacific Marine Services, 2003.

This Country Case Study is part of the Pacific Human Development Review undertaken by the World Bank to better understand the performance of social services in the Pacific. The task is managed by Rekha Menon and Ian Collingwood. This study was written by a team led by Christopher Chamberlin and comprising Jim Knowles, Maria Brovnik, Bruce Harris, and Eldaw Suliman. The team is indebted to the many officials and citizens of Kiribati who generously shared their knowledge and perspectives.

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