

SOCIAL DETERMINANTS OF HEALTH

COUNTRY CASE

Violence against women in Solomon Islands

Translating research into policy and action
on the social determinants of health



World Health
Organization

Western Pacific Region

SOCIAL DETERMINANTS OF HEALTH

COUNTRY CASE

Violence against women in Solomon Islands

Translating research into policy and action
on the social determinants of health

WHO Library Cataloguing-in-Publication Data

Violence against women in Solomon Islands: translating research into policy and action on the social determinants of health.

1.Healthcare disparities. 2.Research. 3.Violence – prevention and control. 4. Women’s health.
I.World Health Organization Regional Office for the Western Pacific.

ISBN-13 978 92 9061 646 7 (NLM Classification: WA 309)

© World Health Organization 2013

All rights reserved.

Publications of the World Health Organization are available on the WHO web site(www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications – whether for sale or for non-commercial distribution – should be addressed to WHO Press through the WHO web site(www.who.int/about/licensing/copyright_form/en/index.html). For WHO Western Pacific Regional Publications, request for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines, fax: +632 521 1036, e-mail: publications@wpro.who.int

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

CONTENTS

ACKNOWLEDGEMENTS iv

ABBREVIATIONS iv

EXECUTIVE SUMMARY v

Problem 1

Context 2

Planning 4

Implementation 6

Evaluation of results and impacts 9

Follow up and lessons learnt 11

REFERENCES 13

ACKNOWLEDGEMENTS

This document was prepared by Jennifer J. K. Rasanathan (consultant and principal writer). Technical and editorial edits were provided by Anjana Bhushan (Technical Officer, Health in Development), Debbie Gray (Technical Officer, Gender, Equity, Human Rights and Ageing), and Britta Baer (Technical Officer, Gender, Equity and Human Rights) from the WHO Regional Office for the Western Pacific, with extensive technical input from the WHO Solomon Islands office. The helpful input received from the Solomon Islands Ministry of Health, the Secretariat of the Pacific Community and WHO staff are gratefully acknowledged.

ABBREVIATIONS

CCC	Christian Care Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFAT	Australian Government, Department of Foreign Affairs and Trade (DFAT)
EVAW	(National Policy on) Elimination of Violence Against Women
GBV	Gender-based violence
GEWD	(National Policy on) Gender Equality and Women's Development
GEWD–NSC	GEWD National Steering Committee
FSC	Family Support Centre
MWYCA	Ministry of Women, Youth and Children's Affairs
NAP	National Action Plan
NGO	nongovernmental organization
NSO	National Statistics Office
NTF	National Task Force
NZAID	New Zealand Aid Programme
NWP	National Women's Policy
RPAC	Regional Project Advisory Committee
RRRT	Regional Rights Resource Team
SIFHSS	Solomon Islands Family Health and Safety Study
SICA–FOW	Solomon Islands Christian Association Federation of Women
SINCW	Solomon Islands National Council on Women
SIPPA	Solomon Islands Planned Parenthood Association
SISC	Solomon Islands Support Committee
SPC	Secretariat of the Pacific Community
TAP	Technical Advisory Panel
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women, now UN WOMEN
UNiTE	United Nations Secretary-General's Campaign to End Violence against Women
VBMSI	Voice Blong Mere
WHO	World Health Organization

EXECUTIVE SUMMARY

In 2008, the WHO Commission on Social Determinants of Health underlined that gender inequality impacts health through “discriminatory feeding patterns, violence against women, lack of decision-making power, and unfair divisions of work, leisure, and possibilities of improving one’s life,” (1) in addition to limiting access to health-care services.

One of the most significant consequences of gender inequality in Solomon Islands is the high level of gender-based violence women face, ranging from sexual violence, coercion, emotional and/or physical violence perpetrated by intimate and non-partners. Violence against women “reflects and reinforces inequality between men and women ... [compromising] the health, dignity, security and autonomy of its survivors.” (2) Violence against women has been largely normalized in the country: 73% of men and 73% of women believe violence against women is justifiable, especially for infidelity and “disobedience”, when women do “not live up to the gender roles that society imposes”. (2) A total of 64% of women aged 15–49 who had ever been in a relationship reported having experienced some form of violence (emotional, physical and/or sexual) from an intimate partner, and 56% had experienced controlling behaviour. Women who believed they could occasionally refuse sex were four times more likely to experience violence from an intimate partner than those who did not.

Men cited acceptability of violence and gender inequality as two main reasons for violence against women. Almost all of them reported hitting their female partners as a “form of discipline”, suggesting that women could improve the situation by “[learning] to obey [them]”. Another manifestation and driver of gender inequality in Solomon Islands is the traditional practice of bride price. Although specific customs vary between communities, paying a bride price is considered similar to a property title, giving men ownership over women. Gender norms of masculinity tend to encourage men to “control” their wives, often through violence, while women felt that bride prices prevented them from leaving men. At the same time, and despite continued efforts by nongovernmental organizations (NGOs) and faith-based organizations including Voice Blong Mere (VBMSI), Christian Care Centre (CCC), Family Support Centre (FSC) and Solomon Islands Christian Association Federation of Women (SICA–FOW), “until recently political leaders trivialised and denied the existence of violence against women ... [T]he region has been very slow in developing relevant legislation, policies, programmes and budgets to address the issue.”

In 2011, WHO convened the World Conference on Social Determinants of Health in Rio de Janeiro, Brazil, to review progress on implementing the recommendations of the WHO Commission on Social Determinants of Health, draw conclusions from lessons learnt and catalyse coordinated global action. The present paper was developed in the run-up to the world conference as examples of policy action aimed at tackling key determinants of health and reducing health inequities. Covering the period between 2007 and 2011, it begins with a description of the first national study on violence against women – the Solomon Islands Family Health and Safety Study: A study on violence against women and children (SIFHSS) – as the result of growing regional and global attention to this issue, strong government leadership, growing advocacy from faith-based organizations and NGOs, financial and technical support from the United Nations (UN) and donor agencies as well as the recognition that such violence harms health and significantly impedes social and economic development. As part of the agreement to conduct the study, the Government of Solomon Islands made a commitment to a year of work beyond conducting

the research to disseminate results and work to develop responsive policies. Based on study findings, and capitalizing on political momentum, the Government further developed a national policy on the elimination of violence against women as well as a 10-year national action plan to guide its implementation. Both were developed with continued support from UN partners and bilateral donors in a consultative and inclusive manner. Recognizing that “to make a significant difference both to inequities and to the global toll of death and disability, [interventions] need to act on upstream measures”, the former National Women’s Policy (NWP) was revitalized into a new national policy. The new National Policy on Gender Equality and Women’s Development (GEWD) was linked to the National Policy on the Elimination of Violence against Women. In addition, steps were taken to initiate “interventions directed towards individuals”. Consistent stakeholder engagement and ongoing support from the national government, UN and donor agencies enabled the successful implementation of the study and the uptake of its findings into policy development.

Violence against women in Solomon Islands

Translating research into policy and action on the social determinants of health

Problem

In light of anecdotal knowledge and regional attention (3) to gender inequality and consequent violence against women, Solomon Islands conducted SIFHSS in 2007–2008. The study revealed epidemic levels of violence against women that demanded a national response.

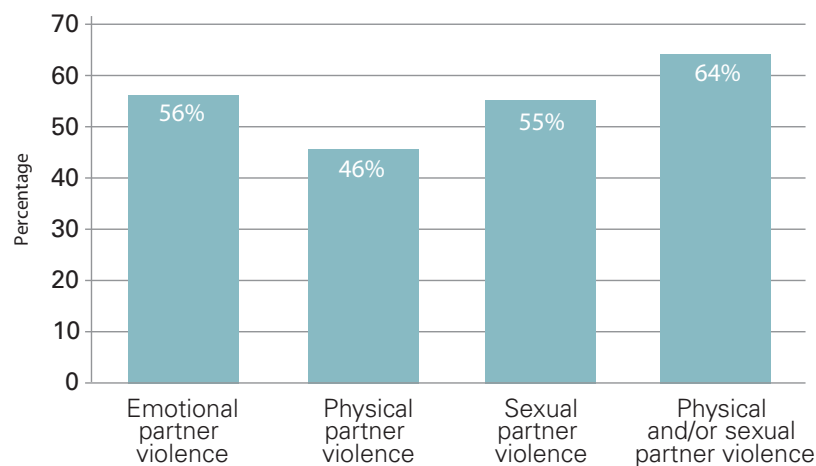
Gender-based violence is defined as actions which result in “physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. (4,5) Violence against women is “a manifestation of the historically unequal power relations between men and women,” (5) inherently related to gender-based inequalities, which lead to and result from violence against women, in a vicious cycle. (4,6) Children who see or suffer violence are more likely to be violent as adults, having been “taught” violent modes of conflict resolution. (7)

Traditionally, violence against women was “the subject of continuous denial and suppression by society ... [Solomon Islands] society has been slow in condemning violence against women and child abuse as crimes,” (2) although these crimes have characterized women’s and children’s lives. (2) Most men and women consider the use of violence a legitimate and justifiable way to discipline women for “transgressing their gender roles,” (2) disobedience or infidelity. (2,8) A women’s rights movement gathered strength in the 1990s: the Ministry for Women was established (1993), the National Plan for Women was made (1998) and efforts were made to address violence against women. (9) The achievements of this movement, however, were erased by the civil conflict that devastated Solomon Islands from 1998 to 2003, including a coup d’état in 2000. Despite prior progress on women’s rights, this period saw a resurgence in violence against women, particularly sexual violence. (1,10) After the 2003 peace agreements, the situation got even worse: partner violence increased, survivors were stigmatized, perpetrators largely enjoyed impunity, and little action was taken on stated commitments to counter such violence. (10)

In 2007, with support from the Australian Government – Department of Foreign Affairs and Trade (DFAT), United Nations Population Fund (UNFPA), and the Secretariat of the Pacific Community (SPC), Solomon Islands decided to participate in UNFPA’s initiative on a sociocultural research on violence against women and child abuse in Melanesia and Micronesia. The Ministry of Women, Youth and Children’s Affairs (MWYCA) and the National Statistics Office (NSO) proceeded with SIFHSS. Drawing on the WHO Multi-country Study on Women’s Health and Domestic Violence methodology, SIFHSS aimed to: i) estimate national prevalence of violence against women, especially by intimate partners; ii) evaluate links between violence against women and health; iii) identify risk and protecting factors; iv) note coping strategies and services used by survivors; and v) assess links between violence against women and child abuse. (2,11)

The study revealed an alarming prevalence of violence against women: 64% of women aged 15–49 who had ever had an intimate partner had experienced some kind of violence by the partner (Figure 1), and when violence was experienced, it was more likely to be severe than moderate or mild. In all, 18% of women had experienced non-partner violence, and 37% had been sexually abused before the age of 15. Survivors of violence were more likely to report poorer health outcomes and nearly four times more likely than others to have attempted suicide. (2)

Figure 1. Percentage of women aged 15–49 who have ever been in a relationship, reporting different types of intimate partner violence (n = 2618)



Source: Solomon Islands Family Health and Support Study, 2009

The SIFHSS was implemented well, with high adherence to the WHO multi-country study methodology. (12) As such, it shares the WHO study limitations – primarily that, as a cross-sectional study, it cannot prove causality. (2,11) Key actors involved in SIFHSS, including the MWYCA and NSO, SPC, UNFPA, DFAT, NGOs and faith-based organizations, needed to jointly devise a communication strategy to disseminate the results and encourage responsive policy-making, to protect women and children from violence and to promote the fulfilment of their human rights, including health.

Context

Recognition of violence against women as a human rights violation with real consequences for health increased during the 1990s, as worldwide advocacy efforts spurred the creation of supportive international declarations and agreements regarding gender equality and human rights. (5,13,14) The Beijing Platform for Action, in particular, identifies the need for adequate data on the prevalence, causes and consequences of violence, and calls upon governments to increase international knowledge on the issue (paragraphs 120 and 129a). (5) In addition to enabling violence against women, gender inequality operates broadly to influence feeding and birth patterns, opportunities for education, divisions of labour, civil participation, legal rights, environmental exposures and access to health care, among other things. In essence, gender inequality exerts multiple effects on the health of women and men. (1)

The causes of violence against women are multiple, but it primarily stems from gender inequality and its manifestations. In Solomon Islands, violence against women has been perceived largely as normal behaviour: 73% of men and 73% of women believe violence against women is justifiable, especially for infidelity and “disobedience”, (2,8) as when women do “not live up to the gender roles that society imposes”. (2) For example, women who believed they could occasionally refuse sex were four times more likely to experience violence from an intimate partner than others who did not. Men cited acceptability of violence and gender inequality as two main reasons for violence against women, and almost all reported hitting their women partners as a “form of discipline”, suggesting that women could improve the situation by “[learning] to obey [them]”. (2) Another manifestation and driver of gender inequality in Solomon Islands is the traditional practice of bride price. (15) Although specific customs vary between communities, paying a bride price is considered similar to acquiring a property title, (10,16) giving men ownership over women. (9) Gender norms regarding masculinity tend to encourage men to “control” their wives, often through violence, while women feel that bride prices prevent them from leaving men. (2,10)

Other conditions and structures of daily life (themselves shaped by gender inequality) contribute to violence against women as well. Primary education is not yet universal, and enrolment drops sharply in secondary school for boys and girls, largely because of fees, with less than 30% gross enrolment for girls. (9,17) Although recent data are lacking, 46% of young people were unemployed in 1999, (10,17,18) and male unemployment was correlated with higher risk of gender-based violence (GBV) for women. (2) Women’s participation in the formal economy has grown, but women hold just 6% of senior public service jobs. (19) Logging, the main export industry, has faced challenges including costly illicit logging, extensive deforestation by foreign companies (20) and sexual exploitation of girls by foreign loggers. (21) The civil conflict took an enormous toll on Solomon Islands’ economic and social development, retarding education, employment, infrastructure and economic growth. (9,10) Infrastructure damaged during the tensions continues to limit economic growth, exacerbated by natural disasters (22) and high vulnerability to climate change, which is already showing an impact. (23,24) Without secure, decent employment, access to credit, (17) social protection, (25) or support services in rural areas (where 80% of the population lives), (2,9,10) women survivors of violence may be constrained to stay in abusive relationships. In the absence of laws criminalizing violence against women (including marital rape), (2,9) the largely male police force hesitates to honour restraining orders or penalize perpetrators, preferring to seek peace according to traditional, community-based justice methods. (2,9,10,16) Given their lack of representation in Parliament, (9,10,17,19) advancing women’s rights within the legal system remains difficult. (9,10,17) Excessive alcohol consumption, (2) the global political economy and the potential for foreign assistance to exacerbate existing dimensions of gender inequality are also relevant factors. (9,20)

Solomon Islands ratified the treaty of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2002, (26) and the UN Economic and Social Council recommended that Solomon Islands enact legislation against violence against women in the same year. (27) However, prior to SIFHSS, it was only the country’s constitution that contained any protection from such violence, guaranteeing “life, liberty, security of the person and the protection of the law” (28) as well as protection from “torture or to inhuman or degrading punishment” (29) to “the individual ... whatever his race, place of origin, political opinions, colour, creed or sex.” (28) In 2003, a group of women formed Voice Blong Mere (VBMSI) or “Voice of the Women”, an NGO advocating for women’s rights, and the Women’s Development Division of MWYCA was revitalized. (9) However, plans to establish three counselling centres for victims of war-related violence and violence against women did not come to fruition, (10) and no CEDAW reports have been submitted to date. (10,26)

Planning

Despite continued efforts by some NGOs and faith-based organizations, including VBMSI, CCC, FSC and SICA–FOW, “until recently political leaders trivialised and denied the existence of violence against women ... [T]he region has been very slow in developing relevant legislation, policies, programmes and budgets to address the issue.” (30) The first national study on violence against women was conducted in 2007. It was the result of growing regional, (3) global, UN (31) and donor agency attention to the issue: (4,9) strong MWYCA and NSO leadership; persistent and growing advocacy from faith-based organizations and NGOs; (10) attention; technical support from UN agencies; financial support from the New Zealand Aid Programme (NZ AID), DFAT, the United Nations Development Fund for Women (UNIFEM, now UN WOMEN) and the UNFPA; (9,10) as well as the recognition that violence against women not only harms health but significantly impedes social and economic development. (2,4)

The SIFHSS was a “safe alias” given to the UNFPA and DFAT-funded project – the Socio-Cultural Research on Gender-Based Violence and Child Abuse in Melanesia and Micronesia in Solomon Islands – so as to encourage national participation and protect respondents and project team members. (12) The SIFHSS aimed to i) estimate the national prevalence of violence against women, with emphasis on violence committed by intimate partners, in a nationally representative and internationally comparable way; ii) analyse associations between violence against women and health outcomes; iii) identify country-specific risk factors as well as protective factors for violence against women; iv) assess the coping strategies and services used by violence against women survivors; v) investigate associations between violence against women and child abuse, so as to ultimately develop effective policy responses and interventions to reduce the incidence and impact of violence against women and child abuse; and vi) build regional and national capacity for research activities. (2,11,12) To effectively achieve these objectives, SIFHSS would adapt the internationally validated methodology of the WHO Multi-country Study on Women’s Health and Domestic Violence to its own context. (2,12)

As part of the agreement among UNFPA, DFAT and the Solomon Islands Government to undertake SIFHSS, Solomon Islands committed a year of work, beyond conducting the research, to disseminate the results and develop responsive policies. (13,19) To support and guide the national project team in its administration and follow-up of SIFHSS, a committee of stakeholders, the Solomon Islands Support Committee (SISC), was assembled. SISC would be chaired by the Coordinator of the Country Research Team, under MWYCA, to provide country-level support. (12) As a result of its careful composition, SISC not only supported the project with technical guidance, but also provided a longitudinal sense of national and community buy-in and ownership. The committee met quarterly and included approximately 50 members representing:

- local and national government including MWYCA, NSO, the Ministry of Medical Services and Social Welfare, the Ministry of Education, the Department of Planning and National Aid Coordination, the Office of the Prime Minister, the Attorney General’s Chamber, the Public Solicitor’s Office, the Women Lawyer’s Association, the Law Reform Commission, the RAMSI Law and Justice Programme, the Machinery of Government and the Solomon Islands Police Force (community policing, Sexual Assault Unit and Family Violence Unit);

- NGOs such as the Community Sector Program, Development Services Exchange, Solomon Islands Planned Parenthood Association (SIPPA), the National Council of Women, VBMSI and World Vision;
- faith-based organizations including FSC, CCC, SICA–FOW, Adventist Community Services Societies of the Seventh Day Adventist Church (also known as SDA Dorcas), United Church, Catholic Women’s League and Church of Melanesia (Anglican) Mother’s Union;
- international organizations and UN agencies such as the United Nations Children’s Fund (UNICEF), WHO, Save the Children; and
- the funding partners, namely, UNFPA and DFAT. (12)

A regional project coordinator chaired the regional project team, overseeing both SIFHSS and an analogous project in Kiribati, the Kiribati Family Health and Support Study. A regional project advisory committee (RPAC), chaired by a Regional Coordinator, was also assembled to provide further support to the research projects ongoing in both Kiribati and Solomon Islands. The RPAC, to meet annually, included representatives from UNFPA and DFAT (the funders), the SPC (implementing agency) and two country representatives: the Secretary of MWYCA and the Secretary of the Kiribati Ministry of Internal and Social Affairs. Early on in the project, the Regional Coordinator established a technical advisory panel (TAP) consisting of experts on violence against women as well as core members from the WHO multi-country study team, which would be available for consultation throughout study implementation. An additional member of the WHO multi-country study team with island-context experience was recruited to train interviewers who would actually conduct the study. (12)

The RPAC, TAP and SISC collectively selected targets in a stakeholder workshop. The implicit understanding was that in order to effectively measure a phenomenon inherently related to gender equality, gender-sensitive indicators must be used, with both qualitative and quantitative data appropriately disaggregated. (12,32) Through careful analysis and context-specific adaptation of the WHO multi-country study questionnaires, as well as consultant-supported inclusion of UNICEF-based questions related to child abuse, a draft version of a Solomon Islands questionnaire was developed in English with less than 10% of the questions coming from the original WHO questionnaire. The questionnaire was translated into pidgin by a member of the country project team, verified by independent back-translation by NSO. The finalized questions were reviewed and adjusted during interviewer training, and final modifications were made after a pilot survey in the field. By November 2007, the Solomon Islands country research team had been assembled and was fully operational. The team completed the research in October 2008. (12)

While 2008 was a year for research, 2009 was a year for intervention, transforming research results into meaningful, acceptable and stakeholder-supported policy responses. The MWYCA Permanent Secretary anticipated and noted the following challenges: violence against women continues to be a sensitive issue not only because of the stigma experienced by survivors, but also because of the entrenched acceptance of violence as “men’s right” related to bride price and other manifestations of gender inequality. (9,12,19) Because dissemination of the research results was stipulated from the start, planning for the study follow-up began early in the project. In a meeting facilitated by UNFPA and SPC in early 2009, the RPAC focused on the process of transitioning from research to intervention, including work with service providers and policy development. UNFPA and DFAT supported supplementary activities including an assessment of currently available support services

and, importantly, the development of a communication strategy for disseminating research findings. (12)

Mindful of the potential reluctance of communities to accept and/or act on the results of the study, the country research team worked with the UNFPA technical staff to identify key messages in the report best suited for each target group. Prior to dissemination, teams charged with dispersing the results underwent training in gender and data presentation for various audiences. The preliminary report was launched on 25 November 2008, and it received attention in Parliament: the Cabinet approved the report for dissemination and pledged support for subsequent policy and legal work on violence against women. (12) International consultants were recruited to assist with developing a national policy on the elimination of violence against women as well as a 10-year national action plan to guide its implementation, both to be completed in a consultative manner, inclusive of all stakeholders. (12) An additional consultant would review the existing NWP for revitalization into a new national policy on women and gender equality. (12,19)

Consistent stakeholder engagement and sense of ownership and support from the national Government (the Permanent Secretary of MWYCA in particular) as well as ongoing support from UN and donor agencies greatly facilitated the successful implementation of SIFHSS and its follow-up. (2,12) UN and donor agency support was secure and ongoing: UNFPA planned additional activities to address violence against women in the health sector, (12) UN Women would provide grants and capacity development through its Pacific Fund to End Violence Against Women, (15) and, in line with the UN recommendations, (31) domestic and international aid priorities. (33) DFAT remains committed to reducing violence against women and advancing care and justice for survivors (34) through partnerships with the UN and civil society organizations. (16)

Implementation

An independent assessment of the Solomon Islands' experience in planning and implementing SIFHSS, raising national awareness of research findings and capturing that momentum for responsive policy-making was completed in late 2009. Despite some logistical challenges faced during the project's implementation, it was concluded that the RPAC and the national project team "managed successfully to coordinate a difficult project", largely because of the way in which national and regional coordinating teams regularly and proactively engaged stakeholders throughout planning and implementation. (12)

Under the alias of the Family Health and Safety Study, recruitment of national and regional coordinating teams began in 2007. Early in the process, a capacity-related challenge was encountered: no one candidate for the position of Regional Coordinator had sufficient experience in research project management, financial and logistics as well as culturally-specific and expert-level knowledge on gender equality, violence against women and child abuse. Technical rigour was assured in all aspects by establishing and utilizing the TAP, calling upon internationally-renowned experts as needed and taking advantage of opportunities to learn throughout the study. In this way, the RPAC quickly filled gaps with external support while building research capacity within the country and region. (12)

Once project teams and coordinating committees were assembled at both national and regional levels, the country project team began to recruit, select and train Solomon

Islander women who would conduct the qualitative and quantitative research. A total of 70 women were recruited to undergo three weeks of interviewer training according to the WHO methodology. They underwent the training, with elimination of inappropriate candidates during the first week. Final researcher selection was based on NSO test results and observations by the WHO-trained trainer to ensure that all selected researchers would be able to work with confidentiality and sufficient skill to fill out the lengthy questionnaire with respondents. Forty-five interviewers and five alternates were selected, and women who would become supervisors and field editors underwent additional, specialized training. Nine field teams of four to six people were formed, each with a supervisor/counsellor, field editor and one to three interviewers. (12)

Field implementation challenges were largely related to the logistics of conducting research across a large, topographically diverse geographic area with imperfect telecommunication infrastructure. Study teams began in the outer islands, travelling via boat, canoe, truck or on foot, with frequent transport delays. Teams contacted the country coordinating team every two days, when possible, and the country team made occasional field visits to boost morale and fix errors. Letters to inform provincial governors of the study had been sent in advance, and teams met with community leaders upon arrival in a village to explain that a MWYCA study was being conducted. Village premiers, chiefs and leaders across Solomon Islands allowed the research (under its so-called safe name) to be carried out in their provinces and communities, (2) and these authorities were thanked when work in their communities was completed. (12)

Study teams often had to be away from home for four to eight weeks at a time, staying one to three days in any given village, with impacts on interviewers' families. Per diem and imposts were provided, but imposts for fieldworkers were considered insufficient for accommodation, although these costs were fully funded for all team members. In addition to the physical demands of travel, teams sometimes experienced theft, threats, sexual and verbal harassment and exposure to witchcraft and black magic, which prevented one team to enter the village. (This was circumvented by having respondents travel to meet the team outside the village.) (12) As a result of these challenges, and despite a "stress allowance" paid upon completion of the work, 10 interviewers dropped out before the fieldwork was finished. To finish the study, field editors (who had completed the required three weeks of training) acted as interviewers, and replacement field editors with NSO experience were recruited and trained. (12)

The research was completed successfully after six months with minimal complications. It was not a problem to speak to women privately in their homes, and women respondents were given information about resources on violence against women, including CCC, FSC, police and social welfare, all of which were involved even if they were of limited use for women outside Honiara. (12) A counselling session was held for all researchers, and private counselling was available for anyone wishing to further discuss their experiences. Field workers returned home safely, and no respondents were known to have experienced violence as a result of their participation in the study. NSO assisted with budget calculations, data entry, transportation for field teams, finding and mapping target communities, and subsequently supported data processing efforts. (2,12)

As described above, the project consisted of not only research planning and administration, but also research dissemination and work to promote responsive policy-making. (2,12) Following completion of SIFHSS data entry, processing, weighting and tabulation, SISC continued its active involvement. In two separate workshops, key study findings were presented to national teams, SISC and other stakeholders as a way to

transition from the research to the action phase. A draft report, written with intensive participation from the country research team, was presented in a stakeholders' workshop, where the research findings were discussed and recommendations modified in light of their feedback. UNFPA supported the development of a communication strategy for sharing research results with target populations, as described above. With UNFPA's assistance, complex findings and statistics of the study were broken down into simple, understandable messages, and fact sheets publicizing the state's support, key messages and recommended actions developed, again for a range of target groups. Fact sheets were tested and evaluated before use by dissemination teams. (2,12)

Regular and consistent stakeholder involvement proved to be crucial for successfully implementing SIFHSS as well as moving forward with subsequent policy development. During the research phase, researchers, NSO, the MWYCA Permanent Secretary, other members of the government and additional stakeholders discussed updates and solved issues together every one to two weeks. (12) These partners were essential for supporting the study and disseminating its findings. (2,12) High-level governmental support for the project, mainly from the MWYCA Permanent Secretary, was essential for the success and validity of the research, for ensuring consultation with SISC members (including NGOs, service agencies and donors) and for continuing collaboration. The preliminary report was launched on 25 November 2008, and when the opposition in Parliament questioned the surprising findings, the Permanent Secretary held that, "even if report is not endorsed, it does not jeopardize the credibility of the research". (12) Ultimately, Parliament gave its full support for the report and for acting on its recommendations.

As a result of SIFHSS findings, and capitalizing on political momentum, government officials worked with international consultants to develop the EAW policy, as well as a 10-year action plan to guide its implementation. Both were developed with continued support from UNFPA, DFAT and NZAID in a consultative, inclusive manner, including a provincial-level consultation. (12) In recognition of the urgency "to make a significant difference both to inequities and to the global toll of death and disability ... and the need to act on upstream measures", (35) MWYCA worked with an additional consultant to review and revitalize the former NWP into a new national policy. The new GEWD policy was linked to the EAW policy. (12,19) It acted as a major driver against GBV and initiated steps to introduce "interventions directed towards individuals". (35)

Implementation of the GEWD policy will follow a national plan of action, to be overseen by the National Women's Machinery, a public-public body comprising MWYCA and the Solomon Islands National Council on Women (SINCW). Each will play a lead coordinating role in its respective governmental or civil society domain. GEWD implementation will build upon the experience of its predecessor policy, increasing partner coordination through a Development Partners' Coordination Group while cultivating dialogue with faith-based and civil society organizations through a forum to be convened quarterly by SINCW, the GEWD Civil Society Group. (19) The EAW policy will be implemented in tandem, as a subsidiary to the GEWD policy, through a similarly participatory and whole-of-government approach, detailed in the National Action Plan (NAP), led by MWYCA. The NAP will be operationalized on a three-year rolling basis with annual updates, to be as responsive and effective as possible. The EAW National Task Force (NTF), chaired by the MWYCA Permanent Secretary, will consist of government representatives, NGOs and faith-based organizations, donors and media. The NTF will report its progress to the GEWD National Steering Committee (as described below). (36)

Evaluation of results and impacts

As detailed above, the active engagement of stakeholders at local, national and regional levels characterized the planning and implementation for every step of SIFHSS – from assembling national and regional project coordination teams; troubleshooting and conducting the research in the field; finalizing recommendations of the report; developing and testing strategies for the dissemination of results; to creating and piloting information fact sheets, and drafting responsive national policies. (2,9,12,36)

This systematic stakeholder involvement, in conjunction with visible promotion from the Permanent Secretary of MWYCA, consistent technical support from UN agencies and experts with experience in violence against women as well as financial support from donor agencies, and adaptation of the research methodology and implementation plan to Solomon Islands' context resulted in successful implementation of SIFHSS. These supporting factors further facilitated the dissemination of research findings to parliamentary officials, community leaders and the general population. Contemporary Solomon Islands society prioritizes its traditional culture, including the community-based resolution of domestic disputes. (2,9,10) Despite the initial challenges in acknowledging violence against women as a problem requiring action rather than an acceptable feature of heterosexual partnerships, results from SIFHSS were presented to the community in a way that both valued and respected culture, while calling for social change. Rather than advocating change to an entrenched, accepted part of culture, it was noted that, "as a society that prides itself on its family kinship being tightly knitted, the health and well-being of our families is important to us". so that action on violence against women would uphold this cultural value. (2,36) Unwavering government support, technical assistance from UN agencies and the active participation of stakeholders eventually won broad-based support for the creation and passage of two responsive national policies:

- National Policy on Gender Equality and Women's Development (GEWD), 2010–2012; and
- National Policy on Eliminating Violence Against Women (EVAW), 2010–2013.

Brief analysis of the rationale, targets and aims of the EVAW and GEWD policies reveals their complementarity and greater understanding that violence against women is fundamentally both a cause and result of gender inequality. The GEWD policy "recognises that in order to redress gender inequalities it is necessary to invest in women's development while women and men work together to address attitudinal and institutional barriers to gender equality." It is truly complementary to the EVAW policy, as it aims to achieve five priority policy objectives: i) improved and equitable health and education for women, men, girls and boys; ii) improved economic status of women; iii) equal participation of women and men in decision-making and leadership; iv) elimination of violence against women; and v) increased capacity for gender mainstreaming. (19) Similarly, the EVAW policy emphasizes the need to prevent violence against women, protect survivors and better prosecute perpetrators while recognizing "that effective interventions must be based on well thought out strategies, activities and key ongoing processes designed to prevent and eliminate violence (including triggers to violence), advance gender equality and promote women's development", again demonstrating the complementarity of the policies. (36) Indeed, the four principles and values of the EVAW policy are: i) zero tolerance of violence; ii) recognition of women's rights; iii) sharing responsibility for elimination of violence against women; and iv) achieving gender equality. (36) The seven key strategic areas of the

policy, appropriately, focus on preventing violence against women and providing support for survivors, but they relate more broadly to gender equality in the areas of justice, public advocacy, working with men to end such violence and policy coordination. (36)

Although too little time has elapsed since the adoption of these policies to evaluate their full impact, anecdotal evidence of responses to the completion of SIFHSS, momentum for social change and the adoption of two responsive national policies indicate their effectiveness. For example, during an interview in mid-2009, as part of an independent assessment of SIFHSS conducted by a former member of the WHO multi-country study team, (12) the Permanent Secretary of MWYCA reported that SIFHSS and its findings were already contributing to evidence-based legal reform, undertaken by the Law Reform Commission and the Regional Rights Resource Team (RRRT), to integrate violence against women into the penal code and conduct informal shelter training for survivors, in addition to policy development around violence and gender equality. Around the same time, the interviewees who had implemented SIFHSS were establishing a new NGO to advocate women's rights, Raets Blong Uimi Network. (12)

An additional area of impact must be noted. Research project teams and participating NGOs have benefited from considerable capacity-building throughout the process of research planning, implementation, sharing of results and policy development. (2,12,19) Country and field teams overcame, and learnt from, the following challenges: communication with other staff members; recruitment processes; logistically challenging field conditions; consultants and stakeholders; data collection systems across expansive geographical areas; and coordination of activities guided by two donor agencies, one implementation partner, two governments (as Kiribati also participated in RPAC) and advisory/steering committees. According to NSO, this was the first study to use only women interviewers, and these women gained valuable experience suited for future employment with NSO and/or census bodies. (12)

As mentioned above, the GEWD and EVAW policies will be implemented through their respective national action plans, each stipulating a whole-of-government approach and working with stakeholders to ensure "inter-organizational linkages" and cooperation in policy implementation. Their monitoring processes are similarly participatory in nature and are inextricably structurally interrelated. (19,36) While the National Women's Machinery will oversee GEWD's implementation, a separate entity – the GEWD National Steering Committee (GEWD–NSC) – will monitor progress towards its objectives. The GEWD–NSC will be composed of the permanent secretaries of all gubernatorial ministries and other key stakeholders and report annually to Parliament via MWYCA. The GEWD–NSC will be informed by NTF of each of its priority outcomes (for example, the EVAW NTF represents the GEWD priority outcome related to violence against women, and will report to GEWD–NSC). Additionally, MWYCA will work with other ministries and agencies to ensure that their plans align with the GEWD policy, a sort of "gender policy mainstreaming". MWYCA will additionally host a database to detail and monitor the situation of women and girls in Solomon Islands, conducting or coordinating necessary research on this topic. Through its reports and stakeholder forums, MWYCA will not only assess the progress and effectiveness of policy implementation, but also inform the general public and policy-makers alike. (19)

The EVAW NTF will ultimately report to the GEWD–NSC and undertake "participatory monitoring, evaluation and reviews" of the EVAW NAP. In other words, monitoring will be done in cooperation with stakeholders so as to enhance their understanding and commitment to the policy's implementation. For example, each year the Royal Solomon

Islands Police Force, the Ministry of Health and Medical Services, VBMSI, FSC, CCC and other agencies will be invited to submit reports to NTF, which will then submit a composite report to GEWD–NSC. The NAP itself will be updated each year according to the ministries’ corporate plans, and NAP will undergo its first review by NTF and GEWD–NSC after two years. Any identified gaps, areas where outcomes are not being met or “social changes that need other support if they are to occur” will be used to update NAP and guide subsequent triennial evaluation of its effectiveness. (36)

MWYCA, in collaboration with the Ministry of Development Planning and Aid Coordination, will identify relevant “sectoral and cross-sectoral gender indicators” for evaluating the GEWD policy and its priority outcomes, including violence against women, and has already specified that data must be disaggregated by sex. (19) The GEWD Plan of Action and EVAW NAP include actions and outputs (targets) mapped to their respectively desired outcomes, but they do not contain methods for collecting information on those indicators, implementation timelines, costs and funding sources. (19,36) While these plans identify a whole-of-government approach to address gender equality and violence against women, there is no documented expectation for a follow-up SIFHSS, despite recognizing that “statistical data should be gathered at regular intervals on the causes, consequences and frequency of all forms of violence against women, and on the effectiveness of measures to prevent and address such violence”. (37)

Follow up and lessons learnt

That MWYCA was central to the initiation, coordination, planning and implementation of SIFHSS had immense value for securing stakeholder engagement, managing donor contributions and lending validity to the research in all stages. Despite MWYCA being a ministry devoted, in part, to women’s affairs, it had the advantage of authority as a government body, whereas implementation by women’s advocacy organizations may have inadvertently caused the project to be branded as a “women’s project” with low priority. The eventual acceptance of research findings and subsequent transformation into legislation were facilitated not only by government leadership, but also by the regular engagement and participation of stakeholders, which was essential for accumulating broad-based support for the research and cooperation in the implementation of resulting policies. (2,12,19)

The successful implementation of SIFHSS with resultant policy development provides several key lessons for addressing other health inequities, perhaps in other contexts. First, data collection is a time-consuming and expensive process, but it is necessary to effectively understand health issues for responsive policy-making. The selection of research methodology and indicators must be well-considered, comprehensive and goal-oriented; the indicators, measured or not, will significantly determine the information collected and its potential uses. The WHO multi-country study provides a validated methodology for measuring violence against women, replicable in all regions, including the Pacific. (2,11) The SIFHSS was able to catalyse policy responses to both violence against women and its key determinant – gender inequality – because, building on WHO methodology, it included gender-sensitive indicators and metrics of gender inequality itself (qualitative in this instance). (2,11) Furthermore, the qualitative research sufficiently focused on men, at once validating and attempting to understand their perspectives so that men and boys may be meaningfully involved as agents of social change. (2,16,36)

Second, research implementation should be completed in a context-specific and respectful manner that allows for study rigour as well as the safety and well-being of its research team. Recruitment, selection and training are important for the successful completion of the study, and applicants should be given detailed information of the work required and living situation during fieldwork, including time away from home. Positive attitudes and teamwork skills are invaluable. Communities should be informed of the study (with a safe name, if necessary) in advance so as to facilitate collaboration and reduce study team harassment. Travel logistics, accommodation and board in research sites should be anticipated and pre-organized. If staff capacity and/or expertise is lacking, external sources of support should be identified and utilized to ensure a successful project while building national capacity. (12)

Given the recognition that gender inequality fuels high levels of violence against women in Solomon Islands, monitoring and evaluation of its GEWD and EVAW policies should include specific assessment of gender inequality. The SIFHSS included some measures of gender inequality, but GEWD and EVAW monitoring will require additional data to adequately measure progress towards gender equality. While the determinants of violence against women, largely caused by gender inequality, are more challenging to quantify than its incidence or prevalence, the WHO Regional Office for the Western Pacific has identified gender-equity indicators that might be used, (38) and quantitative data could be gleaned from repeat focus groups.

Successful administration of the 2009 SIFHSS with translation to policy suggests that future efforts to measure and monitor violence against women and gender equality, as well as other health inequities and their determinants, will be successful if there is continued support from donors, UN agencies and all levels of government (although political momentum for policy-making can never be guaranteed). By 2011, the Australian Government had committed 9.4 million Australian dollars in aid to end violence against women (39) and other funds to support health equity in the Pacific. (33) In 2010, the UN Secretary-General's UNiTe campaign to End Violence against Women was launched in the Asia-Pacific region (40), providing a regional platform for the coordination of the campaign. (15) There have also been some important investments in and advances towards addressing violence against women through the Ministry of Health in response to the 2009 SIFHSS. Importantly, there has been some regional action on determinants of violence against women other than gender inequality. (41) Intersectoral actions on multiple determinants have the best chance to successfully and sustainably eliminate the problem. International involvement primarily includes ensuring further support for the research methodology and a best practice example of policy-making targeted to preventing and addressing such violence while also acting on its root causes.

REFERENCES

1. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report. Geneva, World Health Organization, 2008.
2. Solomon Islands Family Health and Support Study: a study on violence against women and children. Noumea, Secretariat of the Pacific Community, 2009 (http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&dir=ASC&order=name&Itemid=44&limit=5&limitstart=0, accessed 27 September 2013).
3. Triennial Conference of Pacific Women and Pacific Ministerial Meeting on Women 2005. Volume 1. Revised Pacific Platform for Action on advancement of women and gender equality 2005-2015: a regional charter. Noumea, Secretariat of the Pacific Community, 2005 (http://www.spc.int/hdp/index.php?option=com_docman&task=doc_download&gid=27&Itemid=44, accessed 27 September 2013).
4. United Nations General Assembly. Resolution adopted by the General Assembly 61/143. Intensification of efforts to eliminate all forms of violence against women. New York, 30 January 2007 (http://www.uneca.org/daweca/conventions_and_resolutions/Res.%20intensification%20of%20efforts.pdf, accessed 27 September 2013).
5. Beijing Declaration and Platform for Action. Adopted by the Fourth World Conference on Women, Beijing, China, 4-15 September 1995. New York, United Nations 1995(A/CONF.177/20; <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>, accessed 27 September 2013).
6. United Nations Population Fund. Gender Equality: ending widespread violence against women [website] (<http://www.unfpa.org/gender/violence.htm>, accessed 22 July 2011).
7. Heise L. L., Pitanguy J., Germain A. Violence against women: the hidden health burden. World Bank Discussion Paper No. 255. Washington, D.C., World Bank, 1994.
8. Solomon Islands: statistics. New York, United Nations Children's Fund, 2 March 2010 (http://www.unicef.org/infobycountry/solomonislands_statistics.html, accessed 26 July 2011).
9. Australian Government, AusAID Office of Development Effectiveness. Violence Against Women in Melanesia and East Timor: building on global and regional promising approaches – Solomon Islands country supplement. Canberra, November 2008 (http://aid.dfat.gov.au/Publications/Documents/vaw_cs_solomon_islands.pdf, accessed 11 December 2013).
10. Solomon Islands: women confronting violence. London, Amnesty International, November 2004 (<http://www.amnesty.org/en/library/asset/ASA43/001/2004/en/f9274312-d581-11dd-bb24-1fb85fe8fa05/asa430012004en.pdf>, accessed 27 September 2013).
11. García-Moreno C., Jansen, H. A.F.M., Ellsberg, M., Heise, L., Watts, C. WHO Multi-country Study on Women's Health and Domestic Violence Against Women: initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization, 2005.
12. Jansen H. A. F. M. Independent Assessment: socio-cultural research on gender-based violence in the Pacific – Solomon Islands and Kiribati, with focus on lessons learned. 23 October 2009. UNFPA report. Unpublished document, cited in Swimming against the tide: lessons learned from field research in the Solomon Islands and Kiribati. Suva, United Nations Population Fund Pacific Sub-Regional Office, 2010.
13. Vienna Declaration and Programme of Action. Adopted by the World Conference on Human Rights, Vienna, Austria, 14-25 June 1993 (A/CONF.157/23; <http://www.unesco.org/education/nfsunesco/pdf/VIENNA.PDF>, accessed 27 September 2013).
14. Programme of Action of the International Conference on Population and Development. Adopted by the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994. New York, United Nations, 1994 (A/CONF.171/13; <http://www.un.org/popin/icpd/conference/offeng/poa.html>, accessed 27 September 2013).
15. United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Population Fund, The Office of the United Nations High Commissioner for Human Rights. Addressing Violence Against Women in the Pacific: UN programmes and action. Presentation by R. Groenen and H. Brereton at a Parliamentary Roundtable, Canberra, 9 May 2011.
16. Australian Government, AusAID Office of Development Effectiveness. Violence Against Women in Melanesia and East Timor: building on global and regional promising approaches. Canberra, November 2008 (http://aid.dfat.gov.au/Publications/Pages/4140_9790_4186_8749_8769.aspx, accessed 11 Dec 2013).
17. Nelson G., Nagada Consultants. Gender Profiles of Asian Development Bank's Pacific Developing Member Countries. Manila, Asian Development Bank, June 2008.
18. International Labour Organization [website]. Questions and answers on jobs recovery and the development of decent work for people in the Pacific Islands. Geneva, 11 January 2010 (<http://www.ilo.org>).

ilo.org/global/about-the-ilo/press-and-media-centre/news/WCMS_122309/lang--en/index.htm, accessed 26 July 2011).

19. Government of Solomon Islands. Solomon Islands National Policy on Gender Equality and Women's Development 2010-2015: partners in development. Honiara, 2010.
20. Financial Standards Foundation. Country Brief: Solomon Islands. New York: Financial Standards Foundation, 19 March 2010.
21. Herbert T., Commercial sexual exploitation of children in the Solomon Islands: a report focusing on the presence of the logging industry in a remote region. Solomon Islands: Christian Care Centre, Church of Melanesia, 2007 (<http://www.pacifichealthvoices.org/files/Commercial%20Sex%20%20Exp%20in%20Solomon.pdf>, accessed 27 September 2013).
22. Asian Development Outlook 2009: economic trends and prospects in developing Asia – Subregional summaries, Solomon Islands. Manila, Asian Development Bank, 2009 (www.adb.org/documents/books/ado/2009/Update/subregional.pdf, accessed 27 September 2013).
23. Habru P. The view from beneath the waves: climate change in the Solomon Islands. The Guardian, Poverty Matters Blog [website], 9 November 2010 (<http://www.guardian.co.uk/world/2010/nov/09/solomon-islands-climate-change>, accessed 28 July 2011).
24. Rasmussen K., May, W., Birk, T., Mataki, M., Mertz, O., Yee, D. Climate change on three Polynesian outliers in the Solomon Islands: impacts, vulnerability and adaptation. Danish Journal of Geography. 2009, 109(1):1-13.
25. Social Protection for All Men and Women: a sourcebook for extending social security coverage in Solomon Islands – options and plans. Suva, International Labour Organization. 2006.
26. United Nations Treaty Collection [website]. Chapter IV Human Rights. 8. Convention on the Elimination of All Forms of Discrimination Against Women. 23 July 2011 (http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&lang=en, accessed 24 July 2011).
27. UN Economic and Social Council, 29th session, 11-29 November 2002, Concluding observations, Recommendation 23.
28. The Constitution of Solomon Islands, Chapter 2, Item 3.
29. The Constitution of Solomon Islands, Chapter 2, Item 7.
30. Addressing Violence Against Women in the Pacific: UN programmes and action. UN Agencies Submission for the Parliamentary Roundtable: ending gender-based violence in the Asia Pacific Region. Canberra, March 2011.
31. United Nations General Assembly. Intensification of efforts to eliminate all forms of violence against women: Report of the Secretary-General. 2 August 2010.
32. Transforming the National AIDS Response: mainstreaming gender equality and women's human rights into the 'Three Ones.' New York, United Nations Development Fund for Women, 2006 (http://www.unifem.org/attachments/products/TransformingTheNationalAIDSResponse_eng.pdf, accessed 27 September 2013).
33. Aid Budget Statement 2011-2012 [website]. Australia's International Development Assistance Program 2011-2012: an effective aid plan for Australia: reducing poverty, saving lives and advancing Australia's national interests. Canberra, 10 May 2011 (http://www.dfat.gov.au/dept/budget/2011_2012_pbs/2001-12-PBS-Foreign-Affairs-and-Trade.pdf, accessed 11 December 2013).
34. The Hon Kate Ellis MP, Minister for the Status of Women [website]. Speeches: remarks at the parliamentary roundtable on ending gender based violence in the Asia Pacific Region. Canberra, 9 May 2011 (<http://www.formerministers.dss.gov.au/1122/remarks-at-the-parliamentary-roundtable-on-ending-gender-based-violence-in-the-asia-pacific-region/>, accessed 11 December 2011).
35. Equity, social determinants and public health programming. Geneva, World Health Organization, 2010 (http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf, accessed 27 September 2013).
36. Government of Solomon Islands. Solomon Islands National Policy on Eliminating Violence Against Women. Honiara, 2010.
37. United Nations General Assembly. Intensification of efforts to eliminate all forms of violence against women: Report of the Secretary-General. New York, 2 August 2010.
38. Core Indicators 2005: health situation in the South-East Asia and Western Pacific Regions. Geneva, World Health Organization, 2005 (http://www.wpro.who.int/information_sources/databases/core_indicators/core_indicators_pdf.htm, accessed 27 September 2013).
39. The Hon Kevin Rudd MP, Australian Minister for Foreign Affairs [website]. 2011-2012 International Development Assistance Budget: Media Release. Canberra, 10 May 2011 (http://foreignminister.gov.au/releases/2011/kr_mr_110510b.html, accessed 13 July 2011).
40. UN Gender Group. Violence Against Women and Girls in Kiribati, a presentation to "Delivering as One" Meeting. United Nations in Kiribati, Tawara, 20 July 2010.
41. International Labour Organization [website]. Questions and answers on jobs recovery and the development of decent work for people in the Pacific Islands. Geneva, 11 January 2010 (http://www.ilo.org/global/about-the-ilo/press-and-media-centre/news/WCMS_122309/lang--en/index.htm, accessed 26 July 2011).

