

Fact Sheets on MDGs in East and South-East Asia

The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions – income poverty, hunger, disease, lack of adequate shelter, and exclusion – while promoting gender equality, education and environmental sustainability. They are also basic human rights – the rights of each person on the planet to health, education, shelter and security, as pledged in the Universal Declaration of Human Rights and the UN Millennium Declaration. The Millennium Development Goals were launched in 2001 as part of the road map to implement the Millennium Declaration that had been adopted at the United Nations Summit in 2000.

The goals are ends in themselves, but for households suffering from extreme poverty they are also capital inputs – the means to a productive life, to economic growth and to further development.

The world has made significant progress in achieving many of the goals. But progress has been far from uniform across the world – or between the goals. There are huge disparities across and within countries.

South-Eastern Asia includes some of the more prosperous countries in Asia and the Pacific region, along with some of the Least Developed Countries (LDCs) (Lao People's Democratic Republic, Myanmar, Cambodia, Timor-Leste). So, it is no surprise that success in the MDGs largely reflects this division in this sub-region.

Overall, dramatic progress in poverty reduction has been achieved in South-Eastern Asia. However, some countries still have high infant mortality and maternal mortality rates. South-Eastern Asia also has severe environmental problems: forest coverage is disappearing and carbon dioxide emissions per head are rising rapidly.

This division also exists in Eastern Asia, where China is considered as an early achiever – or on track – for most of the MDG indicators, whereas Mongolia struggles for many of them.

In both sub-regions, relatively low national HIV prevalence rates can mask localized epidemics that have the potential to escalate dramatically, particularly in the populous countries of China and Indonesia.



UNESCAP/UNDP/ADB partnership in promoting MDGs in Asia and the Pacific region:

In 2003 the first Regional MDG Report was released - *Promoting the Millennium Development Goals in Asia and the Pacific: Meeting the Challenges of Poverty Reduction*. The Report was a joint undertaking by UNESCAP and UNDP. It provided a region-wide assessment of the progress made and obstacles encountered in meeting the MDGs in Asia and the Pacific region.

In 2005 a tripartite partnership between UNESCAP, UNDP and ADB to analyze the trends in MDG achievement across Asia and the Pacific region, and explore policy options at both regional and national levels to reach them by 2015, led to the production of a second regional MDG report - *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*. The Report revealed that Asia and the Pacific region, one of the world's most dynamic regions, had made significant progress towards achieving the MDGs. It also showed that while wide disparities existed between and within countries, none of the developing countries examined were on track to meet all the MDG targets by 2015. One of the key messages of the Report was that poor and inadequate service delivery systems and institutions were a major obstacle in achieving the goals.

The **East and South-East Asia MDG Forum** is an integral part of a communication and advocacy strategy to disseminate the key findings and messages of regional MDG reports. The Forum intends to impart knowledge, skills and information to selected stakeholders in advocating policy action and in addressing the key messages contained in the Reports at the country and sub-regional levels. The Forum is also designed to obtain information on priority areas where regional-level action can be useful.

This series of Fact Sheets is a summary of the latest publications on MDG progress. All the documents can be found on-line:

UNESCAP MDG website: <http://www.mdgasiapacific.org>

- United Nations, *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the MDGs in Asia and the Pacific* (United Nations publication, Sales no.E.05.II.F.27)
- United Nations, *Achieving the MDGs in Asia: A Case for more Aid?* (New York, UNESCAP, 2006)
- UNESCAP, ADB and UNDP, *The Millennium Development Goals: Progress in Asia and the Pacific 2006*

UNDESA, Statistics Division website: <http://mdgs.un.org/unsd/mdg>

- United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18)
- United Nations, UNDESA, Statistics Division, *World and regional trends*, available at website: <<http://mdgs.un.org/unsd/mdg>>
- United Nations, UNDESA, Statistics Division, *Progress towards the MDGs, 1990-2005*, available at website: <<http://mdgs.un.org/unsd/mdg>>
- United Nations, UNDESA, Statistics Division, *MDGs indicators*, available at website: <<http://mdgs.un.org/unsd/mdg>>

UN Millennium Project website: <http://www.unmillenniumproject.org>

- UN Millennium Project 2005. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. Overview.*

It should be noted that the aggregation of countries at the sub-regional level reported in these fact sheets is the one used by the Statistics Division of UNDESA, which differs from the one used by UNESCAP. More information on this matter can be found at the following address: <<http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/RegionalGroupings.htm>>

Explanatory Notes to Fact Sheets:

This series of fact sheets is intended to provide participants with an overview of the progress achieved and the difficulties faced both at the sub-regional level and at the country level to reach the Millennium Development Goals by 2015 in Asia and the Pacific region. A focus has been put on Eastern and South-Eastern Asian countries. Comparing the performances of countries across the region or within a sub-region can reveal how and why some countries are performing better on certain goals, while others have stalled or are even slipping backwards. In this regard, the case studies provide information on how a country has done particularly well regarding a specific goal or target, or what are the difficulties a country might face in its achievement of a particular goal.

The Report ***A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the MDGs in Asia and the Pacific*** presented measurement for countries in Asia and the Pacific region with regard to being on track and off track for the MDGs. The table has been updated in the Report *Millennium Development Goals: Progress in Asia and the Pacific 2006* (UNESCAP, ADB and UNDP). Below is the key:

- **Early achiever** (Has already met the target)
- ▲ **On track** (Expected to hit the target by 2015)
- **Off track - Slow** (Expected to hit the target, but after 2015)
- ▼ **Off track - Regressing** (Slipping backwards, or stagnating)

List of countries by sub-regions

Eastern and North-Eastern Asia

- » China
- » DPR Korea
- » Hong Kong, China
- » Macao, China
- » Mongolia
- » Republic of Korea

South-Eastern Asia

- » Brunei Darussalam
- » Cambodia
- » Indonesia
- » Lao PDR
- » Malaysia
- » Myanmar
- » Philippines
- » Singapore
- » Thailand
- » Timor-Leste
- » Viet Nam

Note: These fact sheets have been issued without formal editing.



Produced by:
United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.



Eradicate Extreme Poverty and Hunger

Achieving the first goal is fundamental to the overall attainment of the Millennium Development Goals. Poverty and hunger are both causes and consequences of a lack of education, gender discrimination, ill health and the overexploitation of fragile ecosystems.

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Asia and the Pacific region has made dramatic progress in reducing poverty. The region as a whole is expected to meet the poverty reduction target by 2015, and may even far exceed it. However, despite having the fastest economic growth rates in the world, Asia and the Pacific region continues to have the largest number of poor people. The latest estimates show that more than 700 million people still live on less than \$1 a day in this region, accounting for more than two-thirds of the world's extreme poor. Moreover, significant disparities exist among sub-regions and within countries.



Eradicating hunger and extreme poverty is crucial to achieving other MDGs.

The majority of countries, for which data are available, are considered as early achievers regarding this target. In China, between 1990 and 2001, the proportion of people living in extreme poverty fell from 33% to 16.6% - and the total number of poor people fell from 381 million to 213 million (Box. 1). Indonesia, Malaysia, Viet Nam and Thailand are considered as early achievers as well. For instance, in 2002, 2.2% of the population was living below \$1 per day in Viet Nam, compared to 14.6% in 1993.

However, in Mongolia and Lao People's Democratic Republic, available data show opposite trends. The proportion of people living below \$1 a day increased from 13.9% in 1995 to 27% in 1998 in Mongolia, and from 7.8% to 27% between 1992 and 2002 in Lao People's Democratic Republic.

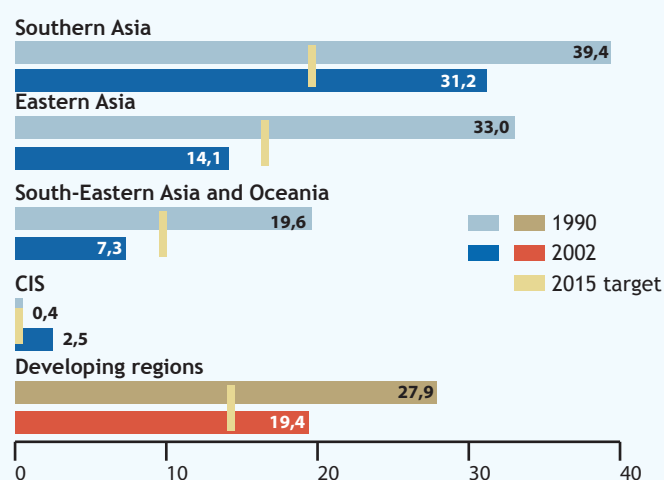
More generally, the issue of increases in inequality as part of the growth process is becoming a concern in Asia and the Pacific region, as this would tend to lower the impact of future growth on poverty reduction. This highlights the importance of focusing on growth strategies that are more inclusive and broad-based.

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

During the last decade, the proportion of underweight children under-5 fell only slightly for the region as a whole from 35% to 31%, while the level of undernourishment across the population fell from 20% to 16%.

The proportion of underweight children under 5 years of age decreased in Eastern Asia from 19% to 8% and in South-Eastern Asia from 39% to 28% between 1990 and 2004.

Proportion of people living on less than \$1 a day, 1990 and 2002 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

In South-Eastern Asia and Oceania and in Eastern Asia, the income poverty target has already been met. Indeed, in South-Eastern Asia and Oceania, the proportion of people living below \$1 a day fell from 19.6% to 7.3% between 1990 and 2002. However, the financial crisis that struck South-Eastern Asia in the late 1990s resulted in increasing poverty levels in some of the affected countries. The proportion of people living in extreme poverty also fell from 33% to 14.1% in Eastern Asia during the same period of time. Southern Asia is expected to meet the target as well if the current trend persists. However, individual countries of Eastern and South-Eastern Asia have displayed uneven performances.

Box 1: China takes measures to implement large-scale poverty reduction plan

With the launch of economic reform policies in the late 1970s, China entered a period of unprecedented socio-economic development and poverty reduction. Moreover, the Chinese Government has taken effective measures to implement large-scale poverty reduction plans. From 2001 to 2005 for instance, China selected 592 counties and 148,000 poor villages nationwide as key targets and has worked out village-level development plans of poverty relief.

On that basis, three priority areas in poverty alleviation have been identified. First, infrastructure development in poor villages, such as roads and access to safe drinking water, which is mainly aimed at improving the conditions of production and living for the rural poor. Second, the development of agricultural industry in poor regions, which is designed to improve the organizational form of agricultural production, enhance the capacity of the rural poor, and increase their income. Third, training of the poor population, which is aimed at improving their work skills, and enabling them to move to non-agricultural industries.

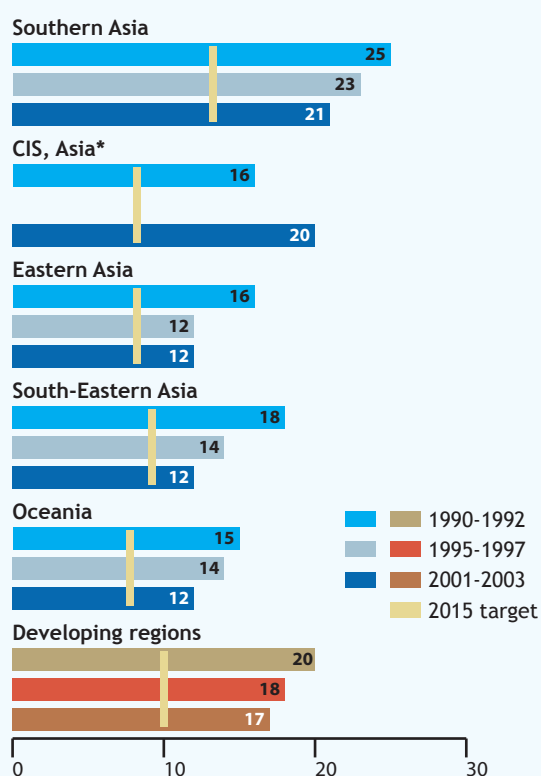
The implementation of the village plans has played an enormously important role in improving the overall development and civility of poor villages, as well as in helping the poor take part in the decision making process.

China's Progress Towards the Millennium Development Goals 2005 (National MDG Progress Report)

The proportion of people living with insufficient food also decreased in Eastern and South-Eastern Asia, respectively from 16% to 12% and from 18% to 12% between 1990-1992 and 2001-2003. Despite the progress achieved in Southern Asia during the last decade, 21% of the population was still living with insufficient food in this sub-region in 2001-2003, and the number of people suffering from hunger is increasing.

Eastern and South-Eastern Asia seem to be on track for the target on hunger. Nevertheless, in terms of progress against hunger, a large number of countries in Asia and the Pacific region are projected to miss the MDG target. In Eastern Asia and South-Eastern Asia, despite the progress mentioned above for the two sub-regions as a whole, the situation regarding the proportion of children under 5 years of age who are underweight is regressing or the progress achieved has been too slow in several countries.

Proportion of people living with insufficient food 1990-1992, 1995-1997 and 2001-2003 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Cambodia and Timor-Leste are of particular concern. The proportion of children under-5 moderately or severely underweight increased in these two countries respectively from 39.8% to 45.2% between 1994 and 2000, and from 42.6% to 45.8% between 2002 and 2003.

On the contrary, China, Malaysia and Viet Nam are considered as early achievers for this indicator. For instance, in China, the proportion of underweight children under-5 decreased from 19.1% in 1990 to 7.8% in 2002.

Eastern and South-Eastern Asia Countries, on track and off track for Goal 1

Goal 1	A	B	C
Asia-Pacific	▲	▲	
Eastern and North-Eastern Asia			
China	●	●	▼
DPR Korea		▼	▼
Hong Kong, China			
Macao, China			
Mongolia	▼	▼	■
Republic of Korea			●
South-Eastern Asia			
Brunei Darussalam			●
Cambodia		▼	▲
Indonesia	●	▼	▲
Lao PDR	▼	■	▲
Malaysia	●	●	●
Myanmar		■	●
Philippines	▲	▼	▲
Singapore			
Thailand	●		▲
Timor-Leste		▼	▲
Viet Nam	●	●	●

A \$1 Poverty
 B Underweight Children
 C Mal Nourishment

● Early achiever
 ▲ On track
 ■ Off track - Slow
 ▼ Off track - Regressing

Source: UNESCAP, ADB and UNDP, *Millennium Development Goals: Progress in Asia and the Pacific 2006*.

Produced by:
 United Nations Economic and Social Commission
 for Asia and the Pacific (UNESCAP)
 Bangkok, Thailand.

Achieve Universal Primary Education

Governments in Asia and the Pacific region have acknowledged that education is not only a basic right but that future national prosperity depends on having an educated workforce – whether for boosting agricultural output or for adapting to the rapidly changing technological demands of both the manufacturing and service industries.

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

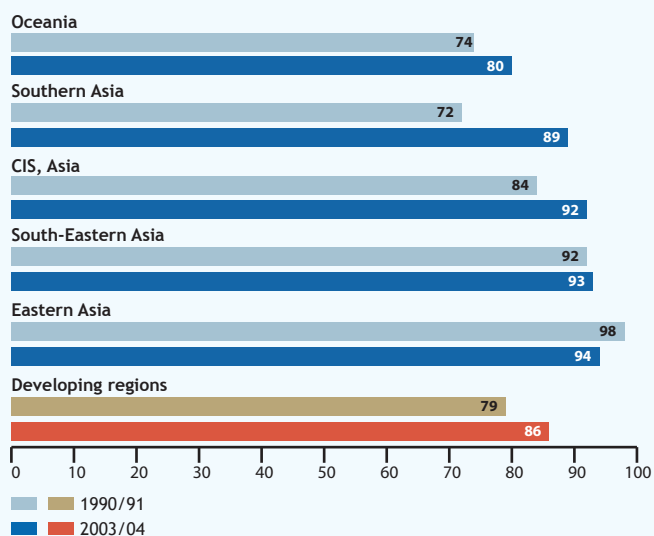
After significant investment of resources, a number of countries in Asia and the Pacific region have already achieved the goal of universal primary education, and many others are close to doing so.

In terms of **primary school enrolment**, Eastern and South-Eastern Asia as a whole already display high levels – 94% and 93% respectively. Southern Asia is also expected to approach full primary enrolment if its current progress continues. Moreover, girls' enrolment increased much faster than boys' during the 1990s in Southern Asia, resulting in both a narrower gender gap and higher overall enrolment.



Much progress has been made toward the goal of universal primary education.

Net enrolment ratio in primary education, 1990/1991 and 2003/2004 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Why do some countries do better than others in education? The following factors are usually associated with higher enrolment:

- *Higher per capita income* – This reflects, among other things, the ability of families to pay for the expenses of education or in managing without their children's work;
- *Higher government expenditure on education* – A 1% increase in expenditure on education is associated with a 1.5% increase in enrolment;
- *Higher literacy rate of adult women* – Mothers who them-

selves have been educated recognize the value of education for their children;

- *Lower rural proportion of the population* – Rural children are less likely to go to school. This may be because the school can be some distance away, or because the quality of rural education is lower, or because more rural children are needed for work;
- *Higher share of women in wage employment* – This can be taken as an indication of women's status within the home, and suggests that when they have the power to do so they will send their children to school.

Countries such as Thailand that have remained on track have done so by reducing poverty while also finding ways of encouraging children to go to school by, for example, providing the children of poor families with scholarships, lunch and transport.

More generally, in Eastern Asia and South-Eastern Asia, more than half of the countries for which data are available are considered as either on track or as early achievers regarding the net enrolment ratio in primary education. Cambodia, for instance, which has increased the percentage of children enrolled in primary school from 69.3% in 1991 to 97.6% in 2004, is considered as an early achiever. Lao People's Democratic Republic is considered to be on track, as it increased the percentage of children enrolled in primary school from 62.6% to 84.4% between 1991 and 2004 (Box. 2).

Box 2: Lao PDR makes education system relevant to local needs

The Government of the Lao PDR has consistently placed special emphasis on the education sector. The Constitution and supporting laws and decrees clearly stipulate that all Lao citizens, regardless of race, sex, ethnicity, or social or economic status, have the right to education. Moreover, the Government's deconcentration initiative, started in 2000, should also help accelerate progress towards the goal. While the ministry of Education takes overall responsibility for both formal and non-formal education at all levels, both the provincial education services and the district education bureau now share a wide range of management responsibilities, especially at primary and secondary levels. Individual communities are also becoming involved in school management. Over time this should make the education system more relevant and responsive to local needs, improving both access and quality, especially in disadvantaged areas.

The Lao PDR has thus made steady progress in primary education. Nevertheless, still 135,500 children are being deprived of their right to education. The overall improvement also disguises wide disparities between girls and boys, as well as between provinces. Thus while the rates are over 95% in both Vientiane municipality and Vientiane province, in Phongsaly and Attapeu provinces, they are as low as 56%. The provinces with the lowest ratios tend to have higher proportions of rural, poor and ethnic minority children.

Moreover, the country still faces a number of challenges, such as the cost of schooling. Although parents do not have to pay fees they do have to find money for uniforms, books, and supplies. Even more important for poor families is the opportunity cost of children's time. Parents often leave child-rearing responsibilities and household chores to elder siblings, usually girls, making it difficult for them to attend school.

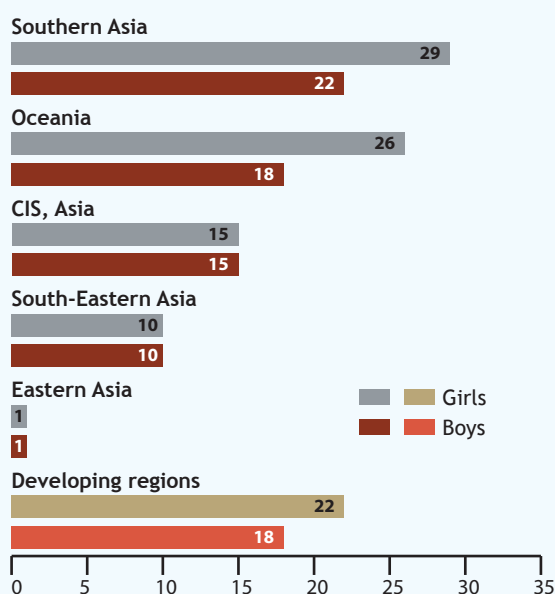
Millennium Development Goals Progress Report Lao PDR 2004 (National MDG Progress Report)

Children may have access to education, but that does not guarantee that they will stay in school or complete their primary education. For instance, in Southern Asia **primary completion rates** remain low – 82.3% - compared to 98.1% and 95.3% in 2004 in Eastern and South-Eastern Asia. In South-Eastern Asia, despite a lower rate than the other countries, progress in Cambodia has been impressive, with an increase from 39.1% in 1999 to 81.7% in 2004.

Eastern and South-Eastern Asia therefore display high **literacy rates of 15 – 24 year-olds**, respectively 98.9% and 96.2%. The youth literacy rate helps assess the effectiveness of a country's basic education system. A majority of countries in Eastern and South-Eastern Asia for which data are available have a literacy rate of 15 – 24 year-olds higher than 95%. Among other countries, Cambodia and Myanmar significantly increased the youth literacy rate between 1990 and 2004, respectively from 73.5% to 83.4% and from 88.2% to 94.5%. The Philippines however is the only country in South-Eastern Asia for which the youth literacy rate decreased between 1990 and 2004, from 97.3% to 95.1%.

However, and despite the progress noted above, **the proportion of children not going to primary school** is still an issue in Asia and the Pacific region. 39 million children in India, 29 million in the rest of Southern Asia, 12 million in China, and 10 million in South-Eastern Asia are not going to primary school. Moreover, there is a particular concern about the gender gap in Southern Asia. Girls are more likely to drop out because of school safety and traveling time. Girls also do not complete school due to early marriage or pregnancy, or because they are needed to work at home. There is no major gender gap in Eastern and South-Eastern Asia for this indicator however.

Proportion of children of primary school age out of school by sex, 1996-2004 average (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Eastern and South-Eastern Asian Countries, on track and off track for Goal 2

Goal 2	A	B	C
Asia-Pacific	▲	▲	
Eastern and North-Eastern Asia			
China			
DPR Korea			
Hong Kong, China	▼	●	●
Macao, China	▲	●	●
Mongolia	▼		●
Republic of Korea	●	●	●
South-Eastern Asia			
Brunei Darussalam		▲	●
Cambodia	●	▼	▲
Indonesia	■	▼	●
Lao PDR	▲	▲	■
Malaysia	▼	●	▼
Myanmar	▲	▲	▲
Philippines	▲	▼	●
Singapore			
Thailand			
Timor-Leste			
Viet Nam	▼	▲	●

A Primary enrolment
B Reaching grade 5
C Primary completion rate
 ● Early achiever
 ▲ On track
 ■ Off track - Slow
 ▼ Off track - Regressing

Source: UNESCO, ADB and UNDP, *Millennium Development Goals: Progress in Asia and the Pacific 2006*.



Produced by:
United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

3 Promote Gender Equality and Empower Women

The Millennium Summit placed gender equality at the heart of achieving the Millennium Development Goals. Gender parity entails not only equal access to social services, but also empowerment of women in their families and their communities. In assessing progress towards Goal 3, it should be noted that the indicators used measure only certain aspects of gender equality, those in the spheres of education, work and political participation.

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

In Asia and the Pacific region, Eastern Asia, South-Eastern Asia and CIS Asia have already reached **equal enrolment for boys and girls in primary school**. Southern Asia is close to parity.

In Eastern and South-Eastern Asia, a majority of countries for which data are available are considered as early achievers or on track for equal enrolment for primary, secondary or tertiary school. Only Thailand, the Philippines, Myanmar, Malaysia, Brunei Darussalam and Mongolia are considered as early achievers for the three levels of education simultaneously. The disparities are more pronounced between countries regarding equal enrolment in tertiary school. Cambodia for instance lagged behind the other countries in South-Eastern Asia with a girls to boys ratio for tertiary level enrolment of 0.46 in 2004. In Viet Nam and the Republic of Korea, progress has been too slow, with a girls to boys ratio for tertiary level enrolment of respectively 0.77 in 2004 and 0.62 in 2005.

Gender inequality in literacy is still a particular problem in Asia and the Pacific region however. In 2002, the literacy rate among young adults in China for instance was around 99% and the gap between the female and male rates was a mere 0.3 percentage point. Because of the sheer size of the country however, this translated to 607,000 more illiterate young women than young men. The situation in most of South-Eastern Asia was similar. It is in the poorer countries of that sub-region, i.e., Cambodia and Lao People's Democratic Republic, where significant gaps remain.

In 2004, Eastern Asia, South-Eastern Asia and Oceania had a **share of women in non-agricultural wage employment**, which measures the degree to which labour markets are open to women in the industry and service sectors, of respectively 41%, 38%, and 37%. Reducing gender inequality in the labour market increases women's economic security and contributes to economic development and growth. Southern Asia however lags significantly behind the other sub-regions with a share of women in non-agricultural wage employment of 17%.

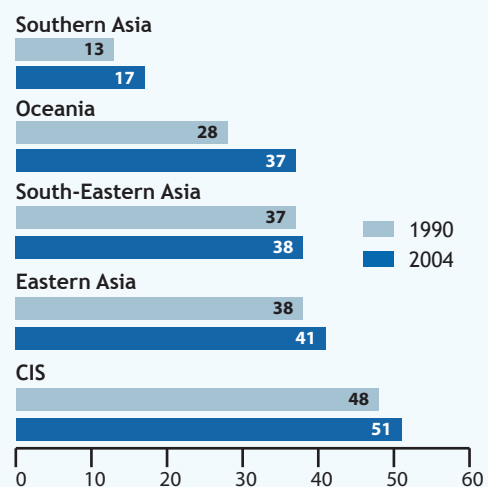
In South-Eastern Asia and in Eastern Asia, Viet Nam, Mongolia and Cambodia are doing particularly well compared with the



The third Millennium Development Goal seeks to address women's inequality.

other countries of these two sub-regions with a share of women in non-agricultural wage employment of respectively 49.1%, 50.3% and 51.3% in 2004. Indonesia however lagged behind the other countries with 31.1% the same year.

Share of women in non-agricultural wage employment, 1990 and 2004 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Box 3: Levels of women's participation in political life increase in Viet Nam

Viet Nam continues to be the leading country in Asia in terms of women's representation in the National Assembly (the Parliament) of 2002-2007 term - with 27.3% woman deputies. Together with an increase in quantity, there have been also improvements in the educational level of female representation in the National Assembly - the proportion of woman deputies with university and higher degrees increased from 58.9% in 1992-1997 term to 90.4% in 2002-2007 term.

Moreover, more female deputies have been elected to local People's Councils at all three levels for the 2004-2009 terms than previously. The province with highest rates of women deputies (around 33.3%) is Tuyen Quang, a poor and mountainous province inhabited by 22 ethnic minority groups. This case shows that economic conditions are not the decisive factor in enhancing women's role in leadership and management, but rather the political awareness and interest of local leaders, as well of line departments in promoting women's advancement, particularly in their planning and training.

Aiming to increase the representation of women in People's Councils at all levels of 2004-2009 term, the NCFAW (National Committee for the Advancement of Women) and Vietnam Women's Union (VWU) were active at all levels. They were supported by international organizations in conducting a number of parallel activities.

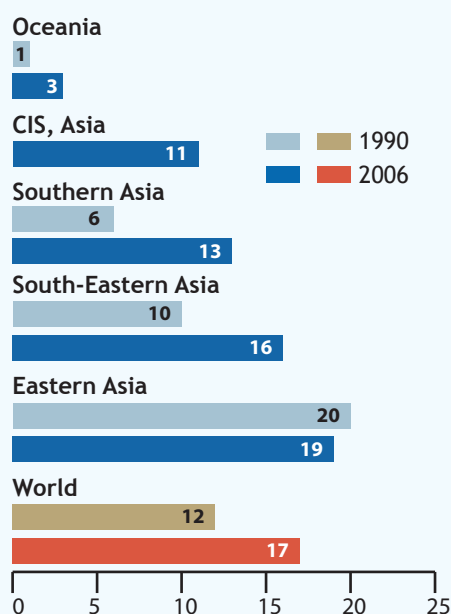
Firstly, NCFAW and VWU disseminated widely the government policy stipulating that not less than 25% of People's Councils deputies should be women. Secondly, NCFAW carried out a campaign using various media such as brochures, posters, radio, television and newspapers to educate the public on the government policy on promoting women's representation in the People's Councils, and at the same time to encouraging outstanding women to stand for office in order to win the voters' favor and support. Women's Union organizations at all levels introduced the best female candidates to the public. Thirdly, NCFAW cooperated with relevant organizations in organizing training courses on leadership skills and gender knowledge for 1,530 first-time candidates in 17 provinces that had the lowest women's representation in People's Councils. At the same time NCFAW, through its vertical structure, requested authorities in other provinces to conduct similar training for their respective women candidates.

As a result, there were 17,290 women candidates trained prior to the election day. The above efforts paid off as the women's representation in People's Councils of 2004-2009 term reached 22.4%.

Viet Nam Achieving the MDGs 2005 (National MDG Progress Report)

South-Eastern Asia and Eastern Asia had the highest shares of women in single or lower houses of parliament in 2006 in Asia and the Pacific region, with a percentage of respectively 16% and 19%, despite a slight decrease since 1990 in the case of Eastern Asia. Indeed, in 2006, China had 20.3% of seats in the national parliament held by women, compared to 21.3% in 1990. Moreover, Mongolia saw the share of women in national parliament reduced by almost four, from 24.9% in 1990 to 6.7% in 2004. In South-Eastern Asia, Lao People's Democratic Republic managed to significantly increase this share, from 6.3% in 1990 to 22.9% in 2004. Viet Nam has the highest share in the sub-region, with 27.3% of the seats in the national parliament held by women in 2006 (Box. 3).

Share of women in single or lower houses of parliament, 1990 and 2006 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Eastern and South-Eastern Asian Countries, on track and off track for Goal 3

Goal 3	A	B	C
Asia-Pacific	▲	▲	▲
Eastern and North-Eastern Asia			
China	●	●	▲
DPR Korea			
Hong Kong, China	▼	●	●
Macao, China	▼	●	▼
Mongolia	●	●	●
Republic of Korea	●	●	■
South-Eastern Asia			
Brunei Darussalam	●	●	●
Cambodia	▲	▲	▲
Indonesia	●	●	▼
Lao PDR	▲	■	▲
Malaysia	●	●	●
Myanmar	●	●	●
Philippines	●	●	●
Singapore			
Thailand	●	●	●
Timor-Leste			
Viet Nam	▼	●	■

A Gender primary ● Early achiever
B Gender secondary ▲ On track
C Gender tertiary ■ Off track - Slow
 ▼ Off track - Regressing

Source: UNESCAP, ADB and UNDP, *Millennium Development Goals: Progress in Asia and the Pacific 2006*.

Produced by:
 United Nations Economic and Social Commission
 for Asia and the Pacific (UNESCAP)
 Bangkok, Thailand.

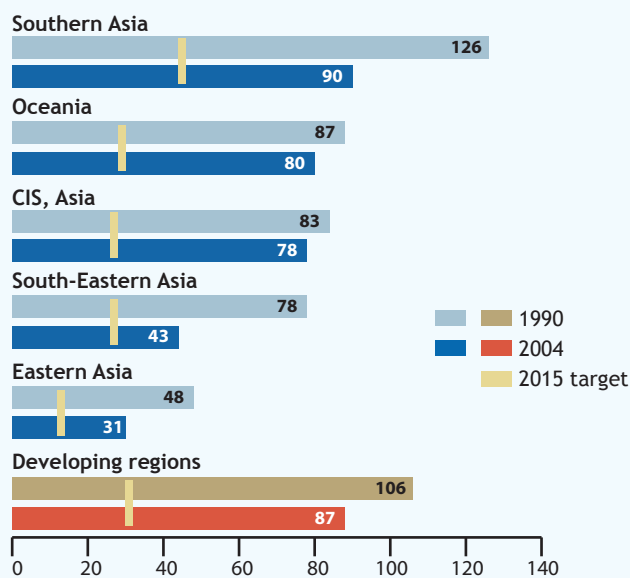
4 Reduce Child Mortality

One of the most important indicators of development is the survival of children beyond the years that they are most likely to succumb to disease and illness. Interventions, if implemented in a way that reach those who need them the most, could prevent a substantial proportion of childhood deaths.

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

South-Eastern Asia experienced steep declines, with under-5 mortality dropping from 78 deaths per 1,000 live births in 1990 to 43 in 2004. This put it on track to meet the MDG target to **reduce by two-thirds the under-5 mortality rate** between 1990 and 2015. Improvements in socio-economic status, nutrition and access to prevention and treatment measures for major childhood diseases have helped drive improvements in child mortality in this sub-region. Eastern Asia has a current rate of 31 deaths per 1,000 live births.

Under-5 mortality rate per 1,000 live births, 1990 and 2004



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Though survival prospects have improved across all regions, 10.5 million children died before their fifth birthday worldwide in 2004 - mostly from preventable causes. In Asia and the Pacific region, 650,000 children die annually before their fifth birthday in China and 518,000 in South-Eastern Asia.

Moreover, as with any averages, these regional statistics mask disparities among countries and among various socio-economic groups within a single country.

For instance, in South-Eastern Asia which has made significant progress, Lao People's Democratic Republic and Timor-Leste lagged behind the other countries of the sub-region. On the other hand, in 2004, Malaysia and Thailand had under-5 mortality rates per 1,000 live births of 12 and 21 respectively (Box. 4).



A few preventable factors contribute greatly to child mortality.

Of particular concern however is the case of Cambodia, where the under-5 mortality rate increased from 115 deaths per 1,000 live births in 1990 to 141 in 2004. In Eastern Asia, China managed to reduce the under-5 mortality rate from 49 deaths per 1,000 live births in 1990 to 31 in 2004.

Eastern and South-Eastern Asian Countries, on track and off track for Goal 4

Goal 4

Asia-Pacific

Eastern and North-Eastern Asia

- China
- DPR Korea
- Hong Kong, China
- Macao, China
- Mongolia
- Republic of Korea

South-Eastern Asia

- Brunei Darussalam
- Cambodia
- Indonesia
- Lao PDR
- Malaysia
- Myanmar
- Philippines
- Singapore
- Thailand
- Timor-Leste
- Viet Nam

A B

▲ ●

▼ ▼

● ●

▼ ▼

● ●

▲ ▲

● ●

▼ ▼

● ●

▲ ▲

● ●

▼ ▼

● ●

▲ ▲

● ●

▲ ▲

A Under-5 mortality

B Infant mortality

● Early achiever

▲ On track

▼ Off track - Slow

▼ Off track - Regressing

Source: UNESCAP, ADB and UNDP, *Millennium Development Goals: Progress in Asia and the Pacific 2006*.

Box 4: Infant and child mortality decrease dramatically in Malaysia

In Malaysia, infant and child mortality rates have declined dramatically over the past three and a half decades. Current levels are now comparable to those of highly developed countries and MDG targets have been met.

Malaysia has a comprehensive child immunization programme. All babies receive BCG (Bacille Calmette Guerin) vaccination as part of the strategy of the tuberculosis control programme. Measles immunization for infants was made a national programme from 1986. Measles vaccine is provided free of charge through government health facilities with a standard immunization schedule. The coverage of the immunization in infants grew from 70% in 1990 to 88% in 2000, and is expected to improve further with the revision of the immunization schedule to provide for measles, mumps, and rubella introduced in 2002. Medical advances, including vaccines and oral rehydration for the treatment of diarrhea, have been made widely accessible, even in rural areas, through the country's primary health care system.

Improvements in sanitation, clean water distribution and better child nutrition have been key determinants for a better quality of life, together with programmes to reduce poverty, increase literacy and provide modern infrastructure, especially in rural areas. Health sector programmes that have been integrated with rural development, infrastructure, supply of clean water, and sanitation, have provided greater access to basic health care services through a network of health care centres and clinics supported by trained midwives and other health workers.

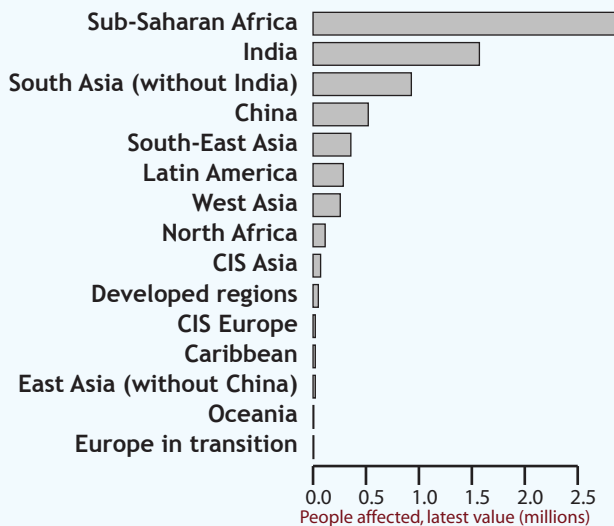
Malaysia Achieving the Millennium Development Goals 2005 (National MDG Progress Report)

Most infant and child deaths result from a combination of malnutrition and preventable or treatable diseases such as acute respiratory infections, diarrhoea, measles and malaria. Reduction in poverty and improved living conditions, along with improved health care, would eliminate many of these deaths. One factor behind the progress in reducing child under-5 mortality in Asia and the Pacific region is that many parts of it have improved general health conditions, especially those which are able to prevent the spread of communicable infectious diseases. Particular progress has been made in the prevention of diarrhoea and measles through increased use of oral rehydration therapy and improved coverage of routine vaccination.

Within South-Eastern Asia, the majority of countries for which data are available are considered as early achievers. Viet Nam for instance reduced the infant mortality rate from 38 deaths per 1,000 live births to 17 between 1990 and 2004, and Thailand from 31 deaths per 1,000 live births to 18 during the same period of time. Of particular concern is the case of Cambodia, where the infant mortality rate increased from 80 deaths per 1,000 live births to 97 between 1990 and 2004.

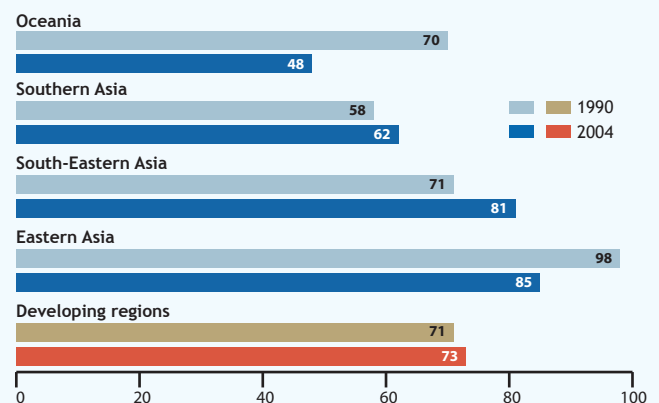
Progress towards Goal 4 is also assessed by tracking coverage of children immunized against measles, the leading cause of death among vaccine-preventable diseases. South-Eastern Asia significantly increased **the percentage of children (12-23 months old) immunized against measles**, from 71% in 1990 to 81% in 2004. In Eastern Asia however, this percentage decreased from 98% to 85% between 1990 and 2004. This decrease was mainly due to the reduction that happened in China between 1990 and 2004, from 98% to 84%.

Infant deaths, latest value



Source: United Nations, *Achieving the MDGs in Asia: A case for more aid?* (New York, UNESCAP, 2006).

Percentage of children (12-23 months old) immunized against measles, 1990 and 2004 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Infant mortality - the death of an infant in its first year of life - still remains a concern in Asia and the Pacific region as a whole, despite the progress achieved. In Eastern Asia and in South-Eastern Asia, **the infant mortality rate** decreased respectively from 37 deaths per 1,000 live births to 26 between 1990 and 2004 and from 53 deaths per 1,000 live births to 32 during the same period of time. In the developed regions, the infant mortality rate was 6 deaths per 1,000 live births in 2004.



Produced by:
United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

5

Improve Maternal Health

Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. One of the consequences of the low priority accorded to the health of women is that almost 600,000 women die annually as a result of complications arising from pregnancy and childbirth; over a quarter of a million of these mostly preventable deaths occur in Asia.

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

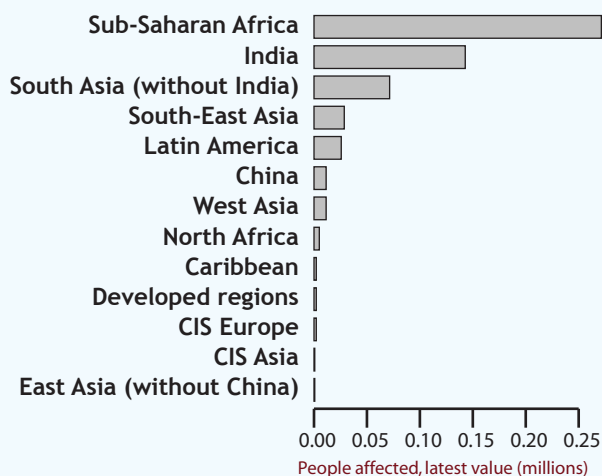
The **maternal mortality ratio** is a measure of the risk of death a woman faces every time she becomes pregnant. In Asia and the Pacific region, the sub-region of most concern is Southern Asia, which has one of the highest maternal mortality ratio in the world – 540 deaths per 100,000 live births in 2000. Oceania and South-Eastern Asia followed with 240 and 210 deaths per 100,000 live births in 2000, while Eastern Asia had a maternal mortality ratio of 55 deaths per 100,000 live births in the same year.

Translated into absolute numbers, the largest number of maternal deaths - 266,000 (almost half the global total) - occurred in sub-Saharan Africa in 2000. Southern Asia followed closely with 211,000 maternal deaths (India alone accounting for 141,000 deaths).



Women still face a particularly high risk of death or disability from having children in several South-Eastern Asian countries.

Maternal Deaths, latest value



Source: United Nations, *Achieving the MDGs in Asia: A case for more aid?* (New York, UNESCAP, 2006).

Within these regional groupings there are significant differences across countries and in different settings within the same country.

Measuring maternal mortality accurately is difficult however, except where comprehensive registration of deaths and causes of death exist. Existing estimates of maternal mortality ratios are subject to wide margins of uncertainty and therefore cannot be used to monitor trends in the short term.

Accepting these limitations, it can be assessed that the countries with the highest maternal mortality ratios per 100,000 live births in South-Eastern Asia in 2000 were Timor-Leste (660), Lao

People's Democratic Republic (650), Cambodia (450), and Myanmar (360). The two countries that have succeeded in reducing the maternal mortality ratio significantly are Indonesia, with a decrease from 650 maternal deaths per 100,000 live births in 1990 to 230 in 2000, and Thailand, with a decrease from 200 maternal deaths per 100,000 live births to 44 during the same period of time (Box. 5a).

Maternal mortality ratios would be considerably reduced if women had access to safe and effective contraceptive services. However, once a woman is pregnant, skilled medical care is essential to ensure her safety and that of her infant.

For the maternal mortality ratio to be reduced dramatically, all women should have access to high-quality delivery care. Such care has three essential elements:

- a skilled attendant at delivery;
- access to Emergency Obstetric Care in case of a complication; and
- a referral system to ensure that those women who do experience complications can reach life-saving Emergency Obstetric Care in time.

The **proportion of births attended by skilled health personnel**, defined as a medically trained health care provider (doctor, nurse or midwife), and the maternal mortality ratio are correlated. Eastern Asia, with the lowest maternal mortality ratio in Asia and the Pacific region also has the highest proportion of births attended by skilled health personnel.

The proportion of deliveries attended by skilled health care personnel remarkably increased for both South-Eastern Asia and Eastern Asia, respectively from 38% to 68%, and from 51%

Box 5a: Making pregnancy safer in Indonesia

Reducing maternal morbidity and mortality has become a central priority in health sector development in Indonesia, as stated in the National Development Programme.

Within the framework of the Healthy Indonesia 2010 vision, a national strategy called Making Pregnancy Safer (MPS) has been set up as a continuation of the Government's Safe Motherhood Programme to accelerate the reduction of maternal and neonatal morbidity and mortality. MPS promotes a systematic, integrated planning approach to clinical interventions and health systems, relying on partnerships between government institutions, donors, lenders, the private sector, communities and families. It emphasizes providing appropriate and continuous skilled care, with a focus on the availability of skilled birth attendants, and pays special attention to community-based actions to ensure women and newborns have appropriate access to care.

There are four main strategies for reducing maternal morbidity and mortality. The first is to improve access to and coverage of cost-effective and quality maternal and neonatal health care. The second is to build more effective partnerships through cooperation between programmes, institutions and partners. The third is to empower women and families by improving their knowledge of and attitudes towards health behaviour. The fourth is to involve communities in the provision and utilization of available maternal and neonatal health services.

The three key messages of MPS are that every delivery should be assisted by a trained health provider; every obstetric and neonatal complication should be managed adequately; and every woman of reproductive age should have access to services for preventing unwanted pregnancy and managing the complications of unsafe abortions.

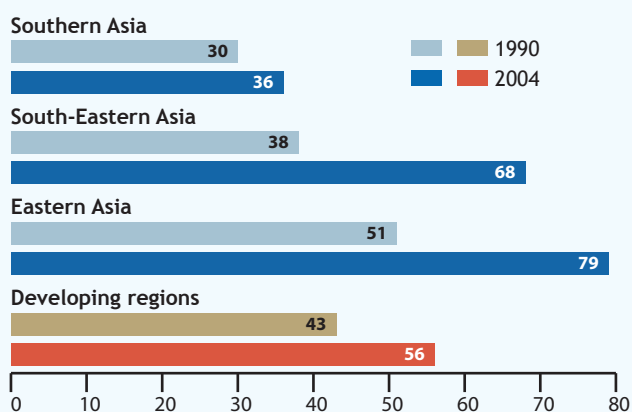
Special attention is needed for low income and vulnerable groups in peri-urban and rural areas, as well as people in remote areas, particularly young women who do not have adequate access to health services. The Social Safety Net Programme, launched in 1998, ensured funding for basic service provision and will need to be maintained.

Indonesia Progress Report on the Millennium Development Goals 2004 (National MDG Progress Report)

to 79% between 1990 and 2004. It appears for instance that in South-Eastern Asia, the countries with the lowest maternal mortality ratios - Thailand, Singapore, Malaysia - have the highest proportions of births attended by skilled health personnel (Box. 5b).

However, throughout Asia and the Pacific region, impoverished and rural women are still less likely than their urban and wealthier counterparts to receive skilled care during childbirth.

Proportion of deliveries attended by skilled health care personnel, 1990 and 2004 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Box 5b: Increasing access to quality family planning services and information has been an important factor in improving mother health in Malaysia

Malaysia's remarkable experience in reducing maternal mortality reflects (i) improvements in access to quality maternal health services, including family planning; (ii) increased professional skills of trained delivery attendants to manage pregnancy and delivery complications; (iii) investments in upgrading the quality of essential obstetric care in district hospitals; (iv) improved efficiency of referral and feedback systems to prevent delays; (v) close engagement with communities to remove social and cultural constraints and improve acceptability of modern maternal health services; and (vi) improved monitoring systems.

Increasing access to quality family planning services and information has been an important factor in improving maternal health in Malaysia. It led to lower fertility levels among women at the youngest and oldest childbearing ages, as well as among those of high parity—groups known to have relatively higher risk of maternal mortality. There is scope for further improving maternal health by expanding access to reproductive health services and information to all who need them, in line with the Programme of Action of the International Conference on Population and Development (ICPD). Especially in the context of rising levels of HIV/AIDS, the reproductive health needs of adolescents and youths require particular attention. This requires gender-sensitive education and information programmes at various levels.

Success in reducing maternal mortality has been the result of a synergy of a wide range of policies, strategies, and programmes. These have addressed the crucial determinants of maternal mortality, from access to services through socio-economic, cultural, educational, gender, and poverty dimensions.

Malaysia Achieving the MDGs 2005
(National MDG Progress Report)



Produced by:
United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

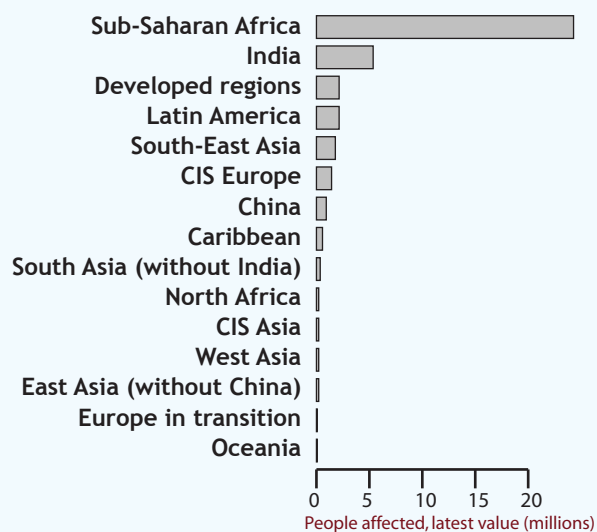
Combat HIV/AIDS, Malaria and Other Diseases

Goal 6 calls for stopping and reversing the spread of HIV/AIDS, malaria and other major diseases, including tuberculosis. All three of these diseases are concentrated in the poorest countries. They could be largely controlled through education, prevention and, when illness strikes, intervention.

Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Despite lower prevalence of HIV/AIDS among adults (aged between 15 and 49 years) in Asia and the Pacific region compared with that of sub-Saharan Africa, none of the Asian sub-regions are expected to reach this target. This is due to many countries witnessing increasing adult HIV prevalence since 1990. Additionally, relatively low national prevalence rates mask localized epidemics that have the potential to escalate dramatically. The large populous countries of China, India and Indonesia are of particular concern. General prevalence in these countries is low, but this masks serious epidemics already under way in certain provinces, territories and states.

People aged 15-49 living with HIV/AIDS, latest value



Source: United Nations, *Achieving the MDGs in Asia: A case for more aid?* (New York, UNESCAP, 2006).

The relatively minor contribution, 21%, of Asia to the world's number of people living with HIV/AIDS is due mostly to the huge size of the problem in sub-Saharan Africa. Asia has so far avoided the African numbers for three reasons:

- The onset of the epidemic in parts of Asia occurred in the late 1980s, almost a decade later than in sub-Saharan Africa;
- With few exceptions, HIV infections in Asia stayed confined to specific population groups, such as sex workers, intravenous drug users and men having sex with men; and
- A more stable political environment in many Asian countries has made the implementation of policies and access to resources to combat the epidemic more effective.



HIV/AIDS, malaria and tuberculosis are largely concentrated in the poorest countries.

However, disparities between the sub-regions in Asia and the Pacific region exist. Prevalence rates among adults (15 - 49 year-olds) in Eastern Asia reached 0.1% in 2005, compared with 0.5% in South-Eastern Asia, and 0.7% in Southern Asia. There are also

Eastern and South-Eastern Asian Countries, on track and off track for Goal 6

Goal 6	A	B	C
Asia-Pacific	▼	●	●
Eastern and North-Eastern Asia			
China	▲	●	●
DPR Korea		●	●
Hong Kong, China	▲	●	●
Macao, China		▼	▼
Mongolia	▲	●	●
Republic of Korea	▲	●	●
South-Eastern Asia			
Brunei Darussalam	▲	▼	▼
Cambodia	●	●	●
Indonesia	▲	●	●
Lao PDR	▲	●	●
Malaysia	▼	●	●
Myanmar	●	●	●
Philippines	▲	●	●
Singapore	▲	●	●
Thailand	▲	●	●
Timor-Leste		●	●
Viet Nam	▼	●	●

A HIV prevalence
 B TBC prevalence
 C TBC death rate

● Early achiever
 ▲ On track
 ▼ Off track - Slow
 ▼ Off track - Regressing

Source: UNESCAP, ADB and UNDP, *Millennium Development Goals: Progress in Asia and the Pacific 2006*.

Box 6: Indonesia confronts malaria epidemics through outreach in poor rural areas

The 1997 economic crisis in Indonesia brought increased poverty, a reduction in health spending, the breakdown of malaria control efforts—in particular a dramatic cutback in IRS (Indoor Residual Spray)—and the re-emergence of malaria in areas where the disease was previously under control. There was also a decrease in surveillance and monitoring, leading to insufficient knowledge about malaria transmission and failure to diagnose the disease early. Many village health clinics lacked sufficient supplies of drugs and skilled staff to administer them and monitor their use.

The Menoreh Hills Malaria Control Project was carried out between May and December 2001, with support from WHO and USAID. Communities were mobilized, local people were trained as malaria workers and community members were educated on how to manage epidemics. Village health workers played an important role in early diagnosis and treatment of the disease among poor rural populations. Health workers also introduced IRS and the new habit of sleeping under ITNs (Insecticide-treated bed nets), which were distributed free of charge. Village elders and local teachers were engaged in information campaigns to promote the use of ITNs. In 2001, close to 4500 ITNs were distributed by district administrations and 8000 houses were sprayed.

By the end of 2001, the malaria epidemic in the Menoreh Hills had been halted and reversed. Commitment on the part of the district authorities was crucial for supporting action at community level and for negotiating adequate domestic and external funds.

2005 world malaria report, UNICEF, WHO, Roll Back Malaria

important disparities between the countries that are part of these sub-regions. In South-Eastern Asia, the countries with the highest prevalence rates among adults in 2005 were Cambodia (1.6%), Thailand (1.4%) and Myanmar (1.3%). The number of people living with HIV/AIDS in these three countries stopped increasing however. On the other hand, and despite lower prevalence rates among adults, the situation is deteriorating in Viet Nam. The prevalence rate among adults in that country increased from 0.3% to 0.5% between 2001 and 2005.

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria is endemic to the world's poorest countries, mainly those in tropical and subtropical regions of Africa, Asia and the Americas. More than 1 million **malaria deaths** occur worldwide each year, more than 90% in sub-Saharan Africa, and almost all among children under-5 years of age.

Malaria, however, continues to be a major health problem in many countries in Asia and the Pacific region. In South-Eastern Asia, of particular concern are the countries of the Mekong Region. Malaria has been the leading cause of morbidity for many decades in Myanmar, and remains the leading cause of morbidity and mortality in Lao People's Democratic Republic. It is also a considerable burden on mortality and morbidity in certain remote areas in Cambodia. The country however with the highest malaria notified cases per 100,000 population in 2000 in South-Eastern Asia was Indonesia (920) (Box. 6). Lao People's Democratic Republic (759) and Cambodia (476) followed closely that same year.

By preventing the disease in the first place, insecticide treated nets reduce the need for drug treatment and other health services, which is particularly important in view of the increase in drug resistant malaria parasites.

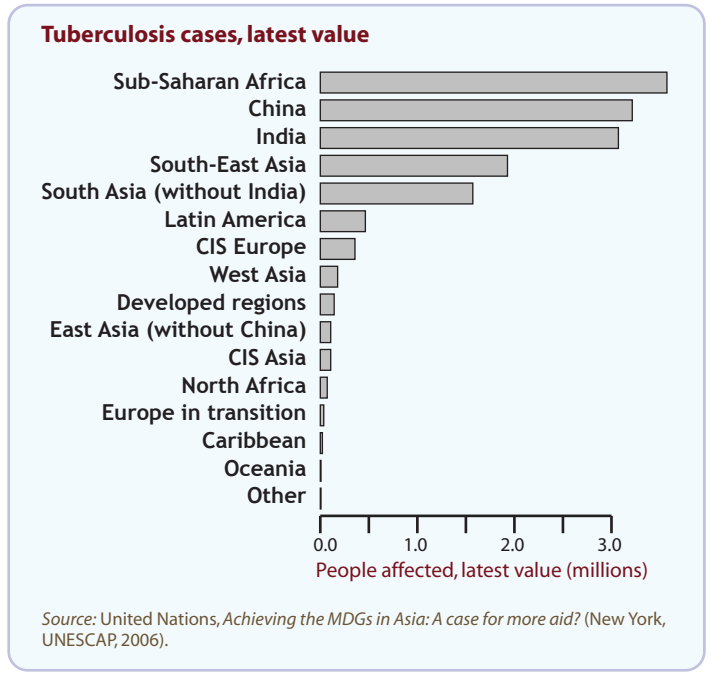
In 2004, there were an estimated 9 million **new tuberculosis cases** worldwide. The disease kills 1.7 million people a year. The poor are more at risk for several reasons, among which are lack of treatment, which means that the disease keeps spreading in poor countries, and malnutrition, which compromises people's ability to fight off the infection.

Most of the deaths associated with tuberculosis (TB) occur during an adult's most productive years – between the ages of

15 and 54. Detecting and curing tuberculosis is, therefore, a key intervention for addressing poverty and inequality.

Tuberculosis remains a major concern in Asia and the Pacific region – of the top 22 heavy burden TB countries worldwide, 12 are in Asia and the Pacific region, 5 of them being in the Mekong region - though Asia and the Pacific region as a whole is making progress. In Eastern Asia for instance, **the prevalence rate associated with tuberculosis** decreased from 322 cases per 100,000 population in 1990 to 216 in 2004. In South-Eastern Asia, it also decreased from 501 cases per 100,000 population to 282. Despite this progress, South-Eastern Asia still has one of the highest prevalence rate associated with tuberculosis worldwide.

Cambodia (709) is the country with the highest TB prevalence rate per 100,000 population in the South-Eastern Asia sub-region. This is followed by Timor-Leste (692) and the Philippines (463). In the Philippines, TB is ranked number 6 out of the 10 leading causes of morbidity and mortality.



Produced by:
United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

7 Ensure Environmental Sustainability

Reversing the loss of environmental resources, including forests, biological diversity and the earth's ozone layer, are among the targets for Goal 7, along with provision of safe water, adequate sanitation and decent, affordable housing for the world's poor.

Improved water and sanitation reduce child mortality and better drainage reduces malaria. It also reduces the risk of disaster from floods. Managing and protecting the environment thus contributes to reaching the other Millennium Development Goals. Fortunately, good policies and economic growth, which work to improve people's lives, can also work to improve the environment.

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Forest resources play a role in poverty reduction and food security. Tens of millions of people, mainly in rural areas, depend on forests as a major source of subsistence and cash income, while hundreds of millions of people depend on forests to supplement their livelihoods.

The proportion of forested area in a country provides an indication of the relative importance of the forest to the society.

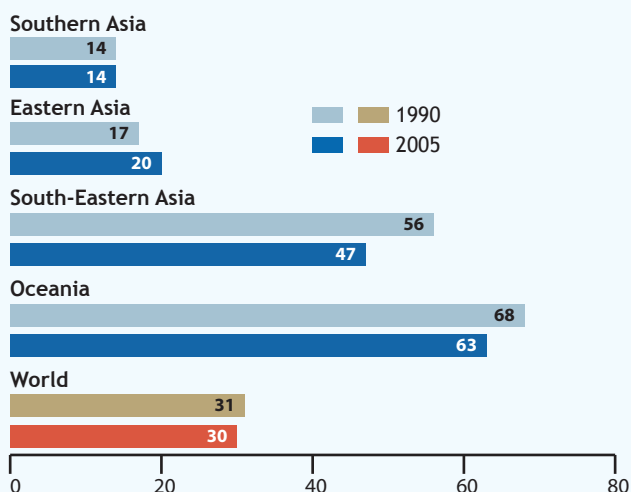
Eastern Asia has already reversed the loss of forest with an increase from 17% to 20% of **the proportion of land area covered by forests**. This is mainly due to the progress made in China where the proportion of land area covered by forest increased from 16.8% in 1990 to 21.2% in 2005. Of particular concern however in Asia and the Pacific region is Oceania, where the proportion of land area covered by forest decreased from 68% to 63% between 1990 and 2005. A similar trend occurred in South-Eastern Asia, where the proportion of land area covered by forest declined from 56% to 47% during the same period of time.



Protection of the environment is an issue of importance to Eastern and South-Eastern Asian countries.

Almost all the countries that are part of South-Eastern Asia are regressing for this indicator. For instance, the proportion of land area covered by forest decreased in Cambodia from 73.3% to 59.2% between 1990 and 2005 and in Indonesia, from 64.3% to 48.8%, between 1990 and 2005. Only Viet Nam, which has managed to increase this proportion from 28.8% in 1990 to 39.7% in 2005, is considered as an early achiever for this indicator in South-Eastern Asia.

Proportion of land area covered by forests, 1990 and 2005 (percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

In 2002, 83% of the world's population used improved drinking water sources, up from an estimated 77% in 1990. This put the world on track to halve **the proportion of people without sustainable access to safe drinking water**. Growing populations pose a challenge however, and wide disparities among countries and between rural and urban areas persist.

In Eastern Asia, the percentage of population with sustainable access to an improved water source increased in rural areas, but decreased in urban areas. In South-Eastern Asia, however, despite a slight increase of the proportion of population with sustainable access to an improved water source – from 76% in 1990 to 82% in 2004, almost half of the countries for which data is available are regressing for this indicator in urban areas. In the Philippines for instance, the proportion of population with sustainable access to an improved water source in urban areas decreased from 95% to 87% between 1990 and 2004. On the

Box 7. Scaling Up slum upgrading in Thailand

"We all need to think about the processes that will allow all "slum" and squatter households in a nation to achieve the "significant improvements" that the Millennium Development Goals demand. Many upgrading and new housing development programmes have "significantly improved the lives of slum dwellers", but almost never on a scale that significantly reduces the problem. In most nations, more is needed than just increasing the support to conventional upgrading and new housing projects."¹

In January 2003, the Thai government announced two new programmes for the urban poor, seeking to reach 1 million low-income households within five years. The first was the Baan Mankong ("secure housing") programme. This programme channels infrastructure subsidies and housing loans directly from the government to poor communities, which plan and carry out improvements to their housing environment and basic services. The Community Organisations Development Institute (CODI) carries out the Baan Mankong programme.

The second is the Baan Ua Arthorn (We Care) programme, through which the National Housing Authority designs, constructs, and sells ready-to-occupy flats and houses at subsidized rates to lower income households that can afford rent-to-own payments of \$25-\$37 a month.

1: Somsook Boonyabantha, director of Community Organisations Development Institute (CODI) and founder and secretary-general of the Asian Coalition for Housing Rights (ACHR).

Somsook Boonyabantha, "Baan Mankong: Going to scale with 'slum' and squatter upgrading in Thailand", Environment and Urbanization 17 (1): 21-46

other hand, Viet Nam, Thailand and Malaysia are considered as early achievers for this indicator, for both urban and rural areas. In Viet Nam for instance, the percentage of population with sustainable access to an improved water source increased from 59% to 80% between 1990 and 2004 in rural areas, and from 90% to 99% during the same period of time in urban areas.

Regarding **the proportion of population with access to improved sanitation**, in South-Eastern Asia, only Thailand and Myanmar are considered as early achievers for both rural and urban areas. In Thailand, this percentage increased from 74% to 99% between 1990 and 2004 in rural areas, and from 95% to 98% in urban areas. In Eastern Asia, China is considered as on track for this indicator for rural areas, although access to sanitation is amongst the lowest in Asia and the Pacific region. The proportion of population with access to improved sanitation in rural areas in China increased from 7% in 1990, to 28% in 2004. It also slightly increased in urban areas, from 64% to 69% during the same period of time.

Eastern and South-Eastern Asian Countries, on track and off track for Goal 7

Goal 7	A	B	C	D	E	F	G	H
Asia-Pacific	●	●	●	●	▼	▲	■	▲
East and North-East Asia								
China	●	●	▼	●	▼	■	■	▲
DPR Korea	▼	▲	●	●	●	●		
Hong Kong, China			▼					
Macao, China			▼					
Mongolia	▼	●	●	●	▼	▼		
Republic of Korea	▼	●	▼	●	●			
South-East Asia								
Brunei Darussalam	▼	●	●	●				
Cambodia	▼	●	●	●				
Indonesia	▼	●	▼	●	▼	■	■	■
Lao PDR	▼	●	▼	●				
Malaysia	▼	●	▼	●	●	●	▼	
Myanmar	▼	●	▼	▼	▼	●	●	●
Philippines	▼	●	▼	●	▼	■	▲	■
Singapore	▲	●	●	●	●	●	●	●
Thailand	▼	●	▼	●	●	●	●	●
Timor-Leste	▼	▲	●					
Viet Nam	●	●	▼	●	●	●	●	▲

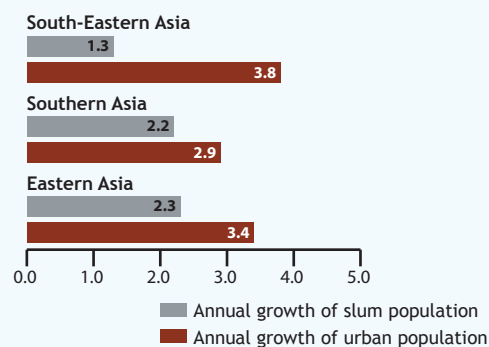
A Forest cover **E** Water urban ● Early achiever
B Protected area **F** Water rural ▲ On track
C CO2 emissions **G** Sanitation urban ■ Off track - Slow
D ODP CFC consumption **H** Sanitation rural ▼ Off track - Regressing

Source: UNESCAP, ADB and UNDP, Millennium Development Goals: Progress in Asia and the Pacific 2006.

Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

In 2007, the majority of people will live in urban areas. Throughout most of the developing world, this will result in larger slum populations. The rapid expansion of urban areas in Southern Asia and Eastern Asia is creating cities of unprecedented size and complexity and new challenges for providing a decent environment for the poor. Despite an increase in slum populations in these two sub-regions, **the percentage of urban population living in slums** decreased respectively from 63.7% to 59% and from 41.1% to 36.4%, between 1990 and 2001. The percentage of urban population living in slums also decreased in South-Eastern Asia, from 36.8% to 28% during the same period of time (Box. 7). Because of its population size, Asia will continue to host the majority of world's slum dwellers for years to come, despite the effective strategies used to rehabilitate and upgrade slums.

Annual growth of urban and slum populations, 1990-2001 (Percentage)



Source: United Nations, The Millennium Development Goals Report 2006 (United Nations publication, Sales no. E.06.I.18).



Produced by:

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

8 Partnership for Development

Millennium Development Goal 8 calls for more official development assistance, measures to ensure debt sustainability in the long term, and measures to address the special needs of least developed, landlocked and small island developing states. It also calls for an open, equitable, rule-based, predictable and non-discriminatory multilateral trading and financial system. A meaningful partnership between rich and poor countries must also address developing countries' access to technology, medicines and jobs for their growing populations.

ful partnership between rich and poor countries must also address developing countries' access to technology, medicines and jobs for their growing populations.

Target 12: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development and poverty reduction - both nationally and internationally)

Developing countries have gained greater access to markets over the past decade. Three quarters of their exports entered developed country markets duty-free in 2004, with the figure higher at 79% for the Least Developed Countries (LDCs). However, goods that are strategically important to developing economies, such as clothing and farm products, are still heavily taxed. A major objective of ongoing negotiations in the World Trade Organization is to further reduce such trade barriers. Developed countries have committed themselves in principle to duty-free and quota-free imports from Least Developed Countries. However, further meaningful reductions will require considerable political determination.

Target 13 and 14: Address the special needs of the least developed countries, landlocked countries and small island developing states

Achieving the MDG target of poverty reduction in the least developed countries (LDCs), landlocked developing countries and small island developing states remains a daunting challenge. Extreme poverty, structural handicaps, such as high international transport costs and isolation from world markets, poor infrastructure, lack of access to information and technology, and weak human capacity make these countries extremely vulnerable to external shocks, natural and man-made disasters, and communicable diseases. Despite the efforts of their governments to mobilize domestic resources and attract foreign investment, Official Development Aid (ODA) will remain a critical source of external financing for poverty reduction and sustainable development in these countries for the coming years.

Most of the recent increase in official aid has been used to cancel debts and meet humanitarian and reconstruction needs in the aftermath of emergencies. Debt relief, while welcome, often goes to countries that have already ceased debt repayments, and does not necessarily provide a new source of financing for social services or poverty reduction. Similarly, emergency and disaster relief, although essential, do not address



Goal 8 calls for formation of multilateral relationships that address poor countries specific needs.

long-term development needs. Only five donors (Denmark, Luxembourg, Netherlands, Norway, Sweden) have achieved the longstanding United Nations aid target of 0.7% of their gross national income, although six more have indicated that they intend to do so before 2015. If these pledges are honoured, ODA will exceed \$100 billion in 2010.

South-Eastern Asia includes 4 of the LDCs – Cambodia, Lao People's Democratic Republic, Myanmar and Timor-Leste. Between 1990 and 2004, the level of ODA inflow to these countries increased significantly, except in Myanmar where it decreased because of the international sanctions. In Cambodia, the level of ODA increased from \$53.64 million to \$483.19 million, in Lao People's Democratic Republic from \$189.6 million to \$271.53 million, and in Timor-Leste from \$0.14 million to \$153.27 million (OECD figures, constant prices (2004)).

Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

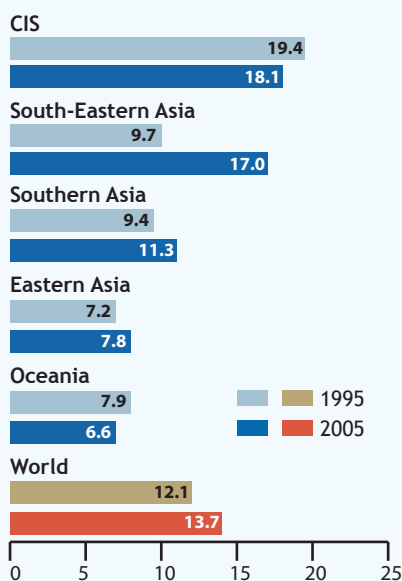
Future debt payments for 29 heavily indebted countries have fallen by \$59 billion since 1998, bringing their debt service to less than 7% of export earnings. But for many poor countries, even this reduced level is too high. In 2005, leaders of the Group of 8 industrialized nations pledged to cancel the debt of heavily indebted countries that met certain criteria, including a track record of sound macroeconomic performance.

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

Young people suffer from marked disadvantages in the labour market when compared with older adults. The ratio shows that the youth unemployment rate (aged 15-24) is two to six times the rate for unemployment amongst adults. The greatest disadvantage for young people relative to adults is in Southern and South-Eastern Asia, where young workers are six and five times respectively more likely to be unemployed than older workers. Despite a low or moderate youth unemployment rate across Asia and the Pacific region as a whole, most of the sub-regions are not expected to reach the target by 2015 if the prevailing trend persists. The youth unemployment rate increased over the decade 1995-2005 in South-Eastern Asia, from 9.7% to 17%, and Eastern Asia, from 7.2% to 7.8%. It also increased in Southern Asia, from 9.4% to 11.3% between 1995 and 2005. Unemployment among young women is also significantly higher than that among young men in almost all sub-regions in the Asia and Pacific region. The gender gap is particularly evident in Southern Asia, where, rather than closing, the gap has widened during the decade 1993-2003.

In South-Eastern Asia, the youth unemployment rates have increased in all the countries for which figures are available (Box. 8). For instance, it increased from 15.4% to 26.3% in the Philippines between 1990 and 2003, and from 8.7% to 13.4% in Indonesia between 1992 and 1996.

Youth unemployment rates, 1995 and 2005 (Percentage)



Source: United Nations, *The Millennium Development Goals Report 2006* (United Nations publication, Sales no. E.06.I.18).

Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Access to essential drugs, especially those for treating HIV, has expanded in the developing world. Between 2001 and 2005, the number of people on antiretroviral therapy in low and middle-income countries increased fivefold. Prices of antiretroviral drugs have decreased significantly, generic drugs have become more widely available and drug procurement systems

have improved. But the target set in 2003 of reaching at least half of those in need of therapy has been missed, and antiretroviral drugs reach only one in five globally. New combinations of drugs – especially those that contain a compound derived from the *Artemisia annua* plant – are proving effective in controlling malaria. But access to this natural substance remains difficult owing to its high cost and limited supply.

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially Information and Communication Technologies

By the end of 2004, 14% of the world's population was using the internet, with a large digital divide separating developed and developing regions. Less than 1% of the population in the 50 Least Developed Countries (LDCs) had access to internet. Disparities are also important between developing regions and between countries. Southern Asia for instance lagged behind in 2004 compared to South-Eastern Asia and Eastern Asia. In 2004, Southern Asia had a number of internet users per 100 population of 3.4, compared with 7.4 and 10.3 respectively in South-Eastern Asia and Eastern Asia.

In South-Eastern Asia, Malaysia (38.62 internet users per 100 populations) was far ahead of Thailand (11.25), Viet Nam (7.12) or Indonesia (6.52) in 2004. Cambodia (0.28), Lao People's Democratic Republic (0.36), and Myanmar (0.12) lagged behind the other countries in this sub-region.

Box 8: Viet Nam puts great attention to global employment opportunities

Every year there are more than 1 million people joining the Viet Namese labor force. This places a heavy responsibility on the Government to generate employment opportunities. Vietnam's programs on labor and employment implemented during 1996-2000, and on poverty reduction and job creation implemented during 2001-2005 concentrated on solving problems of labor and employment.

Formal labor market institutions have been gradually developed. During 2001-2005, nearly 200 job consulting centers and around 1,000 employment agencies were established to assist youth seeking job opportunities. At the same time, great attention has been paid to global employment opportunities. On the one hand, Viet Nam encourages transnational companies and foreign investors to open business in Viet Nam and organize job training for youth to equip them with the knowledge to take up employment opportunities; on the other hand, Vietnam seeks to take advantage of international employment opportunities by establishing vocational schools in preparation for participating in oversea labor markets. As a result of these various efforts the skills of the labor force are steadily improving.

Viet Nam Achieving the MDGs 2005
(National MDG Progress Report)



Produced by:

United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.

A Future Within Reach: Summary

*In 2005 a tripartite partnership between UNESCAP, UNDP and ADB to analyze the trends in MDG achievement across Asia and the Pacific region, and explore policy options at both regional and national levels to reach them by 2015, led to the production of a second regional MDG report - **A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific.***

The Report revealed that Asia and the Pacific region, one of the world's most dynamic regions, had made significant progress towards achieving the MDGs. However, to meet the 2015 deadline the Report argues for change - not just for making substantial investments in key areas, but also for carrying out major institutional changes at the local, national and regional levels to make the development process fairer and more inclusive. In particular, it advocates for changes that could lead to better provision of public services, and highlights emerging and new patterns of regional cooperation that could have high pay-offs for the MDGs. The following is a summary of the report's main findings:

Tracking progress in Asia and the Pacific region

Asia and the Pacific is one of the world's most dynamic regions, so it should come as no surprise that the report finds this region has made rapid progress towards many of the MDGs. But not all the developing countries in Asia and the Pacific are making sufficient progress; indeed none are currently on track to meet all the goals by 2015.

Many countries are evidently making good progress on poverty. This is encouraging, and hopefully many of the countries that are currently off track on poverty will be able to make up sufficient ground to hit the target by 2015. But it is notable that some of the countries that have had reasonable economic growth and are on target for reducing poverty seem destined to miss other important goals related to education and health. Clearly, growth in national income, though necessary, is not sufficient for reduction in poverty. It is also vital to ensure that more country resources are targeted towards achieving the MDGs. It is just as important, however, to consider the way in which these resources are invested and how progress towards the MDGs is shaped by the character and strength of national institutions.



Rethinking service delivery

If the countries in Asia and the Pacific are to achieve the MDGs they will undoubtedly need to invest sufficient resources. But just as important they will need to change how they do things. They will need to develop the necessary skills and capacity and ensure that their national and local institutions fit the needs and aspirations of the twenty-first century. Institutions in this sense refer not just to specific organizations, governmental or non-governmental, but also to "rules", formal and informal, that lead to patterns of behaviour – cultural, economic and social. Governments have a role in reforming their domestic institutions, so that they can better meet their responsibilities and fulfill their promise in the Millennium Declaration to create an environment "conducive to development and to the elimination of poverty". One of the most direct ways in which Governments can address poverty – and meet the MDGs – is by ensuring adequate basic services for the poor, either by providing these services directly or by mobilising the private sector and civil society.

Countries of major concern

The indicators of most general concern are the ones in which few successes have been achieved and large gaps remain. In the Asia and Pacific region, these high-priority indicators are:

- National poverty
- Water in rural areas
- Infant mortality
- Malnourishment
- Under-5 mortality
- Primary enrolment

19 countries are off track for more than half of these high-priority indicators. 5 of these countries – Afghanistan, Timor-Leste, Papua New Guinea, Uzbekistan, Mongolia - are off track for all of them.

Countries off track for more than half of the high-priority indicators:

- | | | |
|---------------------------|----------------|----------------|
| • Afghanistan | • Kazakhstan | • Turkmenistan |
| • Timor-Leste | • Kyrgyzstan | • Azerbaijan |
| • Papua New Guinea | • Nepal | • Bangladesh |
| • Uzbekistan | • DPR of Korea | • India |
| • Mongolia | • Maldives | • Pakistan |
| | • Tajikistan | • Cambodia |
| | • Kiribati | • Myanmar |

Source: United Nations, *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the MDGs in Asia and the Pacific* (United Nations publication, Sales no.E.05.II.F.27).

Working together – opportunities for regional cooperation

Most institutional changes to promote the MDGs will need to take place at the national level. Nevertheless there are also opportunities, particularly in the Asia-Pacific context, for concerted international action not just at the global level but also at the regional level – through South-South cooperation in the pursuit of what might be termed “international public goods”, such as open trading systems and clean air. By analogy, countries can also work together to eliminate “international public bads” such as pollution, communicable diseases or trafficking in persons.

Suggestions for enhancing regional cooperation are:

- Promoting trade, foreign direct investment and official development assistance
- Encouraging Asian monetary cooperation
- Regularizing labour migration
- Creating an Asia-Pacific grain security system
- Agreeing to compacts to tackle the HIV/AIDS pandemic
- Aiming for green growth
- Improving governance by fighting corruption and promoting e-governance
- Strengthening cooperation between regional institutions

A future within reach

The MDGs have helped many countries to galvanize their development efforts – offering a space in which all sections of society can come together to debate national and regional priorities. But they will only finally serve their purpose if they focus attention on the remaining gaps, and on the changes needed to meet the rights of everyone – especially the poorest and most vulnerable. 2015 is less than 10 years away. Advocacy for greater resources is well under way. But these resources need to be complemented with appropriate institutional changes to ensure that all these goals are within the reach of nations and communities.



Produced by:

United Nations Economic and Social Commission
for Asia and the Pacific (UNESCAP)
Bangkok, Thailand.