



THE FEASIBILITY OF ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN ASIA AND THE PACIFIC

INTRODUCTION AND OVERVIEW

World conferences and summits held by the United Nations during the 1990s adopted many goals for sustainable economic and social development. Building on those, in June 2000, the United Nations, the World Bank, IMF and OECD jointly endorsed a set of international development targets for all countries in the world (see box III.1). Those targets became the foundation of the millennium development goals.

The United Nations Millennium Declaration, unanimously adopted at the Millennium Summit held in New York from 6 to 8 September 2000, contains a large number of objectives and goals, mostly qualitative in nature, urging action by countries and other stakeholders.¹ However, there are a number of quantitative goals for which deadlines have been set for achievement through collective action.

The millennium development goals cover all major areas related to the well-being of people, including extreme poverty, education, health, gender equality and the environment. These are interlinked, and efforts to achieve one goal will have positive spillover effects on several others. For example, the achievement of the targets on education, particularly female education, serve to underpin poverty alleviation, better nutrition and family health, improved environment and so forth.

The report of the Secretary-General entitled “Road map towards the implementation of the United Nations Millennium Declaration”² elaborated on the goals. In that document, 1990 was established as the relevant base year for comparison; the targets were made more specific and indicators defined to monitor them. The goals, with their targets and indicators, are reproduced in table III.1.

The United Nations Millennium Declaration addresses vast challenges being faced by mankind and provides a policy agenda, as encapsulated in the millennium development goals

¹ General Assembly resolution 55/2 of 8 September 2000, paras. 19 and 20.

² A/56/326.

Box III.1. Background of the millennium development goals: global conferences and international development targets

During the 1990s, a number of United Nations world conferences and summits were held, including the following:

- World Summit for Children, New York, 1990
- World Conference on Education for All: Meeting Basic Learning Needs, Jomtien, Thailand, 1990
- United Nations Conference on Environment and Development, Rio de Janeiro, Brazil, 1992
- International Conference on Nutrition, Rome, 1992
- World Conference on Human Rights, Vienna, 1993
- International Conference on Population and Development, Cairo, 1994
- Fourth World Conference on Women, Beijing, 1995
- World Summit for Social Development, Copenhagen, 1995
- World Food Summit, Rome, 1996
- United Nations Conference on Human Settlements (Habitat II), Istanbul, 1996

The World Summit for Social Development is briefly reviewed below to illustrate the foundation of the millennium development goals.

World Summit for Social Development

The World Summit for Social Development, held at Copenhagen in March 1995, was the first major United Nations conference specifically devoted to social development issues. It adopted the Copenhagen Declaration and Programme of Action, which drew extensively on the recommendations of earlier conferences, particularly the United Nations Conference on Environment and Development and the International Conference on Population and Development. The Declaration and Programme of Action also benefited from the preparatory work for the Fourth World Conference on Women and the United Nations Conference on Human Settlements (Habitat II). The Copenhagen Declaration contains 10 commitments made by world leaders to:^a

- Eradicate absolute poverty by a target date to be set by each country
- Support full employment as a basic policy goal
- Promote social integration based on the enhancement and protection of all human rights
- Achieve equality and equity between women and men
- Accelerate the development of Africa and the least developed countries
- Ensure that structural adjustment programmes include social development goals
- Increase resources allocated to social development
- Create an economic, political, social, cultural and legal environment that will enable people to achieve social development
- Attain universal and equitable access to education and primary health care
- Strengthen cooperation for social development through the United Nations

The Programme of Action outlines policies, actions and measures to implement the commitments enunciated in the Declaration. It makes countries responsible for defining time-bound goals and targets for eradicating absolute poverty, reducing unemployment and enhancing social integration, within their own national context. The Programme of Action also contains some time-bound goals and actions.

^a United Nations, World Summit for Social Development, *The Copenhagen Declaration and Programme of Action* (New York, 1995), p. vii.

International development targets

Building on the world conferences and summits of the 1990s, the international development targets listed below, address some of the many dimensions of poverty and their effects on people's lives.^b

- (1) Halve between 1990 and 2015, the proportion of people living in extreme poverty
- (2) Enrol all children in primary school by 2015
- (3) Make progress towards gender equality and empowering women by eliminating gender disparities in primary and secondary education by 2005
- (4) Reduce infant and child mortality rates by two thirds between 1990 and 2015
- (5) Reduce maternal mortality ratios by three quarters between 1990 and 2015
- (6) Provide access for all who need reproductive health services by 2015
- (7) Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015

^b All international development targets, except those on infant mortality and reproductive health services, are covered by the millennium development goals. However, infant mortality is a part of the indicators for monitoring the target on the under-5 mortality rate, whereas reproductive health services are included among the selected indicators for monitoring the goal on HIV/AIDS and other major diseases. The millennium development goals have additional targets (not covered by international development targets) on hunger, safe drinking water, gender equality for higher education (not just secondary education), HIV/AIDS and other major diseases, and improved lives for slum dwellers.

It is obvious that, in the absence of the relevant data and information, particularly consistent time-series data, progress in the implementation of the goals cannot be monitored at all. In addition, if some data are available but not reliable or comparable, definite conclusions cannot be drawn; for example, if there are wide differences in data on the same indicator as reported from different sources. Moreover, data may be available for some goals and not others and their coverage may also be limited. Lastly, the non-availability or limited availability of data for the benchmark year 1990 poses yet another set of problems. Cross-sectional data on indicators may not be comparable across countries as a result of the inevitable differences in definitions and methodologies. This limits the practicability and feasibility not only of country comparisons but also of aggregation at the subregional and regional levels.

Bearing these qualifications in mind, a preliminary assessment was made of the feasibility of achieving certain goals, the results of which are reported below. The selected goals pertain to the eradication of extreme poverty and hunger, the achievement of universal primary education, the promotion of gender equality and the empowerment of women, reduction of child mortality and improvement of maternal health.

- The eradication of extreme poverty is the overarching millennium development goal, and the target is to halve the proportion of people with a daily income less than one dollar (in terms of purchasing power parity) between 1990 and 2015. Based on

Conceptual and empirical issues encountered in monitoring the implementation of the millennium development goals

Table III.1. Millennium development goals, targets and indicators

| <i>Goals and targets</i> | <i>Indicators</i> |
|--|--|
| Goal 1. Eradicate extreme poverty and hunger | |
| Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day | 1. Proportion of population below one dollar per day 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption |
| Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger | 4. Prevalence of underweight children (under 5 years of age) 5. Proportion of population below minimum level of dietary energy consumption |
| Goal 2. Achieve universal primary education | |
| Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling | 6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24-year-olds |
| Goal 3. Promote gender equality and empower women | |
| Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015 | 9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males among 15-to-24-year-olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament |
| Goal 4. Reduce child mortality | |
| Target 5. Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate | 13. Under-5 mortality rate 14. Infant mortality rate 15. Proportion of 1-year-old children immunized against measles |
| Goal 5. Improve maternal health | |
| Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio | 16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel |
| Goal 6. Combat HIV/AIDS, malaria and other diseases | |
| Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS | 18. HIV prevalence among 15-to-24-year-old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS |
| Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases | 21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed short course of treatment |

(Continued on next page)

Table III.1 (continued)

| <i>Goals and targets</i> | <i>Indicators</i> |
|--|---|
| Goal 7. Ensure environmental sustainability^a | |
| Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources | 25. Proportion of land area covered by forest 26. Land area protected to maintain biological diversity 27. GDP per unit of energy use (as proxy for energy efficiency) 28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases] |
| Target 10. Halve by 2015 the proportion of people without sustainable access to safe drinking water | 29. Proportion of population with sustainable access to an improved water source |
| Target 11. Have achieved a significant improvement in the lives of at least 100 million slum dwellers by 2020 | 30. Proportion of people with access to improved sanitation 31. Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers] |
| Goal 8. Develop a global partnership for development^a | |
| Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally | [Some of the indicators listed below will be monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States] Official development assistance |
| Target 13. Address the special needs of the least developed countries Includes: tariff- and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPCs) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction | 32. Net ODA as percentage of OECD/Development Assistance Committee donors' gross national product (targets of 0.7 per cent in total and 0.15 per cent for LDCs) 33. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 34. Proportion of ODA that is untied 35. Proportion of ODA for environment in small island developing States 36. Proportion of ODA for transport sector in landlocked countries |
| Target 14. Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) | Market access 37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas 38. Average tariffs and quotas on agricultural products and textiles and clothing |

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Table III.1 (continued)

| <i>Goals and targets</i> | <i>Indicators</i> |
|---|--|
| 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 | 39. Domestic and export agricultural subsidies in OECD countries 40. Proportion of ODA provided to help to build trade capacity Debt sustainability 41. Proportion of official bilateral HIPC debt cancelled 42. Debt service as a percentage of exports of goods and services 43. Proportion of ODA provided as debt relief 44. Number of countries reaching HIPC decision and completion points |
| Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth | 45. Unemployment rate of 15-to-24-year-olds |
| Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries | 46. Proportion of population with access to affordable essential drugs on a sustainable basis |
| Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications | 47. Telephone lines per 1,000 people 48. Personal computers per 1,000 people <i>[Other indicators to be decided]</i> |
| <i>Source:</i> United Nations, "Road map towards the implementation of the United Nations Millennium Declaration", report of the Secretary-General (A/56/326). | |
| ^a The selection of indicators for goals 7 and 8 is subject to further refinement. | |

Achievement of some millennium development goals is possible given concerted efforts made to sustain ongoing progress thus far

past trends, the achievement of this target for the ESCAP region as a whole may be possible,³ especially given the sustained performance of East Asia (mainly China) and South-East Asia. However, South Asia and individual countries in other subregions (such as Cambodia and Papua New Guinea) may not be able to attain the target. The current global downturn, if prolonged, could pose a downside risk to maintaining past successes in poverty reduction.

³ Time-series data on the incidence of poverty are available for only a small number of countries.

- With regard to hunger, the target is to halve, between 1990 and 2015, the proportion of people who suffer from hunger. Owing to the lack of reliable consistent time-series data, a definitive statement cannot be made on the possibility of the achievement of the target for hunger and undernourishment.
- Universal primary education for boys and girls appears on target for achievement by 2015, based on current evidence.
- In terms of gender equality and empowerment of women, the current gender disparity in primary and secondary education is to be removed, preferably by 2005, and at all levels of education, no later than 2015. Slow progress in South Asia and in some countries in other subregions may render it difficult to realize this goal.
- As to child mortality, the target is to reduce the under-5 mortality rate by two thirds between 1990 and 2015. For the ESCAP region as a whole, progress thus far seems slower than desired, so that the achievement of this goal could be doubtful if current trends persist.
- With regard to maternal health, the target is to reduce the maternal mortality ratio by three quarters between 1990 and 2015. There is a lack of reliable time-series data for measuring the progress on the achievement of the target, making it very difficult to predict the outcome for this goal.

In order to draw pertinent policy lessons, a more rigorous analysis is needed of the main determinants in success stories as well as the root causes of the slow progress made by many countries in realizing the set of goals and targets.⁴ Some strategies for achieving the targets are outlined in this chapter, and in-depth, follow-up reviews and analyses are required. However, a major effort has to be made by a large number of countries in the collection of reliable and consistent time-series data, as mentioned earlier. There is an additional significant requirement: suitably disaggregated data do not exist in many countries to enable the needed assessment of whether the achievement of a goal at the national level is accompanied by the fulfilment of the same target in all domestic regions or for all income groups within the country. Comprehensive and periodic data collection and storage and retrieval constitute a time-consuming and expensive undertaking. In this connection and as appropriate, countries should be encouraged and assisted, inter alia, through capacity-building of their statistical departments and exchange of hands-on experience on a subregional and regional basis.

⁴ ESCAP and UNDP plan to bring out a joint detailed report, towards the end of 2002, on the implementation status of the millennium development goals in the ESCAP region, along with an in-depth analysis of policy issues related to the achievement of the targets. A similar report is planned for 2004.

IMPLEMENTATION STATUS OF SELECTED MILLENNIUM DEVELOPMENT GOALS

Goal 1. Eradication of extreme poverty and hunger

The overarching goal is halving extreme poverty between 1990 and 2015

Extreme poverty is the major problem facing many developing countries of the ESCAP region, and the first target for its reduction is to halve the proportion of people with a daily income of less than one dollar between 1990 and 2015 (see table III.1). The primary indicator for this target is the headcount index, giving the percentage of the population with a daily income or consumption below one dollar per capita.⁵ The poverty gap ratio and the share of the poorest quintile in national income/consumption are suggested as secondary indicators.

The dollar poverty line is defined in terms of purchasing power parity to allow cross-country comparison of poverty estimates.⁶ Some estimates based on this definition of the poverty line are given in table III.2.

The incidence of extreme poverty in East Asia, South-East Asia and the Pacific declined rapidly during the 1990s, from 28 to 15 per cent between 1990 and 1998. On this trend-line basis and given sustained efforts, the goal of halving poverty between 1990 and 2015 would be

Table III.2. Incidence of extreme poverty by subregion, 1990-1998

| | <i>Percentage of the population living on less than one dollar a day</i> | | | |
|--|--|-------------|-------------|-------------|
| | <i>1990</i> | <i>1993</i> | <i>1996</i> | <i>1998</i> |
| East Asia, South-East Asia and the Pacific | 27.6 | 25.2 | 14.9 | 15.3 |
| (Excluding China: | 18.5 | 15.9 | 10.0 | 11.3) |
| South Asia | 44.0 | 42.4 | 42.3 | 40.0 |
| Eastern Europe and Central Asia | 1.6 | 4.0 | 5.1 | 5.1 |
| Asia and the Pacific | 34.3 | – | – | 25.6 |

Source: ESCAP based on World Bank, *World Development Report 2000/2001: Attacking Poverty* (New York, Oxford University Press, 2000), p. 23. Aggregate data for Asia and the Pacific, covering East Asia, South-East Asia and the Pacific plus South Asia, have been derived by the ESCAP secretariat.

⁵ A primary indicator is most directly and closely associated with the target. The secondary indicators, less directly associated with the target, are used for gathering supporting evidence. If data on the primary indicator are not available, these secondary indicators become proxy indicators for monitoring progress.

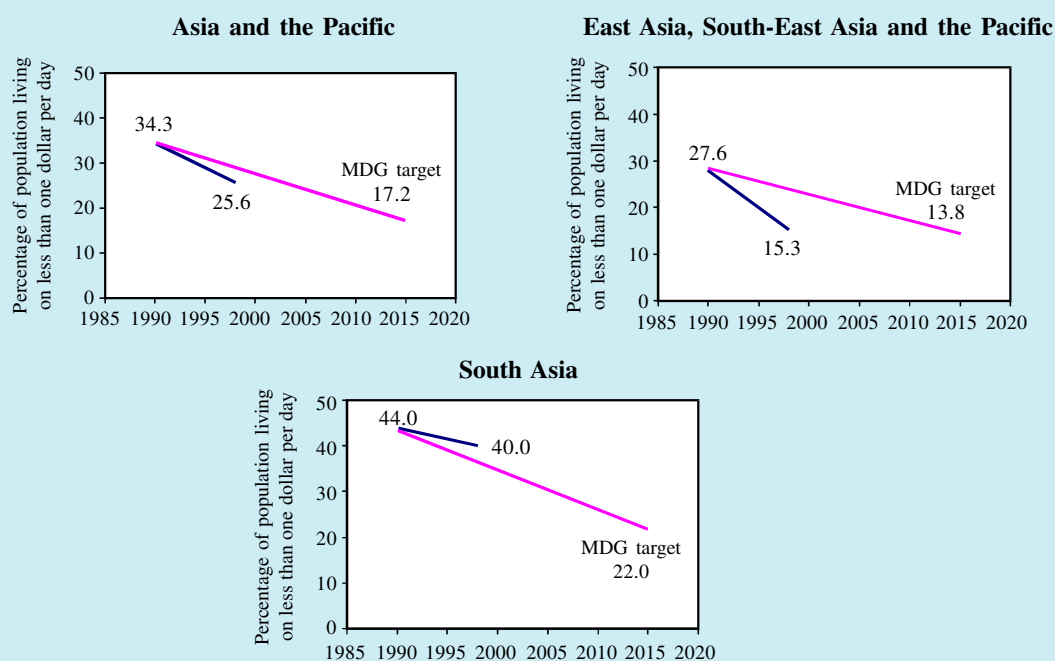
⁶ More precisely, the poverty line is \$1.08 per capita a day at 1993 purchasing power parity. For the many limitations of the poverty estimates, see Angus Deaton, "Counting the world's poor: problems and possible solutions", *World Bank Research Observer*, vol. 16, No. 2 (fall 2001); see also the comments on the paper by Martin Ravallion and T.N. Srinivasan in the same issue.

within reach in East Asia and South-East Asia. Progress in poverty reduction in South Asia has been slow, only 4 percentage points over the same period, and thus achievement of the above target remains doubtful. Eastern Europe and Central Asia had very low poverty rates in the pre-transition period.⁷ Subsequently, those rates showed rapid increases in most of the 1990s, especially in several countries in Central Asia, which face great difficulties and thus have little chance of achieving the goal of halving poverty with 1990 as the base year.

For Asia and the Pacific as a whole, the incidence of poverty fell from 34.3 to 25.6 per cent between 1990 and 1998, or about 9 percentage points in eight years (table III.2). The target of halving poverty by 2015 would be met if this figure dropped to around 17 per cent, or by another 9 points in 17 years (see figure III.1). Thus, on the basis of past trends, the ESCAP region as a whole may be able to attain the target, even though some subregions and individual countries may not do so. In addition, the incidence of poverty increased in some countries after the 1997 financial

Building on past progress, the poverty reduction target for the region as a whole can be achieved through a sustained, concerted and focused effort

Figure III.1. Percentage of the population living on less than one dollar per day: 2015 target and progress in 1990 and 1998



Source: Prepared by the ESCAP secretariat based on table III.2.

⁷ Separate data for the Central Asian subregion are not available.

and economic crisis in East Asia and South-East Asia. Some lost ground was subsequently regained in those two subregions, although the current global downturn, if it persisted, could set back or delay the process of poverty reduction among the developing countries of the ESCAP region.

The available poverty data based on the one dollar a day poverty line, which are much more limited at the country level, show that China, Indonesia, Malaysia, Thailand and Viet Nam had achieved the target of halving extreme poverty for all practical purposes by 2000 (table III.3). Cambodia, the Lao People's Democratic Republic and the Philippines are making good progress towards achieving the target in 2015; it is noteworthy that the rates of poverty in the first two countries were among the highest in the region in 1990. The rate of poverty reduction in India between 1990 and 1997 was slow and that in Papua New Guinea had fallen by half between 1990 and 1996 before rising and then stabilizing at around 17 per cent in the late 1990s. The lack of sufficient data makes it difficult to draw any concrete conclusions as regards, for example, Bangladesh, Kazakhstan, Mongolia, Nepal, Pakistan and Sri Lanka. In sum, out of the 16 countries in table III.3, about half may not be able to achieve the poverty reduction goal.

Table III.3. Percentage of the population below the one dollar poverty line in selected countries, 1990-2000

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|--|------|------|------|------|------|------|------|------|------|------|------|
| Bangladesh | .. | .. | 35.9 | .. | .. | .. | 29.1 | .. | .. | .. | .. |
| Cambodia | 48.3 | .. | .. | .. | .. | .. | 36.7 | .. | 38.7 | 36.7 | 34.0 |
| China | 31.3 | .. | .. | 29.4 | .. | .. | 17.2 | .. | 17.1 | 17.4 | 16.5 |
| India | 46.6 | .. | 51.1 | .. | 45.1 | 47.1 | 46.2 | 44.2 | .. | .. | .. |
| Indonesia | 20.6 | .. | .. | 14.8 | .. | .. | 7.8 | .. | .. | 12.0 | 8.0 |
| Kazakhstan | .. | .. | .. | 1.1 | .. | .. | 1.5 | .. | .. | .. | .. |
| Lao People's Democratic Republic | 53.0 | .. | 48.8 | .. | .. | .. | 41.3 | 38.4 | 37.4 | 33.6 | 31.5 |
| Malaysia | 0.5 | .. | 0.0 | .. | .. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Mongolia | .. | .. | .. | .. | .. | 13.9 | .. | .. | .. | .. | .. |
| Nepal | .. | .. | .. | .. | .. | 37.7 | .. | .. | .. | .. | .. |
| Pakistan | 47.8 | .. | .. | 33.9 | .. | .. | 31.0 | .. | .. | .. | .. |
| Papua New Guinea | 23.7 | .. | .. | .. | .. | .. | 11.7 | 15.1 | 17.2 | 16.2 | 17.5 |
| Philippines | 19.1 | 19.8 | .. | .. | 18.4 | .. | 14.8 | 12.1 | 14.6 | 13.7 | 12.7 |
| Sri Lanka | 3.8 | .. | .. | .. | .. | 6.6 | .. | .. | .. | .. | .. |
| Thailand | 12.5 | .. | 6.0 | .. | .. | .. | 2.2 | .. | 3.9 | 4.3 | 3.5 |
| Viet Nam | 50.8 | .. | .. | 39.8 | .. | .. | 23.1 | .. | 15.0 | 12.6 | 9.1 |

Source: World Bank, *East Asia Update: Regional Overview*, March and October 2001; and World Bank web page "Global poverty monitoring", at <<http://www.worldbank.org/research/povmonitor/index.htm>>, 30 October 2001.

Note: A number of countries (such as Afghanistan and Myanmar) which may have a high incidence of poverty are not included in the table due to lack of data.

Data on country-specific poverty lines are not comparable owing to differences in baseline, coverage and methodology, among other things. Poverty estimates are not available on a periodic or regular basis. Those available on country-specific poverty lines from 1990 onwards are reported in table III.4.⁸ It is clear that China and Malaysia achieved the target of halving poverty within the last decade while Viet Nam has made good progress to date. However, Indonesia, the

Many countries in the region have their own poverty lines

Table III.4. Percentage of the population below the national poverty line in selected countries, 1990-2000

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|-------------------|-------------------|------|------|------|------|------|------|------|------|------|------|
| Armenia | 18.0 ^a | .. | .. | .. | .. | .. | .. | .. | .. | 55.0 | .. |
| Azerbaijan | 33.0 ^a | .. | .. | .. | .. | 62.0 | .. | .. | .. | .. | .. |
| Bangladesh | 47.8 ^b | .. | 42.7 | .. | .. | .. | 36.0 | .. | .. | .. | 34.0 |
| Cambodia | .. | .. | .. | .. | 39.0 | .. | .. | 36.1 | .. | .. | .. |
| China | 9.4 | .. | .. | .. | .. | 7.1 | 6.7 | 5.4 | 4.6 | 3.7 | .. |
| Georgia | 16.0 ^a | .. | .. | .. | .. | .. | .. | .. | .. | 60.0 | .. |
| India | 38.9 ^a | .. | .. | .. | 36.0 | .. | .. | .. | .. | 26.1 | .. |
| Indonesia | 15.1 | .. | .. | 13.7 | .. | .. | 11.3 | .. | .. | 18.2 | .. |
| Kazakhstan | .. | .. | .. | .. | .. | .. | 34.6 | 43.0 | 43.4 | 34.5 | 31.8 |
| Kyrgyzstan | 37.0 ^a | .. | .. | 40.0 | .. | .. | .. | 51.0 | .. | 55.0 | .. |
| Malaysia | 17.1 ^b | .. | .. | 13.4 | .. | 9.6 | .. | 6.8 | .. | 8.1 | .. |
| Mongolia | .. | .. | 17.0 | 24.0 | .. | 36.3 | .. | .. | 35.6 | .. | .. |
| Nepal | 41.4 ^c | .. | .. | .. | .. | .. | 42.0 | .. | .. | .. | .. |
| Pakistan | .. | 22.1 | .. | 22.4 | 29.3 | .. | .. | 31.0 | .. | 32.6 | 33.5 |
| Philippines | .. | 45.3 | .. | .. | 40.6 | .. | .. | 36.8 | .. | .. | 39.4 |
| Republic of Korea | 8.4 ^a | .. | .. | 8.2 | .. | .. | 7.0 | .. | .. | .. | .. |
| Sri Lanka | .. | 33.0 | .. | .. | .. | .. | 39.2 | .. | .. | .. | .. |
| Tajikistan | 59.0 ^a | .. | .. | .. | .. | .. | .. | .. | .. | 83.0 | .. |
| Thailand | 27.2 | .. | 23.2 | .. | 16.3 | .. | 11.4 | .. | 13.0 | 15.9 | .. |
| Viet Nam | .. | .. | .. | 58.2 | .. | .. | .. | .. | 37.4 | .. | 32.0 |

Sources: ESCAP, *Growth with Equity: Policy Lessons from the Experiences of Selected Asian Countries* (United Nations publication, Sales No. E.00.II.F.14); ADB, country papers prepared for the Inception Workshop on Building a Poverty Database, held at Manila in July-August 2001; World Bank, *World Development Report 2000/2001: Attacking Poverty* (New York, Oxford University Press, 2001); IMF and World Bank, *Poverty Reduction, Growth and Debt Sustainability in Low-income CIS Countries* (Washington, 2002); and national sources.

Notes: Poverty estimates are based on country-specific poverty lines, expressed in national currencies. Many countries have more than one such poverty line, and efforts have been made to include consistent time-series data on the incidence of poverty. Note in the previous table is also applicable here.

^a 1988.

^b 1989.

^c 1985.

⁸ Many countries have more than one poverty line. The national poverty line with the longest time-series estimates has been relied upon for the sake of consistency.

Philippines and Thailand recorded higher levels of country-specific poverty estimates in the wake of the 1997 economic crisis. South Asia as a whole has not experienced satisfactory progress, with poverty being on the rise in Nepal, Pakistan and Sri Lanka. However, there was apparently a rapid decline in poverty in India between 1994 and 1999. Poverty increased rapidly in Armenia, Azerbaijan, Georgia, Kyrgyzstan and Tajikistan.

Achievement of a goal at the national level does not necessarily imply similar success in different regions or among different groups of people within a country

Different regions of countries can exhibit diverse poverty levels and trends, a pattern of uneven regional development seen particularly in many large countries (for example, China, India and Indonesia). Data based on national poverty lines, available for 12 countries, indicate a higher incidence of poverty in rural than in urban areas in nine countries (annex table III.1). Urban poverty also declined faster than rural poverty in the majority of cases. Despite rapid urbanization, the overwhelming majority of the population still live in rural areas in a large number of developing countries of the ESCAP region. Thus, a rapid reduction in rural poverty can help to achieve the millennium development goal at the national level while enhancing overall equity in distribution and access in the countries concerned.

There are insufficient regional data on the poverty gap ratio and the income share of the poorest quintile as an indicator of relative poverty

The headcount index shows the percentage of the population below the poverty line but does not reveal the depth of such poverty, that is, how poor the poor actually are. The poverty gap ratio is a recommended secondary indicator. Poverty gap is defined as the total income needed to bring the poor up to the poverty line, thereby eliminating poverty. A meaningful discussion on the patterns and movements of this gap, and hence ratio, is not possible as the relevant data are available for only a small number of countries in the region.

The income share of the poorest quintile reveals the income position of the lowest 20 per cent income group as compared with the rest of the population. This indicator gives the income or consumption share of the lowest 20 per cent of the population. An increase in this share indicates an improvement in the relative position of this group and, a priori, a reduction in the incidence of poverty. However, the headcount index is influenced not only by the distribution of income but also by the average income of the population. Thus, in a growing economy, the incidence of poverty can fall despite a decline in the income share of the poorest quintile, and vice versa. In the case of growing average income, however, an increase in the income share of the poorest quintile will have a larger impact on poverty reduction, a situation that can be termed “pro-poor growth”. This indicator is useful for analytical purposes, even though there is no target set for it.

Data on the relative shares of the lowest quintile of income or consumption distribution are reported for selected countries and periods in annex table III.2. These shares are not comparable across countries as they are a mixture of income and consumption ratios. In particular, income shares are usually lower than the corresponding consumption shares, so that countries for which consumption shares are reported will appear more egalitarian than those for which income shares are presented.

The income/consumption shares of the poorest 20 per cent of the population remained virtually unchanged over time in Indonesia and the Republic of Korea, while they fell in 8 out of 11 countries reported in annex table III.2. This means that the reduction in poverty, if any, in those countries was largely the result of income growth. The income/consumption share of the lowest quintile increased in Pakistan, whereas the incidence of poverty declined on the basis of the one dollar poverty line but rose on the basis of the national poverty line, illustrating how different poverty lines can lead to widely divergent results.

The second target of the millennium development goal is to halve, between 1990 and 2015, the proportion of people suffering from hunger. The prevalence of underweight children (below 5 years of age) and the proportion of the population with dietary energy consumption below a minimum level are two recommended indicators for monitoring purposes. Malnutrition and hunger are closely associated with poverty, in that the people so affected lack adequate resources to buy the amount of food necessary for a healthy and active life. The poverty line of one dollar a day relates to extreme poverty, so that people with consumption levels below this line are likely to be undernourished.

The physical growth of children is commonly used to indicate the nutritional status of the entire community. This is because children, especially those under 5 years of age, represent the most vulnerable segment of the population from a nutritional standpoint. Thus, the underweight children indicator measures the proportion of underweight children below 5 years of age as a percentage of the population of children in this age group. A child is underweight if his or her weight is less than minus two standard deviations from the median weight for his/her age group in the United States. Some may not agree with the United States as the reference population being used.

Data on underweight children indicate that over 40 per cent of the children were underweight in most South Asian countries in 1990; the rate was over 60 per cent in Bangladesh and India (table III.5). India achieved a reduction of nearly 19 percentage points in the 1990s, although progress in addressing the underweight problem was slow in most other subregional countries. In South-East Asia, the rates of child undernourishment were generally lower, while the rates of reductions

*Eliminating hunger
is also part of the
goal*

*The underweight
children indicator
reveals relatively
slow progress*

Table III.5. Trends in indicators for undernourishment during the 1990s

| | <i>Underweight children under 5 (Percentage of total)</i> | | <i>Undernourished people (Percentage of total population)</i> |
|---------------------------------------|---|------------------|---|
| | <i>1990-1992</i> | <i>1995-1999</i> | <i>1996-1998</i> |
| South and South-West Asia | | | |
| Bangladesh | 66 | 56 | 38 |
| Bhutan | .. | 19 | .. |
| India | 64 | 45 | 21 |
| Iran (Islamic Republic of) | 16 | 11 | 6 |
| Maldives | .. | 45 | .. |
| Nepal | 49 | 47 | 28 |
| Pakistan | 40 | 38 | 20 |
| Sri Lanka | .. | 33 | 25 |
| Turkey | 10 | 8 | .. |
| South-East Asia | | | |
| Cambodia | 52 | 50 | 33 |
| Indonesia | .. | 34 | 6 |
| Lao People's Democratic Republic | .. | .. | 29 |
| Malaysia | 25 | 20 | .. |
| Myanmar | 32 | 28 | 7 |
| Philippines | 34 | .. | 21 |
| Thailand | 20 | 10 | 21 |
| Viet Nam | 45 | 34 | 22 |
| East and North-East Asia | | | |
| China | 17 | 9 | 11 |
| Democratic People's Republic of Korea | .. | 32 | .. |
| Mongolia | 12 | 13 | 45 |
| Pacific island economies | | | |
| Papua New Guinea | .. | .. | 29 |
| North and Central Asia | | | |
| Armenia | .. | 3 | .. |
| Azerbaijan | .. | 10 | 32 |
| Georgia | .. | 3 | 23 |
| Kazakhstan | .. | 8 | 5 |
| Kyrgyzstan | .. | 11 | 17 |
| Russian Federation | .. | 3 | 6 |
| Tajikistan | .. | .. | 32 |
| Turkmenistan | .. | .. | 10 |
| Uzbekistan | .. | 19 | 11 |

Sources: UNDP, *Human Development Report 2001* (New York, Oxford University Press, 2001); World Bank, *World Development Indicators 2001* (CD-ROM); World Bank web site <<http://www.developmentgoals.org/findout-data.html>>, 6 February 2002; and national sources.

Notes: A child is considered to be underweight if his or her weight for age is less than minus two standard deviations from the median weight of the reference population, which is based on children from the United States. As to the second indicator, a person not getting the minimum required kilocalories (depending on his or her weight, height, age, sex and activity level) from the consumption of food is categorized as undernourished. It is very difficult not only to estimate the exact energy requirement of each person in a country but also to estimate the kilocalories of food consumed by them. Therefore, data on both indicators should be interpreted with particular caution.

were also slow, except Thailand. Exceptionally, China appears to have already achieved the goal, the rate of child malnutrition having fallen from 17.4 per cent in 1990 to 9 per cent in 1999.

Dietary energy requirements, measured in kilocalories per person per day, depend on the weight, height, age, sex and activity level of the person concerned. Anyone not receiving the minimum required kilocalories, as a result of either the small quantity of consumption intake or the low quality of food, or both, is categorized as undernourished. Generally, however, it is very difficult to estimate not only the exact energy requirements of each person in the country but also the kilocalories of food consumed by that person. Caution is thus needed in interpreting this particular indicator of hunger and malnutrition.

Country-level time-series data are not readily available, and only single observations are reported in table III.5. However, aggregate data on the undernourished population by subregion are available for the 1990s (table III.6). From these estimates, it is clear that South Asia had the highest percentage of the undernourished in the population (27 per cent) and East Asia the lowest (16 per cent) during the early 1990s. Progress in tackling this issue has been somewhat slow and uneven in all the subregions. For Asia and the Pacific as a whole, the percentage of the undernourished fell from 21 per cent in the early 1990s to 17 per cent in the second half of the 1990s. However, the incidence of undernourishment has apparently worsened among the Pacific island economies.

Table III.6. Percentage of undernourished people in the population in selected subregions of Asia and the Pacific during the 1990s

| | 1990-1992 | 1996-1998 |
|--------------------------|-----------|-----------|
| South Asia | 27 | 23 |
| South-East Asia | 18 | 13 |
| East Asia | 16 | 12 |
| Pacific island economies | 26 | 29 |
| Asia and the Pacific | 21 | 17 |

Source: FAO, *The State of Food and Agriculture 2001* (Rome, 2001).

Note: The data refer to developing economies only. Asia and the Pacific does not include Central Asia.

Without the availability of more comprehensive data, it is not possible at this stage to make any definitive statement on the possibilities of achieving the target as regards hunger and malnutrition. It is also very difficult to predict the feasibility of attaining the target concerning malnutrition among children under 5 years of age using the underweight children indicator. However, the achievement of the target at

the regional level may be possible on the indicative basis of the proportion of undernourished people in the total population as a whole.

The second indicator shows the prevalence of hunger and under-nourishment

Inadequate data make it difficult to predict the achievement of the set target concerning hunger

Policy issues and strategies

Diverse challenges for different countries in poverty reduction

Progress in poverty reduction has been highly uneven among the developing economies of the ESCAP region. The major challenge for those countries that have made great strides in this regard is to sustain their success in the future, despite any temporary setback or constraint that may emerge from current or future economic downturns. However, there is a need for greater efforts to reach the set target among other economies in the region. As can be expected, the root causes of persistent poverty and the related problems of hunger and malnutrition are equally diverse from country to country. Any single policy package would not be suitable for all countries or over time. Nevertheless, certain common elements of a poverty alleviation strategy can be identified and are highlighted below.

A broad strategy in poverty alleviation includes a pro-poor growth approach

- Economic growth is necessary for sustained poverty alleviation. Therefore, growth-promoting policies should be pursued while maintaining sound macroeconomic balance and financial discipline. Closer monitoring of all macroeconomic indicators and proper interpretation of the signals they provide are important to prevent the recurrence of a crisis such as that of 1997, and the consequent erosion of hard-earned progress in poverty reduction.
- Rising income inequality can reduce the gains in poverty alleviation even in a growing economy. Therefore, establishing a pattern of economic growth which would benefit the poor equally, or even more than others, is a laudable objective.
- Income growth alone is not likely to produce the desired result without more and better direct interventions with regard to food intake and nutrition matters (box III.2). Among other options, information should be widely disseminated and people educated about improved processing and preservation of food products as well as their nutritional values and status.
- Hunger and undernourishment relate not just to availability but also to access. Improved distribution of food at various geographical levels and from various sources is pertinent in this context. The incomes of the poor could also be raised in kind to enhance their access to the available food supplies.
- Broad-based growth should create productive employment opportunities for all groups, including young people and women. Meanwhile, the job prospects of young people could be brightened through increased investment in education and vocational training, and in facilities for ongoing learning.

Income growth alone is not likely to produce the desired result of eliminating hunger

Human resources development is key to broad-based growth

Box III.2. Thailand's impressive success in reducing child undernourishment

Thailand was able to reduce undernourishment rates among pre-school children from over 50 per cent in 1982 to under 20 per cent in 1991, and further to 10 per cent in 1996.^a This success was mediated through a holistic approach whereby intervention measures were integrated not only with the existing primary health-care activities but also with community development initiatives at the local level. Moreover, self-reliance was emphasized at the community level by developing local need-based programmes. Planning, integration, social mobilization and local action-oriented surveillance were the four major elements of the strategy.

Planning at both the macro and micro levels included the adoption in 1986 of the basic minimum needs approach using simple indicators for village-level social planning. Among such indicators were those relating to child malnutrition, low birth-weight, the prevalence of micronutrient deficiency, immunization coverage, antenatal care services, the availability of safe drinking water, and sanitary services. These indicators of basic minimum needs helped in setting locally valid programme objectives, targeting appropriate resources to the areas of greatest need, promoting better integration of multisectoral services and providing a framework for evaluation.

Microlevel planning involved the participation of representatives of the community and non-governmental organizations, nutrition and health professionals and government officials, especially those at the local level. Following this community-based planning process, actions relevant to nutrition were initiated and macrolevel planning supported those processes by promoting closer collaboration with relevant sectors such as health, agriculture, education and rural development. A good example of macrolevel planning was the inclusion of specific goals for the reduction of child malnutrition in the five-year national economic and social development plans of the country.

Improved nutrition was seen as encompassing components from several sectors, such as health, education and agriculture. The health component focused on ensuring the better health of mothers, monitoring child growth and development and promoting breastfeeding and appropriate complementary feeding. Immunization, oral dehydration therapy, deworming, the treatment of local epidemic diseases, the provision of safe drinking water and improved sanitation services were also integral components of the programme activities. Agricultural activities and education were used to achieve long-term nutritional improvements by enhancing food security, raising income-generation opportunities and inducing changes in nutrition behaviour.

For social mobilization, service providers, particularly in the area of health, worked closely with community leaders and gradually emerged as facilitators for community activities. Well-respected individuals, preferably women, who usually provided guidance or assistance to people in emergency situations, were selected by the communities themselves as community health and nutrition volunteers or mobilizers. The mobilizers were given appropriate training and served to link service delivery with the communities concerned and to foster local community-based nutrition initiatives. The mobilizers did not receive cash incentives or salary, but they benefited from free medical services for themselves and their families and from organized visits to other communities. To recognize their meritorious service, they were also honoured with volunteer badges, uniforms, certificates and awards.

Local action-oriented comprehensive nutritional surveillance was instituted through growth monitoring and promotion. All pre-school children were weighed and their health checked every three months at community weighing posts. These periodic monitoring opportunities were also used to educate mothers and mobilizers in child nutrition and remedial action was suggested for children with slow physical growth. As a result, mothers took greater responsibility for the nutritional improvement of their children. This approach placed greater emphasis on community education and involvement.

In sum, strong political will, translated into prioritized, effective and explicit nutrition-relevant action on the part of the Government, has contributed to Thailand's success in improving child nutrition. The driving forces were programme planning at both the macro and micro levels, sustained integrated action in the form of enabling sectoral policies and programmes, and systematic monitoring, all fuelled by a process of social mobilization and community ownership.

^a This box is largely based on an article by K. Tontisirin and S. Gillespie, "Linking community-based programs and service delivery for improving maternal and child nutrition", *Asian Development Review*, vol. 17, Nos. 1 and 2 (1999).

The promotion of agriculture and agro-processing and rural small and medium-sized enterprises will have a major impact on poverty

- Human resources development is the key to a pro-poor growth approach. This requires more sustained investment in education, health and other elements of social capital to better complement investment in physical infrastructure for growth promotion purposes.
- Since most of the poor and malnourished live in rural areas, rural development, particularly through agriculture and agro-processing activities, is essential for equitable growth. In particular, agricultural productivity and food production can be raised and food prices lowered through the dissemination of both modern inputs and low-cost simple technologies for the benefit of small farmers.
- Lower food prices can affect the incomes of the rural poor adversely and this trade-off could be counterbalanced with higher opportunities for off-farm employment. A pertinent policy option in this context is the promotion of rural industrialization, food processing in particular, and of industrial development activities with strong and extensive linkages to the rural sector.
- Small and medium-sized enterprises should be promoted for their employment-generating potential, among other advantages. The informal sector also provides job opportunities to the poor with few skills and financial resources. The provision of credit, training and infrastructure would help to enlarge and diversify such enterprises or informal undertakings and improve their productivity.
- A well-functioning and diverse financial sector should be developed to mobilize and allocate savings to those capable of investing efficiently, including women and small farmers in the rural sector.
- Comprehensive population policies and programmes are needed, as many countries with low per capita income and a high incidence of poverty and malnutrition tend to be facing high population pressure.
- The hard-core poor are those who have not been able to benefit from economic growth or who have remained in the poverty trap. The provision of social safety nets, including food-for-work arrangements, can lessen their hardships, especially in times of economic crisis, as can the existence of long-term social protection schemes for all social and economic groups, such as women, the young, older persons, the infirm and the disabled. At the same time, the outreach and impact of existing social safety-net and social security programmes can be much enhanced through improved targeting and delivery, greater administrative transparency and better governance.

Comprehensive population policies and target-oriented programmes

- Corrupt practices have implications for poverty alleviation efforts in developing countries; not only do they deprive the poor of huge financial resources that could have been used for raising their own welfare, but low-level corruption and inadequate or unaffordable access to justice and legal protection affect their lives directly. The essential ingredients of good governance are the rule of law, effective State institutions, transparency and accountability in the management of public affairs, respect for human rights and the participation of all citizens in the decisions that affect their lives. Therefore, improving governance will entail, directly and indirectly, enhanced poverty reduction, including through reduced corruption and non-transparent practices.
- The timely and cost-effective realization of the millennium development goals implies closer cooperation and interaction among public sector authorities, business, external stakeholders, and civil society and other community-based organizations. The poor should also be given a voice in decision-making and implementation, so that policies and programmes address their needs and priorities.
- Developed countries need to remove their trade barriers and accelerate the opening of their markets to developing country exports, particularly agricultural products, clothing and textiles. More generally, globalization has to be better managed so as to moderate its dislocating effects while distributing its positive effects more equitably, especially among the large number of countries that have been marginalized in the process.
- International peace and stability are essential for the achievement of the millennium development goals. A reversal of the declining trend in ODA, along with further debt relief for heavily indebted poor countries in the region, would go a long way towards stimulating development and reducing extreme poverty. Some of these issues are discussed at greater length in the next chapter of this *Survey*.

Improving governance with a focus on combating corruption should be a priority

Closer collaboration between all stakeholders is another prerequisite

Goal 2. Achieving universal primary education

Education is the key to both human development and human resources development. It serves to enhance the productivity levels of all beneficiaries, including the poor, and thus narrows the earning differentials among people, an important step in the alleviation of both absolute and relative poverty. Indeed, the available empirical evidence from developing countries in the ESCAP region shows that the incidence of poverty falls as the level of education of the household heads rises.

The target for this goal is universal primary schooling for all children, boys and girls alike, by 2015. Its two primary indicators are the net enrolment ratio in primary education and the proportion of pupils starting grade 1 who reach grade 5. A secondary indicator for this target is the literacy rate of persons in the 15-24 age group, or the youth literacy rate.

High net enrolment ratios in primary schooling in a large part of the region

The net enrolment ratio in primary education represents the number of children of primary-school age (as defined by the education system concerned) actually enrolled in primary school over the total population in the corresponding age bracket. The available data on this net enrolment ratio, contained in table III.7, reveal a high and rising percentage in South-East Asia, mostly 90 per cent or over. The ratio was comparatively lower in the Lao People's Democratic Republic, but it had expanded rapidly from 61 to 72 per cent between 1991 and 1996. The net enrolment rates were also high generally, 90 per cent or more, in East and North-East Asia, the Pacific island economies, and North and Central Asia. The ratios need to be improved in a number of countries in South Asia.

The net enrolment ratios are not available for some countries. As a proxy indicator, the gross enrolment ratio can be used. It is defined as the number of students enrolled in a level of education, regardless of age, as a percentage of the population of official school age for that level. It may exceed 100 per cent in cases where some pupils are below or above the official school age for a particular level of education. In South Asia, gross enrolment rates were around 100 per cent in most countries, except Bhutan (73 per cent) and Pakistan (75 per cent). In the other subregions, the gross enrolment ratios were around 100 per cent in most countries.

High ratios of persistence through grade 5

While enrolment rates capture the quantitative aspect of education, another equally important dimension is the quality of education, which comes from better teachers, improved school facilities and a curriculum that attracts students and keeps them in school. The persistence indicator on children reaching grade 5 measures the percentage of children starting primary school who eventually reach grade 5. Children who completed grade 4 (and are enrolling in grade 5) have basic literacy and numeracy skills. Survival to grade 5 implies the completion of a basic education. The proportion of pupils starting grade 1 and reaching grade 5 is over 80 per cent in most countries for which data are available (table III.7).

The secondary indicator of youth literacy is defined as the percentage of people aged 15-24 who can read and write a short, simple statement on their everyday life. However, the adult literacy rate, applicable to people aged 15 and above, is more commonly used. The emphasis on youth literacy aims at prioritizing the provision of education to the younger generation, who are capable of learning more easily.

Table III.7. Trends in indicators for universal primary education during the 1990s

| | Primary school enrolment ratio | | | | Persistence to grade 5 (Percentage of cohort) | | Youth literacy rate (Percentage of people aged 15-24) | |
|----------------------------------|--------------------------------|-----------|-------|-----------|--|-----------|--|------|
| | Net | | Gross | | 1990-1991 | 1995-1997 | 1990 | 1999 |
| | 1990-1991 | 1995-1997 | 1990 | 1995-1997 | | | | |
| South and South-West Asia | | | | | | | | |
| Bangladesh | 64 | 75 | 72 | 92 | .. | .. | 44 | 50 |
| Bhutan | .. | .. | .. | 73 | 82 | .. | .. | .. |
| India | .. | 77 | 97 | 100 | 59 | .. | 64 | 72 |
| Iran (Islamic Republic of) | 99 | 90 | 112 | 98 | 90 | .. | 87 | 94 |
| Maldives | .. | 97 | .. | 128 | .. | .. | 98 | 99 |
| Nepal | .. | 78 | 108 | 113 | 52 | .. | 46 | 59 |
| Pakistan | .. | 67 | 69 | 75 | .. | .. | 49 | 63 |
| Sri Lanka | .. | 100 | 106 | 109 | 94 | 83 | 95 | 97 |
| Turkey | 89 | 99 | 99 | 107 | 98 | .. | 93 | 96 |
| South-East Asia | | | | | | | | |
| Brunei Darussalam | 91 | 91 | 115 | 106 | 95 | 92 | 98 | 99 |
| Cambodia | .. | 98 | 121 | 113 | .. | 49 | 46 | 58 |
| Indonesia | 97 | 95 | 115 | 113 | 84 | 88 | 95 | 98 |
| Lao People's Democratic Republic | 61 | 72 | 105 | 112 | 53 | 55 | 55 | 69 |
| Malaysia | .. | 100 | 94 | 101 | 98 | .. | 95 | 97 |
| Myanmar | .. | .. | 106 | 121 | .. | .. | 88 | 91 |
| Philippines | 97 | 100 | 111 | 117 | .. | .. | 97 | 99 |
| Singapore | .. | 93 | 104 | 94 | .. | .. | 99 | 100 |
| Thailand | .. | .. | 99 | 89 | .. | .. | 98 | 99 |
| Viet Nam | 86 | 91 | 103 | 114 | .. | .. | 95 | 97 |
| East and North-East Asia | | | | | | | | |
| China | 97 | 100 | 125 | 123 | 86 | 94 | 95 | 98 |
| Hong Kong, China | .. | 90 | 102 | 94 | 100 | 100 | 100 | 100 |
| Macao, China | 81 | .. | 99 | .. | 97 | .. | .. | .. |
| Mongolia | .. | 81 | 97 | 88 | .. | 90 | 70 | 79 |
| Republic of Korea | 100 | 93 | 105 | 94 | 99 | 98 | 100 | 100 |
| Pacific island economies | | | | | | | | |
| Fiji | 100 | .. | 125 | 116 | .. | .. | 98 | 99 |
| French Polynesia | .. | 100 | 130 | .. | .. | .. | .. | .. |
| Kiribati | .. | .. | .. | .. | 98 | 95 | .. | .. |
| New Caledonia | 97 | .. | 129 | .. | .. | .. | .. | .. |
| Papua New Guinea | .. | .. | 72 | 80 | 59 | .. | 69 | 75 |
| Samoa | .. | 96 | 122 | 100 | .. | 86 | 83 | 87 |
| Solomon Islands | .. | .. | 84 | 97 | 85 | .. | .. | .. |
| Tonga | .. | .. | .. | .. | 84 | .. | .. | .. |
| Vanuatu | .. | .. | 96 | .. | 90 | .. | .. | .. |
| North and Central Asia | | | | | | | | |
| Armenia | .. | .. | .. | 87 | .. | 100 | 100 | 100 |
| Azerbaijan | .. | .. | 114 | 106 | .. | 93 | .. | .. |
| Georgia | .. | 90 | 97 | 88 | .. | 98 | .. | .. |
| Kazakhstan | .. | 95 | 87 | 98 | .. | 92 | .. | .. |
| Kyrgyzstan | .. | 95 | 111 | 104 | .. | 97 | .. | .. |
| Russian Federation | .. | 93 | 109 | 107 | .. | .. | 100 | 100 |
| Tajikistan | .. | .. | 91 | 95 | .. | .. | 100 | 100 |
| Uzbekistan | .. | .. | 81 | 78 | .. | .. | 94 | 96 |

Sources: UNESCO web site <<http://www.unesco.org/education/information/wer/htmlENG/tablesmenu.htm>>, 6 November 2001; World Bank, *World Development Indicators 2001* (CD-ROM); Mahhub ul Haq Human Development Centre, *Human Development in South Asia 2000* (New York, Oxford University Press, 2000); and national sources.

Youth literacy nearly universal in a large number of countries in the region

Youth literacy is nearly universal in South-East Asia, East and North-East Asia, and North and Central Asia. Cambodia, the Lao People's Democratic Republic, Myanmar and Mongolia need to intensify their efforts to further improve their rates in this regard. However, youth literacy in several parts of South Asia is far from satisfactory, despite some progress made during the 1990s (table III.7). Youth illiteracy rates were high in Bangladesh (50 per cent), India (28 per cent), Nepal (41 per cent) and Pakistan (37 per cent) in 1999. They were also sizeable in Papua New Guinea (25 per cent) and Samoa (13 per cent) among the Pacific island economies. A sustained effort is thus needed in all these countries to raise enrolment rates in primary education and, more important, to induce students to complete their primary education.

The goal of universal primary education can be achieved

By and large, the millennium development goal of universal primary education can be achieved in the developing countries of the ESCAP region by 2015. Primary school enrolment rates in most regional countries have already reached or are approaching the 100 per cent level. Satisfactory progress in this direction in South Asia, a relatively populous subregion, will ensure the attainment of the goal. The falling fertility rates in almost all countries of the region constitute another positive factor in reaching the target.

Policy issues and strategies

Lack of education and poverty are closely linked

Children from poor families are normally unable to attend school because their parents cannot afford the cost of education and, equally important, they themselves are a source of free labour in earning a livelihood for their families. Thus, these children tend to remain poor in adulthood and the vicious cycle of poverty continues. Some policy issues and strategies specific to universal primary education are outlined further below.

Compulsory and free primary education with private sector involvement, as appropriate

- Primary education should be made compulsory and free in each country. In addition, textbooks, uniforms and school lunches should be provided free, particularly to children from poor families.
- The main responsibility for providing, expanding and upgrading primary education should rest with the public sector. The private sector should also be encouraged to participate in providing primary education, but under tight regulation so as to ensure proper educational standards. The natural concentration of private schools in urban areas would facilitate the allocation of a larger share of public sector resources to localities where the urban poor are predominant, or to rural and remote areas. At the same time, tax incentives can be given to induce more private schools to locate in those disadvantaged areas.

- Better-quality education is a major determinant of the degree of persistence and interest among students. More resources should be invested in training teachers and improving facilities as well as in addressing inadequate school facilities and overcrowded conditions, especially in remote areas and rural locations. Decentralization of education and the efficient utilization of scarce financial resources, including through better governance and enhanced transparency, are other appropriate policy efforts and options.

Improving the quality of education should be a priority

Goal 3. Promoting gender equality and empowering women

The empowerment of women and, more generally, equality between women and men, are needed not only for fairness but also for accelerating the process of economic, social and sustainable development. Investment in women's education has been one of the most important determinants of socio-economic advancement and mobility, with positive implications and spillover effects on various economic sectors and social strata. Differing parental and family needs and cultural diversity are partly the cause of the revealed variations in the school enrolments of boys and girls in countries of the region.⁹

Without the full involvement of women in all activities, a country cannot realize its full development potential

The millennium development goal is to eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015. The primary indicator of progress towards these targets is the ratio of girls to boys in primary, secondary and tertiary education. Suggested secondary indicators comprise the ratio of literate females to males in the 15-24-year age group; the share of women in wage employment in the non-agricultural sector; and the proportion of seats held by women in national parliaments.

The ratio of girls to boys at a particular level of education is gauged as the gross enrolment ratio for girls as a percentage of the same ratio for boys at that educational level.¹⁰ A ratio equal to 100 per cent signifies gender equality, while the disparity borne by girl students is embodied in a lower value.¹¹ As to primary education, the situation is

The situation is generally satisfactory at the primary education level but marginally less so at the secondary level

⁹ In some countries, boys have to help their parents in earning a livelihood and thus girls may have more opportunities to go to school. In others, boys are encouraged to attend school owing to cultural preferences, and girls have to take care of most household chores.

¹⁰ The size of the population of girls and boys is not relevant here. For example, if the population of girls is smaller than that of boys and both genders are fully enrolled in schools, the indicator will show a value of 100 per cent.

¹¹ A ratio above 100 per cent indicates a greater participation of girls than boys at that level of education. This may be due to cultural differences or to the accelerated participation of males in formal or informal labour. It could also reflect the presence of older girls at that level of education (for example, if education has been delayed).

generally satisfactory, with the girls-to-boys enrolment ratio approaching 100 per cent in most countries in South-East Asia, North-East Asia, North and Central Asia, and the Pacific island economies (table III.8). South Asia has recorded considerable progress in levelling the gender disparity, although further steps need to be taken in some of the countries in this regard as well as in universal primary education. The enrolment disparity ratio is less favourable at the secondary level for a larger group of countries, mostly in South Asia and the Pacific island subregion, and among the least developed countries.

The elimination by 2005 of the gender disparity in primary and secondary education combined may not be achieved in the region as a whole

As a whole, it appears that the elimination by 2005 of the gender disparity at both the primary and secondary education levels may not be achievable in South Asia and in some countries in other subregions. The ratio of female-to-male students at the tertiary level was higher than 100 per cent in 10 out of 21 economies for which data were available. Most of these cases were in North and Central Asia. The ratios were generally lower in South Asia. However, the short interval between the reported data, 1990 and 1996, makes it difficult to try to discern progress over time.

A secondary indicator is the female youth literacy rate expressed as a percentage of male youth literacy rate. As discussed earlier, overall youth literacy (female and male combined) has been nearly universal in South-East Asia, East and North-East Asia, and North and Central Asia. The rates of female youth literacy as compared with those of males are lower in many countries in South Asia. Improvements in gender enrolment rates at both the primary and secondary levels of education should help to bridge the gap in literacy between males and females in South Asia in the coming years.

Data are not readily available on the share of women in wage employment in the non-agricultural sector, another secondary indicator of this goal. The proportion of seats held by women in national parliaments, another secondary indicator, is quite low in most countries, ranging from 2 per cent in Papua New Guinea and Solomon Islands to 26 per cent in Turkmenistan and Viet Nam in 2000. Ideally, the proportion should be close to 50 per cent.

Policy issues and strategies

Investment in female education translates directly and quickly into poverty alleviation through enhanced income generation, better nutrition for the whole family, better health care, better education of future generations, declining fertility and better environment through improved sanitation. Some specific measures to promote the education of girls and the empowerment of women are highlighted below.

Table III.8. Trends in indicators for gender equality and the empowerment of women during the 1990s

| | <i>Ratio of girls to boys at different levels of education</i> | | | | | | <i>Ratio of literate females to males 15-24 years old</i> | | <i>Seats in parliament held by women (Percentage of total)</i> |
|----------------------------------|--|------------------|------------------|------------------|-----------------|-------------|---|-------------|--|
| | <i>Primary</i> | | <i>Secondary</i> | | <i>Tertiary</i> | | <i>1990</i> | <i>1999</i> | <i>2000</i> |
| | <i>1990-1991</i> | <i>1996-1998</i> | <i>1990-1991</i> | <i>1996-1998</i> | <i>1990</i> | <i>1996</i> | | | |
| South and South-West Asia | | | | | | | | | |
| Bangladesh | 86 | .. | 52 | .. | 19 | .. | 59 | 65 | 9 |
| India | 76 | 82 | 60 | 67 | 55 | 63 | 74 | 81 | 9 |
| Iran (Islamic Republic of) | 90 | 93 | 72 | 90 | 45 | 60 | 89 | 95 | .. |
| Maldives | .. | 97 | .. | 106 | .. | .. | 100 | 101 | 6 |
| Nepal | 61 | 74 | 43 | 66 | 30 | .. | 41 | 54 | 6 |
| Pakistan | 48 | .. | 50 | .. | 61 | .. | 51 | 64 | .. |
| Sri Lanka | 98 | 98 | 108 | 108 | 66 | .. | 98 | 99 | 5 |
| Turkey | 94 | 93 | 65 | 71 | 52 | 57 | 91 | 95 | 4 |
| South-East Asia | | | | | | | | | |
| Brunei Darussalam | 94 | 96 | 108 | 114 | .. | 151 | 101 | 101 | .. |
| Cambodia | .. | 84 | 42 | 54 | .. | 26 | 40 | 55 | 9 |
| Indonesia | 97 | 96 | 83 | 87 | .. | 55 | 97 | 99 | 8 |
| Lao People's Democratic Republic | 78 | 82 | 61 | 67 | .. | 44 | 52 | 69 | 21 |
| Malaysia | 100 | 100 | 105 | 116 | 88 | .. | 99 | 100 | 12 |
| Myanmar | 97 | .. | 100 | 103 | .. | 160 | 96 | 99 | .. |
| Philippines | 96 | 98 | 99 | 101 | 137 | 130 | 100 | 100 | 13 |
| Singapore | 97 | 97 | 94 | .. | 69 | .. | 100 | 100 | 4 |
| Thailand | 98 | .. | 97 | .. | .. | .. | 99 | 99 | .. |
| Viet Nam | .. | 96 | 94 | 96 | .. | .. | 99 | 100 | 26 |
| East and North-East Asia | | | | | | | | | |
| China | 92 | 100 | 76 | 90 | 51 | 53 | 94 | 97 | 22 |
| Hong Kong, China | 101 | 102 | 105 | 107 | 72 | .. | 101 | 101 | .. |
| Macao, China | 95 | .. | 110 | .. | 48 | 100 | .. | .. | .. |
| Mongolia | 102 | 109 | 114 | 137 | 189 | 229 | 78 | 87 | 8 |
| Republic of Korea | 100 | 100 | 97 | 100 | 49 | 64 | 100 | 100 | 4 |
| Pacific island economies | | | | | | | | | |
| Fiji | 100 | .. | 96 | .. | .. | .. | 99 | 100 | 11 |
| French Polynesia | 96 | .. | 116 | .. | .. | .. | .. | .. | .. |
| New Caledonia | 97 | .. | 110 | 112 | .. | .. | .. | .. | .. |
| Papua New Guinea | 85 | 85 | 67 | 65 | .. | 50 | 83 | 88 | 2 |
| Samoa | 109 | 99 | 122 | 110 | .. | .. | 100 | 101 | 8 |
| Solomon Islands | 86 | 86 | 65 | 67 | .. | .. | .. | .. | 2 |
| Vanuatu | 96 | .. | 76 | .. | .. | .. | .. | .. | .. |
| North and Central Asia | | | | | | | | | |
| Armenia | .. | .. | .. | 79 | .. | 133 | 100 | 100 | 3 |
| Azerbaijan | 99 | 97 | 100 | 111 | 69 | 104 | .. | .. | 12 |
| Georgia | 100 | 99 | 98 | 98 | 118 | 112 | .. | .. | 7 |
| Kazakhstan | .. | 101 | 102 | 111 | .. | 128 | .. | .. | 11 |
| Kyrgyzstan | 100 | 98 | 102 | 111 | .. | 111 | .. | .. | .. |
| Russian Federation | 100 | 99 | 105 | .. | 127 | 130 | 100 | 100 | 6 |
| Tajikistan | 98 | 97 | .. | 89 | 62 | 49 | 100 | 100 | .. |
| Turkmenistan | .. | .. | .. | .. | .. | .. | .. | .. | 26 |
| Uzbekistan | 99 | 96 | 91 | 88 | .. | .. | 95 | 97 | 7 |

Sources: UNESCO web site <<http://www.unesco.org/education/information/wer/WEBtables/Ind8web.xls>>, 6 November 2001; World Bank, *World Development Indicators 2001* (CD-ROM); and UNDP, *Human Development Report 2000* (New York, Oxford University Press, 2001).

Publicity campaigns, the provision of incentives and the creation of improved job opportunities are important for raising female enrolment and literacy rates

- Families with low incomes and those in rural areas are the two groups with traditionally low female enrolment rates. They need to have a better understanding of the importance of female education and, in this connection, more resources should be devoted to publicity campaigns to persuade parents to send their daughters to school. Local communities should be closely involved in this effort.
- Scholarships, school meals and take-home rations can be given as incentives to poor households to send girls to, and keep them in, school until they complete their education (box III.3). Supplementary and complementary measures include improved job opportunities for females coupled with the elimination of job discrimination against women.
- Girls, particularly those in rural areas, help their parents in household chores and other activities. Some flexibility in school hours may thus encourage parents to let their daughters attend school. More generally, however, the school system should be adapted to the needs of local communities.
- The inclusion of a larger number of women, as well as greater female representation, in government and other decision-making bodies, at a high level should be encouraged and supported. Indeed, some countries have reserved a certain proportion of seats for women in legislative assemblies (in addition to openly contested seats) in an effort to redress gender disparities in political life.

Greater participation of women in government and other decision-making bodies

Goal 4. Reducing infant and child mortality

The survival of infants and children is not just a measure of the availability, accessibility and affordability of health services: it is also a broader reflection of the social, economic and environmental influences and forces impinging on children's lives. Infant and child mortality rates provide a good approximation of a community's current health status and, by implication, of the welfare of a population and the quality of life itself. The millennium development goal is to reduce the under 5 mortality rate by two thirds between 1990 and 2015; the primary indicator for monitoring this target is the mortality rate of children under 5 years of age, that is, the number of children who die before reaching 5 years of age, expressed per 1,000 live births.

Box III.3. Some successful approaches to enhancing girls' enrolment in schools

Both demand- and supply-side interventions have helped to increase girls' enrolment in schools in a number of countries. In Bangladesh, for example, a school stipend programme was established in 1982 to subsidize various expenses for girls enrolling in secondary school.^a The enrolment ratio increased significantly in the pilot project area, from 27 to 44 per cent, over a five-year period in the 1980s, or more than twice the national average. In 1992, the tuition fee for girls was eliminated and the stipend programme extended to all rural areas in the country. As a result, the school enrolment ratio of girls rose more rapidly than that of boys in the succeeding years. This also pushed up the women's enrolment ratio at intermediate colleges. In this regard, it is worth noting a similar programme implemented in Mexico, as part of a comprehensive multisectoral programme of poverty reduction in 1997. Specifically, poor families are given a grant for each child under 18 who is enrolled between the third grade of primary school and the third grade of secondary school. The grants are slightly higher for girls than for boys and increase with the higher levels of the school grade involved. For the final year, the grant is roughly equivalent to half of the average earnings of an agricultural worker. Any child missing more than 15 per cent of school days becomes ineligible for a grant in that particular month. The programme increased enrolments ratios at all levels, particularly at the transition level from primary to secondary education, when traditionally many children tend to drop out.

The level of female literacy is quite low in Pakistan. As part of the national effort to ensure universal primary education by 2006, several pilot projects were initiated targeting girls' enrolment in Balochistan, the largest but most sparsely populated province of Pakistan.^b To overcome budgetary constraints, these projects were designed to rely on partnerships with local neighbourhoods or communities to leverage public support in cash or in kind. One pilot project provided a subsidy to private sector/non-governmental organizations to open primary schools in urban slum areas of Quetta, Balochistan's capital. While both boys and girls could attend the school, the government subsidy was linked to enrolled girl students. The local community was involved in selecting a school operator; approving the school's fee structure, site and management policies; and helping to ensure sufficient school enrolment. As a result of this initiative, the school enrolment of both girls and boys increased sharply in urban slum areas. A similar project was started in the rural areas of Balochistan. To take into account cultural sensitivities, only girls are allowed to attend these schools. The Government pays for locally recruited female teachers, training and supplies, while the village provides school premises and monitors teacher and student attendance. The establishment of such schools has increased the enrolment rates of both girls and boys.

Under both projects, boys' enrolment responded positively to the establishment of girls' schools. This shows the underlying complementarities between the schooling of girls and boys in the view of the parents. Therefore, a policy that encourages girls' schooling may have spillover benefits for boys. The success of these projects shows that the enrolment rate of girls can be increased by improving physical access through the establishment of schools in the neighbourhood, providing subsidies involving the local community and paying attention to cultural sensitivities.

^a World Bank, *World Development Report 2000/2001: Attacking Poverty* (New York, Oxford University Press, 2000).

^b J. Kim, H. Alderman and P.F. Orazem, *Evaluation of the Balochistan Rural Girls' Fellowship Program: Will Rural Families Pay to Send Girls to School?*, World Bank Departmental Working Paper 22983 (Washington, 1999).

Unhealthy conditions around the time of birth are a major cause of infant mortality. Diseases such as pneumonia, diarrhoea, malaria and measles frequently kill very young children, while malnutrition, unsafe water and the spread of HIV/AIDS are other contributing factors. To reflect these circumstances better, two secondary indicators are suggested: one is the infant mortality rate, thus focusing on children under the age of 1, and the other is the proportion of 1-year-old infants immunized against measles.

High rates of child and infant mortality in many countries

The data in table III.9 show that under-5 mortality rates were very high, 100 or more (per 1,000 live births) in 2000, in a number of countries, namely, Afghanistan, Azerbaijan, Bhutan, Cambodia, the Lao People's Democratic Republic, Myanmar, Nepal, Pakistan and Papua New Guinea. However, the rates were very low (10 or less) in Brunei Darussalam; Hong Kong, China; Malaysia; the Republic of Korea; and Singapore. Infant mortality rates (that is, the number of children who die before reaching 1 year of age) are lower than under-5 mortality rates, since the first is a subset of the second. The conclusions drawn for the under-5 mortality rates are more or less applicable to those of infants as well.

Progress in reducing child mortality rates has been uneven across countries and, if present trends continue, the achievement of the above goal appears doubtful for the ESCAP region as a whole

The millennium development goal is to reduce the child mortality rate by two thirds (or about 66 per cent) between 1990 and 2015. Countries achieving roughly a 30 per cent reduction during the 1990s are thus well on the way to meeting the target. A large number of countries with very high under-5 mortality rates in 1990 were able to reduce those rates in line with, or even faster than, the required target. However, the performance of some countries, including Afghanistan, Myanmar, Mongolia and Papua New Guinea, was less than desired. Some countries, such as China and Thailand, with initial relatively low mortality rates showed slower progress. Data for Central Asian countries are not available for 1990. However, high mortality rates in a number

Table III.9. Trends in indicators for child mortality during the 1990s

| | <i>Mortality rate (per 1,000 live births)</i> | | | | <i>Immunization against measles (Percentage of children under 12 months)</i> | |
|----------------------------------|---|-------------|----------------|-------------|--|-------------|
| | <i>Under 5</i> | | <i>Infants</i> | | <i>1989-1990</i> | <i>2000</i> |
| | <i>1990</i> | <i>2000</i> | <i>1990</i> | <i>2000</i> | | |
| South and South-West Asia | | | | | | |
| Afghanistan | 292 | 257 | 167 | 165 | 20 | 40 |
| Bangladesh | 180 | 82 | 114 | 54 | 54 | 71 |
| Bhutan | 189 | 100 | 123 | 77 | 89 | 76 |
| India | 142 | 96 | 94 | 69 | 87 | 50 |
| Iran (Islamic Republic of) | 59 | 44 | 46 | 36 | 83 | 99 |
| Maldives | .. | 80 | .. | 59 | .. | 86 |
| Nepal | 189 | 100 | 123 | 72 | 67 | 73 |
| Pakistan | 158 | 110 | 104 | 85 | 97 | 54 |
| Sri Lanka | 35 | 19 | 26 | 17 | 83 | 95 |
| Turkey | 80 | 45 | 69 | 38 | 67 | 80 |

(Continued on next page)

Table III.9 (continued)

| | Mortality rate (per 1,000 live births) | | Immunization against measles (Percentage of children under 12 months) | | | |
|---------------------------------------|--|------|--|------|-----------|------|
| | Under 5 | | Infants | | 1989-1990 | |
| | 1990 | 2000 | 1990 | 2000 | 1989-1990 | 2000 |
| South-East Asia | | | | | | |
| Brunei Darussalam | .. | 7 | 9 | 6 | .. | 94 |
| Cambodia | 193 | 135 | 123 | 95 | 34 | 55 |
| Indonesia | 97 | 48 | 71 | 35 | 86 | 71 |
| Lao People's Democratic Republic | 152 | 105 | 104 | 90 | 13 | 71 |
| Malaysia | 29 | 9 | 22 | 8 | 90 | 88 |
| Myanmar | 88 | 110 | 65 | 78 | 44 | 85 |
| Philippines | 69 | 40 | 43 | 30 | 85 | 79 |
| Singapore | 9 | 4 | 8 | 4 | 87 | 93 |
| Thailand | 34 | 29 | 26 | 25 | 80 | 96 |
| Viet Nam | 65 | 39 | 49 | 30 | 87 | 93 |
| East and North-East Asia | | | | | | |
| China | 42 | 40 | 30 | 32 | 98 | 90 |
| Democratic People's Republic of Korea | 35 | 30 | 26 | 23 | 99 | 34 |
| Hong Kong, China | 7 | 5 | 6 | 3 | 41 | .. |
| Macao, China | .. | .. | 10 | 6 | 57 | .. |
| Mongolia | 84 | 78 | 64 | 62 | 86 | 93 |
| Republic of Korea | 30 | 5 | 23 | 5 | 95 | 85 |
| Pacific island economies | | | | | | |
| Fiji | 31 | 22 | 25 | 18 | 72 | 75 |
| Kiribati | .. | 70 | 65 | 56 | 75 | 62 |
| Marshall Islands | .. | 68 | .. | 55 | 52 | 93 |
| Micronesia (Federated States of) | .. | 24 | 39 | 20 | 81 | 79 |
| New Caledonia | .. | 12 | 13 | 7 | .. | .. |
| Palau | .. | 29 | .. | 24 | .. | 96 |
| Papua New Guinea | 80 | 112 | 56 | 79 | 66 | 57 |
| Samoa | .. | 26 | 27 | 21 | 89 | 91 |
| Solomon Islands | 36 | 25 | 29 | 21 | 70 | 96 |
| Tonga | 27 | 21 | 25 | 17 | 86 | 97 |
| Vanuatu | 70 | 44 | 56 | 35 | 66 | 94 |
| North and Central Asia | | | | | | |
| Armenia | .. | 30 | .. | 25 | .. | 91 |
| Azerbaijan | .. | 105 | .. | 74 | .. | 99 |
| Georgia | .. | 29 | .. | 24 | .. | 80 |
| Kazakhstan | .. | 75 | .. | 60 | .. | 91 |
| Kyrgyzstan | .. | 63 | .. | 53 | .. | 97 |
| Russian Federation | 31 | 22 | 23 | 18 | 85 | 97 |
| Tajikistan | .. | 73 | .. | 54 | .. | 79 |
| Turkmenistan | .. | 70 | .. | 52 | .. | 97 |
| Uzbekistan | .. | 67 | .. | 51 | .. | 96 |

Sources: UNICEF, *The State of the World's Children 1992* (New York, Oxford University Press, 1992), UNICEF, *Official Summary: The State of the World's Children 2002* (United Nations publication, Sales No. E.02.XX.1); and World Bank, *World Development Indicators 2001* (CD-ROM).

of those countries in 2000 could be the result of a possible upward movement of the rates during the 1990s in line with the rising incidence of poverty.

Immunization rates of infants against measles were high in most countries

Immunization rates were also high (over 80 per cent) in most countries. Interestingly, many with low rates in 1990 or 2000 had recorded higher rates in some of the intervening years (for which data are not shown in table III.9). The immunization rate in Bangladesh, for example, was only 71 per cent in 2000, as against 97 per cent in 1997. Similarly, in Indonesia, the rate was 93 per cent in 1997 as compared with 71 per cent in 2000. There thus appears to be a need for a more stable and consistent performance regarding the immunization of children. Afghanistan, Cambodia and the Lao People's Democratic Republic achieved more consistent rates, although they remained below 80 per cent throughout the 1990s.

Policy issues and strategies

Child mortality rate can be considered an indicator of the health status of a country

Most of the policy issues and strategies highlighted below relate to health-care services, although good health is the net result of many other factors, such as nutrition, education and sanitation.

- Public provision of or support for health services is crucial to the poor who, in many cases, cannot afford the fees and costs charged by private providers. Those who can afford to do so should be required to pay user charges for public health facilities and services, and the resources generated in this way should be used to enlarge access and availability for the poor.
- Child immunization and vaccination programmes have been very successful in most countries; these programmes should be continued and, as appropriate, further strengthened and upgraded.
- The quality of public health services, particularly in rural and remote areas, should be improved to enhance their effectiveness and coverage.
- Information and knowledge on better childcare at the family level should be widely disseminated, among other preventive measures.
- Better basic hygiene and nutrition practices are crucial to child survival, growth and development.

Goal 5. Improving maternal health

While virtually non-existent in developed countries, maternal deaths are generally high in developing countries. Most of these deaths are due to lack of quality maternal health-care services, among other factors. It needs to be pointed out that skilled health personnel not only attend births but also provide mothers with basic information about prenatal and post-natal care for themselves and their children. The millennium development goal in this context is to reduce the maternal mortality ratio by three quarters between 1990 and 2015.

The primary indicator for this goal is the maternal mortality rate, that is, the number of women who die as a result of pregnancy and childbirth complications per 100,000 live births. However, maternal deaths are not easy to measure because of conceptual and practical problems, including difficulties in determining the exact cause of death and the lack of proper records of such deaths, particularly in poor countries. Time-series data on this ratio are also rare. However, some comparisons can be made between countries, albeit with great difficulty.¹² The maternal mortality rates varied from a high of 830 in Nepal to only 9 in Singapore (table III.10). A matter of concern is that the rates were quite high (over 200) in many countries, including several in South Asia as well as Indonesia, the Lao People's Democratic Republic, Papua New Guinea and the Philippines.

The available estimates of maternal mortality ratios by subregion reveal a considerable decline in maternal mortality ratios between 1990 and 1995 (table III.11). For Asia and the Pacific as a whole, the estimated ratios fell from 390 to 280 over the same period, with Pacific island economies recording a reduction of nearly two thirds. Estimates of maternal mortality for South and Central Asia were generally higher than those for South-East Asia and East Asia.¹³

A secondary indicator for this millennium development goal is the proportion of births attended by skilled health personnel such as physicians, nurses, midwives and primary health-care workers trained in midwifery skills. Trained health workers with midwifery skills greatly

Maternal mortality is to be reduced by three quarters

Owing to the lack of reliable time-series data, it is difficult to reach any conclusions on the feasibility of the target for maternal mortality for individual countries

¹² Different methods have been employed to derive maternal mortality ratios for different countries, rendering cross-country comparisons fraught with difficulties. For details, see WHO, "Maternal mortality in 1995: estimates developed by WHO, UNICEF, UNFPA" (WHO/RHRO1.9), 2001.

¹³ It should be pointed out that, because of the very large margins of uncertainty associated with estimated maternal mortality ratios, their use for monitoring short-term trends is not recommended. For details, see the WHO source given in the previous note.

| Table III.10. Trends in indicators for maternal health during the 1990s | | | |
|--|---|--|------------------|
| | <i>Maternal mortality ratio (Per 100,000 live births)</i> | <i>Births attended by health staff (Percentage of total)</i> | |
| | <i>1990-1996</i> | <i>1990-1991</i> | <i>1995-2000</i> |
| South and South-West Asia | | | |
| Bangladesh | 600 | 7 | 13 |
| Bhutan | 500 | 16 | 15 |
| India | 440 | 44 | .. |
| Iran (Islamic Republic of) | 130 | 78 | 86 |
| Maldives | 390 | 55 | 90 |
| Nepal | 830 | 8 | 9 |
| Pakistan | 200 | 40 | .. |
| Sri Lanka | 60 | 85 | 94 |
| Turkey | 55 | 77 | 81 |
| South-East Asia | | | |
| Brunei Darussalam | 22 | .. | 98 |
| Cambodia | 590 | 47 | 34 |
| Indonesia | 390 | 47 | 56 |
| Lao People's Democratic Republic | 660 | .. | 14 |
| Malaysia | 39 | .. | 96 |
| Myanmar | 170 | 94 | 56 |
| Philippines | 208 | .. | 56 |
| Singapore | 9 | .. | 100 |
| Thailand | 44 | 71 | 71 |
| Viet Nam | 95 | 95 | 77 |
| East and North-East Asia | | | |
| China | 60 | .. | 67 |
| Democratic People's Republic of Korea | 35 | .. | 100 |
| Hong Kong, China | .. | 100 | .. |
| Mongolia | 65 | 100 | 93 |
| Republic of Korea | 20 | 95 | 98 |
| Pacific island economies | | | |
| Fiji | 20 | .. | .. |
| French Polynesia | .. | 98 | .. |
| Marshall Islands | .. | .. | 97 |
| Papua New Guinea | 390 | .. | 53 |
| Samoa | .. | 52 | 76 |
| Solomon Islands | 60 | 85 | 85 |
| Vanuatu | .. | .. | 79 |
| North and Central Asia | | | |
| Armenia | 29 | .. | 97 |
| Azerbaijan | 37 | .. | 100 |
| Georgia | 22 | .. | .. |
| Kazakhstan | 80 | .. | 98 |
| Kyrgyzstan | 80 | .. | 98 |
| Russian Federation | 74 | .. | 99 |
| Tajikistan | 120 | .. | 79 |
| Turkmenistan | 65 | .. | 96 |
| Uzbekistan | 60 | .. | 98 |

Sources: WHO, "Maternal mortality in 1995: estimates developed by WHO, UNICEF, UNFPA" (WHO/RHRO1.9), 2001. UNICEF, *The State of the World's Children 2001* (United Nations publication, Sales No. E.01.XX.1); World Bank, *World Development Indicators 2001* (CD-ROM); and World Bank web site <<http://genderstats.worldbank.org/query/default.htm>>, 31 October 2001.

increase the safety of childbirth, and their services are affordable to women with limited financial resources. Nevertheless, the percentage of births attended by skilled health personnel was below 50 per cent in some countries of the region (table III.10). Not surprisingly, the rate was particularly low in countries with high maternal mortality ratios, for example, several of those in South Asia. In the absence of reliable time-series data on maternal mortality, raising the prevalence or availability of skilled care at birth to 90 per cent by 2015 should be a target for countries with lower rates. There are a large number of countries in the region that have a long way to go in achieving this target.

The proportion of births attended by skilled health personnel is a proxy indicator for tracking progress in reducing maternal mortality

Table III.11. Maternal mortality estimates by subregions of Asia and the Pacific, 1990 and 1995

| | <i>Maternal mortality ratio (Maternal deaths per 100,000 live births)</i> | |
|--------------------------|---|-------------|
| | <i>1990</i> | <i>1995</i> |
| East Asia | 95 | 55 |
| South-East Asia | 440 | 300 |
| South and Central Asia | 560 | 410 |
| Pacific island economies | 680 | 260 |
| Asia and the Pacific | 390 | 280 |

Source: WHO, "Maternal mortality in 1995: estimates developed by WHO, UNICEF, UNFPA" (WHO/RHRO1.9), 2001. ESCAP secretariat staff have derived estimates for Asia and the Pacific as a weighted average of subregional estimates.

Policy issues and strategies

Some major policy issues and strategies of direct relevance to maternal health are outlined below.

- More investment is needed in health-care systems to improve the quality and coverage of delivery services, including skilled health personnel for births, and to provide prenatal and post-natal care for the poor.
- As appropriate, women should be empowered so that they are able to make decisions for themselves, particularly regarding family size. This can be complemented by the provision of affordable family planning services. A smaller family size tends to have a positive impact on both maternal and child health.

Increased investment in health-care services, including family planning services and skilled health personnel for births

Annex table III.1. Incidence of poverty in rural and urban areas in selected countries based on national poverty lines during the 1990s

| | <i>Period</i> | <i>Rural poverty</i> | | <i>Urban poverty</i> | |
|-------------------|---------------|----------------------|-------------------|----------------------|-------------------|
| | | <i>First year</i> | <i>Final year</i> | <i>First year</i> | <i>Final year</i> |
| Bangladesh | (1992, 1996) | 46.0 | 39.8 | 23.3 | 14.3 |
| Cambodia | (1994, 1997) | 43.1 | 40.1 | 24.8 | 21.1 |
| India | (1988, 1999) | 39.1 | 27.1 | 38.2 | 23.6 |
| Indonesia | (1990, 1999) | 14.3 | 20.2 | 16.8 | 15.1 |
| Kazakhstan | (1996, 2000) | 39.0 | 34.2 | 30.0 | 30.0 |
| Kyrgyzstan | (1993, 1997) | 48.1 | 64.5 | 28.7 | 28.5 |
| Malaysia | (1989, 1999) | 21.8 | 13.2 | 7.5 | 3.8 |
| Mongolia | (1995, 1998) | 33.1 | 32.6 | 38.5 | 39.4 |
| Pakistan | (1991, 1999) | 23.6 | 34.8 | 18.6 | 25.9 |
| Philippines | (1991, 2000) | 55.1 | 54.0 | 35.6 | 24.3 |
| Republic of Korea | (1988, 1996) | 7.2 | 9.4 | 8.9 | 6.1 |
| Viet Nam | (1993, 1998) | 66.0 | 45.0 | 25.0 | 9.0 |

Source: ESCAP, *Growth with Equity: Policy Lessons from Selected Asian Countries* (United Nations publication, Sales No. E.00.II.F.14); ADB, country papers prepared for the Inception Workshop on Building a Poverty Database, held at Manila in July-August 2001; World Bank, *World Development Report 2000/2001: Attacking Poverty* (New York, Oxford University Press, 2001); and national sources.

Annex table III.2. Income or consumption share of the bottom 20 per cent of the population in selected countries during the 1990s

| | <i>Period</i> | <i>First year</i> | <i>Final year</i> |
|-------------------|---------------|-------------------|-------------------|
| Bangladesh | (1992, 1996) | 9.4 | 8.7 |
| China | (1990, 1998) | 7.3 | 5.9 |
| India | (1990, 1997) | 8.9 | 8.1 |
| Indonesia | (1990, 1999) | 9.2 | 9.0 |
| Kazakhstan | (1993, 1996) | 7.5 | 6.6 |
| Pakistan | (1990, 1997) | 8.1 | 9.4 |
| Philippines | (1991, 1997) | 5.8 | 5.3 |
| Republic of Korea | (1988, 1996) | 7.4 | 7.7 |
| Sri Lanka | (1990, 1995) | 8.9 | 8.0 |
| Thailand | (1990, 1999) | 4.9 | 3.9 |
| Viet Nam | (1992, 1999) | 7.8 | 5.6 |

Source: ESCAP, *Survey 1998*, pp. 144-147; World Bank web page, "Global poverty monitoring", at <<http://www.worldbank.org/research/povmonitor/index.htm>>, 30 October 2001; and national sources.